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Genre-based teaching of medical translation

ABSTRACT

This paper describes the advances in teaching medical translation in Hungary. Since the 1950s English has become the dominant language in health sciences, and there is an increased need for English–Hungarian translators in the field. Our medical translator programme has undergone several changes in the past 25 years answering the current needs. Our main objective is to develop the textual and communicative competence of students, teach them problem solving strategies and tactics, and encourage their creativity as an addition to the knowledge of translation theory and linguistics and of the knowledge of English/Hungarian for medical purposes. Developing their translation competence is based on the concept of text genre. Mediation is taught by providing them health related texts with text models and patterns that they can use for textual, conceptual, linguistic and terminological reference.

Key words: genre, lingua franca, medicine, terminology, text-types, translation.

Introduction

This paper is intended to describe the advances in teaching medical translation at the Faculty of Medicine, University of Szeged, Hungary. Medical translation is the most universal and oldest field of scientific translation because of the homogeneous ubiquity of the human body and the venerable history of medicine.[1] Since the 1950s, Eng-

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[1] Henry Fischbach, "Some Anatomical and Physiological Aspects of Medical Translation: Lexical equivalence, ubiquitous references and universality of subject minimize misunderstanding and maximize transfer of meaning", *Meta: journal des traducteurs / Meta: Translators' Journal*, 31, (1/1986.), p. 16.

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lish has become not just an important language in the field of medicine, but also the predominant language of health sciences. At present, English is the most widespread lingua franca of the western world used in science and medicine. Researchers must be able to express themselves in this language if they want to be fully accepted members of the international academic community. The most recent advances in medicine are available only in English. The English language competence of Hungarian physicians, especially university clinicians, has spectacularly increased in the past 20 years; however, other health professionals still strictly rely on literature translated into their native language. Therefore, there is an increased need for English–Hungarian translators in the field of health sciences. The medical translator programme at our university has undergone several changes in the past 25 years, as curriculum designers have attempted to answer current needs in the field. The main objective of our programme is to develop the competence of the students in the communicative aspects of translation and interpretation, teach them problem solving strategies and tactics, and encourage their creativity as an addition to knowledge of translation theory and linguistics, and knowledge of language for medical purposes. This paper aims at describing some of the procedures we use in teaching medical translation and the materials developed for the purpose of mediation between the two languages: English and Hungarian.

Genre and genre based translation

Kress[2] highlights that "genres are [...] crucial indicators of the regulation of the domains of public and private in particular instances. [...] Generic forms encode socially and culturally given modes of interrelation and interaction in specific social occasions".

Variation within modern genres of the professional language is described by Swales[3] and Bhatia;[4] and assessments of diachronic variation are dealt with by Taavitsainen[5] and, especially in the field of medicine, by Rébék-Nagy.[6] Swales[7] defines genre as "a

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[2] Gunther Kress, Language in the media: The construction of the domains of public and private. *Media, Culture and Society,* 8, (October/1986), p. 414.

[3] John Swales, *Genre analysis: English in academic and research settings*, Cambridge University Press, Cambridge 1990.

[4] Viyah K. Bhatia, *Analysing genre: Language use in professional settings*. Longman, London 1993.

[5] Irma Taavitsainen, "On the evolution of scientific writings from 1375 to 1675: Repertoire of emotive features", in: Francisco Fernández, Miguel Fuster and Juan Jose Calvo (ed.) English historical linguistics, John Benjamins, Amsterdam 1994, pp. 329–342. and Irma Taavitsainen, "Subjectivity as a text-type marker in historical stylistics", *Language and Literature,* 3 (1994.), pp. 197–212.

[6] Gábor Rébék-Nagy, *Modulation of authors' claims in the introduction and discussion sections of medical research articles*, Aston University, Birmingham 1997. MSc dissertation.

[7] John Swales, *Aspects of article introductions,* Aston Monographs. 1. Aston University, Birmingham 1981. and John Swales, *Episodes in English,* Pergamon Press, Oxford 1985.

recognizable communicative event characterized by a set of communicative purpose(s) identified and mutually understood by the members of the professional or academic community in which it regularly occurs". Thus, genres do not belong to individuals but are the properties of discourse communities. These discourse communities are "socio-rhetorical networks that form in order to work toward sets of common goals … [they have] familiarity with the particular genres that are used in the communicative furtherance of those sets of goals".[8] Institutional context (including system and methodology) in which the given genre is used and also in which it has a dominant role, and conventions of that institutional setting should be considered when analyzing professional genres.[9]

Corpus-based studies have shown that genres of writing may be very heterogeneous in their linguistic features and that there is variation even within a narrowly defined genre. Bazerman and Paradis[10] affirm that medical discourse evolves and emerges in relation to scientific practices. Written texts within professions give us insight into how the professions constitute themselves and carry out their work through texts.[11] Professional writing can also be seen as negotiation between text participants, and the social nature of this communication is emphasized in it.[12] Internationalization is an increasingly important factor in medical writing, and the position of English as the lingua franca of medicine has an influence on the writing conventions of medical texts today.

The concept of genre is a key term in medical communication, as all medical communicative events can be classified into specific written or spoken genres.[13] Editorials, research articles, abstracts, case reports, presentation papers or posters can be found in many other academic disciplines, however, each of them develops a set of peculiarities characteristic of the medical profession alone. Genres change according to changes in socio-cultural needs, new genres are created and older ones may cease to exist.

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[8] John Swales, *Genre analysis: English in academic and research settings,* Cambridge University Press, Cambridge 1990, p. 34.

[9] Viyah K. Bhatia, Analysing genre: Language use in professional settings. Longman, London 1993.

[10] Charles Bazerman and James Paradis (ed.), *Textual dynamics of the professions: Historical and contemporary studies of writing in professional communities.* University of Wisconsin Press, Madison 1991.

[11] Charles Bazerman, "Emerging perspectives on the many dimensions of scientific discourse", in: James R. Martin and Robert Veel (ed.), *Reading science: Critical and functional perspectives on discourses of science*. Routledge, London 1998, pp. 15–28.

[12] Greg Myers, *Writing biology: Texts in the social construction of scientific knowledge*. University of Wisconsin Press, Madison 1990. and Britt-Louise Gunnarsson, Per Linell and Bengt Nordberg, *The construction of professional discourse*. Longman, London 1997.

[13] Jordi Pique-Angordans and Santiago Posteguillo, "Medical discourse and academic genres", in: Keith Brown (ed.), *Encyclopedia of language and linguistics,* 6, Elsevier, Amsterdam 2006, pp. 649–657.

The translator, as an expert writer, will have to be thoroughly familiar with these restraints and should actively be involved in genres. Genres can be defined as multifaceted concepts involving the socio-communicative perspective (the relationships between the participants), the formal perspective (the conventional elements corresponding to the readers' expectations generated by the socio-communicative context), and the cognitive perspective (the ways the community understands, organizes and transforms the reality it is surrounded by). Thus, we can conclude that genre is a category that plays an essential role in designing the curriculum for teaching translation. Translator students should become capable of recognizing that a certain text belongs to a certain genre (from a particular socio-professional domain) due to its features of prototypicality and recurrence, which are displayed in different micro- and macrostructural categories.

Elaborating on text types and genres makes translator students possible to identify a series of elements in them: the agents in the text, the relationship between them concerning power and authority, and the situational context in which the text type occurs. Genre competence can help the students have a thorough understanding of the socio-linguistic context, and acquire bicultural and thematic knowledge as well. Genre competence may also help them increase awareness of textuality and discourse as well as recognize cultural and intercultural values, perceptions, and behaviours.[14] It also promotes the development of the capacity to understand, analyse and produce texts that are compatible with the genres and subgenres present both in the source culture and in the culture where the target language is used.

Medical writing is a general label with a great deal of variation across several genres:[15] research genres, e.g., research papers, review articles, case reports, conference proceedings; educational genres, e.g., course books, training courses, fact sheets for patients; professional genres, e.g., guidelines, informed consents, case notes, discharge summaries, lab results, and commercial genres, e.g., manuals, contracts, product catalogues.

A medical document should only be translated by someone who is completely familiar with the subject in order to translate accurately each term and meaning, and then avoid any negative consequences for the patient or medical personnel. Medical translation is considered to be the translation of technical, regulatory, clinical or marketing documentation, software or training curriculum for the pharmaceutical,

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[14]   Dorothy Kelly, *A Handbook for Translator Trainers*, Translation Practices Explained Series, St. Jerome Publishers, Manchester 2005.

[15]   Vincent Montalt and Maria Gonzalez Davies, *Medical translation step by step,* St. Jerome Publishing, Manchester 2007.

medical device or healthcare fields.[16] Medical translation is thought to be one of the oldest domains of translation: the sufferings of the body and soul have always been our central preoccupation.[17] Good medical translation can be done both by medical professionals and medically knowledgeable linguists; but in both cases a love of language, an ear for style, a willingness to pursue arcane terminology and caring enough to get it exactly right are the keys to true success.[18]

The Medical Translator and Interpreter Programme in Szeged

Our English–Hungarian Medical Translator and Interpreter programme was initiated more than 25 years ago at the University of Szeged, Hungary. The most recent, updated 4-semester course is organized for postgraduate students from the field of health sciences: for physicians, pharmacists, physiotherapists and other health professionals. Applicants should have an MSc or BSc degree in health sciences, advanced knowledge of English and should successfully pass the entrance exam.

Aims of the programme

One of the skills that is most evidently required to be a good professional linguistic mediator (translator and interpreter) is textual and communicative competence, which includes the ability to understand and produce texts that conform to the conventions of the specialized languages being worked with. This skill is particularly significant in the case of specialized writing or language for specific purposes where the fact that the translator has to work with texts that require a much deeper conceptual and contextual knowledge determines the way in which textual competence should be acquired and applied.

Translation requires more than exchanging terms or phrases between languages, adhering to grammatical rules, and choosing the appropriate register. It is a meaning-focused activity concerned with mental processes of analysis and synthesis, communicative language use, and the reproduction of structured discourse.[19]

The programme aims at introducing students the theory and practice of translation and linguistics with a focus on the language of medicine. Students are familiarised

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[16] http://www.slideshare.net/studentsandteachers/aljwhra-al-ahmari (11 February 2012)

[17] Henri Van Hoof, "Histoire de la traduction médicale en occident", CILL, 19, (1/1993.), pp. 1–2.

[18] Marla O'Neill, *Who Makes a Better Medical Translator: The Medically Knowledgeable Linguist or the Linguistically Knowledgeable Medical Professional? A Physician's Perspective.* American Translators Association Scholarly Monograph Series, 10/1998, pp. 69–80.

[19] Adil Al-Kufaishi, *Translation as a learning and teaching strategy*, Babel, 50, (1/2004.), pp. 45–59.

with computer assisted translation, localisation and terminology management; and they acquire competence in the communicative aspects of translation and interpretation, problem solving strategies and tactics, and creativity. Their skills are developed in both the source and target languages building on their scientific and professional knowledge (see Figure 1).
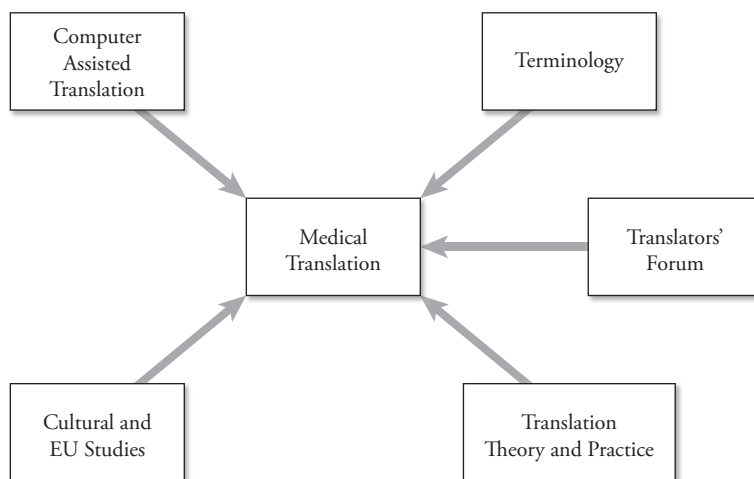

Figure 1 The Medical Translator and Interpreter Programme in Szeged

To maintain quality and to keep updated, we send questionnaires to alumni regularly (every third year). Discussions are organized with part-time and full-time translators, and with the representatives of translation agencies each year to decide which text-types should be focused on in the translator course. According to the current discussions, the most frequently translated genres and text-types from English into Hungarian are the research articles, product catalogues, manuals, guidelines, patient information sheets and informed consent forms, and the clinical trial protocols. From Hungarian into English, medical translators should mostly translate scientific abstracts, research articles, PhD dissertations, patient information sheets and informed consent forms, and the clinical trial protocols (back-translation), discharge summaries, outpatient notes, and laboratory findings.

Guidelines in translation

Translation is a complex and intellectually challenging process. Moreover, translation is a creative force: it enriches the target language by introducing new words and the concepts and conventions that go with them. There are certain guidelines to be

followed in the translation of medico-scientific texts: the target language readership (area knowledge, text analysis, decoded discourse markers) should be identified. Translators must be familiarized with medical guidelines and recommendations both in the source and target languages, as well as with the most frequent registers and sub-registers in the field of health sciences. The issues of international language use should be highlighted, i.e., localisation in health care texts; however, the language contact induced features in translation, grammatical and semantic interferences, should be minimized. Translators should study the reference literature and previous translations done in the same field to make informed decisions, adapt terminology to the given field of medicine (e.g., public health vs. cardiology), and eliminate false friends. Proper spelling and use of abbreviations and acronyms should be paid special attention to. Proofreading should also comprise the checking of numerical data, chemical compounds and formulae in the translated text. Finally, the translated text may be domesticated by professionals (medical, pharmaceutical, chemical, biological, psychological or even technical experts). In the "translation industry", the above guidelines cannot be followed in each case as there is huge time pressure on translators. Nevertheless, future translators should be taught these guidelines and they should be able to translate according to them.

Steps in teaching translation

The practical part of teaching translation always begins with *reading for translation purposes*. Translation is a tedious work if you need to look many words up in the dictionary or search the internet in every case. That is why we try to make our students find the words, phrases, clichés most often used in medical texts, and by using them in different types of exercises, they are also made to memorize as many of them as possible, and to identify further genre specific and topic specific linguistic features. They will facilitate the speed of the translation work together with the use of translation memories, which are started to be built from the first Terminology class. Texts for reading and translation are chosen according to their language content: some texts lend themselves to practising word formation or sentence transformation, whereas others are abundant in set phrases, and so on.

The second step is *code-switching or mediation*. Exercises which are called exchange manoeuvres are favoured to develop mediation skills. After reading English professional texts, the keywords, expressions, useful phrases and other sentence parts, which are very different in Hungarian, are collected, and students are asked to find the best Hungarian translation (code) for certain English phrases, e.g., *to show features suggestive of …, a tablespoon* or *two teaspoons of blood will be drawn* …. In each

case, multi-option translations are expected from the students. If words are considered to be the bricks of translation, phrases and expressions are the larger building blocks, which definitely make work easier with a better outcome.

Mediation is followed by *guided translation*, where the term guided translation sometimes means guided composition in reality. This step involves translation of texts or sometimes just separate sentences, in which students need to use the previously collected new vocabulary and phrasal items, and include certain parts of the target language translated in advance. In the case of these exercises, emphasis is put on developing grammatical correctness, thereby giving the bonding material to the building bricks described above.

The last step in our translation process is *revising and editing*. It can be performed in various forms, for example, by comparing the new translation with a translation prepared by a professional translator or with other students' translations. The major aim is to make publishable texts in the target language.

Our students do *in-class translation* week by week as pair work or team work (3 classes per week), and *individual translation* in the form of home assignments or translation projects.

Conclusions

Speaking and knowing two languages, no matter how intimately, does not automatically make the person a translator. It is a prerequisite, but translation is a craft and, like any craft, it calls for training. The quality of the end product also depends on the training and the professional guidance the translator has received as translators are trained, and not born.

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