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## SIGHT TRANSLATION IN HEALTHCARE SETTINGS: A CASE-STUDY

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### Abstract

This paper focuses on a training case-study which simulates a professional mediation carried out in a hospital in Trieste. The analysis is based on a collection of transcripts of sight translations performed by last year's students of the MA in Specialised Translation and Conference Interpreting (mixed curriculum) of the University of Trieste. The focus of the analysis is on two genres which the mediator has to manage with ease: a) the informed consent form [sight translation it>es whose addressee is the patient]; b) the clinical history [sight translation es>it whose addressee is the medical staff]. By reflecting upon the translation product (i.e. the students' renditions) in terms of problems, errors and strategies, the paper identifies the most problematic areas and provides preliminary considerations for the training of linguistic and cultural mediators and interpreters.

**Keywords:** Sight translation in healthcare setting. Training simulation. Problems. Errors. Strategies.



## 1. Introduction

One of the tasks that more often cultural<sup>1</sup> and linguistic mediators have to carry out in medical and healthcare settings is sight translation (ST) (see, among others, Jiménez Ivars & Hurtado Albir 2003) of essential documents necessary to complete a wide range of activities, from a simple medical consultation to a delicate surgery operation.

In most of the cases, mediators do not receive texts beforehand, which forces them to translate a text they are reading for the first time (Jiménez Ivars & Hurtado Albir call such procedure “*traducción a ojo o a primera vista*” 2003: 50). This raises a series of difficulties and requires the adoption of different strategies.

Even though ST is one of the most widely used translation modes adopted in professional healthcare settings, the academic research community, and Translation Studies in general, has not paid too much attention to it (Hurtado Albir 2011: 83) in the studies on community interpreting in medical environments (Niemants 2012; Valero-Garcés, Navaza & Wahl-Kleiser 2014) nor in training- (cf. Zorzi 2007; Carreras i Goicoechea & Pérez Vázquez 2009) or professional-oriented studies (Valero Garcés 2008; Burckhardt et al. 2009; Rodríguez Cala & Llevot Calvet 2011; Iacono 2013).

From an academic perspective, ST still represents a didactic strategy (Jiménez Ivars & Hurtado Albir 2003: 54), a resource more than a translation mode in that it can be considered a preparatory activity to simultaneous or consecutive interpreting (see, among others, Viezzi 1989; Weber 1990; Moser-Mercer 1994; Viaggio 1995; Ballardini 1998). As far as the medical and healthcare settings are concerned, so far, there are no systematic research studies dealing with ST.

This paper is based on a simulation of a real professional mediation carried out in an Italian hospital. The analysis relies on a sample of transcriptions of ST performed by last year's students of the MA in Specialised Translation and Conference Interpreting (mixed curriculum) of the University of Trieste. The

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1. According to Pöchhacker (2008) “linguistic mediation is inevitably cultural mediation”.

focus of the analysis is on two genres which the mediator has to manage with ease:

- a) the informed consent form (Cecilia Ramos 2012); and
- b) the clinical history (De la Prieta Miralles 2002).

In a), the addressee of the ST is the patient, whereas in b) the addressee is the medical staff. Such change in the function of the text as well as addressees (lay vs. expert) is supposed to influence the strategies and techniques adopted by the mediator.

By reflecting upon the translation product (i.e. the students' renditions) in terms of problems, errors and strategies (Jiménez Ivars 1999), the paper identifies the most problematic areas and provides preliminary considerations for the training of linguistic and cultural mediators and interpreters (Isasa 2014).

Within the framework of the mediation between similar languages (Spanish-Italian, Bazzocchi & Capanaga 2006), the analysis combines the two approaches to ST: professional (ST with a communicative function) and didactic (ST with an instrumental function) (Jiménez Ivars & Hurtado Albir 2003: 47-49).

In the following sections, after presenting the theoretical and methodological grounds upon which the analysis relies (§ 2), the design of the study is outlined by focusing on the students' profile, typology of activity to carry out, the ST simulation and the questionnaire (§ 3). In § 4, a breakdown of the results is presented, by means of a qualitative and quantitative analysis, whereas § 5 contains final considerations and proposals for future research, taking stock of the research carried out.

## 2. The foundations: research questions, hypotheses and objectives

The research questions guiding the whole study are framed both within the professional and the training perspective. As for the former field, the following preliminary questions are tackled:

- 1) Which are the features of ST compared to other modes such as dialogue interpreting?
- 2) What kind of problems it poses and which are the strategies typically adopted in healthcare settings?

From a training perspective, strictly connected to the previous questions, the leading research question is the following one:

- a) Are graduate students ready to work as healthcare mediators?

With regard to this latest question, the hypothesis is that students/recent graduates are not ready to deal with ST tasks in the healthcare setting and they need *ad-hoc* training: the required activity is too complex not only for the technical challenges of the medical field (for example, terminology which – as emerges from § 4.3 – represents the main source of concern and stress for students), but also because trainees are not used to working with this translation mode and do not have enough experience in this sector (see § 4.3).

The relevance and rationale behind the study rely on the need to map out the field from a triple perspective: on the one hand, it is crucial to know the users' needs (both medical staff and patients); from the perspective of trainees, it is important that students become acquainted with their weak areas to strengthen, if they want to work in this field; from the viewpoint of trainers, it may be useful to know which are the specific training needs of students in order to prepare the lessons accordingly.

As far as the objectives of the study are concerned, a distinction should be made between short- and long-term objectives. As for the former, the aim is to put forward specific proposals starting from the training needs and weaknesses of trainees; as for the latter, it is to improve the quality of healthcare mediators by establishing bridges of communication between the healthcare professional world and the academic, which is devoted to the training of cultural mediators.

### 3. The study

#### 3.1 Student's profile

With a view to detecting problems, errors and strategies in a simulated ST professional task, an experiment has been carried out with a reduced number of translation trainees<sup>2</sup>. More specifically, 8 students of the *Laurea Magistrale in Traduzione Specialistica e Interpretazione di Conferenza (curriculum integrato)*, just about to graduate, who have attended the Specialised Translation from Spanish II into Italian module (30h). The course (30 hours) dealt with medical translation and explored the 'vertical' dimension of specialised discourse (Calvi 2009: 28-32), following the gradual approximation approach (Pontrandolfo, 2016). Its objective was presenting the features of different levels of specialisation (Mapelli 2009: 113-120), from popular texts to scientific texts, analysing a wide range of discursive genres, from the fact sheet

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2. Gile's view (1991: 60), cited in Jiménez Ivars (1999: 240), is shared here: "Students can be used when enough evidence is available to indicate that they are comparable to professionals in the type of behaviour under study".

for patients (García Izquierdo 2009) to research articles written for experts, also looking at semi-specialised genres such as the informed consent, medical records, patient information leaflets, case reports, etc.

The group of students selected for the experiment already knows the basic concepts of medical language (Spanish and Italian) and has translated complex texts pertaining to the sector.

### 3.2 Study design

The study has been organised in four stages:

a) informative session in which students were briefed on the mediation task<sup>3</sup> they had to carry out (7 days before the situation (see Table 1))

*The Spinal Surgery Unit of Padua's Hospital "Sandro Agostini" contacts you to carry out a linguistic mediation during a surgery operation involving a Bolivian patient. The Healthcare assistant who contacts you does not give you much information on the typology of the surgery. This is what you know:  
Young Bolivian patient suffering from low back pain. The X-ray exam of the spine points to a sacralisation of L5, important alteration of degenerative nature and a herniated disc at the level of L4-L5.  
She will undergo a surgery operation of lumbar herniated disc within a week. Your contribution will be fundamental not only for the communication between doctor/nurse-patient, but also in reconstructing the clinical history of the patient.  
The woman has just arrived in Italy and does not speak Italian; the medical staff does not speak Spanish, but understand some information due to the formal similarities between the two languages.*

Table 1. Stage a) mediation task

Even though a week to prepare for the task is not a realistic period from a professional point of view, it has been considered sufficient and adequate, since the group of trainees involved in the simulation are starting to face the professional contexts and are not yet used to working with the hectic paces of the real professional world. In line with this view, it has been decided to give students all the information contained in Table 1, although in realistic contexts very few mediators receive such details.

3. On the importance of the *translation brief* in real professional jobs, see Nord (1997a, 1997b: 46-48); Fraser (2000); Mossop (2007: 110-112).

It is important to stress that the nature of the task (ST) was not revealed to the students at this stage because in the final stage d) they were asked how they prepared for the task and if they expected to carry out a ST. As a matter of fact, the questionnaire (§ 4.3) reveals that 7 out of 8 student did not expect to work with this translation mode. This also applies, *mutatis mutandis*, to the healthcare real world, where ST is one of the most frequently used translation modes; often mediators do not expect to sight translate medical documents and therefore are not prepared for the task.

b) short phase of introduction in which the specific context in which the simulation will take place is explained to the students (some minutes before stage c) (see Table 2);

<p><i>You have reached the Unit.</i></p> <p><i>The nurse coordinator explains to you that your contribution will be structured into two parts:</i></p> <p><i>1) Sight Translation ES&gt;IT: reconstructing the clinical history with the patient, the specialised nurse and the anesthetist.</i></p> <p><i>2) Sight Translation IT&gt;ES: assistance to the patient while she fills in the “Dichiarazione di avvenuta informazione e consenso ad atto sanitario specifico” and, more specifically, in the part related to the anesthetic techniques.</i></p> <p><i>Basically, you should inform the patient about the anesthetic treatment: foreseeable outcomes of anaesthesia, risks and possible unforeseen difficulties of the treatment, as well as additional information of anesthetic nature (post-surgery anesthesia, problems, following procedures, etc.)</i></p>
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Table 2. Stage b) contextual introduction to the task

Stage b) represents a brief phase to warm up which is aimed at explaining, once more, the context in which the mediation will take place and, above all, clarifying that it is a sight translation and not a liaison interpreting task, as most of trainees thought.

c) simulation of the ST (es-it/it-es)

It is important to stress that, during this stage c), students did not have the chance to interact with the addressee of the ST, which resulted in an additional difficulty for them.

#### d) final questionnaire

The final questionnaire (§ 4.3) is partially based on Jiménez Ivars (1999: 350-351). Following her proposal, it has been conceived as a resource to measure the problems encountered in the ST, their causes and their solutions (1999: 242-243).

The questionnaire's objectives were twofold: on the one hand, evaluate the students' self-perception in relation to their *performances*; on the other hand, detect the subjective difficulties of students (e.g. terminology) vs. the objective difficulties detected *ex post* (by means of an evaluation scale). Some of the questions were aimed at defining the students' profile (professional experience, preparation, personal and general observations).

### 3.3 The texts

The texts chosen for the simulation are real texts produced in the professional context.

#### 3.3.1 The Spanish text

The first text (473 words), chosen for the ES>IT ST, contains three reports extracted from the clinical history of the patient, who gets to the Hospital Clínico San Carlos in Madrid because of low back pain: a radiological report of the Radiodiagnostic Unit of the same hospital, an emergency room report and a hospital discharge report. The addressee of the ST, in this case, is the medical staff who needs to understand the clinical history of the patient through the mediator.

In order to avoid additional difficulties to the students, the texts used for the first part of the ST (es-it), originally handwritten by the medical staff of the patient's country, were transcribed to a digital format.

From a textual point of view, the reports can be considered texts of medium complexity, showing most of the features of medical language (for the Spanish language see, among others: Galán Rodríguez & Montero Melchor 2002; Martín Camacho 2004; Vivanco Cervero, 2006; Mapelli 2009; for the Italian language: Serianni 2005, 2007: 89-106).

As far as lexical and terminological features are concerned, the use of condensed or abbreviated lexical items (Mapelli 2009: 106) is one of the most striking characteristic of the texts: initials (RX, L5, S1, 1N, N; initials combined with symbols: VHB +), acronyms (U.P.A.) and abbreviations (col. lumbar, anteced. pers., comp., Fdo., etc.), as well as symbols referring to measuring units (mg, h, ½, etc.).



Pure technical terms are found as simple units (lumbalgia, cifoescoliosis, fisura, fractura; with highly productive suffixes as *-ción*: bipedestación, sed-estación) and complex units (composed by *disjunction* síndrome miccional, apófisis espinosas lumbares, ligamento peroneo astragalino, varo forzado, exploración general, resaltes óseos, by *synapsis* sacralización de L5, fusión del arco posterior de S1, *contraposition* esguince-distensión or *juxtaposition* columna lumbosacra).

Denominations of medicines are also used (general: diclofármaco, ibuprofeno and specific: diacepam, myolastan, Valium) together with two culture-bound terms (U.P.A., médico de atención primaria).

From a morphosyntactic point of view, the generalised use of depersonalization –by means of the 3<sup>rd</sup> person blurring the figure of the subject, passive form with *se* (se observa, se administró, se administra, se le explica, etc.) and verbs with inanimate subject (Mapelli 2009: 107) (existir, presentar, apreciar, etc.)– is another distinctive feature.

A typical trait of the ‘clinical history’ discursive genre is the omission of articles, prepositions, auxiliaries, that can be inferred from the context and from the information shared with the interlocutors, without compromising the understandability of the text (Mapelli 2009: 109), as can be seen in the following examples:

- (1) Defecto de fusión del arco posterior de S1
- (2) Mujer de 31 años con anteced. pers. de lumbalgias ocasionales
- (3) No alergias medicamentosas conocidas.
- (4) No síndrome miccional acompañante. Poco dolor en bipedestación.
- (5) No dolor a la palpación sobre apófisis espinosas lumbares
- (6) No dolor en resaltes óseos.

Nominalisation plays a pivotal role in the text: *sacralización* de L5, *alineación* de cuerpos vertebrales, *flexión* de la columna lumbar, No dolor a la *palpación*, con dolor a la *presión*, etc., together with explicative adjectives (Mapelli 2009: 110): Radiología *simple*, partes *blandas*, Lumbalgia *aguda*, Mejoría clínica *evidente*, *Poco* dolor, lumbalgias *ocasionales*, *adecuada* alineación de cuerpos vertebrales, movilidad *lateral*, flexión *ventral*, etc.

As far as verbal tenses are concerned, an oscillation between present (se observa, existe, tiene, aporta, está, no puede, se administra, acude, no recuerda, etc.), which is the dominant tense<sup>4</sup> in the documents under exam, future (the

4. “El presente de indicativo [es] típico de las definiciones, las descripciones, la exposición y la observación de procedimientos y experimentos [...] [y] llega a dar un tono de universalidad y atemporalidad a los enunciados (Mapelli 2009: 110).

verb *estar* in combination with the present subjunctive expressing the idea of future: *cuando esté; acudirá*, etc.) and past tenses (*pretérito perfecto*, *no ha mejorado*; *pretérito indefinido*, *se administró*) with a scarce presence of modal deontic structures (*Caminar con bastones de descarga, no apoyar pie al menos 1 semana*).

From a textual point of view, the documents show a low degree of cohesion and consistence and do not show the features that are generally present in technical and scientific texts as the linear thematic and constant progression of content (Mapelli 2009: 113). In addition to the absence of coherence in the use of the 3<sup>rd</sup> and 1<sup>st</sup> person (e.g. *presenta aumento de partes blandas* vs. *no aprecio signos de fisura*), it is worth stressing the clash of register in the document written down by the doctor. The technical and impersonal style clashes with the informal register typical of the spoken language, as can be seen in the following examples:

(7) *se ha agachado a meter unas cosas y ya no podía estirarse*

characterised by the use of the *omnibus* verbs (Briz 1996: 44 y 60), such as the pro-verb ‘meter’ and the pro-noun ‘cosas’.

(8) *La flexión ventral de la columna prácticamente no puede realizarla*

where the marked order of the words is in line with the pragmatic function of topicalisation and informative boost of the elements (Briz 1996: 39). The left dislocation involves the accusative clitic ‘la’ and the theme appearing in the left periphery, which is a typical trait of the spoken language (Briz 1998).

Although there are no discursive markers, the presence of enumerations, especially used in the textual sections devoted to the treatment in the clinical history, is to be noted.

Orthographic errata can also be observed (e.g. *en \*zon referida, peroneo \*astraglino, complementacion*, etc.) which hinders the fluent reading of the text.

### 3.3.2 The Italian text

The second text (475 words) – chosen for the Italian-Spanish ST – is a section of the informed consent in use in a hospital in Trieste<sup>5</sup> which deal with loco-regional anesthesia (spinal and epidural anesthesia), the technique that will

5. Its official denomination is: *Dichiarazione di avvenuta informazione e consenso ad atto sanitario specifico; atto specifico: tecniche anestesilogiche*. It is a rather standardised text, as can be seen in the similar forms available online.

probably be adopted in the surgery operation that the patient will undergo in the simulated task. The addressee of the ST is, in this case, the patient, who must know<sup>6</sup> what the anesthetic treatment is about.

Compared with the Spanish text, the Italian one is much more structured, coherent and consistent. Its clarity depends on its function or *skopos* (Nord 1997a): the final addressee of the text is a lay patient who, before undergoing an operation, must know how anesthesia works and which are the advantages or problems deriving from this procedure.

From a terminological point of view, an alternation of high register terms (*cefalea, anestesia generale inalatoria y/o endovenosa, ematoma peridurale*, etc.) and lower register term (*riduzione della frequenza cardiaca* instead of *bradicardia*, *calo della pressione arteriosa* instead of *ipotensione*, *formicolio agli arti inferiori* instead of *parestesia*, etc.), can be observed, with a prevalence of the latter. The presence of explicative parenthesis in the text confirms the typical style of communication between doctors and patients (Montalt & González Davies 2007: 230). Most of the technical terms refer to anatomical areas (*liquor cerebro-spinal, colonna vertebrale lombare, dura madre, osso sacro, colonna vertebrale torácica*, etc.).

As far as morphosyntactic elements are concerned, the Italian text also shows a prevalence of impersonal style which tends to hide the agent present (si ricorre *ad una anestesia generale*, è necessario *passare all'anestesia*, si associa *a calo*, viene spesso *preceduta da*, *l'iniezione* viene praticata *nello spazio peridurale*, etc.). With respect to tenses, present and future prevail in the final part of the text (*il paziente sarà sorvegliato, sarà trasferito al reparto*, etc.).

The text is characterised by a high percentage of modal structures with the verb 'poder', which expresses probabilities, a protective strategy deployed by the healthcare staff in case of complications that could occur during the anesthesia (*la complicanza più grave si può manifestare, Le anestesie peridurali possono causare aree di formicolio*, etc.) and which reaches its peak in the final sentence of the document (*Nessuna procedura anestesiológica può essere comunque priva di rischi*).

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6. The healthcare structure and the doctors must provide patients with adequate and exhaustive information about the medical treatment (see the new deontological code of doctors approved in December 2006, chapter IV, arts. 33/38; the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine of 4/04/1997, Chapters ii, arts. 5-6-8-15; the recommendations by the SIAARTI (*Società Italiana di Anestesia, Analgesia, Rianimazione e Terapia Intensiva*) Bioethics Commission.

Adverbial phrases such as *di regola* and *di norma* (used twice) are in line with the defensive and self-protection strategy against the risk of possible complications.

Conditional structures expressing hypotheses and probabilities can also be noted (*Nel caso di un insufficiente effetto e/o durata dell'anestesia regionale o di una sua eccessiva diffusione è necessario passare all'anestesia generale vera e propria. / Se invece sarà necessario un prolungamento del monitoraggio clinico e strumentale sarà trasferito al reparto di Terapia Intensiva secondo l'indicazione dell'anestesista-rianimatore*).

From a textual point of view, the thematic progression is linear: the cohesive ties are guaranteed by the use of discursive markers (*nel caso di, invece, pur, etc.*), absent in the Spanish text, and by redundancy<sup>7</sup> ([...] *la cui incidenza varia da 1,6 a 2 casi ogni 10.000 anestesie. Tale incidenza si è ridotta [...]*).

### 3.4 Errors and strategies

Table 3 shows the assessment scale adopted in the study. The proposal adapts and integrates the grid designed by Hurtado Albir (1999: 120), Mossop (2007: 125) and Hurtado Albir (2015)<sup>8</sup>.

(A) TRANSFER	(B) CONTENT	(C) LANGUAGE
Exactitud [accuracy] Falso sentido (FS) [incorrect meaning] No mismo sentido (NMS) [partial incorrect meaning] Integridad [completeness] Adición (AD) [addition] Supresión (SUP) [omission]	Lógica [logic] Contrasentido (CS) [misinterpretation] Sinsentido (SS) [nonsense] Hechos [facts] Errores factuales (FACT) [factual errors]	Adecuación [tailoring] Léxico (LEX) [vocabulary] Calcos (CAL) [calque] Sublenguaje [sub-language] Terminología (TERM) [terminology] Idiomática [idiom] Fraseología (FRAS) [phraseology] Norma Gramática (GRAM) [grammar]

Table 3. Evaluation grid adopted for the analysis of errors in the ST

As far as the strategies are concerned, the techniques identified by Jiménez Ivars (1999: 252-255) are adapted to the healthcare setting (Table 4).

7. "La recurrencia es uno de los recursos cohesivos más empleados en los textos científicos y técnicos, ya que permite remarcar el tema del discurso y, por consiguiente, la coherencia del razonamiento" (Mapelli 2009: 111).

8. The terminology of the revision metalanguage is partially based on Parra Galiano (2005: 143).

Strategies	<ol style="list-style-type: none"><li>1. Deleting informative elements</li><li>2. Selecting the main idea</li><li>3. Avoiding the same word order</li><li>4. Translating word by word</li><li>5. Avoiding the automatic equivalent</li><li>6. Inventing</li><li>7. Anticipating the reading</li><li>8. Repeating, restarting the text</li><li>9. Saying the first thing that comes to mind</li><li>10. Re-reading the sentence</li><li>11. Considering the context</li><li>12. Paraphrasing</li><li>13. Generalising</li><li>14. Thinking</li><li>15. Explicitating/Determinologising</li></ol>
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Table 4. List of strategies

4. Analysis of the results

The objective of this section is to outline the most relevant translation problems emerging during the simulation of the task and the translation solutions adopted by the students. Only the most remarkable example will be presented, leaving a more precise and detailed analysis of the results for future studies.

The results will be presented in the following way: section § 4.1 will be dedicated to errors, section § 4.2 to strategies, whereas section § 4.3 to the questionnaire.

4.1 Errors

4.1.1 Errors in the ES>IT ST: quantitative and qualitative analysis

The quantitative analysis of the errors made by trainees in the Spanish-Italian combination reveals the most problematic areas (see Figure 1): omissions (30%), incorrect meaning (21%) and calques (18%). A distinction should be made between the voluntary omission of information – which is a strategy (see § 4.2) – and the omission due to a difficulty in understanding the source text. In this latter case, such omissions fall within the category of *comprehension omissions*<sup>9</sup> (Barik, 1994), resulting in a significant loss of important meaning.

9. Barik distinguishes the following categories of omissions detected in simultaneous interpreting: *skipping omissions* (deletion of a word, often a qualifying adjective or a sentence that does not affect its grammatical structure or meaning losses); *comprehension omissions* (deletions due to the lack of understanding by interpreters, resulting in an interruption and semantic loss); *delay omissions* (deletions due to a delay in translating the text by

It is interesting to observe that terminology (10%) does not represent a significant obstacle, in sharp contrast with the difficulties perceived by trainees (see § 4.3).

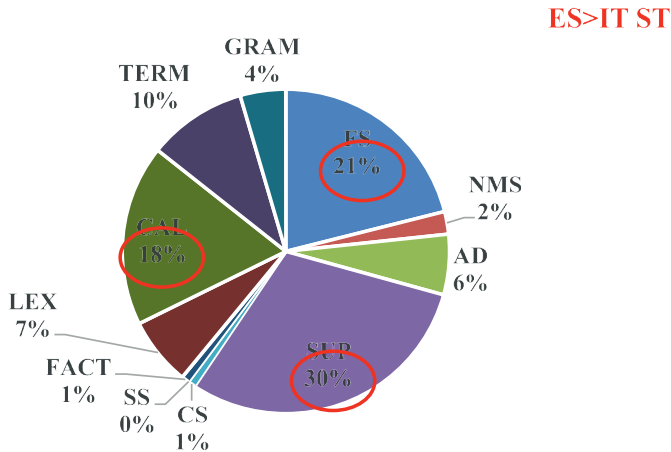


Figure 1. Errors in the ES>IT ST

Table 5 exemplifies the most frequent errors (omissions, incorrect meaning and calques).

(9)	Exploración general: Presenta aumento de partes blandas en zona referida con dolor a la presión y en la flexión plantar y <u>varo forzado</u>	T1: la visita generale mostra un aumento di (.) di di parti (.) blande eh (.) eh riferisce dolore alla pressione e alla flessione plantare eh: (.) [SUP]
(10)	Enfermedad actual: Acude por dolor <u>en antepie</u> [sic], más a nivel de ligamento peroneo <u>astrag[allino]</u> , no recuerda antecedente traumático.	T6: eh: si è recata al eh: pronto soccorso perché registr- perché soffriva di eh: un dolore ehm: in posizione ehm: (.) (DEGLUTISCE) soffriva di un <u>dolore della colonna vertebrale</u> [ES] (.) eh: (.) più al livello del: legamento peroneo as- del legamento peroneo [SUP] e non si ricorda di nessun precedente traumatico.

Table 5. Examples of omissions [SUP] in the ES>IT ST

the interpreter who deletes some parts of the texts to follow the pace of the original text); *compounding omission* (interpreters combine elements pertaining to two different sentences, deleting parts of them; its content is partially affected by this omission).

In (9), the omission is caused by a terminological problem: student T1 does not know the varus stress test ('varo forzado' in Spanish, 'manovra in varo-equino forzado' in Italian) that affects the knee and which is used to discard injuries at the external lateral ligament. T1 also omits that the patient feels some pain during this manoeuvre.

In example (10) the omission of the adjective 'astragalino' (in the source text an [a] is missing) determines a semantic generalisation, as the precise area of pain in the peroneus ligament is not specified. An incorrect meaning also occurs when T6 translates 'dolor en atepié' with 'dolore della colonna vertebrale' which confirms that the student does not have a clear overview of the human body anatomy, something that a mediator working in a healthcare sector should know.

(11)	Informe de alta de urgencias Hora llegada: 14.03 Hora de <u>alta</u> : 14.42	T3: dunque per quanto riguarda eh la: il ricovero eh la paziente è arrivata alle quattordici e tre ed è stata <u>ricoverata</u> [FS/CS] alle quattordici e quarantadue
(12)	Datos clínicos: Dolor lumbar <u>RX</u> COL. LUMBAR Informe: Como variante anatómica [...]	T5: La paziente accusava dolore nella zona: lombare, eh: in particolare nella <u>parte destra</u> [FS][SUP] ed è stato eh: rilevato-a una sacralizzazione di L5.
(13)	Tratamiento al alta: - Hielo local <u>según se le explica</u>	T1: il trattamento dopo: la lu- l'uscita eh: ghiaccio (.) ghiaccio s- (.) la nella zona affetta quand- a <u>quando ce n'è bisogno</u> [FS]

Table 6. Examples of incorrect meaning [FS] in the ES>IT ST

Examples (11), (12) and (13) present serious errors since the hearer (in the simulated case, somebody from the healthcare staff) cannot uncover the semantic incorrectness. In (11), the discharging hour is interpreted as the hour in which the patient gets to the hospital, not as the time in which she leaves the structure; in (12) "RX", unanimously known as initials used for X rays, is interpreted as 'right part' (even though in Spanish the abbreviation would have been 'dcha.');

in (13) the modality of application of the ice according to the indications of the medical staff is misinterpreted in T1's version, in whose version 'ice will be placed if needed'.

Interference problems and, more specifically, a tendency towards lexical, morphosyntactic or textual calques in the target text, are present with a high frequency due to the affinity between Spanish and Italian (Calvi 2001: 332).

The following examples show cases of lexical calques.

(14)	INFORME: Como variante anatómica se observa sacralización de L5. Existe una adecuada <u>alineación</u> de cuerpos vertebrales, sin pérdida de altura de cuerpos vertebrales ni de los espacios intervertebrales lumbares.	T4: come dati clinici viene riportato un dolore lombare e: il referto ah: appunto prevede una sacralizzazione della vertebra L cinque eh esiste: una:: viene anche riportata un'adeguata(!) eh adeguata: <u>allineazione</u> [CAL] dei corpi vertebrali <i>non c'è</i> la paziente <i>non riporta</i> perdita di: di altezza dei corpi vertebrali e nemmeno negli: negli spazi intervertebrali lombari
(15)	Se <u>administró</u> Diclofarmaco intramuscular a su llegada, que no ha mejorado la movilidad.	T1: si: le abbiamo <u>amministrato</u> [CAL] di- diclofarmaco intramuscolare al suo arrivo che però non non ha migliorato la mobilità
(16)	Rx pie, no aprecio signos de fisura y/o fractura, lesiones calcificadas <u>altura</u> tarso astragalina.	T4: nelle prove diagnostiche è stata effettuata una radiologia del piede dove non viene accertata [GRAM] nessun segno di frattura- dove non viene si verifica nessun segno di frattura o [SUP] di lesioni calcificate all' <u>altura</u> [CAL] del tarso

Table 7. Examples of calques [CAL] in the ES>IT ST

Examples (14), (15) and (16) show the influence of the source language on the target language: “allineazione” instead of “allineamento”, “amministrato” instead of “sommministrato”, “altura” instead of “altezza”.

It is interesting to observe that in (14) student T4 uses what Straniero Sergio (forthcoming) calls *double renditions* (Dal Fovo 2013: 420-423) in simultaneous interpreting, that is to say, the production of double translation equivalents to express the same lexical unit of the source text. In the corpus of transcriptions under analysis, most of the occurrences of these binomials can be interpreted in the light of the need of trainees to get close to the medical register, as can be seen in (14) where the general verbs ‘esistere’ and ‘essere’ are immediately replaced by the verb ‘riportare’, which is common in medical vocabulary. Some self-correction examples are also found (“y permanecer en el cuarto donde sea donde está hospitalizado”) or approximations to the most



specific term (“Eh: además eh: hay eh: unos unos éxitos unos beneficios unos resultados del tratamiento”).

As Straniero Sergio puts it, “the practice of retroactive elaboration, whereby alternatives are continuously provided, may even reveal a sort of self-complacency on the part of the interpreter, in showing off his or her linguistic skills. ‘Playing with synonyms’, then, would compensate the interpreter’s lack of semantic autonomy, foregrounding his or her role as a producer of a text of which s/he is not the owner” (Straniero Sergio, forthcoming, quoted in Dal Fovo 2013: 423).

In (16) the lack of concordance between ‘accertata’ and ‘segno’ and the omission of ‘fisura’ in the doublet ‘fisura y/o fractura’ can also be observed. The semantic difference between the two terms lies in the fact that in the fissure the bone break does not provoke discontinuity between the two ends (in Italian it would be a ‘lussazione’), whereas in the fracture the two ends of the bone become separated (in Italian this would be the technical ‘frattura’).

#### 4.1.2 Errors in the IT>ES ST: quantitative and qualitative analysis

As far as the Italian-Spanish direction is concerned, the most common errors cluster around language (calques (46%), grammar (25%)) and semantic issues (omissions (14%) and incorrect meaning (6%)) (see Figure 2).

#### IT>ES ST

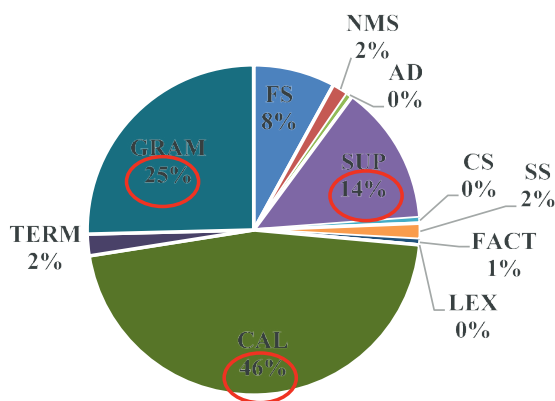


Figure 2. Errors in the IT>ES ST

In the Italian-Spanish direction, almost half of the errors are due to linguistic interferences. Calques do not affect only technicalisms (17) but also lexical units of general language (18).

(17)	reparto, anestesista, professionista, cateterE, antidolorificos, anestesia, arteriosa (presión), suministrar, complicanzas, anestésicos, terapia	
(18)	durada, monitoración, única (dosis), garantida, se efectúa, etc.	
(19)	Talvolta prima della procedura si ricorre ad una anestesia generale inalatoria e/o endovenosa, di norma senza intubazione.	T1: Eh: tal vez [CAL>FS] antes de la procedura [CAL] se recurre [CAL] eh: a una anestesia general eh: ehm: eh: (.) eh: que se eh: (.) eh: (:) que se aspira o: (.) en eh: (.) endovenosa.

Table 8. Examples of calques [CAL] in the IT&gt;ES ST

In (19), student T1 produces three calques in a row due to the influence of the mother tongue: ‘tal vez’ (which determines an incorrect meaning), ‘procedura’ and ‘recurrir’.

Grammatical problems, that is to say, linguistic errors due to the structural differences between Spanish and Italian, represent an additional category which has been frequently detected in the IT>ES ST.

Examples (20) and (21) show errors in the use of the subjunctive expressing future (20) or hypothesis (21).

(20)	Quando le sue condizioni cliniche <u>saranno</u> ritenute di assoluta sicurezza, potrà far ritorno al reparto di degenza.	T1: Cuando sus condiciones clínicas <u>serán</u> [GRAM] eh: seguras eh: podrá retorn podrá volver a: a su eh: reparto [CAL] [...].
(21)	Nessuna procedura anestesiológica può essere comunque priva di rischi, <u>pur praticata</u> da professionisti esperti, prudenti e attenti.	T4: Y: tenemos que decir que toda procedura [CAL] anestesiológica tiene algún riesgo eh: eh: aunque <u>está</u> [GRAM] practicada por profesionales expertos y eh: muy eh: atentos.

Table 9. Examples of grammar errors [GRAM] in the IT&gt;ES ST

As far as the omissions in the IT>ES ST are concerned, an interesting case is example (21). The sentence appears at the end of the source text, in the final and marked section with bold characters, to stress the fact that it is fundamental information that the patient should know. Three out of eight trainees did not translate it, which results in a very serious omission that could even have legal consequences.

(21)	Nessuna procedura anestesiológica può essere comunque priva di rischi, pur praticata da professionisti esperti, prudenti e attenti.	T3: [SUP] T5: [SUP] T7: [SUP]
(22)	L'iniezione viene praticata nello spazio peridurale (tra la <u>dura madre</u> e la parete del canale vertebrale) dove viene posizionato un sottile catetere a livello: [...]	T6: la anestesia epidural eh: el fármaco se inyecta en el espacio peridural es decir entre eh: la: pared del canal vertebral y [SUP] el espacio: ehm: al lado [GEN] donde se posiciona un catéter muy sutil eh:

Table 10. Examples of omissions [SUP] in the IT&gt;ES ST

In (22), T6 deletes the reference to the anatomical technicism 'dura madre', which has the same form in Spanish (duramadre).

## 4.2 Strategies

### 4.2.1 Strategies in the ES>IT ST: quantitative and qualitative analysis

From the viewpoint of the strategies adopted by trainees in the ST of the reports into Italian, it is important to stress that the most frequent strategy is generalisation (31%), followed by omission (25%) and the integration of information for phatic reasons (18%).

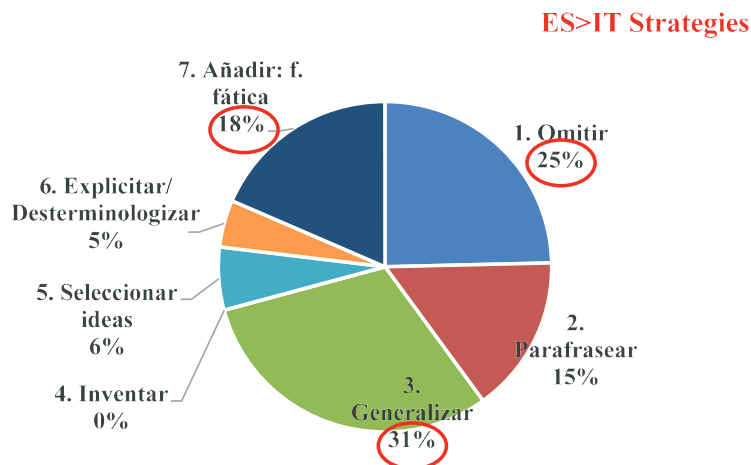


Figure 3. Strategies in the ES&gt;IT ST

As far as the Spanish-Italian direction is concerned, the strategy of generalisation is used both to solve lexical or terminological problems (23) and to speed up the ST omitting irrelevant information, thus producing a more condensed text (24).

(23)	Tras la exploración, se administra también 1 <u>ampolla</u> de Valium® (Diacepam).	T2: Ehm: dopo la: dopo l'esame fisico (DEGLUTISCE) eh: è stato somministrato anche eh: un: mm: è stato somministrato anche un: [...] <u>del</u> [Generalisation] valium (il diacepam)
(24)	Código diagnóstico: Área: AREA 5 LA PAZ Fecha ingreso: 29/07/2006 Hora: 19:38 Fecha alta: - Especialidad: UNIDAD PRIMERA ASISTENCIA 1N Parte judicial: Si/NO Clave Hospital: 280066	T8: (.) a cui in seguito si trovano altri dati quali l'ora (.) e l'unità in cui è stata ricoverata (.) e quindi qui poi di seguito gli altri dati (.) [Generalisation + Omission]

Table 11. Examples of generalisations in the IT>ES ST

In (23), T2 does not know how to translate 'ampolla', so (s)he generalises using the partitive 'del' (some). Obviously, in real professional contexts, such strategy would not be adequate since the accuracy of the information given to the healthcare staff is crucial to evaluate the patient's treatment.

In (24), T8 adopts the strategy of generalisation for a different reason: in order not to focus on data that appear in the heading of the report, which are not considered essential.

Generalisation is connected with paraphrase, used with a lower frequency (15%) to solve or avoid terminological problems. Most of the paraphrases are associated with terminological difficulties, as can be seen in examples (25) and (26).

(25)	EXPLORACIÓN GENERAL: Presenta aumento de partes blandas en zon referida con dolor a la presión y en la flexión plantar y varo forzado. No dolor en <u>resaltes óseos</u> .	T7: per quanto riguarda l'esame obiettivo ehm: si eh: (.) si dic- si descrive un: aumento di ehm: parti rilassate [TERM>FS] nella: nella zona eh interessata dal dolore ehm: per quanto riguarda la ehm: (.) la palpazione e <u>la pressione effettuata dal personale medico</u> [AD!] e una flessione plantare [SUP] ehm: ma non: non si riscontra dolore ehm: <u>a livello: osseo</u> [Paraphrase]
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(26)	ENFERMEDAD ACTUAL: Acude por dolor <u>en antepié</u> , más a nivel de ligamento peroneo astraglino, no recuerda antecedente traumático.	T2: Ehm: non ha mm: non ha problemi particolari [Generalisation] e per quanto riguarda la sua malattia attuale lei si presenta qui a visita per un dolore mm: (...) <u>nella parte: superiore del piede</u> [Paraphrase + FS], più al livello del legamento peroneo / più al livello del legamento peroneo [...]
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Table 12. Examples of paraphrases in the IT&gt;ES ST

In (25), the terminological problem causing the generalisation is ‘resaltes óseos’, which T7 translates by means of the general expression ‘a nivel óseo’. In addition to the error consisting in the omission of the varus stress test, the unjustified addition of ‘presión efectuada por el personal médico’ should also be noted. This is a free interpretation of the student who does not know if the pressure was actually due to a manoeuvre of the healthcare staff. Moreover, it goes against the features of the discursive genre (see the depersonalization in § 3.3.1).

Another example of paraphrase is found in (26) to solve the terminological problem caused by ‘antepié’, that is, the front of the foot, formed by the five metatarsal bones and the corresponding fingers’ phalanges (‘avampiede’ in Italian). The choice of the student is wrong since (s)he refers to the upper part of the foot, which cannot include the fingers.

As far as the second most frequent strategy is concerned, omission, the majority of the cases refer to voluntary choices to delete information considered as secondary, as in the already mentioned example (24), that is to say, omissions in the documents’ heading in which there are many initials, codes and numbers.

The strategy of phatic additions is interesting since it confirms the intuition of trainees to maintain the control and contact in the interaction, notwithstanding the simulated nature of the task, in which they do not have the chance to interact with their addressee (see § 3.2). Whereas in (27) the addition does not determine errors, since it is in line with the need to introduce the document, in (28) the autonomous interventions of the trainee are not justified and raise some problems<sup>10</sup>.

10. In the literature on healthcare mediations the issue of *footing* (‘el conjunto de posiciones y actitudes que el interlocutor puede asumir con respecto a los otros participantes en la interacción social, a lo que está ocurriendo y a sus propias palabras’, Iacono 2014: 146) has already been explored since the studies of Goffman (1981: 325-326), Wadensjö

(27)	HOSPITAL CLINICO SAN CARLOS INFORME DE URGENCIAS [...]	T7: per quanto riguarda il secondo documento eh viene descritta in maniera molto più eh dettagliata eh: quella che è la situazione eh della della paziente ehm: (.) c'è una descrizione ehm:
(28)	23:45 – Mejoría clínica evidente	T7: alle ehm: alle undici e quarantacinque <u>quindi eh parecchie ore dopo eh:</u> [!] che la paziente è stata: si è rivolta al servizio di assistenza: sanitaria c'è eh c'è stato un miglioramento dal punto di vista clinico abbastanza evidente <u>dovuto presumibilmente alla somministrazione del: farmaco</u> [!]

Table 13. Examples of phatic additions in the IT&gt;ES ST.

In (28), a simple note becomes an explanation and an arbitrary and autonomous interpretation of context: not only T7 comments on the time of the patient's improvement conditions ('muchas horas después del ingreso'), which contains a subjective evaluation and, somehow, negative connotations, but also comments on the reasons of the improvement, adding that probably that was due to the effect of medicine. Obviously, the strategy adopted in such a context is not adequate, since mediators cannot forget their role and become doctors.

#### 4.2.2 Strategies in the IT>ES ST: quantitative and qualitative analysis

Compared with the strategies adopted in the ST into Spanish, a higher frequency of phatic additions (27%) is present, although such a result is influenced, somehow, by the election of this strategy of one student in particular, which alters the global results. Also paraphrase (21%) and generalisation (18%) are among the most frequent strategies adopted by trainees, together with explicitation (16%).

The use of such strategies can be interpreted as an effort, on the part of the students, to consider the addressee of the ST (the patient), who is not an expert and cannot know the medical technical terms.

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(1998: 91-92), Merlini & Favaron (2007: 116-117). See Iacono (2014) for a clear and synthetic analysis of the main interpreter-mediator's footing in healthcare settings.

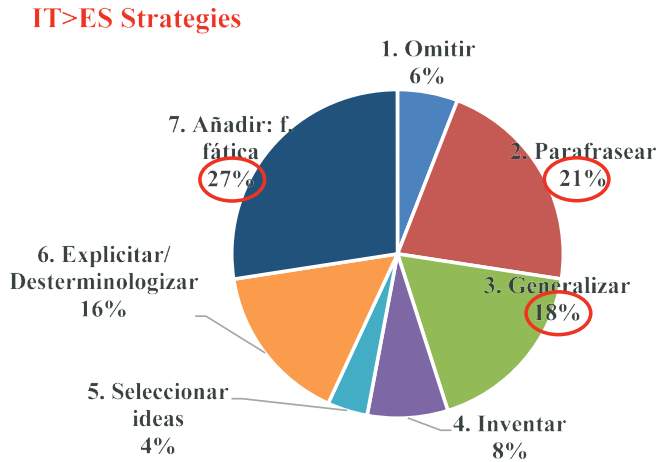


Figure 4. Strategies in the IT>ES ST

Phatic additions are exemplified in (29) and (30) where T7 and T8 introduce what they are going to translate to maintain a contact with the addressee (the patient).

(29)	2. ANESTESIA LOCO REGIONALE [...]	T7: bien eh: entonces aquí están algunos documentos que explican eh: lo que: eh: lo que es la: anestesia que: se va a realizar y: lo que son los efectos secundarios que puede que puede implicar.
(30)	ESTITI PREVEDIBILI (BENEFICI) DEL TRATTAMENTO PREPOSTO [...]	T8: (.) le voy ahora a explicar los efectos (.) previsibles (.) del: tratamiento que () aquí le estamos () explicando.

Table 14. Examples of phatic additions in the IT>ES ST.

Also in the Italian-Spanish ST, paraphrasing the content is a strategy connected with lexical and terminological problems, as can be seen in examples (31) and (32).

(31)	Al termine dell'intervento chirurgico il paziente sarà sorvegliato per un periodo idoneo nella <u>sala di risveglio</u> .	T3: Después de la operación eh: el paciente será monitorizado durante un periodo idóneo <u>en la sala en la que eh: se se despertara</u> [Paraphrase].
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(32)	Ulteriori informazioni di carattere anestesilogico. <u>Analgesia</u> postoperatoria [...]	T1: Eh: más información de carácter eh: eh: de de de la anestesia eh: el eh: del <u>tratamiento del dolor</u> [Paraphrase] postoperatorio
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Table 15. Examples of paraphrases in the IT&gt;ES ST.

In (31), the problematic lexical unit is *sala di risveglio* (recovery room), paraphrased by T3 as ‘en la sala en la que se despertara’, where the use of the imperfect subjunctive seems not to be adequate since it transmits the idea that the room can be any rooms in the hospital and not an *ad hoc* one.

In (32), the term *analgesia* is paraphrased with ‘tratamiento del dolor’, which can be interpreted both as a paraphrase due to a terminological problem and a strategy used by trainees to determinologise the term for a lay addressee (Campos Andrés 2013). As a matter of fact, explicitation and determinologisation have been frequently used (16%) by students to ease the comprehension and reception of the text by the lay patient (see (33)).

(33)	L'anestesia spinale si associa a calo della pressione <u>arteriosa</u> (33%), <u>riduzione della frequenza cardiaca</u> (13%), nausea (18%), <u>cefalea</u> (3,9%).	T8: Los riesgos (.) del tratamiento (.) son (.) puede bajar la la presión (.) <u>de la sangre</u> (.) también (.) usted podría sufrir de <u>dolor de cabeza</u> , de mareo y también (.) podría bajar la (.) <u>frecuencia de su corazón</u>
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Table 16. Examples of determinologisation in the IT&gt;ES ST.

In (33), T8 explicitates the medical terms (*arteriosa*, *frecuencia cardiaca*, *cefalea*) and deletes the percentages, probably considering that the addressee reads simultaneously the text with the mediator and is acquainted with the statistical incidence measured in percentages of each risk.

#### 4.3 Questionnaire: results

The objective of this section is to present the results of the most remarkable items of the post-ST questionnaire filled in by the students who participated in the experiment.

As far as the *preparation method* adopted, all of them declared that the main activity they carried out to prepare for the task was finding online specialised texts in both languages with a view to elaborating a terminological glossary about the topic of the mediation. As it has already been mentioned, terminology represents, according to students, the main obstacle in medical texts.



It is interesting to observe that sight translation was not included in the types of mediations students expected to find before the simulation. Indeed, 7 out of 8 students did not expect to carry out a ST, but a classical liaison interpreting task (with challenges in the interaction between the patient and the healthcare staff). This confirms that ST is still an undervalued activity both in training and professional settings.

As far as the experience previous to the ST, both in training and professional contexts, the data provided by students are relatively low: an average of 12 hours in total, most of them in university contexts such as preparation for bilateral and consecutive interpreting. The initial consideration about the conception of ST as a preparatory task for liaison or consecutive interpreting, more than a full-blown translation mode, is confirmed.

Other interesting parameters are the data regarding the self-assessment of the source-text comprehension level in relation to the level of difficulty perceived in the production phase of ST. Table 17 summarises the students' average scores.

Comprehension level of the source text		Level of difficulty perceived in the ST production	
ES	7,2/10	ES>IT	7,2/10
IT	8,3/10	IT>ES	7,3/10

Table 17. Level of comprehension of the source text and difficulty perceived by trainees.

As Table 17 clearly shows, the comprehension of the source text does not represent a real problem, whereas the level of difficulty perceived while reformulating the content is high. In order to interpret this figure, it is necessary to consider the answers given by students in the following sections of the questionnaire underlining the translation problems, their causes and the solutions adopted by the students.

All the translation problems detected relate to terminology: technical terms, initials, acronyms, lexical units frequently used in medical texts. Only 1 out of 8 student also indicated the additional problem of constructing a fluent discourse in a ST task.

As far as the causes are concerned, it is interesting to observe that the main reason given in the questionnaire was source-text comprehension (23%), in sharp contrast with the figures of Table 17, the difficulty in finding the desired equivalent (23%) and the difficulty in maintaining the due distance between the two texts in terms of interference (22%).

With regard to the solutions adopted by students to solve such problems, the one most commonly mentioned was selection of the main idea (30%), followed by other solutions which account for the 34% of all strategies (e.g. omissions, adherence to the source text, use of synonyms, delays in the translation).

Finally, the self-assessment on how they solve the translation problems shows, in a range between 0 (bad or unsolved) and 3 (very good), a low average: 52% evaluated their performances as totally negative (0), 37% as negative (1), and only 11% as positive (2). No one was fully satisfied with the solutions they adopted.

Table 18 summarises the global negative values attributed to the ST task by students, who were not satisfied about their performances.

Parameters	Self-assessment
accuracy (context):	5,5/10
completeness:	5,5/10
expression in IT:	6,1/10
expression in ES:	5,2/10
sublanguage (terminology):	4,3/10
idiom (phraseology):	5.1/10
general perception:	4,7/10

Table 18. Self-assessment by trainees by parameters.

Such conscience about the difficulties encountered and the errors made represents a good starting point to plan specific training programmes.

In the final part of the questionnaire, in which students were asked to express general observations about the activity, all of them underlined the 'lack of naturalness of the task', that is to say the fact that the simulated task did not reflect the real world, since during the ST they could not communicate with the addressee of the text nor ask for clarifications.

It is important to stress that the simulation did not contain (on purpose) the typical difficulties encountered in professional contexts which would have complicated even more the task, such as the already mentioned access to hand-written documents, problems related to the setting, i.e., the specific context in which mediators carry out their tasks (surgery rooms, waiting rooms, halls, patients' rooms, etc.) and the clothes (hospital gown, face masks, etc.) that often mediators have to wear. Other difficulties can be related to the relationship with patients: healthcare professionals and patients' attitude, which is

not always foreseeable and significantly affects the mediator's *performance*; the speed at which all the procedures and tasks<sup>11</sup> are carried out; the insufficient time to prepare for the task in contrast with the 7 days given to students to prepare for the task (a period of time which is unrealistic in professional settings).

If students encounter problems in a context of relative calm, in an 'aseptic' place, translating without any kind of distraction and in total autonomy (with the only source of 'discomfort' being the tape recorder) it is highly possible that, in real contexts, they would not carry out the task with satisfactory results.

### 5. Concluding remarks: taking stock of the study

A holistic evaluation of the experiment should consider all the aspects related to quality from a professional viewpoint, a multifaceted concept that can be approached from different points of view.

In addition to the correspondence with the sense of the original message, logical consistency and coherence of the rendition, correction in the terminological and grammatical use – issues which have been analysed in this study – a fundamental element of the verbal interaction should be analysed, i.e. fluency in the exposition. It is precisely this area which gathers elements such as time, pauses and vocalisations, that have represented an important obstacle for trainees and which is a promising area of research for the future.

Going back to the initial question (Are graduate students ready to work as healthcare mediators?), the experiment confirmed the initial hypothesis, i.e., trainees are not used to carry out ST tasks and, therefore, are not ready to work in the healthcare sector.

The areas for improvement (and therefore more relevant for trainers working in the Spanish-Italian combination) are the following ones: interferences (calques of different nature, caused by the similarity between the two languages, but also as a strategy to tackle the technicisms of the sector); usability (*fruibilità*) and naturalness in the production and rendering of the target text. Generally speaking, more awareness of the task and of the roles played by mediators is needed.

One more aspect, which is not secondary, needs to be considered: not all mediators working in the healthcare sector have a university training in

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11. Due to space constraints, time has not been considered in the performance of the ST, although it represents a crucial factor in every linguistic mediation. Trainees last an average of 11 minutes for each task (ES>IT and IT>ES), a time span which is definitely too wide for the needs of the healthcare staff.

translation and interpreting. Today, trainees are not ready to work in real professional settings, but could be ready in the near future, should they receive *ad-hoc* training in this area. Such training should focus not only on the linguistic and translation aspects, but also on the psychological side of the profession and stress management in healthcare contexts. This should be hoped for the future of the profession and new initiatives in the Italian panorama<sup>12</sup> are the proof of the interest that is growing. There is a potential for attributing to this profession, increasingly important for a multiethnic society, the recognition it deserves.

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12. An interesting training programme is the Masters in Intercultural Translation and Mediation organised by the Università della Calabria (<http://www.termcoord.eu/wp-content/uploads/2014/11/traduzione-e-mediazione-interculturale.pdf>) or the Corso di Alta Formazione in Assistenza Linguistica per l'Ambito Giudiziario organised by the University of Bologna (<http://www.unibo.it/it/didattica/corsi-di-alta-formazione/2014-2015/assistenza-linguistica-per-lambito-giudiziario-formazione-permanente>).

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