***Welcome to Stillman Translations preliminary onboarding assessment!***

*This assessment has 5 sections. Make sure to follow the instructions and complete all the information needed.*

*The goal of this request is to analyze your performance and your potential.*

*Breathe in and out, and do your best. Hope we can count on you soon!*

**SECTION 1. INSTRUCTIONS**

Below you will find a special instruction for section 3:

\*Please make sure target text mirrors source format.

\*Normalize spaces.

**SECTION 2. GLOSSARY**

*In this section, you are required to complete this task:*

*\*Extract four terms (cells 1 to 4) from the text in Section 3 that you consider are worth being in the glossary.*

|  |  |  |
| --- | --- | --- |
|  | **Source** | **Target** |
| 1 | Lean body mass | Masa corporal magra |
| 2 | Serum albumin | Albúmina sérica |
| 3 | Enteral nutritional formula | Fórmula nutricional enteral |
| 4 | Serum proteins | Proteínas séricas |

**SECTION 3. TRANSLATION**

Please, add your sample translation below (between 300-500 words). Bear in mind this should be the best sample of your work!

|  |  |
| --- | --- |
| **Source** | **Target** |
| The documentation requirements are:   * The therapy must be an integral component of a documented medical treatment plan and ordered in writing by an authorized practitioner. It is the responsibility of the practitioner to maintain documentation in the member’s record regarding the medical necessity for enteral nutritional formula. * The physician or other appropriate health care practitioner has documented the member's nutritional depletion. * Medical necessity for enteral nutritional formula must be substantiated by documented physical findings and/or laboratory data (e.g., changes in skin or bones, significant loss of lean body mass, abnormal serum/urine albumin, protein, iron or calcium levels, or physiological disorders resulting from surgery, etc.) * Documentation for beneficiaries who qualify for enteral formula benefit must include an established diagnostic condition and the pathological process causing malnutrition and one or more of the following items:   + Clinical findings related to the malnutrition such as a recent involuntary weight loss or a child with no weight or height increase for six months.   + Laboratory evidence of low serum proteins (i.e., serum albumin less than 3 gms/dl; anemia or leukopenia less than 1200/cmm);   + Failure to increase body weight with usual solid or oral liquid food intake   Your doctor will identify the need and your Care Manager will request enteral or oral supplements based on the following XXXXX Criteria:   * + You have a documented diagnostic condition where caloric and dietary nutrients cannot be absorbed or metabolized.   + There are clinical findings related to malnutrition.   + Your condition requires supplemental nutrition.   + Your condition demonstrates documented compliance with an appropriate medical and nutritional Care Plan. * The therapy must be an integral component of a documented medical treatment plan and ordered in writing by an authorized practitioner. It is the responsibility of the practitioner to maintain documentation in the member’s record regarding the medical necessity for enteral nutritional formula. * The physician or other appropriate health care practitioner has documented the member's nutritional depletion. * Medical necessity for enteral nutritional formula must be substantiated by documented physical findings and/or laboratory data (e.g., changes in skin or bones, significant loss of lean body mass, abnormal serum/urine albumin, protein, iron or calcium levels, or physiological disorders resulting from surgery, etc.) | Los requerimientos de la documentación son:   * La terapia debe ser un componente integral de un plan de tratamiento médico documentado y debe ser solicitado por escrito por un profesional autorizado. Es responsabilidad del profesional mantener la documentación en el registro del afiliado respecto a la necesidad médica de fórmula nutricional enteral. * El médico u otro profesional apropiado de la atención médica ha documentado la disminución nutricional del afiliado. * La necesidad médica de fórmula nutricional enteral debe estar respaldada por hallazgos físicos documentados o datos de laboratorio (ejemplo, cambios en la piel o los huesos, pérdida significativa de masa corporal magra, niveles anormales de albúmina sérica/albúmina en orina, proteína, hierro o calcio, o trastornos fisiológicos derivados de una cirugía, etc.). * La documentación de los beneficiarios que califican para el beneficio de la fórmula enteral debe incluir una condición de diagnóstico establecida y el proceso patológico que causa la desnutrición y uno o más de los siguientes puntos:   + Hallazgos clínicos relacionados a la desnutrición, tales como una pérdida de peso reciente involuntaria o un niño sin aumento de peso o altura por seis meses.   + Evidencia de laboratorio de proteínas séricas bajas (ejemplo, albúmina sérica menor a 3 gms/dl; anemia o leucopenia menor a 1200/cmm);   + Incapacidad para aumentar el peso corporal con el consumo usual de alimentos sólidos o líquidos por vía oral.   Su médico identificará la necesidad y su administrador de cuidados solicitará los suplementos enterales u orales con base en los siguientes criterios de XXXXX:   * + Usted tiene una condición con un diagnóstico documentado donde los nutrientes calóricos y dietéticos no se pueden absorber ni metabolizar.   + Hay hallazgos clínicos relacionados con la desnutrición.   + Su condición requiere nutrición suplementaria.   + Su condición demuestra el cumplimiento documentado de un plan de atención médica y nutricional adecuado. * La terapia debe ser un componente integral de un plan de tratamiento médico documentado y debe ser solicitado por escrito por un profesional autorizado. Es responsabilidad del profesional mantener la documentación en el registro del afiliado respecto a la necesidad médica de fórmula nutricional enteral. * El médico u otro profesional apropiado de la atención médica ha documentado la disminución nutricional del afiliado. * La necesidad médica de fórmula nutricional enteral debe estar respaldada por hallazgos físicos documentados o datos de laboratorio (ejemplo, cambios en la piel o los huesos, pérdida significativa de masa corporal magra, niveles anormales de albúmina sérica/albúmina en orina, proteína, hierro o calcio, o trastornos fisiológicos derivados de una cirugía, etc.). |

**SECTION 4. QUESTIONS AND COMMENTS**

We also need to check your capacity to spot potential issues beforehand.

In the table below, please list your questions and comments in relation with this test:

1. Challenging sections from the source text or sections you are unsure of should be copied or inserted into the **Source Text** column.

2. Write your translation in the **Target Text** column.

3. Doubts and comments should be written in English.

|  |  |  |
| --- | --- | --- |
| Source Text | Target Text | Question / Comment  (in English) |
| low serum proteins | proteínas séricas bajas | Should it be, proteínas séricas bajas o bajas proteínas séricas? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 5. REFERENCES**

In the table below, please list the reference material you have consulted to carry out this test.

1. Please introduce the **Reference source** (including publisher and full title as appropriate) in the first column.
2. Specify if your reference source is general or specific. If specific, clarify which term or section the reference covers.

|  |  |
| --- | --- |
| Reference Source | General / Specific (Term) |
| <https://espanol.kaiserpermanente.org/es/health-wellness/health-encyclopedia/he.prote%C3%ADna-s%C3%A9rica-total.hw43614> | I looked into this webpage to check the term “serum proteins” |
|  |  |
|  |  |

Thanks!