***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 | **Bloodless Medicine and Surgery Program (BMSP)** | **Programa de Medicina y Cirugía sin sangre** |
| 2 | **Erythropoietin Stimulating Agents** | **Agentes estimulantes de la eritropoyesis (AEE)** |
| 3 | rHuEPO | eritropoyetina humana recombinante |
| 4 | I.V. Iron | Hierro por vía intravenosa |

**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** |
| **Bloodless Medicine and Surgery Program (BMSP)**  **Pre-operative Anemia Management**  **Pre-operative Timing**  A. For elective surgeries, a three-to-four week lead time is ideal to initiate hemoglobin optimization.  B. Once a week treatments begin three weeks out from surgery.  C. First dose is given 21 days prior to surgery, 14 days, and 7 days. This allows optimal time for each regimen to take effect.  D. An additional treatment may be scheduled for the day before surgery, which will provide coverage up to four days post- operatively.  For more urgent surgeries (14 days or less) a more intense optimization regimen is initiated. In such cases daily treatments up to 10 days before surgery can be initiated.  **Classification of Anemia**  A. The WHO classification of anemia is based upon gender:  **Male** Hb < 13.0 g/dl  **Female** Hb < 12.0 g/dl  B. For surgical patients a more appropriate concept is defining the patient’s hemoglobin as either optimal or suboptimal based upon the complexity of the surgery and degree of blood loss expected.  Regardless of gender, a Hb > 13.0 g/dl should be considered optimal.  **Iron Therapy: Oral vs. Intravenous (IV)**  A. Oral iron provides a low-cost treatment for anemia. Absorption, tolerance, and time are major issues in many patients.  B. IV iron is safe, cost-effective, and more efficient than oral iron. A visit to the infusion clinic is required and may be inconvenient for certain patients.  C. IV iron allows for rapid replenish of iron stores especially for patients non-responsive to oral iron and those with severe iron deficiency.  D. Dosing is based on total iron deficit (see box below Calculating Iron Deficit).  For some, optimization can be achieved with IV iron alone.  **Erythropoietin Stimulating Agents (ESA)**  A. In the U.S. rHuEPO use has been approved for patients undergoing elective orthopedic surgery and has been extended for use to other elective, noncardiac, nonvascular surgeries.  B. Off-label use of rHuEPO has been suggested for cardiac or gastrointestinal cancer resection.  Dosing for epoetin alfa has not been standardized. Two common dosing regimens are 300 IU kg-1 day-1 for daily use and 600 IU kg-1 for weekly use. | **Programa de Medicina y Cirugía sin sangre (BMSP por sus siglas en inglés)**  **Tratamiento para la anemia preoperatoria**  **Tiempo preoperatorio**  A) Para las cirugías electivas, es idóneo contar con un tiempo de espera de tres a cuatro semanas para la optimización de la hemoglobina.  B) Tres semanas después de la cirugía comienzan los tratamientos, que se realizan una vez por semana.  C) La primera dosis se aplica a los días veintiuno, catorce y siete previos a la cirugía. Esto permite que cada tratamiento haga efecto en tiempo óptimo.  D) Se puede programar un tratamiento adicional el día antes de la cirugía, para brindar cobertura hasta cuatro días después de la operación.  Para cirugías más urgentes (de catorce días o menos), se realizan tratamientos de optimización más intensos. En estos casos se realizan tratamientos diarios hasta diez días antes de la cirugía.  **Clasificación de la anemia**  A) La clasificación de la anemia según la OMS está basada en el sexo:  **Masculino:** Hb <13,0 g/dl.  **Femenino:** Hb <12,0 g/dl.  B) Para los pacientes quirúrgicos, sería más apropiado determinar si la hemoglobina del paciente es óptima o no en función de la complejidad de la cirugía y del nivel de pérdida de sangre previsto.  Independientemente del sexo, Hb > 13,0 g/dl debería ser considerado un parámetro óptimo.  **Terapia de hierro: Vía oral vs vía intravenosa (IV)**  A) El hierro por vía oral sirve para tratamientos de bajo costo de la anemia. La absorción, la tolerancia y el tiempo son grandes problemas en muchos pacientes.  B) El hierro por vía intravenosa es seguro, económico y más eficiente que el hierro por vía oral. Las visitas a los centros de infusión son obligatorias y pueden resultar poco prácticas para algunos pacientes.  C) El hierro por vía intravenosa permite una reposición rápida de los depósitos de hierro, en especial en pacientes que no responden bien al hierro por vía oral y en aquellos con una deficiencia de hierro severa.  D) La dosificación se calcula en base a la deficiencia total de hierro (ver cuadro de abajo “Cómo calcular la deficiencia de hierro”).  Para algunos, la optimización se logra solo con el hierro por vía intravenosa.  **Agentes estimulantes de la eritropoyesis (AEE)**  A) En los Estados Unidos, se aprobó el uso de la eritropoyetina humana recombinante (rHuEPO) para pacientes sometidos a cirugías electivas ortopédicas y su uso se extendió a otras cirugías electivas que no fueran cardíacas o vasculares.  B) Para la extirpación de cánceres gastrointestinales o cardíacos se sugirió el uso no aprobado de rHuEPO.  La administración de la epoetina alfa no fue normatizada. Dos regímenes comunes de dosificación son: 300 UI/Kg/día para uso diario y 600 UI/Kg/día para uso semanal. |

**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) |
| **Bloodless Medicine and Surgery Program (BMSP)** | **Programa de Medicina y Cirugía sin sangre (BMSP por sus siglas en inglés)** | For one, I was doubtful whether to consider Bloodless medicine a part of the program, or just Surgery. Upon further research, I found out the program included that term. I also encountered an issue regarding the acronym BMSP. It depends on the client if he/she wants me to clarify that it stands for the English acronym or not. |
| rHuEPO | eritropoyetina humana recombinante | I had a similar issue here with the acronym. In the original the meaning is not included, I believed it would be more effective on the translation to explain the acronym. However, I had my concerns in regards to the acronym again, should I explain again that it’s its English acronym? Should I leave it unexplained? I resolved it leaving it unexplained, given that I had already clarified earlier in the text “por sus siglas en inglés”, otherwise, it would be too redundant. |
| 300 IU kg-1 day-1 for daily use and 600 IU kg-1 for weekly use | 300 UI/Kg/día para uso diario y 600 UI/Kg/día para uso semanal. | This was an issue as well, it’s not a term easy to find in generic texts, it’s specific to the field of medicine. Upon reading several medical texts I came up with the result seen on the target column. |
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**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) |
| Word reference | General |
| https://www.teknon.es/blog/es/salud-az/cirugia-sangre-reduce-riesgos-infeccion-permite-rapida-recu | Specific. Bloodless Medicine and Surgery Program. |
| https://www.hospitaldetorrejon.es/especialidad-interna/programa-cirugia-sin-sangre/2/48/ | General |

Thanks!