

## ОСОБЕННОСТИ ИСПОЛЬЗОВАНИЯ ДИСТАНЦИОННОГО ОБУЧЕНИЯ В ПРЕПОДАВАНИИ ГУМАНИТАРНЫХ НАУК В УНИВЕРСИТЕТЕ

**Ключевые слова:** дистанционное обучение, система гуманитарной подготовки, критическое мышление, гуманитарные науки, педагогические технологии, самореализация

Цель настоящей работы - рассмотреть дистанционное обучение в контексте существующих определений, технологий, возможностей, проблем, концепций и его роли, поскольку оно быстро становится неотъемлемой частью образовательных систем, как в развитых, так и в развивающихся странах. Благодаря новым технологиям способы обучения и получения новых знаний больше не ограничиваются пространством и временем. Новые технологии предлагают большую гибкость в том, когда, где и как организовать учебный процесс и приобрести знания, предлагая гибкие возможности

обучения, как отдельному лицу, так и группе студентов. Дистанционное обучение является одной из наиболее быстро растущих областей образования, и его потенциальное влияние на все системы предоставления образования усилилось, благодаря развитию информационных технологий на основе Интернета. Для того чтобы удовлетворить потребности меняющегося мира, дистанционное обучение должно идти в ногу со временем, без географических барьеров, быть конкурентоспособной и ориентированной на обучаемых.

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## MEDICAL TRANSLATION TODAY

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This study is an analysis of the English language medical translation in teaching English language in the classes for Master degree students in medical high schools. The growth of the discipline of medical translation studies has been accompanied by a renewed reflection on the object of research and our metalanguage. These developments have also been necessitated by the diversification of Latin language within the language industry. The very label translation is often avoided in favour of alternative terms, such as localisation (Human Anatomy), transcreation (pharmaceutics), transediting (physiology and pathology of diseases). The competences framework developed for the European Master's in Translation network speaks of experts in multilingual and multimedia communication to account for the complexity of translation competence. This paper addresses the following related questions: How can translation competence in such a wide sense be developed in training programmes? Do some competences required in the medicine sphere go beyond translation competence?

The researcher **in the aim makes a contrastive view** of the possibly existing problems of teaching English medical translation for Master degree students to elicit possible factors and to suggest that competencies can be provided to students are influenced by a teacher's short-term translator experience, his or her evolving more theoretical than practical approach.

**Materials and methods.** The research questions, concerning problems of teaching medical text translation in medical high schools, data collection and analysis are such methods and material of the given study.

**Results.** After discussing these various problems the researcher proposes that teachers and medical students need to interact to construct better-informed understandings for diminishing the above mentioned problems.

**Introduction.** It is, however, not only the translation industry in medicine which has experienced growth, as the number of translator training programmes has also increased enormously over the last decade. The aims of medical translator training are widely seen to be in providing graduates who are qualified for the rapidly changing market. Quite a lot of progress has been made recently in agreeing on benchmarks for enhancing the quality of medical translator training programmes. The concept of "culture as translation" defines culture as a space for the interaction of the components of the translation process and describes translation and interpreting as a reception interpretation of "the own" and "the foreign" (Wolf 2002, 186). In the process of translation every source text composed in a certain sociocultural environment is transferred into a new sociocultural situation and in the case of expressive (literary) texts also into a new literary-poetological context. The process of translation thus becomes a territory for the interaction of two

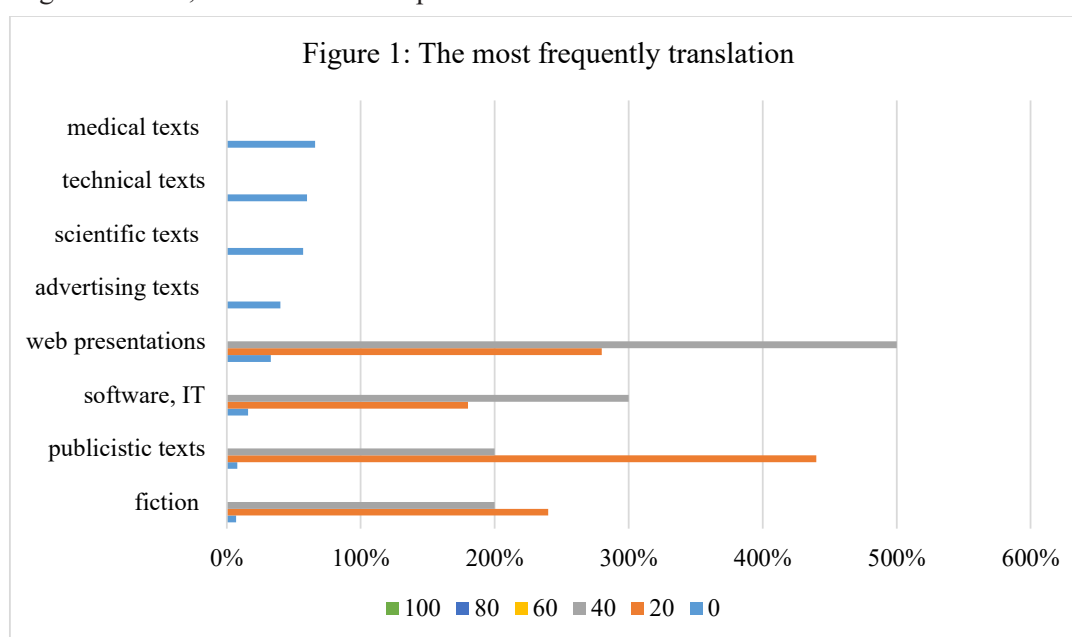
language and cultural systems. Since translation presently takes place under the influence of globalization processes and countervailing regionalization processes, our intention is to point out specific issues which must be dealt with by a future professional medical translator regarding the opposition of the foreign and the own. In the paper we therefore **focus** on the three principal sub-competences (cognitive, affective and behavioural) which comprise the complex medical competence of a translator and interpreter. We believe our article will contribute to the description of intercultural differences not only on a theoretical level but also on extensive illustrational material whose substance is documented in specific instances in oral and written transfer.

## Materials and methods

It is often argued that translation is invisible when done well-the so-called pane of glass analogy, with a “good” translation being represented by a clear, smooth sheet of glass, while cracks and scratches represent flaws, which draw attention to the enterprise (cf. Chesterman and Wagner 2002). The same metaphor might be applied to medical translation quality. Working with medical texts will always be easier for translators to deal with, in contrast to defective and poor originals. In order to gain more insight into the actual experience of translators and to offer some quantitative data, a questionnaire survey was carried out among Master degree students in Tashkent Pediatric Medical Institute. This section will present the results. The survey was performed in the second half of 2021. The questionnaire was compiled using Google Forms and sent via email to slightly more than 50 Master degree students, out of which 28 responded.

The questionnaire contained contingency questions, multiple choice as well as checkbox questions, and open ended questions. The complete questionnaire is included in the appendix. The prime focus of the questionnaire was on the medical translation quality and defects. Some questions were related to the strategies employed by students facing problematic academic issues, while other, more tangential questions were also presented to the survey participants. In the following paragraphs we decided to offer and comment on only the most relevant and interesting data. Let us start with the information concerning the profile of students participating in the survey. The majority of them were experienced medical workers, with 60% (26) of them working with practice in the foreign clinics and hospitals for more than 5 years, another 36% (20) between 1 to 3 years, and only 4% (4) that had been working for less than a year. In all, 61% (40) of were between 30–50 years of age, that is, 36% (10) were between 20–30 years of age 20–25 and there was no one younger than 20. For 52% (37) of the respondents, translating was their main problem in writing academic theses and articles while 48% (13) found the medical translation as waste of time. Similarly, the most common target language for the respondents was English with 45% (15), followed by Russian and Uzbek with 28% (20) and 21% (15) respectively. To close the section about the profiles of translators participating in the survey, figure 1 offers the most frequently translated text types or genres participants work with. As expected, fiction comprises only a small proportion of translated texts, while technical, scientific and academic texts constitute the bulk of the translation input on the translation market.

Figure 1: The most frequently translation





## The results and discussion

The majority of students of Master degree concurred with each other in that they correct typos and obvious grammatical mistakes with contacting the teacher. Several respondents stated they always add commentary to explain their corrections so that the defective parts of the medical translation can be amended. The situation nevertheless gets more complicated when it comes to problems with terminology or incomprehensibility. In these cases, medical students usually contact the teacher straight away, asking for clarification. Some of the respondents stated that they use various search engines, terminology databases or parallel corpora in order to find the best equivalent that would suit the co-text. About three translators declared they never ameliorate medical texts, but rather append commentary, offering possible solutions. In other words, they assign responsibility for the final decision to someone else.

The present survey demonstrated the relevance of the topic, that is, medical texts translation quality and deficiencies, since quality cannot be taken for granted. The following section will offer several tentative strategies on how to deal with defects when translating medical texts.

Since medical texts translation defects impede the translation process, it is worth paying particular attention to the analysis and pre-translation phase, which makes the source material ready for translation. However, as Drugan (2013) points out, while pre-translation testing is common in software localization, it is relatively rare in other domains. Furthermore, the opportunity to improve medical texts translation quality can prevent errors before they arise (cf. Drugan 2013; Kubánek), Gouadec (2007, 71) speaks about translatability assessment, that is, a quality control which should guarantee that the medical texts translation is up to standard and does not contain any language-related or fact-related errors, and that the material is in fact translatable. The translatability assessment, based on and adapted from Gouadec (2007, 70–72) and Nord (2005), should include:

- identifying any errors, obscurities, interference or real possible errors;
- making a note of any questions that circumstances permitting will be forwarded to the author or translation initiator;
- identifying any item which is not fully understood or which requires further documentation;

–□ identifying any items requiring special attention, in particular those ambiguities where several options may be open to the translator (e.g. should measurement units be converted?);

–□ listing all the terminology and phraseology requiring specific treatment (e.g. equivalents will have to be researched; specific terminology will need to be provided or validated; terminological consistency may be at risk, etc.).

**Conclusion** The aim of the present article was to confront the problem of source medical text translation quality, a topic which is discussed only marginally in the literature of translation studies, but is worth considerable attention since many of the medical texts that are translated by Master degree students are defective. We discussed the frequently underestimated role of the medical text in different translation schools of thought and in the translation process itself. We attempted to classify the most frequent text for translation by medical students and demonstrated the relationship between defect clarity and defect seriousness on the one hand and established norms or subjective decisions which must be followed to remedy the defect on the other.

The next part of the paper presented the results of a questionnaire survey among 50 Master degree students in the Tash PMI as well as freelance translators, with a primary focus on quality and defects of medical texts translation. The survey demonstrated the relevance of the topic as 78% translators stated that they encounter medical texts translation defects. Apart from spelling and punctuation issues, defects regarding stylistics and incomprehensibility were selected as the most frequent problems. In all, 88% of translators indicated incomprehensibility as a valid reason for rejecting a translation, 30% file type or text extraction and 26% terminology. Almost 60% of the respondents had been asked to ameliorate poor medical texts by correcting the defects and 72% of the translators prefer to consult the teacher before correcting any defect. In the final part of the paper we offered several tentative strategies for dealing with medical texts translation defects, seeking inspiration amongst other things in medical texts translation analysis or translatability assessment, Gouadec and Nord's principles. Considering the decreasing quality of medical texts translation, we came to conclusion that medical texts translation cannot be regarded as inviolable or sacrosanct entities and it is the translators' duty to deal with all defects that affect it. In other words, medical workers, writing



academic texts and translating medical texts should become communication experts with a broader variety of available services, which would not only include risk management strategy

(when facing a defective text) but also educating the auditorium about the importance of text and documentation quality.

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## МЕДИЦИНСКИЙ ПЕРЕВОД СЕГОДНЯ

**Ключевые слова:** медицинский текст, иностранный язык, профессиональное образование, переводческая компетенция

В статье рассматриваются проблемы обучения переводу медицинских текстов магистров медицинских институтов, в частности в ТашПМИ на современном этапе. Поднима-

ются проблемы профессиональной переводческой практики при подготовке будущих врачей в медицинском институте.

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## BUGUNGI KUNDA TIBBIY TARJIMA

**Kalit so'zlar:** tibbiy matn, chet tili, kasbiy ta'lim, tarjima kompetensiyasi

Maqolada hozirgi bosqichda tibbiyot institutlari, xususan, ToshPTI magistrantlariga tibbiy matnlarni tarjima qilishni o'rgatish muammolari ko'rib chiqiladi. Tibbiyot institutida

bo'lajak shifokorlarni tayyorlashda professional tarjima amaliyotining muammolari ko'tariladi.