



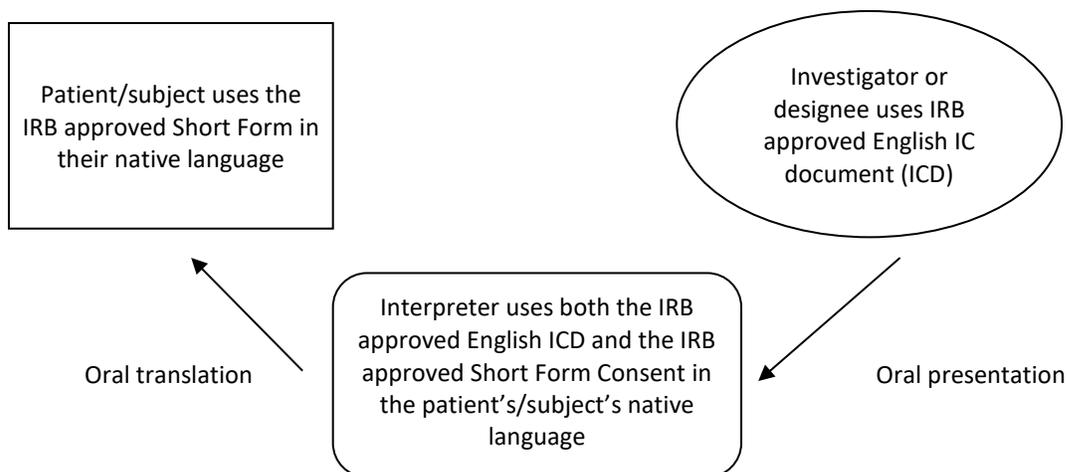
Monday Morning Practice Pearls #25

You learn that your patient doesn't speak English and you don't have an IRB-approved protocol consent in the patient's native language. What do you do?

Part 2: Consent Discussion and Documentation

Once you have confirmed that the IRB will allow for the short form process to be used and you have secured an interpreter (see M2P2 #24), the Investigator or designee can proceed with the consent discussion. The diagram below depicts the process that is used. There must be a witness to the oral presentation present at the location of the investigator/designee. NIH HRPP SOP does not allow for the Language Line interpreter to serve as the witness.

Make sure to complete the information on short form including the Institute, PI, Study Number and Study Title and on page 2, who to contact with questions about the research and questions about rights of the research subject.



After the discussion has been completed and all questions answered to the patient's satisfaction, the following signatures are required:

- The short form document is signed by the patient/subject. In the case of illiterate subjects, "making their mark" is acceptable.
- The witness to the oral presentation must sign both the short form and a copy of the written summary (i.e., IRB approved English version). This is often the interpreter but does not have to be. Before starting the process, ask the interpreter if they will also serve as a witness. If no, then ask another individual (i.e., non-AI) to serve as a witness to the entire oral presentation – not just the patient's signature.

NOTE: The revised NIH HRPP SOP on informed consent does not allow a Language Line interpreter to serve as witness. If you use the language line, you must have another person available to witness the entire oral presentation and sign the consent documents as a witness.

- The Investigator or individual authorized to obtain consent must sign the written summary (i.e., English approved long version).

- If the IRB approved long form consent document (i.e., English version) has embedded questions, then the investigator would respond on behalf of the patient. The interpreter would ask the subject the embedded question(s) and convey their response to the investigator obtaining consent. Neither the interpreter nor the patient should record the response on any document. The investigator will indicate the response on the English IRB consent document by initialing the patient's response using their (i.e., investigator) initials. If initials are not required (i.e., there is a yes/no response only), the investigator would answer per the patient's preference. If the patient does not want to provide a response, it is left blank. The explanation of all of this needs to be clearly documented in CRIS.
- The Administrative Sections of both the long form (i.e., English) and short form consent documents must be completed by the person obtaining consent or other appropriate NIH staff member that was present during the oral presentation. DO NOT make extraneous notes/marks in this section. For further guidance, see the [OHSRP FAQs](#).

What to do with the signed and dated consent documents?

1. Provide copies of ALL documents to the patient/subject.
2. ALL original signed consent documents (including short form consents and the written summary/English IRB approved consent) are transmitted to the Clinical Center Health Information Management Depart (HIMD) for scanning in the patient's permanent medical record.

ONE LAST STEP!

Document the consent process in CRIS using the Documentation of Research Consent progress note and include the name of the interpreter. This must be done by the individual who conducted the discussion or another staff member present during the discussion.