Lost in Translation: Deliro or Delirum

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El ingenioso hidalgo don Quijote de la Mancha by Miguel de Cervantes is considered to be one of the most influential novels in literature. *Don Quijote* has been translated into at least 140 languages and dialects. Early translations from Spanish to English were too literal, generating a unidimensional representation of its main character. Later translations were closer to the original content and humor intended by Cervantes. One notable translation affecting Don Quijote's characterization is his nickname, which was given by his companion Sancho Panza: "*Caballero de la triste figura*" (knight with a sad figure) (1). His nickname highlights how far the protagonist is from being a strong valiant knight. His weak and skinny body is a reflection of his poor insight and is the consequence of his obsession with his imaginary reality (1). Author Edith Grossman translated his nickname to "sorrowful face" (1) in a revised English version published in 2005. This translation still depicts the main character as a parody of what he believes he is, but it takes away the significance of his frailty as a protagonist depicted in Spanish version. Translations require careful examination and understanding of the original content to achieve equal meaning in the target language. In this issue of *ATS Scholar*, Fuentes and colleagues discuss the educational impact translation of a diagnostic tool can have on non–English-speaking providers and patients (2).

Spanish is one of the romance languages originating from common Latin and spoken as primary language in 21 countries. Each country has distinct cultural meanings of their vocabulary. Translating screening tools like the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU) requires harmonization of the existing conceptual variability between these different forms of Spanish. In addition, translation of diagnostic tools should strive to keep the reproducibility and variability of the original test (3). Inaccurate translation of the CAM-ICU assessment tool from English to any language can lead to underdiagnosing delirium. Spanish is the most common non-English spoken language in the United States (4), and learning how to communicate and screen

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Spanish-speaking patients with delirium is fundamental for our healthcare system. It also important to have a valid educational resource for Spanish-speaking countries, with the objective of improving CAM-ICU application. Unfortunately, approximately 16% of healthcare providers do not feel confident in screening for delirium (5), and only 19% of Latin America providers report knowing how to use the CAM-ICU (6).

To improve understanding and delivery of delirium screening tools in English and Spanish, Fuentes and colleagues (2) developed an “ICU Delirium Playbook.” The ICU Playbook is a 60-minute e-learning module composed of eight instructional videos. These free-access modules are brief and concise, with simulations that can be easily applied in clinical practice. The authors provide a detailed description of how they were able to develop a validated Spanish version of the playbook. The process of translation and harmonization of different Spanish versions of the ICU Playbook is the biggest strength of this manuscript. This process can be replicated to other diagnostic tools being translated to other languages.

The CAM-ICU has been translated to Spanish in the past (7, 8). These versions only included translators limited to a specific Spanish-speaking region and did not incorporate the complexity of the forward and backward translations reviewed by Fuentes and colleagues (2). The ICU Playbook was translated to Spanish using Beaton’s guidelines for cross-cultural adaptation (3). Beaton’s model consist of four stages: *1*) forward translation by one translator aware of the concepts being examined and one translator without medical background; *2*) synthesis of the first translation, usually in a written format; *3*) two backward translations to validate the first translation; and *4*) a final expert committee analysis, which consolidates all translated versions into a final version ready to be tested (3). In this study, the authors developed a more complex first step of Beaton’s model, consisting of an initial forward translation by bilingual native Spanish speakers with and without medical knowledge followed by a multinational team from Puerto Rico, Mexico, Spain, and Uruguay. These additional steps blended translations among different forms of Spanish vocabularies in Latin America and Europe. A good example of this was the different interpretations between “delirio” and “delirium.” Many cultures interpret “delirio” as somebody suffering from delusions and not inattentiveness, and the authors opted to use the term “delirium” for their definitive version.

The authors proved improvement in delirium knowledge with statistical significance in the section measuring delirium recognition. Feedback provided by participants unanimously reported increased comfort with the Spanish version of the playbook when compared with the English counterpart. A limitation of this study is the small sample size of volunteers who participated in the pre- and posttest after completing the ICU Playbook. Despite the small number of participants, they were able to report 100% increased CAM-ICU competency.

Health disparities are impacted by language differences leading to inefficient communication (9). Increasing language discordance in our healthcare system will lead to worsening of disparities with non–English-speaking minorities (10). Improving understanding of medical diagnostic strategies by non–English-speaking providers can lead to better communication. The CAM-ICU continues to be the gold standard for delirium assessment,

even in Spanish-speaking countries. It is of utmost importance to create resources such as the ICU Spanish Delirium Playbook to ensure adequate learning by healthcare practitioners with low English proficiency to prevent important concepts from being lost in translation.

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