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COMMUNICATING UNDER UNCERTAINTY: TRAINING MEDICAL STUDENTS TO MANAGE RISK AND AMBIGUITY THROUGH ART AND MEDIA

Keywords:

healthcare communication, medical education, ambiguity, risk, media and art-based learning

Abstract:

Healthcare communication frequently occurs under conditions of uncertainty, emotional intensity, and cultural variability. While communication skills training in medical education often emphasizes structured protocols and standardized models, less attention is paid to ambiguity itself as a source of clinical and relational risk. In practice, miscommunication often arises not from lack of technical knowledge, but from unexamined assumptions or uncritical adoption of culturally inherited models of “good” communication.

This study addresses the following research questions: (1) How can structured engagement with art and media foster medical students’ tolerance of ambiguity in healthcare communication? (2) How does such training influence students’ awareness of communicative risk and professional responsibility? (3) How do students evaluate the relevance of ambiguity-focused training for future clinical practice?

The study is grounded in the understanding of ambiguity as intrinsic to contemporary medical practice. Following Ellsberg’s distinction between risk and ambiguity (1961), ambiguity refers to uncertainty arising from insufficient information or indeterminate decisional contexts. Although unavoidable, it remains insufficiently addressed in medical education, which traditionally prioritizes decisiveness and diagnostic certainty (Luther & Crandall, 2011). Research in risk communication further demonstrates that medical uncertainty is not only epistemic but also linguistic and pragmatic: because risk information is probabilistic, misunderstandings emerge from implicit meanings and divergent interpretive frameworks, particularly in sensitive contexts such as breaking bad news (Consolandi et al., 2023).

This practice-based study was conducted with 60 undergraduate medical students enrolled in Medical English and Medical French courses during the 2025–2026 academic year at UMFST G. E. Palade of Targu Mureș. Three 90-minute workshops used visual artworks and selected scenes from a medical television series to address interpretive ambiguity, pediatric communication, and breaking bad news to relatives, emphasizing critical distance, cultural sensitivity, and professional boundaries.

Methodologically, the study employed a mixed-methods design combining quantitative and qualitative data. Data collection included post-workshop Likert-scale and open-ended questionnaires, reflective writing tasks, observation notes, and a final anonymous evaluation survey. After the first workshop, students completed a five-item questionnaire assessing their ability to express empathy in English, rephrase potentially insensitive language, and apply empathy in case scenarios and role-play activities (including SPIKES). A second questionnaire following the visual artwork and pediatric communication session assessed engagement with interpretive ambiguity and communicative adaptation, again yielding high agreement.

Results indicate increased awareness of ambiguity as a communicative and ethical dimension of clinical practice. High agreement rates and reflective accounts highlighting linguistic nuance and contextual sensitivity suggest enhanced tolerance of ambiguity and more deliberate communicative judgment. Structured engagement with art and media thus complements protocol-based communication training and strengthens professional readiness under conditions of uncertainty.



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ROLE OF MEDICAL INTERPRETERS IN MULTILINGUAL HEALTHCARE SETTINGS

Keywords:

medical interpreting, multilingual healthcare, patient communication, healthcare access, cultural competence

Abstract:

The role of medical interpreters in multilingual healthcare settings is critical for ensuring effective communication between patients and healthcare providers, thereby improving patient outcomes and safety. This study explores the theoretical framework of communication accommodation theory and patient-centered care to understand how interpreters facilitate accurate and culturally sensitive exchanges. Using a qualitative research design, semi-structured interviews were conducted with 20 professional medical interpreters working in diverse healthcare environments. The interviews were conducted in French, Lingala, Swahili, Kinyarwanda, and Kirundi. Thematic analysis was applied to identify key functions interpreters perform, including linguistic translation, cultural mediation, and advocacy. Results indicate that medical interpreters not only bridge language gaps but also enhance trust and comprehension, reduce medical errors, and support informed consent processes. Challenges such as role ambiguity and emotional burden were also highlighted. These findings underscore the indispensable role of trained interpreters in promoting equitable healthcare access and suggest the need for standardized training and institutional support to optimize interpreter integration in clinical settings.



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RETHINKING THE CLINICAL INTERVIEW: IDENTIFICATION OF RHETORICAL UNITS AND KEY FEATURES IN AN UPDATED MODEL OF THE GENRE

Keywords:

ESP, physiotherapy, clinical interview, anamnesis, genre analysis

Abstract:

Nowadays, in the field of physiotherapy, communication with patients is perceived as especially relevant (Ahlsen & Nilsen, 2022; Sharikiya, 2023), as the job can involve the collection of data, the negotiation of habits and lifestyles, the promotion of self-management, and, in general, the pursuit of health literacy (Nielsen-Bohlman et al., 2004; Mackey et al., 2019). For a course on English for Specific Purposes (ESP) to be effective, it is essential to conduct a needs analysis (Graves & Xu, 2000) including, among other aspects, the study of the specific tasks that physiotherapists need to perform in the real workplace and the identification of their linguistic features (Robinson, 1991). In this scenario, interdisciplinary collaboration with content specialists can be key to understanding those professional practices in depth and aligning learning materials with the latest scientific evidence in the field.

This paper focuses on the clinical interview as a key genre in the job of a physiotherapist. The objective is to analyze the purpose of the genre and describe the rhetorical units of which it should be composed, with a particular focus on the anamnesis phase. An interdisciplinary team of linguists, psychologists, and physiotherapists with clinical and research experience was created with the aim of understanding what practitioners do through this genre and exploring the macro- and microstructural features that interviews need to integrate in order to fulfill the goals of the genre in an optimal way. The collaboration resulted in the description of a model for an effective interview, focusing on four main moves and the steps through which they can be realized, as well as certain guidelines regarding communicative aspects that a physiotherapist should consider. Next, an example of an interview was designed and audio-recorded, and additional support materials were developed so that they can be used in ESP courses to train future physiotherapists for efficient, updated clinical interviewing.

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**LINGUISTIC CHALLENGES OF AMBIGUITY AND IMPLICATIONS FOR PATIENT SAFETY IN
MULTILINGUAL HEALTHCARE ENVIRONMENTS**

Keywords:

clinical communication, language barriers, risks, medical

Abstract:

Introduction

This paper examines how ambiguity infiltrates hospitals through language barriers and how this can affect the accuracy of care provided. The problem we identify is that patients may be unable to accurately describe the nature of their pain. Diagnosis is a "shared text" constructed between the doctor and patient. Linguistic ambiguity emerges as a significant obstacle when a common language is absent, transforming communication from a tool for healing into a potential source of danger.

Method

The methodology of the study relies on a comprehensive analytical reading of medical reports related to communication errors, focusing on a review of the literature in applied linguistics in the healthcare context. Three medical reports and two receipts are employed here to identify the ambiguity and implications between Arabic and English. Four interviews were conducted in hospitals and medical centers with different patients. Particular emphasis is placed on analyzing clinical interviews with non-specialist interpreters such as patients' relatives to compare the accuracy of conveying medical terminology versus colloquial terms.

Results

The key conclusion is that shared language does not necessarily equate to a shared understanding; ambiguity persists when cultural differences are not acknowledged. Clinical safety is inextricably linked to linguistic competence. The analysis of the research has revealed that the "danger" stems not only from the patient's lack of language skills but also from semantic ambiguity. For example, the word "dizziness" in some cultures may refer to a disturbance of balance, while in others it may indicate general weakness or even psychological distress.

Discussion

Linguistic ambiguity leads to longer hospital stays and repeated examinations due to uncertainty about the accuracy of verbal information. To solve these issues, we have to develop visual aids (such as illustrations) to reduce the total reliance on verbal explanations in emergency situations. In addition to that, it is important to prepare medical dictionaries for interpreters to help fend off these problems when interpreting.



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**LINGUISTICALLY AND CULTURALLY DIVERSE PATIENTS ACCESSING HEALTHCARE THROUGH
PROFESSIONAL AND NON-PROFESSIONAL TRANSLATORS AND INTERPRETERS**

Keywords:

interpreter agency, social constructivism, professional/non-professional interpreters, monologic and dialogic interpreting

Abstract:

Linguistic and cultural diversity permeates every thread of human interaction. Communication in general, and interlinguistic and intercultural communication mediated by dialogic interpreting in particular, is a situated practice (Angelelli, 2019). This practice is perceived, valued, and understood differently by different people. In interpreted-mediated communication, as in monolingual communication, goals, ideas, or messages exchanged are not immune to social construction, based on the interplay of social factors of all participants involved (e.g., ethnicity, age, gender, socio-economic status). This interplay of social factors is more evident in dialogic interpreting than in any other type of interpreting. These constructs have been researched (Angelelli, 2004a, 2004b), with unequivocal results. This means they are to be accounted for in the education/training (Cirillo & Niemants, 2017, Angelelli, 2019), assessment (Angelelli & Jacobson, 2009), and professionalization (Schlesinger and Sela Sheffy, 2009- 2010) of PSI/dialogue interpreters, as well as in the development of new technologies.

In this presentation, we discuss data from qualitative and quantitative studies in interpreting to reflect on how the continuum of interpreters (professional and non-professional) and students of interpreting coexist with machine interpreting/ GEN AI, in Dialogic Interpreting settings. These data may be helpful to rethink how professions are dealing with these technological developments.

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***DECEPTION, DISCOURSE, AND THE LINGUISTIC AUTOPSY: A COMPARATIVE FORENSIC
LINGUISTIC APPROACH TO VACCINE HESITANCY***

Keywords:

linguistic autopsy, comparative forensic linguistics, vaccine hesitancy, deceptive discourse strategies, ambiguity in healthcare communication

Abstract:

We investigated vaccine hesitancy as a discursive phenomenon using the Comparative Forensic Linguistics (CFL) framework, positioning it within the broader context of medical misinformation and fraud.

Contemporary health communication is marked by epistemic asymmetries, cognitive biases, and the widespread dissemination of non-expert narratives. Language operates not only as a conduit for information but also as a tool for constructing credibility, shaping beliefs, and influencing behaviors.

The methodology combines a literature review with a literature review and qualitative linguistic analysis of a curated corpus of audiovisual materials. Primary data sources include statements and interviews by Andrew Wakefield, a debate featuring vaccine-skeptic participants, and excerpts from the documentary Vaxxed. The resulting corpus comprised a total of 2,308 words, representing the complete body of text subjected to analysis. Analytical procedures utilized our CFL19 framework, incorporating the Linguistic Autopsy, Statement Analysis, Circuit of Drama, and indirect profiling techniques.

The results reveal recurrent manipulative strategies present in both professional and lay discourse. These strategies include the systematic use of passive constructions to obscure agency, selective pronoun shifts to alternate between authority and detachment, and the strategic attribution of responsibility to diffuse accountability. Speakers often rely on anecdotal evidence and emotionally charged narratives to override statistical reasoning. Additional patterns involve minimizing controversial claims, reframing and oversimplifying complex scientific issues, and omitting methodological details while emphasizing scale. Collectively, these features indicate deliberate narrative management, where communicative intent prioritizes persuasive impact over evidentiary transparency, thereby facilitating the persistence and spread of vaccine-related misinformation.



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THE PRAGMATICS OF CARE IN INTERCULTURAL HEALTHCARE NARRATIVES: MITIGATION, FACE PROTECTION, AND DISCURSIVE RISK

Keywords:

pragmatics of care, healthcare communication, mitigation, intercultural communication, patient narratives

Abstract:

The pragmatics of care encompasses the linguistic and discursive strategies through which clinicians construct trust, manage vulnerability, and communicate diagnoses. While empathy has been widely studied, the discursive mechanisms through which care is enacted—mitigation, reformulation, face protection, suffering recognition—remain underexplored in intercultural contexts where pragmatic expectations diverge. Ambiguity thus becomes a source of communicative risk: modulated utterances interpreted as indifference, or direct phrasing perceived as disrespect, may compromise the therapeutic relationship.

This study analyzes care as discursively constructed in retrospective narratives from patients and healthcare professionals ($n = 68$; 17 Iranian migrant patients, 30 Spanish native patients, 10 Iranian migrant professionals, 11 Spanish native professionals) in Spain. Data were collected via open-ended questionnaires on clinical communication experiences and analyzed through pragmatic-discursive analysis of evaluative sequences.

Six dimensions emerged: (a) discourse mitigation; (b) face protection; (c) explanatory clarity; (d) suffering recognition; (e) communicative closure; and (f) intercultural pragmatic expectations. Preliminary findings show that migrant participants reported communicative closure and pragmatic misalignment more frequently than native participants, particularly regarding abrupt turn-taking and unexplained diagnostic silences. Suffering recognition and adaptive explanation were most consistently associated with perceived care across all groups. Spanish professionals relied on mitigation and face protection, whereas Iranian professionals emphasized explanatory clarity and emotional validation. These results suggest that intercultural pragmatic divergence operates not only at the level of politeness norms but also in the discursive construction of patient suffering.



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UNCERTAINTY IN EXPERIENCES OF ENDOMETRIOSIS: A NARRATIVE-MEDICINE-BASED APPROACH

Keywords:

uncertainty, endometriosis, narrative medicine, medical communication, relation-centered care

Abstract:

The research questions addressed in this study are whether and how uncertainty emerges from the narratives shared by the participants of EndoNar, a project focused on the application of a narrative-based medical approach (Charon, 2006) in the symptom management of endometriosis. Endometriosis is an under-researched, chronic disease that affects 190 million women worldwide, for which no cure is currently available (WHO, 2025). Sixty-nine patients diagnosed with endometriosis and three gynecologists were enrolled in a one-year project at the Siena (Italy) local hospital. A total of 44 narrative prompts, defined together with the hospital staff involved, were administered to patients, who could share their experience of endometriosis in digital diaries on a privacy-safe platform. The narrative prompts concerned all the dimensions of Phillips et al.'s (2023) Comprehensive Clinical Model of Suffering (CCMS). All the responses were collected in a corpus of 17,728 words and 22 narratives. Doctors participating in the project were also encouraged to comment on their patients' diaries and were interviewed to represent and integrate the clinical perspective on the topic. I analyzed the collected narratives according to Charon's method; a close reading, based on the five elements of frame, form, time, plot, and desire (2006), was performed. The analysis showed that uncertainty characterizes endometriosis in several respects, from the unknown etiology of the disease to the unpredictability of symptoms, to the patients' self-perception of pain and attitude towards the future. Particularly, the form of the stories features a frequent use of interrogative sentences and of epistemic verbs in negative sentences. Moreover, the ambiguity of the systems currently used to assess endometriosis-related pain emerged in several narratives, while patients' and the doctors' understandings of uncertainty differ from each other.

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FROM SPECIALIZED NUTRITION TERMINOLOGY TO LAY UNDERSTANDING: HEALTH LITERACY IN VULNERABLE COMMUNITIES

Keywords:

nutrition terminology, food labeling, health literacy, lay communication, specialized discourse

Abstract:

Understanding food-labeling constitutes a key component of functional health literacy. Hence, limited comprehension of food-labeling terminology represents a major obstacle to health literacy, particularly among linguistically and socioeconomically vulnerable populations. From a medical-linguistic perspective, food labeling represents a specialized discourse situated at the interface between expert medical-nutritional knowledge and lay communication, characterized by high terminological density and conceptual opacity (Cabr , 1999; Gotti, 2016), which may hinder informed decision-making (Cabr , 1999; Zethsen, 2009). This study analyzes a bilingual (Spanish–English) food-labeling literacy program developed within a service-learning (project-based) framework to improve terminological comprehension and facilitate access to nutrition-related information. This project combines terminology analysis, plain-language adaptation and intercultural mediation to produce accessible bilingual resources including glossaries, guides, and interactive workshops. Materials were created through systematic compilation and analysis of 500 authentic food labels (over 50,000 words) and subsequent terminological simplification and conceptual restructuring for lay users, following health-literacy principles (Nutbeam, 2000). Participants from vulnerable community groups attended bilingual workshops in which pre- and post-tests measured comprehension of key labeling concepts such as ingredients, allergens, and nutritional values. Results show significant improvement in terminological understanding and greater confidence in interpreting labels. Qualitative responses indicate a greater sense of empowerment, reduced perceived linguistic barriers, and increased awareness of nutrition-related risks. The findings demonstrate how medical-linguistic mediation and controlled terminology can improve functional health literacy and reduce inequalities in access to essential health information. The study supports the role of multilingual terminology work as a practical tool for improving public-health communication and empowering linguistically diverse communities.

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***TEACHING AND EXPERIENCES OF DOCTOR–PATIENT TELECOMMUNICATION IN THE LIGHT OF
THE SIMULATED PATIENT PROGRAM AT THE UNIVERSITY OF PÉCS, MEDICAL SCHOOL
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Keywords:

telemedicine, medical education, medical communication, simulated patient, digital competence

Abstract:

Theoretical background: The medical communication training at UPMS, with decades of tradition, has utilized the Simulated Patient Program since 2019. In this trilingual education (Hungarian, English, German), trained lay patients provide a practical background. Following the pandemic, the curriculum expanded to include telecommunication courses to develop the specific competencies required for doctor–patient communication, transformed by digital technologies.

Research methods: This qualitative study uses semi-structured interviews to examine medical student–simulated patient teleconsultations from the patients' perspective. The sample included seven experienced patients from the "Internet and Telemedicine in Doctor–Patient Communication" and "Online Medical Communication Practices" courses. Interviews focused on role-play, digital competencies, active listening, empathy, and non-verbal communication, comparing teleconsultation experiences with in-person observations.

Material: The primary materials for the study were transcripts of interviews with simulated patients, as well as the educational experiences accumulated within the Simulated Patient Program. During the research, particular attention was paid to specific simulation experiences gathered during video-based consultations.

Results: Preliminary results confirm that developing students' skills in telemedicine is essential. Based on feedback from simulated patients, in the absence of non-verbal cues, verbal expression plays a key role in active listening, mirroring, and a more conscious expression of empathy. According to the interviews, students can acquire several specific digital communication competencies in these courses, including mirroring, structured history-taking, active listening, and flexible problem-solving.



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***ANALYZING INTERJECTIONS IN NON-FLUENT APHASIA: A CLINICAL LINGUISTIC PERSPECTIVE
ON AMBIGUITY IN INTERACTION***

Keywords:

interjections, non-fluent aphasia, clinical linguistics, interactional pragmatics, ambiguity

Abstract:

Interjections can be highly ambiguous units in interaction, particularly in non-fluent aphasia, where reduced fluency and articulatory effort severely limit lexical production and increase reliance on minimal vocal forms as communicative resources. This study introduces a four-layer coding system to analyze how interjections structure interaction, organize turns and manage communicative ambiguity in non-fluent aphasia: Layer 1 classifies formal type, distinguishing primary and lexicalized forms; Layer 2 identifies pragmatic function (expressive, phatic, and conative); Layer 3 examines conversational action (turn opening, difficulty marking, minimal response, alignment, affect); and Layer 4 assesses articulatory complexity on a graded scale from nasal to bimembral productions, reflecting increasing motor and phonological planning demands. The system is applied to longitudinal video data from two speakers with WAB-classified Broca aphasia: a woman recorded at ages 53'11, 55'05, 56'11 and 57'11 (AQ range: 54.6–75.4) and a man recorded at 65'11, 67'04, 69'02 and 70'01 (AQ range: 45.8–55.6). Each participant completed four sessions of approximately 30 minutes over several years, enabling observation of interactional changes over time. We expect early sessions to show a strong reliance on low-complexity forms for signaling difficulty, maintaining participation and managing breakdowns in communication. Later sessions are expected to display more articulated and functionally differentiated interjections, contributing to clearer turn organization, stronger alignment with interlocutors, and more explicit affective expression. These developments are predicted to reduce ambiguity and the risk of misunderstandings and demonstrate how interjections progressively support multimodal compensation strategies when lexical production is severely constrained.



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OVERCOMING LANGUAGE BARRIERS IN HEALTHCARE: EXPERIENCES WITH PATIENTS AND HEALTHCARE PROFESSIONALS FROM UKRAINE IN SLOVAKIA

Keywords:

Ukrainian migrants, language barriers in healthcare, healthcare interpreting, healthcare professionals, Slovakia

Abstract:

Since the outbreak of the Ukraine war in 2022, Slovakia has received a substantial number of Ukrainian displaced persons, many of whom initially lacked sufficient proficiency in Slovak. This demographic shift exposed structural weaknesses in language accessibility within healthcare. While international scholarship identifies language barriers as a major obstacle to equitable healthcare access, healthcare interpreting in Slovakia remains weakly institutionalized and lacks explicit legal guarantees, leading to widespread reliance on improvisation.

The study draws on research in healthcare communication and language access and examines clinical encounters with Ukrainian displaced patients navigating the Slovak healthcare system with limited language competence.

The analysis combines a review of public policies and demographic data with exploratory qualitative research conducted in Bratislava between March and June 2025. Using purposive sampling, semi-structured interviews were carried out with 11 healthcare professionals (physicians, nurses, hospital managers) across five hospitals and two outpatient clinics. Interviews lasted 20–35 minutes and focused on communication practices, perceived risks, and coping mechanisms in encounters involving language barriers. Data were analyzed using qualitative content analysis with inductive coding to identify recurring patterns and thematically salient categories.

The findings reveal a predominance of ad-hoc, non-standardized solutions, including reliance on bilingual staff, family members, digital translation tools, and compensatory communicative practices. Although linguistic proximity facilitates relatively rapid adaptation, such situational resources cannot replace the institutionalization of language accessibility as a core component of healthcare governance and patient safety.



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***EMPOWERING HEALTH COMMUNICATION THROUGH RAISING AWARENESS IN LANGUAGE
FORMALITY AND CONNOTATION: THE CASE OF CHINESE LANGUAGES IN THE UNITED STATES***

Keywords:

Mandarin, Cantonese, limited-English-proficiency (LEP) patients, language formality, collocation, connotation

Abstract:

Theoretical background:

Pragmatically, formal language functions to regulate the feeling of closeness and distance between people (Brown & Levinson, 1987; Stephan et al., 2010). In health communication, formal medical terminology standardizes language to identify health issues—such as in medical observation—while also upholding prestige and establishing the authority of the speaker. Formal medical terminology, however, has been shown to decrease the perceived helpfulness of health information (Xie et al., 2021). The situation worsens when health professionals and patients do not share a preferred common language in a cross-linguistic setting (Ho et al., 2023; Leung et al., 2025).

Research method and materials:

Against the backdrop of Mandarin- and Cantonese-speaking limited-English-proficiency (LEP) patients seeking health services in the United States, miscommunication might arise from mistaken connotation, formality, and mismatch of medical terminology (Ho et al., 2023; Leung et al., 2025). This study proposes a framework for constructing a cross-linguistic database incorporating formality rankings and connotation notes to mitigate such miscommunication. Building upon the foundation of the formality ranking system developed in a Mandarin-Cantonese parallel corpus study (Lee and Wang, 2025), where higher formality correlates with greater similarity with standard written Chinese in terms of lexicon and syntactic structure, the present study adapts the system to a medical context by further supplementing connotation annotations to clarify the pragmatic and semantic implications of the formal or informal expressions.

Results:

The adaptation yielded over 100 Cantonese medical expressions, organized into three to four levels of formality. The database entries exhibit several key features: (1) Based on corpus frequency data (Cai & Brysbaert, 2010; Luke and Wong, 2015), higher-formality expressions tend to consist of less frequent scientific and medical terminology, whereas lower-formality expressions are generally more frequent. Given potential semantic nuances between formal and informal variants, collocation and connotation notes are included to clarify the subtle difference. (2) Informality is achieved through vivid linguistic devices, including onomatopoeia, metaphors, explicit wording, and adjective reduplication. (3) While euphemistic expressions are more common along the higher-formality continuum to maintain an appropriate register, informal euphemisms also exist and may serve humorous functions (Heidepeter & Reutner, 2021).

Implication:

This study highlights the need to strengthen healthcare professionals' communication competence (Igbokwe, 2018), particularly the ability to move beyond one-to-one word equivalence in health communication and thereby reduce miscommunication risks. Future development on improving the database may include real-world examples of how these expressions are used, particularly exhibiting how formal and informal expressions complement each other in a single authentic discourse. The reliability of the formality rankings may be further enhanced by comparing them with familiarity ratings provided by native speakers and language learners.

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SYNONYMY AS A BARRIER TO PATIENT UNDERSTANDING OF MEDICAL TERMINOLOGY

Keywords:

medical terminology, synonymy, patient understanding

Abstract:

It is well-recognized that medical terminology can be a considerable barrier to effective communication between patients and healthcare professionals. This can engender several risks to patients, including impacts on their ability to provide informed consent, their clinical outcomes, and their satisfaction with services (Allen et al., 2023; Beauchamp & Childress, 2019; Street et al., 2009). One particular terminological barrier to communication is synonymy. Terms that are used interchangeably by healthcare professionals, such as fractured and broken, can be particularly challenging for patients to understand, and may result in them assuming each word has a distinct meaning (Kampa et al., 2006; Lerner et al., 2000). Previous research has highlighted these risks, but has not yet examined patients' perceptions of the synonymy of medical terms in-depth. Here, I present the results of a questionnaire study of lay people's ($n = 305$) and healthcare professionals' ($n = 56$) understanding of four pairs of medical terms which are frequently used interchangeably. These four pairs are drawn from the vocabulary of falls care, a domain which, despite being replete with medical terms, has not yet been subject to study from this perspective. I use measures including word association tasks, semantic differential scales, and free text responses to examine both denotative and connotative meanings of the target terms. The results demonstrate clear differences in how supposedly synonymous medical terms are understood among lay people. I discuss the implications of these findings both for further research on patient understanding of medical terminology and for clinical practice.

This research is supported by an ESRC WGSSS studentship.

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FREQUENCY, FUNCTION, AND DURATION OF SILENT PAUSES: A COMPARATIVE STUDY OF HEALTHY SPEAKERS AND SPEAKERS WITH HEAD AND NECK SQUAMOUS CELL CARCINOMA

Keywords:

silent pauses, H&C cancer, language pathology, prosody, rhythm

Abstract:

Silent pauses play a key role in speech organization and constitute a sensitive indicator of adaptive strategies in pathological contexts. This study examines the frequency, function, and duration of silent pauses in healthy speakers and speakers with upper aerodigestive tract cancer (UADT), based on a read-speech corpus from the Carcinologic Speech Severity Index (C2SI), comprising 87 recordings (21 control speakers and 66 patients). Pauses were manually annotated according to their function (discursive, physiological, “other”) and subsequently analyzed qualitatively and quantitatively using mixed-effects statistical models. The results show that patients produce more pauses than control speakers while maintaining a strong alignment between prosody and syntax/punctuation (as opposed to a random distribution). In addition, certain pauses contribute to the emergence of regular rhythmic patterns (scansions) that support oral production under pathological conditions. Finally, pause function appears to be the main determinant of pause duration, with some duration contrasts being more pronounced in patients.



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**SHARED INTERPROFESSIONAL LEARNING INVOLVING STUDENT INTERPRETERS AND STUDENT
PODIATRISTS**

Keywords:

healthcare interpreting, shared preprofessional learning, podiatry assessment, complications of diabetes, peripheral arterial disease

Abstract:

Theoretical background: The World Health Organization is encouraging shared preprofessional learning allowing different professionals to learn to work together. Student interpreters will often end up working in the healthcare setting after graduation. Many will be interpreting for patients with non-communicable diseases (NCDs) such as diabetes and cardiovascular conditions. Type 2 diabetes affects an ever-larger proportion of (older) adults. Patients with diabetes may suffer complications such as reduced blood flow to the lower limb (peripheral arterial disease) and damage to the nerves in the feet (diabetic neuropathy). Interpreters often interpret between patients and podiatrists, including when the latter test for diabetic neuropathy or peripheral arterial damage.

This presentation reports on two sessions where student interpreters ($n = 12$) interpreted for patients (played by other students) and podiatry students assessing for diabetic neuropathy or peripheral arterial disease in simulated scenarios in the safe teaching environment of the university's podiatry clinic. Podiatry students ($n = 28$) were in the final year of the Bachelor of Podiatry, while interpreting students had learned about diabetes in their Health Studies for Interpreters course. Not all student interpreters were able to attend, as some lived outside of Auckland and others were working at the time of the shared session, which was held outside of the normal class time.

Research methods: A brief 10-item survey was administered immediately after the shared session, and the responses were analyzed.

Results: Both student cohorts expressed high levels of satisfaction with the shared preprofessional learning session. Both cohorts agreed on the importance of briefing the interpreters about the objective of assessment and the names and purpose of equipment and assessment tools, such as Doppler monitors and monofilaments. The results were so overwhelmingly positive that further shared sessions with other future health professionals are planned for 2026, including sessions with second-year Bachelor of Oral Health students at the university's oral health clinic.



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BETWEEN HEALTH AND LAW: THE JURIDICIZATION OF HEALTH CONCEPTS IN BRAZILIAN LEGISLATION

Keywords:

diachronic terminology, health law terminology, interdisciplinary terminology, juridicization of health concepts, terminological accessibility

Abstract:

This presentation examines the interdisciplinary dimension of terminology by analyzing health-related terms that appear in Brazilian legislation. More specifically, the study aims to analyze how health-related terms integrated into Brazilian public health legislation undergo processes of juridicization and semantic reconfiguration. It forms part of a broader research project dedicated to improving the accessibility of specialized terminology in this domain. The data are drawn from the LBMedCorpus, a corpus of Brazilian legislative texts addressing medical ethics, vaccination policies, and the control of arbovirus-related epidemics from 1832 to 2025, currently under construction by the project team and comprising 915,556 tokens. Adopting a diachronic terminological perspective (Curti-Contessoto, 2024; Dury, 2022; Zanola, 2021; Finatto, 2020), the research examines how concepts originally rooted in the field of health are reshaped once incorporated into legal discourse. The analysis focuses on knowledge-rich contexts (KRCs) (Meyer, 2001; Barrière, 2004; Condamines, 2022), identified through corpus exploration using Sketch Engine. These contexts reveal the semantic traits associated with the terms in legislative discourse. Preliminary results indicate that when health-related terms are incorporated into legal texts they tend to acquire normative semantic features related to regulation, obligation, and institutional responsibility. The analysis of KRCs also shows that the juridicization of these concepts modifies their conceptual structure, introducing legal constraints and institutional roles that are not present in their original health-related usage. These findings highlight how the interaction between health and law reshapes specialized concepts and contributes to increasing their complexity for non-specialist audiences.

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CROSS-LINGUISTIC AND TERMINOLOGICAL VARIATION IN FORENSIC INJURY DOCUMENTATION: EVIDENCE FROM HUNGARIAN AND AMERICAN AUTOPSY REPORTS

Keywords:

forensic linguistics, injury documentation, medical terminology, contrastive analysis, corpus linguistics

Abstract:

Unambiguous and detailed clinical documentation of injuries is essential for forensic assessment within continental legal systems. However, previous research has shown that injury descriptions in Hungary are often insufficiently detailed, and diagnoses are frequently non-specific or ambiguous (e.g., contusions in about 20% of cases), which limits forensic interpretability (Fogarasi et al., 2025).

To improve trauma documentation, terminology must be aligned with international standards such as SNOMED CT. To assess the compatibility of Hungarian injury terminology with internationally used systems, this study compares terms used by forensic experts.

A total of 88 anonymized Hungarian forensic autopsy reports of non-natural deaths from the Department of Forensic Medicine, University of Pécs, and 88 American autopsy reports from Bennet Omalu Pathology were analyzed. Data were processed in Microsoft Excel and statistically compared. Terminological equivalence was examined based on L'Homme's method (L'Homme & Bae, 2006), and patterns were identified using Sketch Engine.

Preliminary results show notable differences in contusion terminology and indicate that the conceptual scope of terms is wider in English. This reflects a diagnostic paradigm in English documentation, where injuries are categorized using established sub-categories of terms, and a descriptive paradigm in Hungarian practice, where injuries are described through observable characteristics. Intercultural differences also appear in color descriptions and the more frequent use of Latin-based terms in American reports.

The findings highlight that the diagnostic and classification-based paradigm used in forensic medicine in the USA could serve as a basis for the harmonization of Hungarian clinical terminology with international standards to improve clarity and forensic applicability of clinical reports.

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***THE IMPACT OF ARGUMENTATION IN DOCTOR–PATIENT COMMUNICATION DURING A
DISTRESSING MEDICAL PROCEDURE: A CASE STUDY***

Keywords:

doctor–patient communication, argumentation, persuasion, strategic maneuvering, shared decision-making

Abstract:

Argumentation is a key element in doctor–patient communication, particularly in therapeutic decision-making scenarios where the patient's fear or concerns pose challenges to cooperation. This case study is part of a research project to investigate the interactions between doctors and patients where a therapy or a diagnostic procedure proposed by the doctor might cause discomfort, fear, or anxiety to the patient. Argumentative discourse in medical consultations can exert suggestive and persuasive effects as well. Therefore, the suggestive and persuasive strategies such as polarization, positivity that accompany argumentative operations are also highlighted. However, investigations mainly focus on how argumentative strategies influence patient decision-making during a distressing diagnostic procedure, an MRI scan.

In this pilot study, a single interaction was analyzed between a female internist and a female patient to identify categories for future research with several interactions. In the discursion, multiple forms of strategic maneuvering are used such as standpoints and arguments, justification and explanation, certainty, attention, resolving a difference of opinion, using examples, offering alternatives, preempting objections, modal expressions, or rhetorical questions by the doctor to reinforce argumentative and persuasive communication. The physician also connects on both cognitive and emotional levels, increasing the chance of patient acceptance. The discussion concludes with a shared decision: the patient agrees to undergo the open MRI.

The research questions:

1. What kind of strategic maneuvering are used by the doctor for argumentation?
2. How is the shared decision built in the discursion and how is the decision made?

Results illustrate that argumentation is not merely a logical operation, but a socio-linguistic and cognitive interaction, where expertise, empathy, and persuasion must work together. Effective argumentation supports the shared decision-making and strengthens patient involvement in therapeutic choices.



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DEAF WOMEN'S EXPERIENCES OF THE MATERNITY SERVICES IN IRELAND

Keywords:

deaf women, sign language, experiences, maternity services

Abstract:

Background: There are no data reported on the number of deaf women birthing in Ireland but estimates suggest that approximately 300 pregnant women communicate using Irish Sign Language (ISL) annually. Studies conducted with deaf women on their experiences of the maternity services in Ireland found that they experienced difficulties with the method and quality of communication and health education, did not feel respected or that health professionals recognized their needs. Women's experiences were compounded by limited access to healthcare interpretation services.

This study explored deaf women's experiences of using the maternity services in Ireland.

Methods: Following ethical approval, a qualitative study was conducted with deaf women aged 18 years and over who had birthed in Ireland since 2018. One-to-one online video-recorded interviews were conducted with 15 women in ISL between January and March 2024. The interviews were transcribed and analyzed thematically.

Findings: Three interlinked themes emerged; legal obligations, ethical care, and system issues. The findings show that the absence of interpreters across the entire peripartum period caused major problems for many women. Women were told that they were responsible for arranging the interpreter themselves, whilst the hearing partners of other women were asked to interpret. The absence of adequate interpreter services impacted negatively on women's access to health information and education and giving informed consent. These experiences were compounded by the absence of one-to-care and continuity of carer.

Conclusion: Deaf women experienced multiple challenges in gaining knowledge on their, and their baby's, health and wellbeing. These challenges existed at both structural and interpersonal levels across the entire peripartum period and demonstrate that remedial actions are required in order for services to comply with the legal, and duty of care, obligations.



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***THE PROBLEM WITH ‘SIDE-EFFECTS’: A CORPUS-ASSISTED DISCOURSE STUDY OF
VACCINATION DISCUSSIONS ONLINE***

Keywords:

vaccine hesitancy, online health communication, side-effects, ambiguity, discourse analysis

Abstract:

Vaccinations are among the most effective public health tools at our disposal, yet vaccination programs in 90% of countries have been affected by ‘vaccine hesitancy’. While vaccine hesitancy is a complex phenomenon, it is understood that concerns about the side-effects of vaccination are among the key factors at play. However, ‘side-effects’ covers a wide-range of symptoms and is often used in a general sense in lay contexts.

This study explores 3,000 instances of the term ‘side-effects’ and its variants in vaccination discussions on Twitter/X, Reddit, and Mumsnet via a corpus-assisted discourse analysis, to establish how the terms are used in online discussions about vaccinations. The study demonstrates that ‘side-effects’ is predominantly used in vague or ambiguous ways, with 70–85% of references across the datasets being either generic (47-57%) or including vague qualifiers of severity (e.g., ‘severe side-effects’), negativity/positivity (e.g., ‘bad side-effects’), temporality (e.g., ‘long term side-effects’), or frequency (‘very rare side-effects’) (20-38%). The most common qualifiers relate to severity, while the frequency of side-effects is least often discussed. Concerns about long-term side-effects and the number of listed side-effects are also prevalent.

These results have implications for vaccine hesitancy and communication about vaccinations. For example, ambiguous use of ‘side-effects’ can contribute to hesitancy as it allows those viewing such posts to assume that others writing about generic side-effects share their specific concerns, while the emphasis on severity suggests a potential misalignment between official information on vaccine safety, typically organized by frequency of side-effects, and the most salient public concerns.



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ACCESSIBLE COMMUNICATION IN NURSING CARE FOR PEOPLE WITH DISABILITIES: EARLY EXPERIENCES WITH ASSISTIVE COMMUNICATION TOOLS AND SIMULATION TRAINING IN ADVANCED NURSING PRACTICE EDUCATION

Keywords:

patient-centered communication, augmentative and alternative communication (AAC), complex communication needs (CCN), healthcare settings, implementation through simulation-based training

Abstract:

Nursing care must address diverse settings, including acute, geriatric, outpatient, and long-term care. Communication barriers—due to congenital or acquired disabilities, limited language proficiency, or degenerative diseases—pose major challenges; augmentative and alternative communication (AAC) is essential to ensure high-quality, patient-centered care (Erdélyi, 2025; Erdélyi, in press).

Two research-based tools, UKApo and UKPflege, were developed as a printed folder and mobile app, following three phases of guideline-based expert interviews and subsequent evaluation (Erdélyi et al., in press-a, in press-b). Pilot test runs were systematically analyzed to optimize usability.

In winter 2025/2026, master's students in Advanced Nursing Practice at Carl von Ossietzky University Oldenburg practiced the tools in simulation-based training with case scripts for stroke patients and residents with dementia. Previously implemented on site with professional actors, the training is adapted for the workshop to a hybrid format, with one training partner on site and another remote.

The workshop can be offered as one extended session or two consecutive sessions. The first presents the tools' development, evaluation, and implementation findings; the second demonstrates the adapted simulation training. While simulation-based training is established in medical education, its application in nursing science—particularly for patients unable or partially able to speak—represents an innovative extension, highlighting methodological transfer and practical implementation in advanced nursing practice education.

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FROM BATTLE TO LIVING WITH CANCER: THE ROLE OF METAPHORS IN CANCER COMMUNICATION, EXPERIENCE AND MEANING-MAKING

Keywords:

cancer, metaphor, language, health communication, narrative medicine

Abstract:

Introduction

This article examines the role of metaphorical language in cancer communication, and its effects on the meaning-making of the disease. Metaphors are cognitive mechanisms through which abstract concepts are understood via familiar conceptual fields. They are part of broader cultural representations and contribute to the psychoanalytic understanding of signification. Research identifies two dominant frameworks in cancer metaphors, the violence (fights, battles, wars) and journey metaphors, adopted by patients and doctors, transferring moral and social meanings to the disease.

Materials and Method

A systematic review was conducted in PubMed and Scopus up to 24 March 2026. The search strategy included combinations of the keywords “cancer”, “metaphor”, and “language”. Articles were included if they addressed metaphorical framing in cancer discourse in clinical or patient contexts, with no language restrictions applied. The selected studies were screened and analyzed qualitatively to identify recurring metaphorical patterns and their implications for meaning-making and communication.

Results

Of 106 articles identified, 85 articles were analyzed. The most common metaphors were “war”, “battle”, “journey”, “plant”. Socio-demographic factors (age, gender) were not strong predictors of metaphor choice, whereas culture and religiosity could be. Caregivers were more likely than patients to use war metaphors, while parents of children with cancer used metaphors to articulate their feelings and motivate their children. Metaphors improve doctor–patient communication; they help doctors address difficult issues, enable patients to express their needs and feelings, and increase their willingness to participate in clinical trials. They may also function as psychological coping mechanisms, supporting patients in structuring their illness experience and regaining a sense of control.

Conclusion

Cancer metaphors influence how the disease is understood, experienced, and socially represented. Healthcare professionals should be trained in mindful language use, selecting metaphors that support rather than distress patients. Narrative medicine and graphic novels could be valuable tools as cancer metaphors not only describe but shape the lived experience of the disease.



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PRAGMATIC MODULATION IN FICTIONAL MEDICAL DISCOURSE: A CORPUS-BASED ENGLISH-SPANISH STUDY

Keywords:

fictional medical discourse, pragmatic modulation, parallel corpora, audiovisual translation, medical communication

Abstract:

This contribution presents MedCor, an in-progress, manually aligned English-Spanish parallel corpus of fictional medical discourse. MedCor is composed of subtitles from medical television series (House, Grey's Anatomy, and ER) and is designed to capture the hybrid nature of medical language in audiovisual fiction, where specialized terminology coexists with emotionally charged, interactional and often informal speech.

Although the current focus is on the English-Spanish language pair, preliminary work is already underway to incorporate additional languages such as French, German, Greek, Italian, Polish, Romanian, and Turkish. The current version of the corpus contains almost four million words (approximately two million in each language). The long-term goal is to reach twelve million words, which would make MedCor the largest parallel corpus specialized in medical discourse to date. The corpus is manually post-edited to ensure semantic and functional correspondence between source and target segments. This methodological choice is especially relevant for subtitled data, which are characterized by condensation, reformulation, and pragmatic modulation.

Using illustrative examples drawn from the corpus, this contribution explores recurrent linguistic and translational phenomena in fictional medical dialogue, including the treatment of specialized terminology, directive acts, modal verbs, mitigation strategies, idiomatic expressions, and taboo language. The analysis highlights systematic pragmatic shifts in English-Spanish translation, often driven by audiovisual constraints, genre conventions and cultural norms, and relates these patterns to the notion of prefabricated orality.

Beyond its descriptive contribution, MedCor is presented as a versatile resource for corpus-based research, contrastive analysis, and translator training. Its recent integration into PaEnS enables advanced searches and targeted pedagogical applications, making it particularly suitable for teaching medical translation and specialized communication. This contribution argues that fictional medical corpora, despite their non-representative nature, offer valuable insights into how medical knowledge is linguistically mediated and translated in popular media contexts.



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***TERMINOLOGICAL VARIATION ACCORDING TO THE SPEAKER'S LEVEL OF EXPERTISE: A
SOURCE OF DIFFICULTY IN HEALTHCARE COMMUNICATION***

Keywords:

terminological variation, speaker's level of expertise, expert-lay communication, healthcare communication, patient comprehension

Abstract:

This doctoral research examines terminological variation according to speakers' level of specialization in healthcare communication, particularly in interactions between healthcare professionals and patients. Within the Communicative Theory of Terminology, it assumes that terminological choice depends on contextual and cognitive factors, with specialization as a key parameter influencing communicative risk.

The project proposes the construction of an oral corpus in oncology, including medical consultations, clinical meetings, and patient discussion groups. Specialized units will be identified and grouped into denominative sets to conduct a contrastive analysis across speaker profiles.

This presentation outlines preliminary results from a pilot study that serves as the foundation for the thesis. The study involved 23 healthcare professionals and 40 patients and examined comprehension and use of 27 Graeco-Latin medical compounds. Results showed marked differences in comprehension between groups (83.73% vs. 52.96%) and suggested that some terminological structures may be more accessible than others.

The pilot also revealed variation in terminological choice associated with specialization level. Healthcare professionals used a higher number and frequency of the above-mentioned compounds than patients, whereas patients more often employed alternative denominations for the same referents. These findings suggest that specialization conditions both conceptual precision and patterns of denominative variation, with implications for ambiguity in healthcare communication.

Building on these results, the doctoral project seeks to identify patterns of terminological variation linked to specialization, propose an intermediate profile between expert and layperson, and develop an applied resource to improve patient-centered communication.



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COMMUNICATING HEAT-RELATED MORTALITY AND THE MEDICALIZATION OF CLIMATE CHANGE: RISK, AMBIGUITY, CAUSALITY, AND ACCOUNTABILITY

Keywords:

climate change, global warming, heatwaves, medicalization, corpus-assisted discourse analysis

Abstract:

As the perceptible effects of climate change and global warming intensify, extreme weather events can be communicated not only as environmental phenomena but as public health risks. This paper focuses on heatwaves and investigates how heat-related mortality is discursively constructed across specialized and media genres, asking how extreme heat becomes recontextualized from a meteorological event into a public health crisis, and focusing on how risk, causality, and responsibility are framed.

Drawing on corpus-assisted critical discourse analysis, the study compares two purpose-built corpora (2022–2025): peer-reviewed scientific articles on heat-related morbidity and mortality, retrieved from PubMed and Scopus, and newspaper press coverage of major heatwaves, retrieved from LexisNexis. Keyword, collocation, and concordance analyses carried out through SketchEngine are combined to identify how risk is linguistically constructed and how uncertainty or preventability is signaled. The analysis explores four interrelated dimensions: (a) the degree to which “climate change” is foregrounded or backgrounded; (b) the framing of causality; (c) the representation of death and vulnerability (statistical abstraction vs. personalized accounts); and (d) processes of medicalization, including the use of specialized biomedical terminology.

By analyzing how heat-related mortality is framed as a measurable health risk, preventable condition, or unavoidable hazard, the study contributes to research on ambiguity and risk in climate change and healthcare communication, highlighting how linguistic choices shape public understanding and clinical awareness. In doing so, it offers insights into how climate change and global warming might be more effectively reframed as immediate, embodied, and personally relevant health concerns, addressing the communicative challenge posed by phenomena that are temporally extended and often perceived as distant from individual experience.



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***THE HOSPITAL LINGUISTIC MICROBIOME: A THEORETICAL FRAMEWORK FOR HEALTHCARE
COMMUNICATION***

Keywords:

healthcare communication, relational ecology, patient–provider interaction, gratitude, therapeutic alliance, clinical linguistics, patient wellbeing

Abstract:

Background: Healthcare communication is often analyzed through discrete variables such as empathy, clarity, adherence, and patient satisfaction. Less attention has been paid to the broader relational environment created by language in clinical settings. This paper introduces the term Hospital Linguistic Microbiome as a theoretical and heuristic framework for understanding how recurrent communicative patterns may shape the ecology of care.

Aim: To conceptualize the term Hospital Linguistic Microbiome and explore its relevance for patient wellbeing, relational climate, and the ethical quality of care.

Methods and materials: The paper is based on a scoping conceptual review of interdisciplinary literature in psychology, neuroscience, psychiatry, palliative care, health communication, and bioethics. Relevant empirical studies and theoretical contributions were examined to identify recurring linguistic and relational dimensions within patient-provider communication.

Results: Within this framework, linguistic salutogenesis refers to recurrent discourse practices that promote orientation, trust, recognition, and relational safety, such as clear signposting, empathic validation, person-centered naming, reassurance without false certainty, and checking understanding. By contrast, linguistic dysbiosis refers to recurrent discourse practices that generate confusion, depersonalization, threat, or fragmentation, such as unexplained jargon, ambiguous or contradictory instructions, objectifying labels, dismissive responses, hostile tone, and decontextualized backstage talk overheard by patients. Language is thus approached not merely as a vehicle of information but as a relational medium that may affect trust, therapeutic alliance, staff morale, perceived safety, and aspects of patient wellbeing.

From the perspective of clinical discourse analysis, the framework can be applied by examining lexical choices, agency attribution, modality, turn-taking, interruptions, repair sequences, uncertainty management, and the alignment between direct patient talk and team communication.

Conclusions: The Hospital Linguistic Microbiome offers a conceptual basis for future qualitative, discourse-analytic, and mixed-methods research on healthcare communication as a clinically and ethically relevant relational ecology.



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ARE SPANISH UNIVERSITIES EQUIPPING FUTURE HEALTHCARE INTERPRETERS WITH THE RIGHT COMPETENCES? RESULTS FROM A MIXED METHODS STUDY

Keywords:

healthcare interpreting, training, Spanish universities

Abstract:

Ambiguity and risk are inherent to healthcare communication; misunderstood symptoms and diagnoses, unacknowledged cultural taboos, and inadequate informed consent can have life-altering consequences for patients with limited proficiency in the host-country language.

Despite the growing demand for healthcare interpreting services, the professionalization of healthcare interpreters remains underdeveloped in Spain, where no formal legal framework regulates language access in health settings. While some Spanish universities have incorporated healthcare interpreting courses into their curricula, little is known about the extent to which current training programs address the specific competences required for professional practice. Drawing on a study conducted within the Erasmus+ project ReACTMe, this communication examines the current state of healthcare interpreting training at Spanish universities and identifies the competency profile demanded by the profession.

The study employs a mixed methodology: a document analysis of bachelor's and master's degree curricula at Spanish universities, in which degree catalogues and course syllabi were systematically screened using national databases and university websites and then coded in terms of the presence of healthcare/public service interpreting, credit load, compulsory/elective status, language combinations, learning outcomes, and methodological approaches, complemented by four online focus groups with 25 participants (practicing healthcare interpreters, interpreting lecturers, and heads of Translation and Interpreting degree programs), whose discussions were transcribed verbatim and thematically analyzed to identify the perceived role, required competences, and training needs of healthcare interpreters.

Findings show that only a small number of Spanish universities offer formal training that explicitly covers healthcare interpreting and that such subjects are most often elective and concentrated in the final years of bachelor's programs or in a few specialized master's degrees; postgraduate-level specialized training is generally considered the most appropriate pathway to professionalization, although practicing interpreters also value non-formal accredited courses, especially given that the language combinations offered do not fully match the linguistic profile of migrant and tourist populations in Spain, and therefore, languages of minor diffusion remain largely unsupported. The required competence profile identified by focus-group participants goes well beyond language proficiency and includes liaison and remote interpreting techniques, turn taking management, knowledge of healthcare protocols and documentation, intercultural and ethical competence, and strategies for managing highly emotional encounters.

The study reveals a mismatch between the professional competency profile identified and the current design of Translation and Interpreting curricula.



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CROSS-CULTURAL ADAPTATION OF HEALTHCARE INSTRUMENTS FROM A TRANSLATION PERSPECTIVE

Keywords:

healthcare translation, medical translation, survey translation, patient reported outcomes

Abstract:

Creating healthcare surveys and instruments for specific populations is time- and resource-consuming. For that reason, translating and adapting existing instruments (e.g., patient surveys and questionnaires) for use in different countries and cultures can be more efficient. This translation process, referred to as cross-cultural adaptation by clinical researchers, is common in medical disciplines. However, some of the translation methods often recommended in cross-cultural adaptation protocols differ from those typically embraced by translation practitioners and have been criticized in the Translation Studies literature for their excessive focus on equivalence, the use of back-translation as a quality control tool, or the assumption that all bilinguals can translate proficiently.

This presentation draws on three projects in which instruments originally developed for Australian and U.S. patients were cross-culturally adapted for use by Spanish-speaking populations in Spain and the U.S. Using several examples of translated items, we will discuss the main problems posed by the translation methodologies used in each case, explore possible alternatives, and examine the difficulties that arise when attempting to reconcile the divergent methodologies employed by clinical researchers and translation practitioners. The presentation will argue that much closer collaboration between these two disciplines is necessary to ensure that cross-cultural adaptation processes are as rigorous and efficient as possible.



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***IS MEDIATING ACTUALLY MEDIATING? INTERCULTURAL PATIENT-CENTERED COMMUNICATION
IN SPANISH PUBLIC AND PRIVATE MEDICAL SETTINGS***

Keywords:

Intercultural mediation, medical interpreting, intercultural patient-centered communication, language brokering, multilingual medical assistance, identity construction, critical discourse analysis

Abstract:

The socio-professional landscape of language service provision in Spain is characterized by a lack of regulatory clarity (Gavlovytc, 2023). Healthcare providers appear unable to clearly (i) distinguish among the newly emerging profiles (e.g., medical interpreters, intercultural mediators, language brokers, etc.) and (ii) establish a shared understanding of their respective functions. At the same time, scholarly discourse has further fueled the discussion by introducing additional layers of conceptual ambiguity.

This study aims to shed light on what is precisely understood by “intercultural mediators”, their idiosyncratic duties at the workplace, and the mechanisms of their identity construction. A total of 20 job advertisements from Spanish job-seeking platforms (such as Infojobs) are deconstructed from a critical discourse analysis (CDA) perspective. More specifically, Wodak and Meyer's (see 2009) Discourse Historical Approach (DHA) related strategies (i.e., nomination, predication, argumentation, perspectivation, mitigation, and intensification) are resorted to as the cornerstone of this qualitative research. In effect, this is a multiperspectival, systemic-functional linguistics (SFL)- inspired methodological focus based on the notions of instantiation and individuation (Halliday, 1987). Our preliminary results highlight clear areas of description and a handful of obscure, fuzzy ambiguities. Furthermore, the paper exposes the potential and prospective consequences thereof within the Spanish healthcare system. In sum, our study showcases how clarity and indeterminacy affect not only triadic (i.e., doctor, patient, and intercultural mediator) communication during consultation but also the patient-mediator interaction outside it.

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THE REGIMEN SANITATIS: A TRANSLATION COMPARISON

Keywords:

historical translation studies, localization, paratexts, Regimen Sanitatis, medieval scientific translation

Abstract:

Theoretical background: The Regimen Sanitatis, attributed to Arnau de Vilanova, was one of the most widely disseminated medical manuals in late medieval Europe. Its circulation in vernacular languages generated different adaptation strategies depending on the contexts of reception. This study falls within the field of historical translation studies and addresses medieval scientific translation as a creative and culturally conditioned process, analyzing how paratexts and the localization of material referents configure two opposing translation models.

Methods and materials: A contrastive analysis is carried out on two Romance traditions of the Regimen: the Castilian (translated by Vilanova in *El arte de conservar la salud*, ed. 2003) and the Italian (translated by Magenta, 1835, ed. 2018). The study is structured on two levels: 1) analysis of paratexts (prologues, notes, critical apparatus) to identify translation criteria and the figure of the intended audience; 2) analysis of the localization of material referents (foods, wines, medicinal herbs) and their substitution with equivalents from the target environment.

Results: The Spanish version (2003) presents a model of mythical appropriation: it silences the translator, omits the Latin source, reduces the inventory of unfamiliar species, and euphemistically reinterprets sensitive functions such as abortion. The Italian version (1835/2018) follows a model of scholarly restoration: it explicitly states criteria, source, and intended audience; preserves ornithological and ichthyological specificity through vernacular terms; and translates controversial content directly. The contrast reveals that the Spanish translation prioritizes fluency and acceptability in an esoteric market, while the Italian aims for philological precision and documentary transparency.



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IS LANGUAGE FOR SPECIFIC PURPOSES TOO SPECIFIC? HUMANIZING MEDICAL ENGLISH FOR PATIENT-CENTERED COMMUNICATION

Keywords:

medical English, LSP, patient-centered communication, teaching strategies, lay language

Abstract:

In the field of Language for Specific Purposes (LSP), medical English curricula traditionally prioritize the acquisition of specialized terminology and formal professional discourse. This approach is designed to equip students with the tools necessary for academic success and clinical documentation. However, an exclusive focus on technical precision may inadvertently marginalize the communicative competencies essential for interacting with patients—stakeholders who require linguistic clarity, empathy, and emotional support rather than clinical jargon alone.

In contemporary medical education, second-year students in mandatory Medical English courses (approximately 240 students per year) frequently demonstrate high linguistic proficiency, often reaching the B2–C1 levels of the CEFR. Yet, despite this advanced competence, a significant pedagogical gap remains: students often struggle to deconstruct complex medical concepts into accessible language or to navigate the interpersonal nuances required to establish clinical rapport and patient trust. This presentation problematizes the prevailing assumption that traditional LSP instruction sufficiently covers the diverse communicative requirements of future physicians. It argues for a paradigm shift toward integrating human-centered practices within the LSP framework.

Drawing on extensive classroom observations and teaching experience, the presentation highlights targeted interventions designed to bridge the divide between "professional" and "lay" English. Practical examples include role-play simulations of sensitive patient encounters, systematic tasks focused on paraphrasing medical content into plain language, and activities that emphasize pragmatic skills, such as active listening and the expression of empathy. These interventions do not merely expand a student's vocabulary; they fundamentally reinforce the human dimension of language use in clinical settings.

The paper concludes by proposing a hybrid methodological approach. By complementing standard LSP instruction with patient-oriented communicative competence, it offers valuable insights for curriculum developers and language practitioners seeking to align medical education with the evolving demands of patient-centered healthcare.



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INTRALINGUAL TRANSLATION WITH LLM OF SPANISH TEXTS FOR ADULTS WITH DYSLEXIA

Keywords:

dyslexia, intralingual translation, generative AI, LLM, text adaptation

Abstract:

About 5–10% of the world's population suffers from dyslexia, a neurodevelopmental disorder that causes significant reading difficulties. For them, certain textual and visual characteristics (complex syntax, long sentences, line spacing, etc.) make it very difficult to access the written message. Thus, adults with dyslexia face challenges with potentially serious consequences (e.g., when reading official communications, medical advice, or the news). This can impair their opportunities and requires a specific approach to reduce inequalities. Improving text accessibility requires significant intralingual translation or adaptation work. In Spanish, the main strategy is text simplification with the easy reading method, which is effective in improving comprehension, although it considerably limits the content. In English, the dyslexia-friendly approach is preferred, which minimally modifies the text, while adding reading aids (synonyms, examples, etc.). This preserves the content but is less effective for comprehension. Both strategies require expert work and end-user validation with high associated costs and effort, so that the real production of adapted texts is very scarce. This work explores the use of generative AI Large Language Models (LLMs) to adapt Spanish texts for adults with dyslexia. Thus, 60 open-source intermediate-difficulty texts were adapted with ChatGPT Pro. A suitable prompt was designed on a combination of elements of easy-reading and dyslexia-friendly plus instructions to use images to aid understanding. Adapted texts were assessed through quantitative and qualitative analysis. Here, the quantitative results are presented: the LLM mainly relied on a moderate ratio of lexical transformation, a high ratio of syntactic transformation, and the constant use of reading aids. The ease of reading, measured with the Inflesz readability index, improved significantly.



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NAVIGATING INTERCULTURAL BIRTH PRACTICES: A QUALITATIVE EXPLORATORY STUDY TO UNDERSTAND CULTURALLY COMPETENT COMMUNICATION AND COMMUNICATION AMBIGUITY WITH ETHNICALLY MINORITIZED WOMEN IN ANTENATAL CONSULTATIONS IN THE UNITED KINGDOM

Keywords:

intercultural communication, maternity, culture, ethnicity

Abstract:

Background

Maternal health disparities among ethnically minoritized women are a key concern for the UK National Health Service. Black women are nearly three times more likely to die than White women and Asian women also face elevated risks. Poor intercultural communication and limited patient-centeredness contribute to these disparities. Better understanding of culturally relevant birth beliefs and communication practices in perinatal consultations can inform strategies for patient-centeredness, strengthen clinician–patient collaborations, and shared decision-making.

Methods

This presentation will report a qualitative exploratory stage, using ‘listening circles’ (Ardoin et al., 2022), of a three-stage, mixed-methods study of Somali, Bengali, and Nigerian women. Participants will be recruited through convenience and purposive sampling from a UK NHS hospital. Transcribed data will be descriptively coded and analyzed using Braun and Clarke’s (2006) thematic analysis methodology.

Findings

Themes relating to the cultural birth practices of the women in the study, including but not limited to spiritual guidance during pregnancy, postpartum food rituals, and pain management in labor will be discussed in consideration of how these might support shared decision-making in birth plan consultations.

Conclusion

Improving intercultural communication can enhance midwife–woman relationships, reduce communicative misunderstandings and support shared decision-making. This study will demonstrate mechanisms for culturally responsive communication practices and inform strategies to reduce ethnic disparities in perinatal outcomes.

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THE IMPACT OF TARGETED INSTRUCTION ON MORPHOLOGY-BASED INJURY DOCUMENTATION IN MEDICAL EDUCATION

Keywords:

injury description, medical education, forensic assessment, comparative analysis, terminological standardization

Abstract:

Clinical injury documentation by primary treating physicians is essential for subsequent forensic assessment within Continental legal systems, including Hungary. In this context, documentation must be morphology-based, systematically listing diagnostically relevant characteristics of external bodily injuries (Payne-James & Byard, 2023). However, previous research (Fogarasi et al., 2025) has shown that clinical injury descriptions are often insufficiently detailed and terminologically inconsistent, limiting forensic interpretability; consequently, forensic assessment is restricted in approximately 14% of cases (Fogarasi 2012). Despite this, morphology-based injury documentation is not systematically taught in medical education (Vértés et al., 2025). The present pilot study investigates the role of targeted instruction in improving the linguistic and structural quality of injury documentation. Injury descriptions written by 98 fourth-year medical students in 2025 were analyzed at the beginning of their forensic medicine training at a Hungarian medical university. Following this baseline assessment, students received structured instruction in morphology-based injury documentation. Their performance was compared with injury descriptions produced by 98 clinicians from the Department of Emergency Medicine at the same university clinic. Students' and clinicians' descriptions were digitalized and processed in Microsoft Excel, and numeric codes were assigned to each documented morphological characteristic. A chi-square test was applied to compare the level of detailedness.

The findings show that clinicians in routine practice describe injuries with a similarly low level of detail as students prior to instruction. In contrast, after targeted training, students produced significantly ($p < .001$) more detailed and structurally appropriate descriptions than clinicians.

These results demonstrate that general medical knowledge alone does not ensure adequate, terminology-driven injury documentation for forensic purposes. From a medical-linguistic perspective, the findings underline the need for explicit instruction in morphology-based description and terminological standardization in medical curricula to improve the forensic usability of clinical documentation.

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MULTILINGUAL PATIENT SAFETY: MAPPING LANGUAGE ASSISTANCE AND COMMUNICATION RISK IN EUROPEAN HEALTHCARE

Keywords:

language assistance, patient safety, healthcare communication, multilingualism, interpreting

Abstract:

Growing linguistic diversity in healthcare settings increases the risk of ambiguity, miscommunication, and information loss, which may negatively affect patient safety, treatment outcomes, and patients' rights. Despite its relevance, language assistance practices, such as interpreter use, translation of medical documents, and institutional language policies, vary across European healthcare systems, and comparative evidence remains limited.

The LangCare project addresses this gap through a structured comparative analysis of language-related communication in EUniWell partner countries, namely France, Hungary, Italy, Spain, and the United Kingdom. The study applies a pilot-tested 47-point framework to systematically examine three dimensions: (1) legal and policy frameworks, (2) interpreting practices, and (3) the translation of patient-facing healthcare materials. Within this broader framework, the present analysis focuses on legal and policy frameworks, drawing on national legal documents, policy frameworks, institutional materials, and selected published evidence.

The findings indicate substantial cross-country variation in the degree of legal specification, ranging from explicit regulatory frameworks (e.g., mandated interpreting services) to more general, non-binding provisions. Preliminary results also suggest inconsistencies between formal legal commitments and the actual availability of interpreting services, translated materials, and patient-centered communication support.

By combining a structured comparative framework with selected examples of institutional practices, the study identifies gaps between policy and implementation and highlights associated risks for patient safety in multilingual healthcare settings. The results also point to emerging good practices that may inform more consistent and effective language access strategies across Europe.



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AUTOPSY AND CORRECT LATINITY: LINGUISTIC ERRORS IN NINETEENTH-CENTURY MEDICAL DOCUMENTS

Keywords:

autopsy reports, morphological errors, lexical errors, case-related errors, syntactic errors

Abstract:

This poster examines the Latin diagnoses from nineteenth-century handwritten autopsy reports found in the Archives of Semmelweis University. Since the material under manual investigation consists of handwritten pathological records, we begin by addressing the issue of reading and interpreting the texts. In the case of difficult-to-decipher words, it is often uncertain whether the writer recorded a correct or an incorrect form.

We then demonstrate the kinds of linguistic errors made by the authors of these documents when formulating Latin expressions. The diagnoses contain numerous examples of simple misspellings (*antibrachium*), orthographic mistakes (*haepar*, *pankreatis*), and grammatical errors (*cum oedema*). More interesting than ordinary letter substitutions are errors suggesting attempts at hypercorrection (such as confusion between *i* and *y*, or *e* and *ae*; *olygaemia*), as well as errors from which conclusions may be drawn regarding the pronunciation of medical Latin in nineteenth-century Hungary (e.g., *levis*, *lēvis*, and *laevus*; *nephritide laevi*).

Special attention is also devoted to morphological (*corporis striatis*), lexical (*activae* instead of *active*), case-related (*tres septimanes ante mortem*), and syntactic errors (*omenti minoris*, *ad saccum hernialem adhaerentis*), which in most cases reflect the faded Latin competence of the writer (or perhaps the person dictating the diagnosis). We also discuss the correction of these mistakes, examining how the clerk or a later physician reviewing the text (if corrections were made at all) amended the erroneous word or passage (*endarteritis chronicas*). In some cases, such corrections affect not only the grammatical but also the semantic content of the original text.



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OBSERVING AND REAPPRAISING EMOTIONS IN ANGER REGULATION TREATMENT THROUGH METAPHOR

Keywords:

mindful emotion awareness, cognitive reappraisal, maladaptive anger, anger management, agency, processes

Abstract:

Maladaptive anger, characterized by extreme expression or suppression, can result in significant personal and social consequences for individuals, highlighting the need for effective treatment. Research indicates that psychotherapeutic treatment of maladaptive anger can be effective when emotion regulation treatments, such as Mindful Emotion Awareness (MEA) and Cognitive Reappraisal (CR) are combined (Bjureberg et al., 2023). MEA facilitates nonjudgmental observation of thoughts and feelings, while CR enables reinterpretation of these experiences. Metaphors are important tools in such treatments (Törneke, 2017), enabling psychotherapists to explain abstract psychological concepts and mechanisms, such as emotions and their causes, metaphorically (e.g., as objects that can be manipulated or as forces with varying intensity), thereby facilitating patients' understanding. Still, investigations remain limited (McMullen & Tay, 2023). This paper analyses metaphorical scenes (Johansson Falck & Okonski, 2022) evoked by Swedish self-help texts, integrating MEA and CR. The treatment texts were developed by a group of psychotherapists for use in therapist-supported, internet-delivered emotion regulation treatments. Together, 27,962 words of text were analyzed across four modules. We investigate how metaphors are used to enable observation and reappraisal of emotions within processes related to anger management, focusing on the processes, agents, and patients involved. Findings indicate that in the MEA materials, emotions are assigned to a high level of agency in processes, whereas the self is attributed to a lower level of agency. The CR materials attribute greater agency to the self by encouraging the use of coping tools. The findings clarify the depiction of metaphorical processes and agency, thus enabling evaluation of the alignment between therapeutic intentions and metaphorical patterns in treatment materials. Additionally, they provide a framework for comparing treatment content with therapeutic outcomes.

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LOST IN (AI) TRANSLATION? EVALUATING AI TOOLS FOR MEDICAL TEXTS USING HTER (HUMAN-TARGETED TRANSLATION EDIT RATE)

Keywords:

HTER, AI tools, translation, LSP, AI literacy

Abstract:

Theoretical background

As artificial intelligence (AI) tools become ubiquitous in academic and professional environments, language for specific purposes (LSP) instructors face growing challenges to redefine their roles and develop comprehensive AI-literacy. Specifically, Large Language Models (LLMs) are widely used as primary tools for translating specialized texts, including medical content, displacing traditional machine translation (MT) tools. This shift requires that LSP instructors critically evaluate AI-generated translations before integrating them into their teaching practice. Human-targeted Translation Edit Rate (HTER) is an established metric assessing the human post-editing effort required to correct MT output, already applied in medical text evaluation. Thus, it is adopted here to examine the reliability of AI-generated translations in LSP contexts.

Methods and materials

This study applies HTER to evaluate four widely used AI tools, namely ChatGPT, Claude.ai, Gemini and DeepL, across three medically relevant text genres: doctor–patient dialogues, research abstracts, and pharmaceutical drug instructions. Fifteen Greek-source texts (5 per genre) were translated into English and German as a pilot. Post-editing was performed by two language instructors with Medical English and Medical German expertise respectively.

Results

HTER analysis reveals translation quality varies significantly across text genres. Lower error rates are observed in doctor–patient dialogues, likely due to simpler syntax and familiar vocabulary, while higher HTER scores occur in research abstracts and are highest in pharmaceutical instructions, reflecting the challenges of dense terminology. No single AI tool consistently outperformed the others, suggesting that classroom use of such tools requires careful pedagogical consideration. These findings offer LSP instructors a practical framework for critically assessing AI-translated medical texts.



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DOES AI AID NON-NATIVE ENGLISH RESEARCHERS IN WRITING AND PUBLISHING SCIENTIFIC PAPERS SUCCESSFULLY?

Keywords:

AI in medical publishing, challenges in medical publishing, non-native English researchers, publishing in English

Abstract:

Healthcare professionals engaged in conducting research and PhD candidates are encouraged to publish their study results. Although Scopus has publications in about 40 languages, the vast majority of the published papers are in English (92.6%). To achieve visibility and citation, non-native English scientists should also publish mostly in English. However, they may encounter certain disadvantages in English-only scientific communication (Di Bitetti and Ferreras 2017). The challenges posed by the language barrier in written medical English communication are complex.

In 2024 and 2025, we commenced a study at the University of Szeged, Hungary, to explore how these challenges could be addressed with the use of contemporary AI techniques. An online questionnaire was developed and semi-structured interviews were undertaken to obtain more detailed and complex responses to our research questions.

According to the answers from the questionnaires, participants (n = 102) used AI and AI-assisted tools for various tasks during research and the writing process: literature gap identification, hypothesis generation, and data management, as well as improving grammar and syntax, or ensuring consistency of terminology and style. Our findings were also compared with international data published by non-native English researchers from Europe, South America, and the Far East.

We concluded that medical universities and healthcare facilities ought to offer courses for non-native English researchers to enhance their medical and academic writing skills, as well as to utilize AI tools effectively and ethically.

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***THE STATE OF RESEARCH INTO INTRALINGUAL TRANSLATION AND COMPREHENSIBILITY
WITHIN THE SLOVAK TRANSLATOLOGICAL ENVIRONMENT***

Keywords:

intralingual translation, comprehensibility, Slovak translation studies, history and present state, medicine and literature

Abstract:

Introduction

Intralingual translation, defined as the rewording or reformulation of a text within the same language, is an important yet frequently overlooked area of translation studies. Despite its relevance to fields such as accessibility, comprehensibility, education, and media communication, the extent to which it has been systematically researched varies across academic contexts. This study aims to examine the presence and scope of research on intralingual translation in Slovakia, comparing it with international scholarly output.

Methods

The study employs a qualitative and descriptive literature review. Academic publications focusing on intralingual translation were collected and analyzed to identify the quantity, type, and thematic orientation of research outputs related to intralingual translation in Slovakia and abroad.

Results

The analysis indicates that, although intralingual translation has been discussed more frequently in international translation studies, it remains underrepresented in Slovak scholarship. The topic appears only sporadically, primarily in the form of individual journal articles, bachelor's and master's theses, and one doctoral dissertation. No sustained or systematic research tradition in this field has yet developed within the Slovak academic context.

Discussion

The findings suggest a significant research gap in the Slovak context compared to broader international scholarship. This lack of systematic investigation highlights the need for further research exploring the theoretical, methodological, and applied aspects of intralingual translation in Slovakia. Increasing scholarly attention to this area could contribute to the development of translation studies and related interdisciplinary fields.



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MEDICAL TRANSLATION IN THE AGE OF AI: CHATGPT USE AND ETHICAL AWARENESS AMONG ENGLISH–MACEDONIAN TRANSLATION STUDENTS

Keywords:

medical translation, ChatGPT, ethical awareness, post-editing, translator training

Abstract:

The rapid integration of artificial intelligence into translation practices is reshaping translator training, with both students and educators increasingly relying on AI tools. This development is particularly critical in high-risk domains such as medical translation. This empirical study investigates translation students' opinion on AI-generated translation and examines how they process and post-edit such output. It further explores students' levels of ethical awareness, focusing on the relationship between post-editing patterns, trust in AI tools, and awareness of medical risk and accuracy.

The study was conducted at the Department of Translation and Interpreting in Skopje and involved 30 undergraduate translation students. The methodology combines qualitative and quantitative methods. Students' post-editing behavior is analyzed based on two AI-generated medical translations (English–Macedonian and Macedonian–English), as well as a set of questions in a separate questionnaire. Data on ethical awareness were collected through two questionnaires: one examining their implicit ability to identify risk-bearing elements in the source texts and another one examining their opinions on AI use in translation, their perceived reliability of ChatGPT for medical translation, and awareness of ethical risks.

The findings indicate varying degrees of ethical awareness among students and reveal tensions between technological acceptance and critical evaluation of AI-generated medical translations. The paper concludes by discussing pedagogical implications and proposing strategies for integrating ethics-oriented instruction into medical translation training in order to foster responsible and critically informed use of AI tools.



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RECONSIDERING THE DEVELOPMENT OF LATIN-BASED MEDICAL TERMINOLOGY TEACHING MATERIALS WITH A FOCUS ON ANATOMY

Keywords:

anatomy, curriculum, developing course materials, medical Latin, terminology

Abstract:

In Hungary, the teaching of medical Latin terminology has undergone significant changes; however, these are scarcely reflected in university teaching materials (cf. Barta et al., 2022). At the Albert Szent-Györgyi Medical School, University of Szeged, work on developing teaching materials that aim to surpass the traditional approach has been ongoing for a long time (cf. Brandl et al., 2022; Kruták, 2023). Within this framework, our department's goal was to redesign the teaching of medical Latin to be congruent with disciplinary course content, following the teaching of the three major thematic groups: anatomy, pathology, and pharmacology. As an organizing principle, we designated the thematic units of anatomy.

Thus, earlier guidelines that were exclusively linguistic in nature (cf. Belák, 2004) or focused solely on terminology (cf. Takácsné, 2014; Diriczné, 2016) can be replaced by a body of knowledge that integrates and complements existing university course material with specialist language content that exists in the literature but is absent from the curriculum. This includes topics such as the history of medical Latin, orthographic issues in anatomy or pathology, and matters related to Latin medical genres, for example, autopsy reports (cf. Ittész et al. 2022; Fogarasi, 2017).

Within the research group's work, a three-semester course unit has been developed, in which each subunit comprises a thematic module aligned with the curriculum used in anatomy education. In our poster, we will present the main issues related to this new-concept textbook, as well as the research process behind compiling the corpus and calibrating the tasks. We draw our examples from various topics across the three semesters, such as the introductory chapters, the core linguistic content, and clinical terminology chapters. In our presentation, we would also like to provide a brief overview of the most important experiences and results from the past three semesters.

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***PLATFORMIZATION OF JOURNALISTIC REWRITING: COLLABORATIVE FRAMING IN NEWS
REPORTING FOR RISK MANAGEMENT***

Keywords:

platformization, framing, episodic frame, thematic frame, post COVID-19

Abstract:

The age-old understanding of translation as interlingual transference has been challenged by new approaches and multilinguistic or multidisciplinary questionings. The interconnected world has presented to us the scenario whereby no social, economic, or cultural aspects can stand alone without interaction and integration. News reports during uncertainty demonstrate specific features for probing with the niche of discourse on post COVID-19 being a case in point. Therefore, guided by the theory of platformization and framing in communication studies, this study examines the reportage published in the leading newspapers China Daily and the New York Times during the aftermath month of COVID between 13 Jan to 12 Feb 2023, when China just lifted its COVID-19 restriction in December 2022. The data were collected from the Wisers database; a media database that collects publications from around the world. Keyword searches with China + COVID in New York Times (NYT), China Daily's English version (CDE), and xinguan (COVID Chinese) on China Daily's Chinese version (CDC) were carried out. After cleaning the raw dataset of 470 items, 114 articles, namely 45 from CDC, 42 from CDE and 27 from NYT that form into a good triangle on different platforms, have been analyzed by resorting to qualitative thematic analysis. Results show that news framing exhibits collaborative features across different languages, depending on the platform, often obscuring the role of translation. This study contributes to scholarship by proposing the concept of "collaborative framing", defined as a frame shared across different language versions to enhance the salience and selection of episodic frames while conforming to specific platform affordances. This proposition advances knowledge by pinpointing how media organizations strategically shape global public opinion through platform-mediated information flows for risk management purposes.



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FOSTERING ACCESSIBLE AND INCLUSIVE COMMUNICATION IN HEALTHCARE THROUGH ACTIVE, COLLABORATIVE, AND INTERDISCIPLINARY LEARNING

Keywords:

collaborative learning, English for Specific Purposes, healthcare communication, mediation competences, medical accessibility

Abstract:

Communicative diversity is central in current societies and in approaches to foreign language teaching, where linguistic mediation becomes essential. However, diversity is rarely represented in the intersections between subject expertise and cognitive or physical disabilities affecting communication. Thus, the role of mediation skills in intracultural, intralingual settings such as healthcare interactions remains underexplored. This is particularly relevant for the teaching of English for healthcare, since international organizations, NGOs, and providers increasingly advocate for a Human Rights approach structured around accessibility, inclusivity, and autonomy. To adequately train future professionals, courses must align with these principles.

In this respect, we conducted an interdisciplinary research/innovation project at a Spanish university with students from the BA in Nursing and the BA in Translation and Intercultural Communication (T&IC). First-year Nursing students attending a compulsory English language course (n = 166) received communicative mediation training and were offered the opportunity to volunteer for simulations imitating nurse-patient interactions and based on case studies involving patients with specific communicative requirements, in particular, elderly people, children, blind people, and people with learning difficulties. Five Nursing students participated in these simulations and received feedback from third-year T&IC students (n = 12) attending an elective course on Intercultural Mediation, who also developed Good Practice Guidelines based on the observations. Afterwards, T&IC students voluntarily conducted model simulations following the Good Practice Guidelines. The aims of this project were to foster students' competences for mediation and communication with patients with specific requirements, to increase motivation and encourage collaboration through active methodologies (such as cooperative learning and service learning), and to promote awareness about healthcare accessibility and inclusion. Achievement of goals was measured through pre- and post-questionnaires.

Responses show that students highly valued mediation activities, emphasizing their relevance for their professional future and for developing empathy, diversity and inclusivity awareness, and communicative and interaction skills. The final output consisted of an audiovisual guide containing nurse-patient interactions for effective communication with patients with special needs for healthcare students and professionals.



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***NATHANIEL HIGHMORE'S 1651 DESCRIPTION OF THE ANATOMY OF THE MAXILLARY SINUS:
TRANSLATION AND TERMINOLOGICAL ANALYSIS***

Keywords:

anatomy, anatomical terminology, terminological analysis, maxillary sinus, early modern medicine

Abstract:

Background: This anatomical study investigates the maxillary sinus (Highmore's antrum), which had previously been described by great anatomists such as Galen of Pergamon, Leonardo da Vinci, and Andreas Vesalius. However, the maxillary sinus was named after the English anatomist and physician Nathaniel Highmore (1613–1685). Our first aim was to translate the chapter on the maxillary sinus, reflecting on the medical and scientific historical aspects of the text. The second aim was to compare anatomical terminology with pre-modern nomenclatures and later standardized, unified terminologies.

Methods: In addition to translating the original Latin text, we compared Highmore's terminology with earlier texts (e.g., *Institutiones Anatomicae*) and standardized Latin nomenclatures (e.g., *Terminologia Anatomica*). We also matched the terms with the relevant native language expressions in the first official Hungarian nomenclature (according to József Hyrtl's anatomy textbook, which is the first one translated into Hungarian).

Results: The translation and commentary reveal how classical humorism and early modern medicine (with William Harvey and his contributions to understanding circulation) intertwine. Comparing Highmore's nomenclature with the terminology that preceded and followed it, a reduction and convergence in anatomical names can be seen. Highmore's wording is very vivid and descriptive, his terms are well-defined and more detailed than those of his predecessor, but in some places, they are cumbersome and artificial.

Discussion: In Highmore's time, and even at the University of Nagyszombat in 1770, before beginning medical studies, students had to present a certificate of their previously acquired humanities education. With the decline of Latin (and Ancient Greek) language skills, even those pursuing medical studies would be less likely to fully comprehend Latin terminology and instead merely tolerate its use.



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CORPUS ANALYSIS OF TIVADAR MARGÓ'S DISSERTATIO INAUGURALIS FROM 1840

Keywords:

Tivadar Margó, Medical Latin, corpus analysis, lemmatization, historical medical disclosure

Abstract:

Introduction: Tivadar Margó (1816–1896) was a Hungarian physician who wrote his thesis at a time when Latin was still the language of education and scientific communication in Hungary (until its replacement by Hungarian in 1844). His *Dissertatio inauguralis* presents fatal cases from the clinical teaching hospital of the Pest Medical Faculty (today: Szent Rókus Klinikai Tömb, Semmelweis University), including case histories, autopsy findings, and brief commentaries. This study aims to provide a Hungarian translation and to examine its linguistic features using corpus-based methods.

Materials and methods: A full Latin transcription was prepared to create a searchable corpus. The text was lemmatized and POS-tagged using NLTK, then analyzed in Sketch Engine to investigate lexical frequencies, n-grams, and selected syntactic constructions.

Results: The analysis revealed recurring lexical and syntactic patterns. Frequent terms reflect a standardized clinical-administrative register, while repeated n-grams indicate formulaic case descriptions. Constructions such as gerundives and ablative absolutes occur with a notable regularity, suggesting a structured mode of expression.

Discussion: Margó's work demonstrates confident Latin usage, likely rooted in the author's classical training. The patterns indicate a transitional linguistic state, combining classical Latin with features of 19th-century medical discourse. The prevalence of formulaic expressions suggests adherence to institutional writing practices and highlights the value of corpus-based approaches in studying historical medical texts.



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AMBIGUITY AS RISK WORK IN PLATFORMIZED HEALTH LIVESTREAMING: AN AFFECTIVE DISCURSIVE ANALYSIS OF DOUYIN TO WECHAT FUNNELS

Keywords:

strategic ambiguity, risk communication, platformized health livestreaming (Douyin), affective-discursive practice, public-to-private funneling (Douyin–WeChat)

Abstract:

Digital health livestreams often function as quasi-consultations for older adults, yet their risk talk is strategically ambiguous. Drawing on affective-discursive practice (Glapka, 2019) and stance theory within Fairclough's three-dimensional CDA (Fairclough, 1992), this study asks how ambiguity is used to build trust and trigger risky health and spending decisions. Data include 23 "public-welfare" Douyin (China) health livestreams, real-time comments/barrages, and public-to-private funnels into WeChat "class groups", triangulated with debunking videos and news coverage. We run multimodal close analysis of recurrent extracts and code stance moves and emotion thematization across the funnel. Results identify a four-step conversion sequence: (1) authority is staged via institutional allusions, expert name-dropping, and pseudo-technical TCM lexis, while kinship address terms and reassurance create an affective safety zone; (2) uncertainty is upgraded into actionable anxiety through euphemism, insinuation, and "sensitive-word" avoidance (e.g., character splitting), simultaneously enabling moderation evasion; (3) scarcity, moral responsibility, and "free welfare" frames compress deliberation and recruit compliance (follow, comment a code, join); (4) in private groups, scripted directives and 24/7 "consultation" promises routinize dependence, and family dispute clips show trust misalignment where affective authority outcompetes evidential authority. We theorize ambiguity as risk work in platformized healthcare communication and outline discourse targets for health-literacy education and platform governance.

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***EASY LANGUAGE INTERPRETING IN MEDICAL SETTINGS: INTERPRETING, SPECIAL EDUCATION
AND THE MANAGEMENT OF COMMUNICATIVE RISK***

Keywords:

Easy Language interpreting, medical communication, special education, communicative barriers, inclusion and ethics

Abstract:

Easy Language writing and translation are well-established in German-speaking countries, whereas Easy Language interpreting is still an emerging and only partly theorized field. This talk examines Easy Language interpreting in medical and health-related settings as a specific form of accessible communication at the interface of interpreting studies and special education. Theoretically, it draws on models from interpreting studies (e.g., simultaneous, consecutive and chuchotage techniques), the “Treppe der Barrierefreien Kommunikation”, and the “Trilemma of Inclusion” to conceptualize how intralingual interpreting into Easy Language differs from interlingual interpreting in terms of cognitive load, text intervention, and the handling of specialist terminology and power asymmetries.

Empirically, the talk uses practice-based examples from German medical contexts and a theory-driven analysis of existing training concepts in Easy Language interpreting to show how interpreters and accompanying professionals with a background in special education and social work prepare, perform, and reflect medical encounters.

The results highlight three core areas of expertise:

- (1) linguistic and interactional competence in managing simultaneous simplification, explanation and omission;
- (2) community-based knowledge of communicative vulnerabilities and user expectations; and
- (3) ethical decision-making regarding agency, support, and potential paternalism.

The talk argues that Easy Language interpreting can act as an additional safety layer in high-risk medical communication, while at the same time making visible the limits of normalization and raising critical questions about inclusion and professional boundaries.



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EUPHEMISM AS AN INTERACTIONAL RESOURCE IN FRENCH DOCTOR–PATIENT CONSULTATIONS

Keywords:

euphemism, interactional linguistics, doctor–patient consultations, sequences, recipient uptake

Abstract:

Euphemistic formulations are a recurrent feature of medical interaction, particularly when patients address delicate concerns relating to the body, sexuality, pain, or intimate experience. Although euphemism has been extensively analyzed as a pragmatic or lexical strategy (Allan & Burridge, 2006; Pizarro Pedraza, 2011), less attention has been paid to its sequential embedding in interaction and the ways it is co-constructed through recipient uptake in naturally occurring talk. Adopting an Interactional Linguistics perspective, which treats linguistic forms as emergent resources for the accomplishment of social action in real time (Couper-Kuhlen & Selting, 2018), this study conceptualizes euphemism not as a mere substitute for explicit wording, but as a recurrent interactional resource through which participants manage delicacy, topical exposure, and action formation. The study draws on a corpus of 50 video-recorded French general practitioner–patient consultations, all of which were fully transcribed using conversation-analytic conventions. Euphemistic formulations were identified manually by three researchers (two linguists and one general practitioner). Methodologically, the analysis combines a distributional overview with close sequential analysis, focusing on the positioning of euphemistic formulations and the interactional actions they help accomplish. A total of 123 euphemistic formulations were identified across 15 consultations (30% of the corpus), with a clear predominance of patient-produced instances (83% of all euphemisms). Euphemisms occurred during consultation openings, problem presentation, and complaint elaboration. Patients mobilized diminutives, vague or elliptical references, metaphors, and other non-literal formulations to introduce and sustain talk about sensitive concerns while limiting explicitness. Doctors generally treated these formulations as interactionally legitimate. When referentially underspecified, doctors responded through progressive clarification and reformulation rather than correction. The findings indicate that euphemistic formulations function as topic-launching and topic-shaping resources that sustain progressivity while managing delicacy. Overall, the study demonstrates that euphemism is not a marginal lexical phenomenon, but a recurrent interactional practice in French GP–patient consultations. It contributes empirically to research on medical interaction and theoretically to the conceptualization of euphemism as a participant-oriented interactional resource.

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ALL-INCLUSIVE COMMUNICATION IN HEALTHCARE: ABOUT EVERYONE FOR EVERYONE

Keywords:

inclusive language use, healthcare communication, intercultural communication, inclusive language guidelines (ILGs), qualitative needs assessment

Abstract:

Inclusive language use is central to effective healthcare communication, as the inherently intercultural nature of medical encounters can only be addressed when providers consciously attend to their wording. Following the first phase of our research project, which developed a clear, accessible, and practice-oriented framework for inclusive language guidelines based on a triadic model of approaches, policies, and principles, the second phase presented here explored how these components, along with linguistic labels and terminology preferences, are used and perceived by Hungarian social organizations representing affected groups.

Data were collected through 16 in-depth needs assessment interviews, and the transcripts were analyzed using MAXQDA 24, applying open, axial, and selective coding. This process enabled the identification and articulation of the core shared values shaping inclusive communication from the perspective of the groups most directly concerned (e.g., respect for self-identification, avoidance of deficit framing). The analysis revealed group-specific expectations and preferences, as well as the communication challenges that arise most frequently in practice, including stereotyping, inconsistent references to health conditions and care needs, and microaggressions rooted in historically entrenched patterns of discrimination. The coded segments were examined from the perspective of the triadic model's components and their relations with language use recommendations—their co-occurrence and intersections were explored within each organization's responses. The results showed significant differences in language use awareness but consistent similarities in the approaches and policies.

The insights provide an essential empirical foundation for developing inclusive language guidelines that are not only context-sensitive and community-informed, but also meaningful at both institutional and individual levels.



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A CONCORDANCE-BASED ANALYSIS OF THE TETSZIK-CONSTRUCTION IN HUNGARIAN OBSTETRIC COMMUNICATION

Keywords:

doctor–patient communication, concordance analysis, honorifics, linguistic asymmetry, corpus linguistics

Abstract:

This research investigates the frequency and linguistic functions of the Hungarian-specific honorific auxiliary construction *tetszik* (lit. 'it pleases you') in a clinical setting. Theoretically, this study is grounded in evolving sociolinguistic interpretations of address forms. While traditional accounts focused primarily on the dimensions of power and solidarity (Brown & Gilman, 1960), recent analyses interpret social distance as a multi-dimensional phenomenon shaped jointly by solidarity, familiarity, and affect (Clyne et al., 2009; Svennevig, 1999). The utility of this model derives from the fact that while these factors have a scalar structure, their relevance in construing particular situations may vary (Clyne et al., 2009). According to previous sociolinguistic and pragmatic results, the use of the *tetszik* + infinitive structure characterizes various social relationships as a basic expression of politeness (Domonkosi, 2010; Dömötör, 2005).

Building upon previous research on rapport-building (Marthy, 2024b) and suggestive techniques (Marthy, 2024a), this study employs quantitative concordance analysis to determine which participants use the construction and with what frequency. The research data is derived from 2 hours and 55 minutes of anonymized transcripts, representing 8 sessions recorded at a prenatal clinic in Northern Hungary involving doctors, midwives, and pregnant women. The corpus for this specific analysis consists of 17,159 words.

The preliminary results of the concordance analysis indicate that the *tetszik* construction is a highly prevalent linguistic tool in the recorded clinical interactions.

The analysis identifies the most frequent collocations of the construction to reveal patterns in how healthcare professionals use *tetszik* to frame instructions and inquiries. Furthermore, it examines the specific communicative functions of the construction, with a focus on its role in mitigating direct imperatives and facilitating requests for patient cooperation. By mapping the distribution of this honorific, the research highlights the practical ways in which linguistic structures navigate the inherent asymmetry of the medical encounter. These findings offer concrete insights into the stylistic choices available to practitioners for managing professional interactions in a patient-centered environment.

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MAPPING-ASSISTED REPRODUCTION TERMINOLOGY FOR BIOMEDICAL EDUCATION

Keywords:

medical terminology, assisted reproduction, corpus-based terminography, biomedical education

Abstract:

Assisted reproduction (AR) is a rapidly evolving biomedical specialty with an ever-expanding and increasingly complex body of terminology as the field develops scientifically. From a medical linguistics perspective, this paper introduces Vocabulario de Reproducción Asistida (<https://vocabulario.neotermed.org/>), an open-access online terminology resource primarily designed for undergraduate and postgraduate biomedicine students. Developed within the NEOTERMED research framework and grounded in the Communicative Theory of Terminology (Cabré, 1999), the resource addresses the cognitive and discursive role of terminology in medical education. The vocabulary currently contains 568 terms organized into eight thematic fields, including assisted reproduction techniques, diagnostic tests, and diseases. Term selection was based on frequency criteria applied to a specialized Spanish corpus of scientific and academic texts (Martínez Sánchez & Santamaría Pérez, 2023). The initial term list was drawn from the *Glosario de Fertilidad Humana* (Santamaría Pérez & Gómez Torres, 2022) and expanded through semi-automatic term extraction using Sketch Engine, followed by expert validation by linguists and fertility specialists (Martínez Sánchez & Reyes Herrero, 2025). Entries are organized either alphabetically or thematically and include the following information: grammatical category, level of specialization, definition, variants, associated concepts, equivalents, usage examples, and combinatorial patterns. The English equivalents and definitions were produced in earlier phases of the NEOTERMED project. The remaining terminological fields are being finalized in the current NEOTERMED4All project. The final resource will provide comprehensive Spanish–English coverage and the planned addition of Valencian equivalents.

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PHARMACEUTICAL TERMINOLOGY: WHAT EXACTLY IS A PHARMACEUTICAL TERM?

Keywords:

LSP, terminology, pharmaceutical terminology, corpus study, large language models

Abstract:

Harmonization of pharmaceutical standards is a process that enables international parties to effectively participate in global drug development (Lezotre, 2013, p. 4). Terminological unambiguity is a key prerequisite for establishing effective and reliable communication within the field. However, the question of what constitutes a "term" remains actively debated (L'Homme, 2005; Grinev-Griniewicz et al., 2022).

This study aims to contribute to this debate within the pharmaceutical domain through a tripartite methodological approach applied to a Russian–English corpus of journal articles and abstracts. The approach involved (1) mass manual term extraction, (2) the application of common automatic term extraction algorithms, and (3) the use of large language models (LLMs) for term extraction.

Results indicate that contemporary pharmaceutical terminology encompasses concepts from across the drug life cycle. In both languages, it is predominantly represented by single- to three-word nominal units. The mass manual extraction approach proved the most effective, despite its resource-intensive nature, whereas the effectiveness of the LLM-based approach was contingent on the model's parameter count.

The set of terms identified at the intersection of all three approaches is proposed to represent the core pharmaceutical vocabulary. This study represents a step toward what the author posits is necessary for harmonized international pharmaceutical terminology and, consequently, for a more effective and safe global medicines supply.

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EXPLORING PRAGMATIC PATTERNS IN PARKINSON'S DISEASE: INSIGHTS FROM THE ASSESSMENT OF PRAGMATIC ABILITIES AND COGNITIVE SUBSTRATES (APACS) BRIEF REMOTE

Keywords:

pragmatics, Parkinson's disease, neurolinguistics, language impairment, cognition

Abstract:

Parkinson's disease (PD) impacts various areas of cognition, including language and communication, yet only a few studies have investigated pragmatic abilities. Pragmatic competence refers to the ability to use language flexibly in context and is essential for social interaction. The Assessment of Pragmatic Abilities and Cognitive Substrates (APACS) Brief Remote is a novel screening tool for diagnosing pragmatic impairments and has not been administered to PD patients before.

This study aims to explore pragmatic patterns in PD patients using the APACS Brief and to gather initial insights into its feasibility in this clinical population. This multiple-case study assessed pragmatic abilities in five PD patients using an exploratory mixed-method approach, comparing test scores with matched controls, analyzing error types in relation to individual profiles, and identifying shared patterns and differences across participants. Pragmatic abilities were assessed with the APACS Brief alongside cognitive and standard language tests.

Pragmatic abilities were expected to be impaired in PD participants, particularly in figurative language and discourse production, with a predicted correlation with general cognitive abilities. Overall, PD participants performed lower than matched controls despite largely preserved language and general cognition. Difficulties were most pronounced in tasks with higher cognitive and productive demands, such as figurative language explanation, narratives, and discourse production. Associations were found between pragmatic abilities and cognitive status, education, and partly age.

This study shows on a small scale that the APACS Brief can assess pragmatic abilities in individuals with PD and may be a feasible screening tool for this population.



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DETECTING AND MEASURING MEDICAL TERMINOLOGY DRIFT IN AI-INFLUENCED MEDICAL EDUCATION: A CROSS-LINGUAL STUDY

Keywords:

medical terminology drift, generative AI in education, multilingualism, semantic accuracy, AI literacy

Abstract:

The rapid integration of generative AI into medical education is reshaping how students access knowledge and engage with learning during a key stage of their professional formation, while also introducing challenges for clarity and precision in healthcare communication, particularly in medical terminology. My PhD research investigates “medical terminology drift,” defined as deviations from canonical definitions arising through interaction with AI systems, a phenomenon potentially amplified in multilingual contexts where students are bilingual in Spanish and Catalan and use English as a foreign language.

The research adopts a mixed-methods design at Universitat Pompeu Fabra (Barcelona) and the University of Glasgow. The project comprises four studies with a shared objective: to explore the impact of AI on the training of future medical professionals. Two studies examine terminology drift over time, while the other two focus on the human dimension, including students’ attitudes, ethical perceptions, and the influence of AI-generated explanations on independent terminology production.

This presentation reports a pilot study from the third study, focused on students’ attitudes and ethics regarding AI use. In a study conducted in March with second-year medical students at Universitat Pompeu Fabra (UPF), 14 of 20 students enrolled in the elective Humanism in Medicine completed a questionnaire comprising ethics, AI use, and background sections.

The pilot questionnaire explored frequency and context of AI use, types of tools, emotional and cognitive responses, ethical concerns, and social pressures, informing improvements to the final instrument.



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IMPLICIT INSTRUCTION IN THE OR: MAPPING OUT STRATEGIES OF IMPLICATURES

Keywords:

surgical education, implicit instruction, implicatures, pragmatics, communication

Abstract:

Introduction

Attending surgeons often teach residents indirectly during operations, using implicatures up to 68.5% of the time. Instead of focusing on how listeners calculate speaker meaning, this qualitative study classifies implicature triggers that attendings use when teaching in the OR.

Methods

Transcripts from 6 video-recorded surgical teaching cases were examined, 319 minutes in all. Transcripts (not publicly available) were coded for implicature types, which were determined as the transcripts were being reviewed.

Results

We found 11 types of implicature structure, listed below. Some common ones are exemplified.

Types	Rate	Definition
Vague assent	18.6	Speaker (S) uses words that could mean stop or don't: e.g., Okay.
What you want	12.9	S speaks for resident: [What you wanna do is] <u>dissect along here</u>
We're a team	11.9	S uses we instead of you
What I do	9.7	S says what THEY would do: [I would try to] <u>go around here</u> .
Steps	9.4	S explains next step: [You're gonna wanna <u>go</u>] <u>through all the fat</u>
Ability	8.2	S uses ability modal
Obligation	8.2	S uses necessity modal
Ellipsis	7.2	S uses noun or locative without specifying what to do
Attitude softening	5.7	S embeds command under <i>think/want</i>
Observation	5.3	S makes pertinent point to elicit an action
Conditional	1.6	S uses if-clause, often as warning

Discussion

Overall, attendings employ a wide range of strategies to teach implicitly. A good number (> 41%) rely on incomplete expressions and ordinary Gricean implicature (Vague assent, Observation, Steps, Ellipsis). 34% involve socially connective meaning (What you want, We're a team, What I do), and the other 24% involves modality. These findings can serve as a basis for reducing possible misunderstandings.



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ANALYSIS OF THE POTENTIAL LOSS OF FUNCTIONALITY AS A RESULT OF THE USE OF MACHINE TRANSLATION WITH INFORMED CONSENTS

Keywords:

informed consent, machine translation, medical terminology, medical specialty, Google Translate

Abstract:

This study analyzes the potential loss of functionality as a result of the use of machine translation in informed consents.

The scarcity of functional translations of documents intended for patients, such as informed consents, poses legal and communication problems in the healthcare field. Due to this lack of translated documents, some physicians turn to machine translation (MT) to provide patients with documents in their own language. Nevertheless, these translations often present errors that can hinder patients' comprehension.

This paper aims to analyze the presence of errors originating from the use of Google Translate (GT) in the translation of 76 informed consent forms belonging to the Hospital La Paz of the Comunidad de Madrid (Spain). To do this, these translations will be analyzed following the error classification presented by Alarcón Navío (2003). By using this categorization system, we will be able to determine the most common errors in these contexts. In addition, this classification will be adapted to the Multidimensional Quality Metrics model (The MQM Scoring Models, 2024), which will allow us to specify the gravity of each of the errors categorized and how they may impact, not only text functionality, but also patients.

With this research, we plan to determine whether GT produces translation mistakes that might lead to confusion or total incomprehension of the informed consent, as well as exploring possible ethical consequences.

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AI-DRIVEN COMMUNICATION TRAINING FOR OVERSEAS SOCIAL CARERS: DESIGN, DEVELOPMENT, AND INITIAL EVALUATION OF AN LLM-BASED LEARNING TOOL

Keywords:

AI-powered, LSP, patient-centered communication, criteria-referenced, personalized feedback

Abstract:

Effective communication is fundamental to safe, person-centered social care. Approximately 390,000 overseas-born workers constitute a significant share of the UK care workforce, yet systematic support for their workplace communication needs remains scarce. Existing provision is typically localized and incompatible with shift patterns, leaving a skills gap with implications for care quality.

This presentation reports on the design, development, and initial evaluation of a prototype AI-driven learning tool employing Large Language Model technology to deliver interactive, scenario-based communication training for social carers. Grounded in task-based English language teaching and situated learning theory, the tool uses Retrieval-Augmented Generation to anchor responses in validated content from CPD-accredited care communication curricula. Eight thematic units, each comprising structured roleplay scenarios with an AI-generated social care service user, enable learners to practice authentic care interactions and receive criteria-referenced feedback on grammar, vocabulary, clarity, and functional communication.

Development followed an iterative methodology encompassing internal alpha testing, prompt refinement, and structured external evaluation involving healthcare professionals, educators, and clinical experts. Findings indicate that the model consistently produces empathetic, realistic, and broadly safe responses suitable for care training, with no dangerous outputs reported. The evaluation identified areas for refinement including escalation management, conversational repetition, and scoring consistency now being integrated into the beta-testing model.

The presentation concludes by examining broader pedagogical implications, arguing that the tool's modular, scenario-driven architecture offers a scalable model for AI-supported language teaching across healthcare contexts, including nursing and medicine.



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UNDERSTANDING THE LANGUAGE OF CANCER: EXPLORING THE ROLE OF TERMINOLOGY IN HEALTH LITERACY

Keywords:

health literacy, cancer, health discourse, medical terminology, patient-centered communication

Abstract:

Health literacy plays a key role in individuals' capacity to interpret medical information, make informed decisions, and adequately follow treatment and preventive recommendations (Juvinyà-Canal et al., 2018). When patients experience difficulties in understanding specialized medical language, communication between healthcare professionals and patients may be compromised, which in turn can negatively affect disease management and treatment adherence (Moser et al., 2015; Navarro-Rubio et al., 2016). In this context, previous studies have identified limited health literacy as a widespread concern, particularly among older adults and individuals living with chronic conditions (Sørensen et al., 2015).

Given the high incidence and mortality associated with cancer, ensuring clear and accessible communication is especially relevant in this field. This study examines cancer-related health literacy from a linguistic perspective, focusing on the comprehension of specialized terminology among the Spanish population aged 18 years and older. Specifically, the research analyzes how the use of technical versus non-technical language influences the interpretation of clinical scenarios, building on previous research exploring the impact of medical terminology on disease understanding (Quérin et al., 2011).

A questionnaire was administered to adult participants in Spain presenting a series of cancer-related situations described either with specialized terminology or with more accessible, non-technical wording. A total of 224 participants were asked to assess the perceived seriousness of each scenario using a five-point scale. The analysis compares the evaluations obtained across the two linguistic conditions in order to determine whether terminology affects interpretation, considering variables such as age, educational background, previous cancer-related experiences, training in medical field, and location (rural vs. urban areas).

The results reveal important differences in the assessment of clinical situations depending on the language used. Scenarios expressed with specialized terminology were more frequently associated with severity, suggesting that linguistic complexity may act as a barrier to accurate understanding, even among people working and trained in medical fields. These findings underline the importance of incorporating linguistic accessibility into health communication strategies and support the development of patient-oriented discourse practices aimed at improving cancer-related health literacy.

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RESPONSE TO PRAGMATIC CUES: COMPARING HUMAN AND LLM CODING IN STRUCTURED CLINICAL COMMUNICATION TASKS

Keywords:

pragmatic cues, responsiveness, turn taking, topic management, LLMs

Abstract:

This study investigates how large language models (LLMs) and human coders detect and interpret pragmatic cues in short, structured communicative tasks, based on specific scoring criteria. The Assessment Battery for Communication (ABaCo), a normed and multidimensional instrument widely used across clinical and developmental populations, provides an ideal testbed for this comparison because it assesses pragmatic comprehension and production across modalities and phenomena—including turn taking, topic management, and the interpretation of literal, intended, and communicative aims—while offering fine grained scoring that localizes disagreements to specific pragmatic levels. Using a CA-informed qualitative analysis applied to data from ABaCo, we examine the extent to which LLM-generated coding aligns with expert human rater interpretations of turn-taking, topic management, and sensitivity to direct and indirect interlocutor cues. The corpus consists of replies produced by 21 Italian-speaking healthy adults, ranging in age from 65 to 86 years, a healthy aging sample chosen to ensure sufficient variability in pragmatic performance and to avoid ceiling effects. These responses were independently coded by trained human raters and by an LLM prompted with the official ABaCo scoring criteria. A CA-informed qualitative analysis was then conducted to identify similarities and differences between the two coding approaches when it comes to subtle pragmatic cues and interactional patterns. The findings highlight how nuanced shifts in communicative intent are identified and interpreted, revealing both the potential and current limitations of LLMs in pragmatic coding while underscoring the importance of CA-based approaches for calibrating machine sensitivity to human interaction. The study provides a foundation for future work with larger samples and contributes to ongoing efforts to evaluate and refine AI systems for use in clinical pragmatic assessment and related research contexts.



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CREDIBILITY AND AMBIGUITY IN MEDICAL DISCOURSE: CASE REPORTS IN VASCULAR SURGERY

Keywords:

medical discourse, scientific communication, case reports, vascular surgery, ambiguity

Abstract:

Background: Although evidence-based medicine gives less importance to case reports, these still contribute to improving medical knowledge. Case reports are sometimes the only way to report certain diseases in the literature, due to a lack of sufficient cases to conduct studies with greater statistical impact. In biomedical discourse, case reports occupy a paradoxical epistemic position, functioning simultaneously as empirical clinical narratives and as epistemic instruments of scientific legitimation. In vascular surgery, a field that is characterized by high procedural complexity, discourse plays a crucial role in constructing clinical authority. The present study investigates how narrative configuration contributes to the discursive construction of clinical credibility while generating interpretive ambiguity as a collateral epistemic effect.

Methods: A qualitative corpus-based discourse analysis was conducted on a random sample of 40 case reports published between 2015 and 2025 in the *Journal of Vascular Surgery Cases, Innovations and Techniques* and the *Journal of Vascular Surgery Cases*. These journals were selected because they represent high-impact editions for procedural innovation and clinical knowledge dissemination in vascular surgery. The goal of our analysis was to examine how clinical authority, epistemic uncertainty, and interpretive ambiguity are linguistically constructed. Linguistic markers of epistemic stance were identified through modalization, evidentiality, and syntactic impersonalization strategies. As for the narrative and argumentative structures, these were analyzed through temporal modalities, causal logic construction, and legitimization discourse patterns.

Results: Our analysis revealed that case reports should follow some specific guidelines and be structured in a specific way. Consequently, the high level of epistemic hedging, particularly in the discussion and conclusion sections, was observed. Frequently, the words evaluating the state of the patient, the procedure, and the outcomes were associated with modal verbs and expressions, impersonal syntactical constructions, and non-evident causal expressions. Text structures were often based on a teleological pattern, but causal relationships were absent or were not clear enough. Thus, in some cases, it seemed challenging to draw a clear link between clinical observations and broader conclusions and inferences.

Conclusion: Narrative structuring and hedging function as complementary discursive mechanisms that simultaneously protect scientific caution and enhance persuasive authority. While these discursive strategies follow academic writing rules, they may create communicative ambiguities, obscure causal uncertainty, and promote implicit generalization from singular clinical experiences. Greater awareness of these discursive mechanisms may contribute to improving transparency in surgical scientific communication.



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LANGUAGE AS A SOCIAL DETERMINANT OF HEALTH: A THEORETICAL APPROACH FROM SOCIOLINGUISTICS

Keywords:

social determinants of health, language, health, sociolinguistics, social inclusion

Abstract:

The nexus between language and health has been a topic of study in applied linguistics and translation studies from the late 20th century to the present day. Drawing upon Marmot and Wilkinson's (1999) seminal epidemiological model of the Social Determinants of Health (SDH), contemporary research in these two fields has sought to understand the role language plays as a factor directly influencing people's health and wellbeing (e.g., Marco Federici, 2022; Santos et al., 2022).

Expanding on this theoretical foundation, this study examines how sociolinguistic concepts—stratification and linguistic resources (Blommaert, 2010), the sociolinguistic market (Heller, 2010), and the speaking subject (Martín Rojo, 2020)—can help us understand from a multiscalar perspective the diverse roles language plays as an SDH.

To this end, this paper first reviews existing scholarship that integrates Marmot and Wilkinson's model into applied linguistics, synthesizing these contributions to outline a preliminary theoretical framework. Here, we develop an analytical model that uses a multilayered perspective indebted to Marmot's concept of the social gradient (Marmot, 2005; Marmot & Wilkinson, 1999). This model allows us to understand how language acts as a super-determinant of health across the various levels that make up the social structure (Harsch & Santos, 2024; Santos et al., 2022). Then, the study adopts a sociolinguistic lens that situates the dynamics that make language a SDH within a broader structural context, extending beyond the realm of healthcare delivery and access. In this regard, it will be argued that the mentioned sociolinguistic concepts can be particularly useful for linking the idea of language as a SDH with the sociolinguistic dynamics that render language as a factor of social inequality in contemporary Western multilingual societies.

Ultimately, this proposal presents a comprehensive theoretical framework that bridges the gap between epidemiology and applied linguistics on the one hand and sociolinguistics on the other, fostering a more nuanced and interdisciplinary approach to health equity and opening new avenues for research in linguistics.

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ARTIFICIAL INTELLIGENCE IN MEDICAL EDUCATION: INSIGHTS FROM STUDENTS, TEACHERS, AND PHYSICIANS

Keywords:

artificial intelligence, AI, medical education, medical communication, medical language teaching, ethical guidelines

Abstract:

Introduction: Artificial intelligence (AI) is increasingly integrated into medical education to support learning, teaching, and patient care. This poster explores how medical students, teachers, and physicians perceive the use of AI in medical education, with a focus on learning experiences, medical communication, and pedagogical implications.

Methods: A mixed-methods design was employed. Medical students (N = 344) from two European medical schools completed a questionnaire about their experiences with AI-supported learning. In addition, semi-structured interviews were conducted with medical educators and physicians (N = 9) from Hungary and Norway. Quantitative data were analyzed using descriptive and inferential statistics to examine group differences, while qualitative data were analyzed thematically and comparatively across teachers and physicians.

Results: The findings indicate that 73.5% of students perceived AI-based tools as beneficial for learning, including medical and professional communication studies. Furthermore, 42.1% of respondents reported improved time management, and 31.1% experienced a positive impact on their academic performance when using AI-supported tools. Interview data from teachers and physicians suggest that AI can effectively complement traditional teaching approaches; however, concerns were raised about overreliance on AI and issues of accuracy and reliability.

Conclusion: The results highlight AI's significant and multifaceted role in medical education, including its potential to support the development of medical language and communication skills. However, teachers and physicians adopt a more cautious stance, emphasizing ethical, pedagogical, and clinical considerations.



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***RISK WORK UNDER INSTITUTIONAL MONOLINGUALISM: HOW ANGLOPHONE WEST AFRICAN
HEALTHCARE PROFESSIONALS MANAGE AMBIGUITY IN GERMAN AND FRENCH CLINICAL
WORKPLACES***

Keywords:

linguistic gatekeeping, standard language ideology, patient safety, interprofessional communication, migrant health workforce

Abstract:

Ambiguity is inherent in clinical work, but it becomes risky when uncertainty is managed through weak support structures (time pressure, ad hoc interpreting, uneven induction) and when legitimacy is tied to standard-language norms rather than interactional competence. This paper analyzes how Anglophone West African (AWA) healthcare professionals in Germany and France perform “risk work” under institutional monolingualism (Gramling, 2016). Using Dominant Language Constellations to map repertoire shifts across home and work domains (Aronin, 2016) and linguistic capital to trace how “acceptable” German or French is valued and sanctioned (Bourdieu, 1991), I draw on interviews, focus-group discussions, and ethnographic field notes with first-generation AWA healthcare professionals across multiple sites. Twenty-five participants were recruited for this study: three medical doctors, five state-registered nurses, one pharmacist, and sixteen nursing assistants. The participants had at least two years’ work experience in France or Germany. All participants are multilingual speakers who use English in addition to French or German, at least one African language, and an English-based pidgin. Participants’ narratives of handovers, medication talk, escalation, and patient explanations show a repertoire of risk-mitigating practices: pre-emptive clarification and closed-loop checking; strategic rephrasing and register-shifting; calibrated stance-taking to request help without losing authority; and selective mobilization of multilingual resources via trusted colleagues, family brokers, or institutional interpreting where available. A Germany–France comparison highlights how credentialing pathways, ward hierarchies, and interpreter availability shape participation rights and the costs of “getting it wrong”. These practices reduce ambiguity yet also reveal structural constraints: repair is safest where teams legitimize ongoing questioning, where language support is predictable, and where multilingual competence is recognized rather than relegated to backstage coordination. The paper argues for shifting from an individual “language barrier” framing to interactional and organizational accountability, with implications for induction, safety scripts, interpreter provision, and equitable evaluation of communicative competence.

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THE ROLE OF MODERN LANGUAGES IN THE MEDICAL FIELD

Keywords:

punctuality, reliability, advocacy, diligence, motivation

Abstract:

The role of modern languages in the medical field is increasingly vital as healthcare becomes more globalized and culturally diverse. This abstract explores how proficiency in modern languages enhances communication between healthcare providers and patients, improves accuracy in medical translation and interpretation, and ultimately contributes to better patient outcomes. It examines the challenges posed by language barriers in clinical settings and highlights the importance of multilingualism for effective healthcare delivery. The discussion also covers the integration of modern language skills in medical education and professional training, emphasizing their role in fostering cultural competence and reducing health disparities. By bridging linguistic gaps, modern languages serve as essential tools for promoting inclusivity, patient safety, and quality care in today's interconnected medical landscape.



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MENTAL-STATE LANGUAGE AND INTERACTIONAL ASYMMETRY IN HUMAN-AI HEALTH COMMUNICATION

Keywords:

conversational agent, health communication, human-AI interaction, mental-state language, Theory of Mind

Abstract:

This paper centers around the way conversational agents reshape the linguistic expression of Theory of Mind (ToM) in health-oriented digital interactions. Specifically, the study shows how mental states are linguistically encoded and scrutinizes whether they are reciprocally taken up in dialogue. These dialogues occurred within a bespoke mobile application where 49 participants (30 female, 18 male, 1 other/non-binary) tracked their daily physical activity while interacting with different types of peers, ranging from human partners to Large Language Model-driven Simulated Exercising Peers (SEPs). From these exchanges, we compiled a corpus of 3,392 messages spanning three interaction types: human-human (HUM), human-agent with a human-like interface (SEPH), and human-agent with a cyborg-like interface (SEPC). The study thus combines corpus-driven analysis with pragmatic coding of mental-state expressions by quantitatively looking at the distribution of markers across conditions and qualitatively describing their sequential placement and interactional uptake. Results show a strong asymmetry between agent and participant contributions. In AI-driven interactions, mental-state markers occur in over half of the agent turns (SEPH: 59.27%; SEPC: 56.17%) but remain relatively rare in participant turns (HUM: 7.59%; SEPH: 4.35%; SEPC: 2.90%). Most interactions showcase recurring patterns of the agent producing long structured prompts that elicit minimal participant response. There is also limited evidence of reciprocal or second-order mentalization. While the human-like agent (SEPH) elicits more politeness and expressive markers, this does not necessarily translate into deeper cognitive engagement. Therefore, the findings suggest that conversational agents simulate mentalization linguistically, but they do not consistently foster interactional co-construction of mental states.



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FROM CODING TO FORENSIC ASSESSMENT: THE RISKS OF TERMINOLOGICAL AMBIGUITY IN DENTAL LUXATION

Keywords:

dental injuries, documentation, forensic interpretation, soft tissue injuries, oral cavity

Abstract:

Previous research has shown that the Hungarian translation of the ICD code for luxation ("ficam"), a term typically used for dislocation in other joints, is applied as an umbrella term encompassing subluxation, lateral, extrusive, and intrusive luxation, as well as avulsion, which involves permanent tooth loss (Bán et al., 2018).

The present study investigates dental injuries coded as luxation ("ficam") in Hungarian outpatient records. Injury descriptions were compared with the Hungarian and Latin diagnoses documented in the same reports. The corpus consisted of 335 outpatient records on dental trauma collected at a Hungarian university dental clinic. In 344 cases, an ICD-10 code for tooth luxation was recorded; however, a corresponding luxation diagnosis was present in only 339 cases, while in 5 cases no diagnosis was documented.

In the injury descriptions, the term "tooth mobility" was most frequently associated with the diagnosis of luxation (104 cases). A comparison of Hungarian and Latin diagnoses revealed considerable inconsistencies: in cases where the Hungarian diagnosis was luxation, the Latin equivalent differed in 99 cases, most commonly subluxatio (69 cases), followed by avulsio (13 cases), intrusio (12 cases), fractura (3 cases), and extrusio (2 cases).

Hungarian practice does not consistently align with the ICD concept of luxation, as subcategories are not adequately differentiated, resulting in terminological imprecision in dental traumatology. Such homogenization hinders retrospective forensic assessment, as injuries with substantially different levels of severity are coded under a single term. This has major implications for the evaluation of healing duration and the assessment of permanent impairment, both of which are crucial in forensic and legal contexts. These findings indicate that the term "ficam" is insufficient for precise legal evaluation and may compromise the assessment of permanent damage.

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**POPULARIZING HEALTH: A RHETORICAL STRUCTURE THEORY ANALYSIS OF ITALIAN
INSTITUTIONAL AND JOURNALISTIC TEXTS**

Keywords:

public health communication, discourse analysis, rhetorical structure theory, text organization, corpus linguistics

Abstract:

This study investigates the textual organization of health popularization texts produced by an institutional source and a journalistic magazine. While popular science discourse has mainly been examined in relation to journalistic articles, institutions also play a key role in science and health communication (Vecchiato et al., 2022; Maci, 2014). By disseminating verified information, they help mitigate the risks associated with the infodemic.

The study compares two Italian corpora: the section “False Myths and Hoaxes” of the ISSalute website of the Italian National Institute of Health and the Health section of Focus.it. The Focus corpus was calibrated on the institutional dataset. The corpora comprise 233 and 105 texts, respectively, and are balanced in terms of number of words and sentences.

Drawing on Rhetorical Structure Theory (Mann & Thompson, 1988), the analysis was conducted using the tool rstWeb (Zeldes, 2016) and involved the annotation of coherence relations and their connective signals. The connective inventory was adapted to Italian following the LICO list (Feltracco et al., 2016). At a microscopic level, the analysis highlights cross-corpus differences in connective use, associated with distinct textual styles, and maps their multifunctionality (e.g., infatti predominantly signals causal rather than additive relations). At a macroscopic level, the RST analysis reveals recurring textual phases. Institutional texts display argumentative relations and sections, less frequent in the more explanatory Focus corpus and realized through opening questions (Macagno, 2023) and motivating conclusions.

The findings confirm the relevance of textual organization in the design of engaging health communication. In particular, in institutional texts, argumentative and summarizing strategies support prevention and health promotion, reinforcing the role of institutions in fostering informed public awareness within infodemic and post-truth contexts.

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***FROM PRACTICE TO PRESENCE: CULTIVATING COMPASSIONATE COMMUNICATION THROUGH
SIMULATION-BASED EDUCATION***

Keywords:

nursing, simulation, education, compassion, communication

Abstract:

Learning objectives

1. Describe how simulation promotes empathy, listening, and cross-cultural communication skills.
2. Explain the use of standardized patients and the PEARLS debriefing framework to enhance compassionate communication.
3. Identify strategies for adapting communication-focused simulation across languages and cultural contexts.

Abstract

Compassionate communication is essential to safe and equitable healthcare. Yet the ability to convey empathy, listen deeply, and navigate cultural and linguistic nuance cannot be learned through lectures alone. Simulation-based education provides an authentic and psychologically safe environment where learners can practice presence, the mindful, attuned state that transforms communication from routine to healing.

This plenary examines how simulation extends beyond clinical skill-building to cultivate empathy, reflection, and intercultural understanding. Drawing on the Semmelweis–Columbia collaboration, Dr. Natalya Pasklinsky demonstrates how standardized patients, structured debriefing, and reflective facilitation foster communication competence among multilingual learners. The program integrates SP encounters, evidence-based debriefing using the PEARLS framework, and intercultural reflection exercises that prompt learners to analyze not only what they said, but how they said it.

Through case examples, audience engagement, and short video excerpts, the session explores how linguistic precision, empathy, and emotional intelligence intersect in high-stakes healthcare interactions. Participants will consider how communication training grounded in simulation can reduce bias, build psychological safety, and strengthen clinician–patient relationships across languages and cultures.



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***MEDICAL TERMINOLOGY AND THE CONSEQUENCES ASSOCIATED WITH AMBIGUITY AND
DOCUMENTATION ERRORS: A NON-LINGUIST'S PERSPECTIVE!***

Keywords:

misinterpretation, ambiguity, legal & forensic medicine, harmonization, medical terminology

Abstract:

Legal & Forensic Medicine is undergoing a transformation across Europe and globally as its practitioners are striving to harmonize this specialist area of practice. The principles and work practices in this area are governed by internationally accepted duties of a doctor (such as confidentiality and consent), but unlike most specialized (conventional) areas of medicine are further complicated by direct working relationships with law enforcement agencies, legal and judicial systems and science.

Legal & Forensic Medicine is predominantly a specialty of evidence collection, documentation and interpretation. It has its own terminology – but so also do law enforcement, legal systems, and science. Misinterpretation of words may result in ambiguity. Such ambiguity may have consequences in court proceedings and result in miscarriages of justice. Examples of the many areas where such misinterpretation and ambiguity may have consequences include criminal trials, refugee medicine, torture allegations, evidence collection, evidential sampling, and description of injury. Often several of these elements may apply in a single case. These complexities may be amplified by language and jurisdictional differences. Specific examples will be explored with the intention of encouraging discussion and suggestions for future research and joint educational projects.

Without question, collaboration between linguists and specialists in Legal and Forensic Medicine will be required to address and clarify these issues in forthcoming years. This will be an essential part of the future harmonization of the global practice of Legal & Forensic Medicine. This will best serve society and the living, deceased, and their families who, because of circumstances, require the services of Legal & Forensic Medicine practitioners.



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IMPLEMENTING PLURILINGUAL STRATEGIES IN MEDICAL LANGUAGE EDUCATION: AN ACTION RESEARCH STUDY

Keywords:

plurilingualism, medical language education, healthcare communication, action research, linguistic mediation

Abstract:

This paper explores the implementation of plurilingual pedagogy in medical language education, drawing on the theoretical framework of the CEFR and subsequent work in educational linguistics. From this perspective, language competence is conceptualized as an integrated and dynamic repertoire, in which learners draw on previously acquired languages when developing additional linguistic resources. In medical education, where students are required to acquire a professional language within a limited timeframe, this view challenges monolingual instructional models that treat languages as autonomous systems.

An action research design was employed, grounded in qualitative methods and supplemented by descriptive questionnaire data. The research was conducted over two academic semesters with eighteen medical students from diverse linguistic backgrounds enrolled in a Slovak language for specific purposes course within an international medical program. Five instructional strategies informed by plurilingual principles were implemented and refined through iterative research cycles: multilingual projects, cross-linguistic comparison, parallel texts, translation as mediation, and tandem learning. Data collection included systematic classroom observation, student questionnaires, and structured reflective feedback, enabling triangulation across multiple sources.

The findings suggest that the use of plurilingual strategies enhances learner engagement, supports comprehension of medical discourse in Slovak, and fosters communicative confidence, particularly in the early stages of professional language development. At the same time, the results point to challenges such as cognitive overload and an overreliance on a dominant mediating language. The paper therefore argues for a balanced and adaptive application of plurilingual pedagogy in medical language education, combining mediated support with a gradual increase in target-language immersion.



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READING COMPREHENSION: AN EFFECTIVE WAY OF TEACHING MEDICAL ENGLISH

Keywords:

reading comprehension, teaching, Medical English, students, lecturers

Abstract:

Reading comprehension is an act of understanding what the student is reading. That is why this act, according to the theoretical background, is not simple to teach, learn, or practice. Reading comprehension is an international, active, interactive process which occurs before, during, and after a person reads a particular piece of writing. It is one of the pillars of active reading.

For determining the process of teaching reading comprehension, the following researched methods are applied:

1. Review and analysis of the scientific literature of the researched problem. The scientific grounds are highlighted for choosing the researched question in the methodological and linguistic sources.

2. Method of empirical research: a survey. This method provides better observation and inquiry of the different ways of teaching reading comprehension.

Materials of the study: For the purpose of the present study, a survey was conducted to collect the opinions of first-year students regarding the way of teaching reading comprehension. The respondents study a foreign language for 2 semesters, once a week, for a total of 60 classes.

Results of the research: The survey was conducted on a voluntary basis among 50 students enrolled in a Master's degree program in Medicine, at the Medical University of Sofia in December 2025. A questionnaire containing 10 closed-ended questions was developed.

They are:

1. Do the key aspects of the Reading comprehension help you to understand the main idea of the text?

80% answered positively, 15% answered negatively, and 5% do not have an opinion.

2. Does identifying supporting details involve picking out the facts, examples, or reasons which back up the main idea?

70% answered positively, 10% negatively, and 20% do not have an opinion.

3. Does making references require reading between the lines to understand ideas that are not directly stated?

70% answered positively, 10% negatively, and 20% do not have an opinion.

4. Is the understanding of vocabulary in context important for reading comprehension?

70% answered positively, 10% negatively, and 20% do not have an opinion.

5. Do you understand the text as a whole?

90% answered positively, 5% negatively, and 5% do not have an opinion.

6. Do you pick the answers which seem most reasonable to you?

90% answered positively, 5% negatively, and 5% do not have an opinion.

7. Can you make a conclusion from the paragraph which you read?

78% answered positively, 5% negatively, and 17% do not have an opinion.

8. Do you think taking notes on the main points of the text is useful to you?

78% answered positively, 17% negatively, and 5% do not have an opinion.

9. Do you think skimming the text before you read is useful to you?

90% answered positively, 5% negatively, and 5% do not have an opinion.

10. Do you look up the words you do not know?

60% answered positively, 35% negatively, and 5% do not have an opinion.

The discussion and conclusion of the study is that reading comprehension is the ability to process written text, understand its meaning, and integrate it with what students already know. Reading comprehension relies on two abilities that are connected with the process of teaching: word



reading and language comprehension. That is why this is an effective way of teaching Medical English.



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COMMUNICATING UNCERTAINTY: THE FRAME MODEL FOR ANALYZING RISK AND MISINFORMATION IN HEALTHCARE COMMUNICATION

Keywords:

behavior change communication, multimodal storytelling, misinformation, framing narratives, health promotion

Abstract:

Introduction

Communicating uncertainty and risk is one of the biggest challenges in healthcare communication, particularly in the age of AI and misinformation with varying levels of health and digital literacy. Linguistic and narrative choices play a key role in how public health information is understood, interpreted, trusted, and acted upon.

Methods

The paper introduces the FRAME healthcare communication model consisting of the following components: Framing (narratives, structures); Risk representations (probability comparison); Audience adaptation (level of health literacy, mother tongue, cultural background); Multimodality (text, visual, audio); and Evaluating language (emotional tone, shaping audience perception). The framework is illustrated through qualitative discourse analysis of selected public health communication materials in Europe, especially from multilingual Belgium and Hungary. The dataset includes institutional campaigns, online public health messaging, and information materials produced by governmental and health organizations. The textual and visual elements of the data set are analyzed in order to identify recurring patterns in narrative structures, multimodality features, and linguistic patterns. These recurrences can provide an empirical basis for assessing the applicability and value of the FRAME model. Particular attention is paid to markers of risk communication elements, including expression of uncertainty, probability, and emphasis. The analysis applies a comparative approach across contexts and languages and is further influenced by over a decade of Europe-wide practical, professional experience in institutional communication, mentoring, and workshop facilitation.

Results

The analysis demonstrates that the five dimensions of the FRAME communication model can influence the interpretation and perceived credibility of health messaging. In particular, simplified and anecdotal narratives, amplified emotional tone, and misaligned audience targeting can contribute to the spread of misinformation, while a more balanced communication can support more accurate understanding.

Discussion

The findings highlight the importance of integrating linguistic, narrative, and multimodal perspectives in healthcare communication. The FRAME model offers a practical and flexible tool to examine how meaning is made across different contexts and aims to contribute to research in medical linguistics, especially discourse analysis. It aims to provide a foundation for bridging between analytical insights and applied communication as well as health promotion strategies.



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PHRASE-FINAL VOICE QUALITY IN HUNGARIAN NATIVE SMOKERS AND NON-SMOKERS

Keywords:

smoking, voice quality, glottalization, intonational phrase, sentence reading

Abstract:

1. Introduction

In Hungary, about 2.4 million adults smoke (KSH, 2024), which affects voice quality: smokers show lower fundamental frequency (f₀) and increased jitter and shimmer than non-smokers (Tafiadis et al., 2017; Vincent & Gilbert, 2011; Vuković et al., 2022), with effects increasing with smoking duration in both sexes (Chai et al., 2011; Vincent & Gilbert, 2011).

Independently of smoking, speakers may modify their voice quality in specific syntactic positions. In Hungarian, glottalization often marks sentence- and phrase-final boundaries (Markó, 2011). This study examines how smokers realize the phrase-final voice quality shift. I hypothesize that smokers show higher rates of glottalization than non-smokers, but mark phrase-final position similarly to non-smokers.

2. Methodology

Speech from 10 smokers (aged 23–29 years) and 10 non-smokers (aged 20–29 years), with equal gender distribution, was analyzed. Twelve sentences from the BEA corpus (Gósy et al., 2012) were selected, focusing on the final six syllables.

Annotations in Praat (Boersma & Weenink, 2025) included sentence number, vowel voice quality (modal, glottalized, breathy), and syllable position. Praat scripts were run on the sound files (Kohári, 2014; Kohári, 2017), and statistical analysis was performed using Fisher's exact test in R 4.5.2.

3. Results

Summarizing all instances of glottalization, smokers produced significantly more glottalization than non-smokers ($p < .001$). Glottalization was also significantly more frequent in phrase-final syllables than in non-final syllables, for both smokers and non-smokers ($p < .001$). However, a closer examination of the results reveals substantial individual variation.

4. Conclusions

Smoking modulates glottalization frequency alongside phrase-final increase. Smoking status and syllable position both significantly influence voice quality. Glottalization is more frequent phrase-finally in both sexes, with smokers showing higher rates, including at phrase boundaries.

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LINGUISTIC TOOLS TO ANNOTATE UNCERTAINTY IN MEDICINE ARTICLES: FROM SCIENTIFIC RESEARCH TO SCIENCE DISSEMINATION

Keywords:

uncertainty, science dissemination, popular science, scientific research, corpus

Abstract:

This study introduces a method for mapping uncertain medical statements to their counterparts in popular science. Using the resulting dataset, it also establishes a typology of the various ways uncertainty is reformulated in medical dissemination. Leveraging advancements in NLP and Open Science, this study examines the multidimensional expression of scientific uncertainty across both medical research publications and science news articles. This research builds on UnScientify (Ningrum, 2025), a rule-based tool for uncertainty annotation that outperforms neural networks and fine-tuned models in binary classification tasks (Gutehrle et al., 2026). It utilizes a subcorpus of SciNews (Liu et al., 2024), a large-scale parallel dataset of 41,872 scientific publications and their news summaries. This study focuses specifically on the medical domain, which comprises 36.1% of the total corpus (15,120 articles).

Within the medical subcorpus, uncertainty is expressed in 14.97% of research sentences compared to 19.12% in the associated news articles. This disciplinary field stands out from others in the corpus. In other fields, the average rate of uncertainty typically decreases during popularization, falling from 16.83% in research papers to 15.68% in news coverage. Our research seeks to account for, among other factors, the drivers of this trend.

First, we developed an explicit algorithm designed to match medical scientific sentences expressing uncertainty with their corresponding reformulations in medical popular science texts. This method utilizes fastText embeddings weighted by TF-IDF (Gautam, 2013) to accurately link research findings to their paraphrased counterparts. To evaluate the effectiveness of this approach, we utilized a subcorpus consisting of 20 medical research papers paired with their associated news articles. The performance of this embedding-based alignment method was then benchmarked against the Large Language Model (LLM) Gemini 3 to assess its precision and reliability in identifying cross-genre correspondences. We proceeded similarly with 15 text pairs from the other disciplinary fields.

Second, the analysis of trends observed in popular science texts allows for the modeling of how information initially presented as uncertain is processed. This study leads to the establishment of an ontology of the various forms uncertainty takes as scientific information is adapted for the general public. Specifically, we propose a typology of the ways in which popularization reformulates scientific uncertainty in the medical field, distinguishing between verbatim (word-for-word) repetitions, genuine reformulations, and the total omission of uncertainty.

Beyond the methodological contribution to sentence alignment, our research pursues two main goals. First, it seeks to characterize the reformulation of medical research uncertainty within popular science texts. Second, it aims to clarify why medical popularization differs specifically from other scientific disciplines (Physics, Biology, Computer Science, etc.).

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DEBATING THE UNCOMFORTABLE: CULTIVATING ETHICAL SENSITIVITY, INTERCULTURAL ADROITNESS, AND COMMUNICATION DIPLOMACY THROUGH MEDICAL ENGLISH

Keywords:

Medical English, ethical awareness, intercultural sensitivity, communication diplomacy

Abstract:

Context: Contemporary healthcare confronts physicians with complex dilemmas at the intersection of diverse socio-cultural frameworks that shape patient values and medical receptivity. Increasingly, issues such as do-not-resuscitate (DNR) orders, blood transfusions, vaccination, experimental treatments, consent age, transplant ethics, pharmacological versus lifestyle interventions, and culturally embedded practices represent uncomfortable, “grey zones” that demand nuanced reasoning, bias awareness, and respectful dialogue.

Method: Addressing the need for healthcare professionals to adapt to emerging communication realities, this presentation proposes a practical design-oriented paradigm for integrating discussions of sensitive issues into Medical English (ME) instruction. Selected readings and applications focusing on ethical debates and intercultural dissonance were incorporated into classroom activities with second-year Medical English students (N= 65, mixed B2-C1 proficiency level). In the second semester, an intercultural communication competence and ethics project served as an alternative formative assessment to foster students’ ethical sensitivity, intercultural adroitness, and communication diplomacy. The impact of this ME learning design was measured using a self-designed, self-evaluation instrument: a 5-factor 6-point Likert Scale of Medical English Ethics and Intercultural Communication (SMEEIC).

Results: Quantitative findings gathered through the SMEEIC questionnaire indicate that, beyond increasing active participation and Medical English vocabulary, the systematic practice of discussion strategies enhanced the students’ self-reported ethical awareness, intercultural adroitness, linguistic confidence, empathic engagement with patients, and professional reflexivity. For instance, 88.5% of the responding students stated that debates helped them empathize with patients whose medical choices they personally disagreed with, and 94% reported increased awareness of the ethical tension between a doctor's duty to save lives and a patient's right to refuse treatment.

Conclusion: Integrating authentic, often challenging, and ethically and culturally grounded realities of healthcare discourse into specialized language learning yields significant pedagogical value. Engaging with real-world ethical and intercultural communication dilemmas fosters the humanistic formation of medical students and enhances student satisfaction by aligning ME content and methodology with realities of the medical profession. Nonetheless, further studies employing pre-test measures and qualitative data are needed to refine these results.



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***SPECIALIZED LANGUAGE VS. EVERYDAY LANGUAGE: AMBIGUITY AND RISKS IN MEDICAL
COMMUNICATION IN GERMAN***

Keywords:

German medical terminology, specialized language, everyday language, word formation mechanisms, language ambiguity

Abstract:

Medical terminology is an established, historically developed system of specialized language, predominantly composed of Ancient Greek and Latin elements. This contribution focuses on German medical terminology and illustrates how its systematic structure facilitates the acquisition of medical terms while simultaneously generating ambiguities and risks in doctor-patient communication.

The focus is on the word-formation mechanisms that are relevant to the German language: prefixes, suffixes, and stems are combined according to a modular “building-block” principle, which facilitates the semantic interpretation of complex terms and supports the precision of professional communication. In contrast, medical language used in everyday contexts is less systematically structured, often leading to misunderstandings and uncertainties.

Because many medical terms are derived from Greek, Greek medical students find it significantly easier to understand and acquire these specialized terms. In contrast, everyday medical language in clinical contexts continues to pose challenges.

These observations are supported by an empirical study involving 30 participants—medical students and doctors—who completed a questionnaire consisting of targeted open and closed questions.

The findings indicate that differences between specialized and everyday language, as well as multiple designations within specialized terminology, can generate ambiguity, potentially influencing the precision of medical communication. Word formation principles are presented schematically and illustrated with selected examples to make the content clear and accessible for poster presentations.



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ASSESSMENT AND MONITORING OF COMMUNICATION COMPETENCIES AMONG DENTAL STUDENTS AT SEMMELWEIS UNIVERSITY

Keywords:

dental students' communication skills, longitudinal assessment, simulated role-play, patient care and satisfaction, communication competencies

Abstract:

Effective communication is a core component of dental education, as it directly influences patient care outcomes, patient satisfaction, and the development of professional competencies.

This presentation aims to comprehensively evaluate the communication skills of dental students enrolled in the English-language program at Semmelweis University, Budapest, over a four-year period beginning in 2022. The hypothesis posits that students' communication abilities will demonstrate stability throughout this timeframe. A longitudinal analysis was conducted on third-year dental students engaging in simulated interactions. Instructors utilized a standardized assessment tool to evaluate communication competencies. The assessment focused on eleven key communication domains. Data were analyzed using descriptive statistics and linear regression, with time as the independent variable. Standard deviation, variance, F-values, and P-values were calculated to gain insights into the underlying processes. The findings indicated stable performance across several critical domains, including 'Introduction', 'History-taking', 'Complaint: Open-ended Questions', 'Communication with the Assistant', 'Subsequent Steps', and 'Global Experience' with minimal variance over time as evidenced by low F-values. Conversely, some domains, such as 'Examination', 'Summary and reflection', 'Diagnosis and Explanation', 'Treatment Plan', and 'Non-verbal communication' exhibited greater variability. Notably, the 'Summary and reflection' domain—particularly in interactions with specific patient scenarios—showed the highest fluctuations, with improvements observed over the study period, including a significant increase in the final year. The results underscore the overall robustness of communication skills among dental students at Semmelweis University, reflecting the effectiveness of current educational strategies, including the recent implementation of a skill laboratory to enhance student motivation.



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THE IMPACT OF TARGETED LANGUAGE TRAINING ON COMPASSIONATE COMMUNICATION: A PILOT STUDY USING SIMULATION

Keywords:

compassionate communication, medical English, bad news delivery, patient-centered communication, simulation-based education

Abstract:

Compassionate communication in healthcare is typically framed as a psychological and interpersonal competence. However, effective empathy and clarity in multilingual clinical settings also depend on explicit linguistic competence. This study examines whether targeted language-focused training can enhance medical students' ability to deliver bad news compassionately in English.

As a pilot intervention, we implemented an expanded training program at Semmelweis University (SU) developed collaboratively by linguists and physicians at SU and nurses at Columbia University (CU). Two cohorts of international medical and nursing students (N = 10), speakers of English as a second or third language, participated in a semester-long Medical English course. Students completed a simulated bad news delivery scenario – following CU standards, with the same simulated patient trained by CU – at three time points: baseline (week 1), one week later following a brief language-focused training, and at the end of the semester.

The short training introduced the SPIKES protocol together with key grammatical, lexical, and pragmatic strategies for structuring difficult conversations, expressing empathy, and checking understanding. All simulations were video-recorded, transcribed using Alrite speech-to-text software, and analyzed quantitatively using the Roter Interaction Analysis System in MAXQDA.

Preliminary findings indicate measurable short-term improvements following the short training, particularly in structured information delivery, for example the increased use of open-ended and embedded questions, paraphrasing, and explicit empathy markers, such as conditionals, references to the patient, verbal acknowledgment of the patient's sensations and emotions, rapport-enhancing lexical items (honesty, trust, etc.) and consistent use of pronouns (I, you, we). End-of-semester analyses suggest sustained development in interactional clarity and patient-centered language use. The longitudinal design allows differentiation between immediate training effects and longer-term communicative development.

These findings highlight that even brief, linguistically explicit interventions can strengthen compassionate clinical communication and support safer information transfer in international healthcare contexts.



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MEDICAL METAPHORS IN CIVIL ENGINEERING DISCOURSE

Keywords:

medical metaphors, technical vocabulary, LSP learning, civil engineering discourse, metaphor theory

Abstract:

Metaphor is a communicative and pervasive tool not only in everyday communication but also in specialized discourse. According to metaphor theory, metaphors usually operate by cross-domain projections based on similarity or associative relations (A is B). For example, the metaphor A BUILT CONSTRUCTION IS A HUMAN BEING dates back to the Renaissance when mankind was considered a central focus of art and science. Leonardo da Vinci was inspired by human anatomy in his studies of engineering designs and created mathematical patterns out of human proportions. The main aim of this paper is to explore the occurrence of medical metaphors in civil engineering discourse, for instance CIVIL ENGINEERING CONSTRUCTIONS ARE SICK and A CONSTRUCTION ENGINEER IS A DOCTOR. As an illustration, built structures can undergo “pathology, fatigue, stress, fracture, collapsing, or bleeding”. The method followed is a corpus-based study of authentic linguistic data compiled from English and Spanish construction engineering sources. These comprise research articles, technical reports and technical repositories. The data were extracted and examined by means of ANTCONC, a freeware corpus analysis toolkit that allows the study of lexical frequencies, keyword analysis, lexical collocates, and contextual concordances. To mark the ascription of a term as metaphorical, the MIPVU method by the PRAGGLEGAZ group was used. The results of this work show the prevalent occurrence of metaphors linked with the medical domain in the civil engineering domain. This meaningful insight promises to be useful for vocabulary learning since metaphor identification can help in long-term memory retention by triggering mental associations and by making inferences. Likewise, pedagogic implications can also be derived from rubric design, feedback, and assessment in higher-education LSP writing courses.



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***DEMYSTIFYING THE FORMULAS INVOLVED IN CLINICAL MEDICAL TERMINOLOGY: WHY
AMBIGUITY IS SOMETIMES NECESSARY AND HELPFUL***

Keywords:

teaching, terminology, clinical, anatomical, language

Abstract:

Rationale/Background:

In order to reduce the amount of material that people in the health professions need to memorize, this workshop will instead demonstrate a shorter way for people to think their way through problematic medical words and phrases.

This interactive workshop focuses on some of the most easily confused word-forms (and terms themselves) used in naming clinical disorders and procedures, with the aim of showing how a systematic approach to learning medical terminology does not need to be stressful or involve much memorization. More pointedly, we aim to show how great the rewards are (with respect to understanding the terms people encounter every day) for such a small amount of time and mental energy.

The term celiac disease provides a simple example of how we learn to embrace formulaic vagueness in understanding the terminology of medicine. We define this term as “a disease pertaining to the abdomen” while a dictionary will write an entire paragraph explaining in great detail how exactly this disease involves the abdomen. That is, when we help students recognize the reliable patterns involved in the language of medicine, we only examine what is predictable and what is actually in the term itself, not what we think the word is trying to say.

Other similar formulaic terms and patterns include: pedometer, which most people would define as “an instrument for measuring steps” but formulaically we define this as “an instrument for measuring something involving the feet” because there is nothing in the term itself that suggests steps; anatomical nouns such as otocranium, in which we reckon with the formulaic purpose as to why words are created in such a format; and aerodontalgia, which we translate as “pain in the teeth, involving air” because we were not trying to address exactly how it involves air, only that air (or gas) must be involved in it somehow because the combining form aer/o is in the term.

Through decades of teaching medical terminology in various Canadian universities, we have discovered terms that are often misunderstood by our students, made obvious by their repeated mistakes – and we concentrate on those, while emphasizing formulaic approaches to aid in understanding how clinical terms are constructed.

People in the health professions need the tools to navigate their way logically through tricky everyday terms, and they need to attain these tools without adding to the burden of what they need to memorize. Our workshop models a way to do this, based on principles we use in our courses. People who follow our methods testify that they are better equipped to handle the vast and confusing language of clinical medicine than they would be if they had to memorize terms unsystematically.

Instructional Methods:

We will be inviting the audience to participate in analyzing and defining complex words, and thereby leading them, by means of participatory discussion, through to conclusions and definitions of the sort we would use in a classroom setting.

Target Audience:



Medical (language) instructors and professionals at all levels.

Learning Objectives:

By attending this session, participants will be able to:

- recognize the underlying rules and patterns of complex medical words and phrases
- produce useful formulaic definitions of words containing “high-yield” terminations and roots



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***THE GREEK AND LATIN ROOTS INVOLVED IN THE TERMINOLOGY OF DISABILITY AND
DIFFERENCE: SOMETIMES NAMES ARE HURTFUL***

Keywords:

disability, gender, language, difference, medicine

Abstract:

Introduction

The language we use shapes our attitudes, even when people do not understand the roots upon which the words are built. This paper opens a discussion regarding why certain medical terms, especially those used to describe disability and difference, need re-evaluation. Clinical medical words come from Greek and Latin roots and sources, and often the forms used in the original terms highlight misconceptions or represent the kinds of attitudes that we now understand to be insensitive and inappropriate. There have been piecemeal notes made of certain problematic forms (such as the use of “hyster/o” in psychology or the recent discussion regarding “pudenda” in anatomical terminology), but there has yet to be an attempt to review the current state of medical language as a whole.

Methods

By considering the original use of select terms, we are opening an investigation into the hidden problems contained within current medical phrases. While we focus on specific examples from various categories of disability and difference, we are not limited to those.

Expected outcomes

An examination of these terms can only help all those who use the language – whether those terms are ultimately retained or changed.

Discussion

We are becoming more sensitive about how language should be used in all areas of the world—especially in medicine. In addition to the way people use regular English, there is also a great need for philologists to look at the origins of the technical language people still use today in the world of medicine.



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***DOCTOR–PATIENT COMMUNICATION TRAINING WITH STANDARDIZED PATIENTS:
THE HEIDELBERG FACULTY MODEL***

Abstract:

Communication and effective interaction with patients are fundamental aspects of medical practice. The Heidelberg Medical Faculty's communication skills training program, MediKIT, was developed in response to findings from both internal and external curriculum evaluations, which indicated that students did not feel adequately prepared for the communicative demands of everyday clinical work.

Drawing on Kolb's experiential learning theory, the program initially began as a pilot course centered on simulations with standardized patients. These sessions were structured around alternating phases of active participation and guided reflection, enabling students to develop and critically evaluate their communication skills in a safe learning environment.

Encouraged by highly positive student feedback, the pilot course was subsequently expanded into a longitudinal curriculum integrated throughout both the preclinical and clinical phases of medical education. Today, MediKIT addresses a broad spectrum of communication situations that physicians routinely encounter in clinical practice, thereby supporting the continuous development of students' patient-centered communication competencies.



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***TRAPPED BY THE TERMINOLOGY OF INJURIES IN FORENSIC MEDICINE: FROM THE
PERSPECTIVE OF THE FORENSIC MEDICAL EXPERT***

Keywords:

terminology, injury, forensic medicine, common language, categorization

Abstract:

The use of uniform terminology is of paramount importance in the forensic assessment of injuries, as it makes expert opinions comparable and verifiable, and it is an absolute necessity for speaking a common forensic medical language. However, a comparison of forensic medicine textbooks and literature shows differences not only across languages and countries, but also within the same language and country. These are partly only nomenclatural differences, but partly also derived from the different injury categorizations. The reason for the latter is that there is no sharp boundary between the appearance of injuries and the mechanisms that cause them; thus, their classification into categories is necessarily artificial and distorted.

The problem also highlights that expert opinions on the mechanism of injury should not be based on categorization but on the characteristics of the injuries; otherwise, we may fall into the trap of terminology and become victims of cognitive bias. In conclusion, injury characteristics should be described as precisely as possible, but this also requires standardizing the nomenclature of the description; however, the need to standardize the nomenclature of the description also arises in this regard.



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AVTIA: AN ERASMUS+ INITIATIVE FOR INTEGRATING ACCESSIBILITY INTO AUDIOVISUAL TRANSLATION EDUCATION

Keywords:

audiovisual translation, audio description, subtitling, inclusion and accessibility

Abstract:

This presentation outlines the Erasmus+ project Audiovisual Translation for Inclusion and Accessibility (AVTIA), project number 2024-1-RO01-KA220-HED-000249675, which is coordinated by George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures and funded by the European Union. It has been developed in response to persistent barriers that persons with sensory disabilities encounter when accessing information, media, and education. According to the projections published by the World Health Organization, by 2050 over 700 million people—which is equivalent to 1 in every 10 people—will have disabling hearing loss. In addition, current WHO data show that at least 2.2 billion people have a near or distance vision impairment worldwide. At the national level, data obtained in Serbia point to structural shortcomings in the provision of interpreting services, limited professional training opportunities, and insufficient availability of accessible audiovisual media. Although existing policy frameworks formally recognize the right to access information and education, their practical implementation remains inconsistent and uneven. Within this context, audiovisual translation (AVT), i.e., subtitling for the deaf and hard of hearing (SDH) and audio description (AD), is conceived in the project not merely as a technical competence, but as an important instrument for advancing social inclusion and ensuring greater educational equity.

The practical project outputs devoted to Subtitling for the d/Deaf and hard of hearing and designed by the University of Belgrade within the AVTIA project are grounded in a qualitative analysis of legislations, strategic frameworks, institutional reports, and media sources in Serbia, one of the project partner countries. This analysis identified several key challenges, including the lack of systematic training, limited pedagogical resources available to lecturers, and the insufficient integration of accessibility-oriented audiovisual translation (AVT) into university curricula. These findings directly informed the development of the project's three intellectual outputs. The presentation places particular emphasis on the output intended for higher education lecturers—the AVTIA's training package for lecturers. This comprehensive package comprises a five-module curriculum, methodological guidelines, case studies, and assessment instruments designed to facilitate the teaching of inclusive AVT practices. Special attention will be given to its practical components, including listening comprehension exercises, discussions of real-life challenges, and multiple-choice quizzes, developed within Module 2 (Subtitling for the deaf and hard of hearing: Essentials) by the team from the University of Belgrade, Serbia. By providing lecturers with adaptable teaching resources and practice-oriented examples, the project aims to support the sustainable integration of accessibility standards into translator and media education curricula.



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FROM COMMUNICATION CHALLENGES TO ESP COURSEBOOK DEVELOPMENT FOR HEALTH VISITORS IN MULTICULTURAL HEALTHCARE SETTINGS

Keywords:

coursebook development, health visitors, English for Specific Purposes, mediation skills, multiculturalism

Abstract:

In the Hungarian healthcare sector, the growing number of international patients requires healthcare practitioners to provide care in a foreign language, most often English as a lingua franca. These challenges are particularly significant for health visitors, who work closely with families in multicultural contexts and frequently need to manage language barriers. Despite this need, the ESP materials market currently lacks resources specifically tailored to health visitors.

This study presents a small-scale pilot project to develop a research-based ESP coursebook for health visitors, grounded in authentic real-life scenarios, and informed by prior empirical research on communication between Hungarian health visitors and foreign families. The study draws on multiple data sources, including a 409-item glossary compiled from these sources. This glossary not only supports coursebook design but will be further developed: it will be refined with corpus-based analysis using Sketch Engine to produce a more comprehensive, domain-specific glossary. The coursebook was developed through interprofessional collaboration involving an ESP teacher, a translator, and a practicing health visitor, and was further informed by an expert interview with a health visitor lecturer. Qualitative analysis of interview data identified key discourse needs, terminology, and nine thematic areas, such as the role of lifestyle factors during pregnancy and the basics of neonatal care, which form the basis of the course material.

The materials were piloted in a compulsory 36-hour English for healthcare purposes course with 20 third-year health visitor students at Semmelweis University. The resulting coursebook integrates domain-specific communication tasks and emphasizes mediation skills, reflecting the realities of multilingual healthcare settings where documentation and communication often require ad hoc translation and interpretation.

This study contributes to ESP material development by providing the first coursebook specifically designed for health visitors, demonstrating the value of research-informed and interprofessional approaches, and supporting the integration of mediation skills into healthcare language education. Ongoing evaluation research aims to further refine the materials and assess their effectiveness.



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SPECIFICS OF MEDICAL DISCOURSE ON EXAMPLES OF PROFESSIONAL AND CLINICAL MEDICAL COMMUNICATION

Keywords:

medical discourse, professional/clinical communication

Abstract:

Medical discourse is a specific type of discourse that ensures smooth communication between professionals in the medical field and between medical specialists and patients. Thus, medical discourse is the basis for professional and clinical medical communication. Both types of communication are extremely important for effective and safe delivery of healthcare. Medical discourse is dependent on many criteria, such as the correct and precise expression of ideas, the proper use of medical terminology, the correct use of grammar, and epistemic modality, which includes the use of modals and metadiscourse markers.

In my article, I am going to consider medical discourse through examples of professional communication between medical specialists and examples of clinical medical communication, i.e., doctor–patient communication. Both types of medical discourse will be analyzed on the basis of the above-mentioned criteria. The role of Latin medical terminology in professional medical communication will be considered as the most important specific feature of this type of medical discourse. In addition, I will consider two types of medical discourse addressed in this work from the viewpoint of such criteria as language register, medical domain, and dominant type of medical terminology used in them. The fluency of medical discourse in professional and clinical communication will also be analyzed, focusing on such issues as the fluency of professional communication, which is based on factors such as common educational background, knowledge of Latin, and international medical terminology, as well as the slower pace of clinical communication caused by the patient's lack of medical knowledge and necessitates a thorough explanation of medical issues in a clear and comprehensive manner.

The present work is based on a qualitative research method; real-life situations from the author's professional experience are used as empirical material. The role of medical terminology and its importance for both professional and clinical communication are of primary importance in English for Medical Purposes (EMP), as is usually the case in any field of ESP. Latin terminology and international medical terms dominate professional medical communication, whereas national medical terms dominate clinical communication. The high language register characteristic of professional medical communication contrasts with the lower register characteristic of clinical communication. At the same time, clinical communication, despite its simpler register and approach, requires the highest level of professionalism to ensure maximum effectiveness and optimal outcomes in the medical environment.

Thus, professional and clinical medical discourse are considered and analyzed according to different criteria in the present article.



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AT THE INTERFACE OF EPISTEMIC MODALITY AND EVIDENTIALITY: MODIFICATION OF EVIDENTIALS IN MEDICAL SCIENTIFIC WRITING

Keywords:

evidentiality, epistemic modality, corpus-based discourse analysis, construction grammar, medical scientific writing

Abstract:

The relationship between the categories of epistemic modality and evidentiality has long been the subject of debate. While some (e.g., Aikhenvald 2004) believe that they are two entirely separate categories, others argue that evidentiality is a subcategory of epistemic modality (e.g., Palmer 2001) or that they overlap (e.g., van der Auwera & Plungian 1998). Furthermore, the significance of evidential devices in scientific writing has recently gained recognition in discourse analysis research (e.g., Alonso-Almeida 2014; Tošić 2025), as the genre requires authors to provide sources and evidence for their claims. Therefore, the aim of this presentation will be to contribute to the ongoing debate by examining how epistemic modality and evidentiality interact in medical journal papers, while, at the same time, providing further insight into the rules of medical scientific writing as a genre. In this study, a 125-thousand-word corpus of papers taken from relevant medical journals, such as the New England Journal of Medicine and The Lancet, will be analyzed using SketchEngine, an online corpus analysis software. The study will employ a construction grammar approach to corpus-based discourse analysis, as proposed by Groom (2019). The focus will be on the ways in which the Evidence “V that” construction, a prototypical evidential construction defined within the English Constructicon project, is modified using lexical and grammatical means offered by epistemic modality. The modifications will then be postulated as subconstructions of the Evidence “V that” construction, providing further insight into the expected structure of medical scientific writing. It is anticipated that the results will confirm Trbojević-Milošević’s (2021) hypothesis that an interface between epistemic modality and evidentiality exists, where evidentials provide the necessary foundation upon which epistemic judgment is based.

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***THE IMPACT OF ENGLISH ON ABBREVIATION SYSTEMS IN NATIONAL CARDIOLOGY
LANGUAGES: A CROSS-LINGUISTIC STUDY OF HUNGARIAN, GERMAN, FRENCH, AND RUSSIAN***

Keywords:

cardiology terminology, medical abbreviations, acronyms, English influence, cross-linguistic analysis

Abstract:

Abbreviations, acronyms, and initialisms are pervasive in medical language, serving as indispensable tools for the efficient communication of complex clinical information. Their use is particularly prominent in cardiology, a field characterized by highly standardized diagnostic procedures and international research networks. In this domain, English-language terminology exerts a strong influence on national professional languages.

This study investigates how this influence shapes abbreviation systems in Hungarian, German, French, and Russian cardiology. Rather than primarily classifying abbreviation types, the aim is to demonstrate that national cardiology languages typically either adopt English abbreviations directly or create new forms based on calques of English terms. In both cases, the terminological impact of English is evident.

The study employs a multi-stage terminological validation process within a corpus-driven contrastive framework. The primary reference set was established through the manual extraction of abbreviations and acronyms from a purposive sample of 50 Hungarian cardiology reports and discharge summaries. From this initial dataset, items appearing in both clinical documentation and patient education materials were selected for further analysis to ensure functional relevance.

For the cross-linguistic phase, a Web as Corpus (WaC) approach was employed to identify corresponding forms in German, French, and Russian. This involved targeted web-based searches to capture real-time professional usage and clinical jargon often absent from static dictionaries. To ensure methodological rigor, all candidates identified online underwent terminological triangulation: they were cross-referenced with peer-reviewed cardiology journals and official patient information leaflets. This dual-track method allows for the identification of both established formal terms and emerging clinical acronyms used in contemporary professional discourse.

The comparative analysis shows that, despite formal differences, abbreviation practices in all four languages remain closely linked to English prototypes. Even when formally adapted to national linguistic norms, these abbreviations remain structurally dependent on English models.

These findings underline the central role of English as a terminological reference point in contemporary cardiology and highlight important considerations for multilingual medical communication, translation, and patient-oriented discourse.



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**DEVELOPING MEDSYN: A CORPUS-BASED CHINESE-ITALIAN TERMINOGRAPHIC RESOURCE
FOR HEALTHCARE MEDIATION**

Keywords:

medical linguistics, medical terminography, Chinese medical terminology, corpus-based terminology extraction, healthcare mediation

Abstract:

The longstanding presence of Chinese-speaking patients in Italy reflects a stable socio-demographic reality shaping access to healthcare and communicative practices in clinical settings (Scibetta & Ardizzoni, 2026). In this context, linguistic and cultural mediation plays a crucial role, yet structured terminological resources specifically designed for mediators remain limited. Existing research (Zuccheri, 2016; Lavado Puyol & Pinazo, 2018; Vezzani et al., 2019) provides relevant contributions, while highlighting the limited availability of corpus-based, user-oriented Chinese–Italian resources for healthcare mediation.

This study presents the ongoing development of MedSyn, a digital Chinese–Italian terminographic resource designed to support mediators in communication between healthcare professionals and Sinophone patients. The framework combines corpus-based terminography and user-oriented approaches with needs-driven design. The resource is based on a corpus of online medical consultations from the Dingxiang Doctor platform, structured into 12 disciplinary subcorpora defined through alignment with the Medical Chinese Test, consistency with platform classifications, and through a mixed-method needs analysis capturing the perspectives of mediators, patients, and healthcare professionals (Whaley, 2014).

The methodology adopts a corpus-based approach using Sketch Engine for terminology extraction, collocation, and concordance analysis (Kilgarrieff et al., 2014). Term candidates are selected according to frequency, dispersion, and cross-disciplinary relevance, and refined through user needs. Particular attention is devoted to recurrent collocational patterns and multi-word units characteristic of Chinese medical discourse. Entries include conceptual framing, bilingual definitions, interlinguistic equivalence, and metadata, validated through KWIC-based analysis and expert review, supporting the development of empirically grounded, user-oriented terminographic resources for healthcare mediation.

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***THE INTERACTIONAL ORGANIZATION OF MEDICAL-TECHNOLOGICAL PEER KNOWLEDGE:
EPISTEMIC PRACTICES IN PARTICIPATORY DATA SESSIONS***

Keywords:

epistemic practice, participatory data session, peer interaction, medical-technological knowledge, type 1 diabetes management

Abstract:

This paper examines how participatory data sessions can serve as analytical resources for medical linguistics. It focuses on epistemic practices emerging in a two-day data session with four users of Automated Insulin Delivery (AID) systems for Type 1 diabetes management, approaching knowledge from a praxeological and interactional perspective as an embodied and socially organized practice that emerges through reflexive negotiation.

All participants had previously taken part in individual interviews within a larger study (n = 32) on human-machine relations in diabetes management and were randomly recruited for the workshop. During the session, the researcher introduced transcript excerpts from interviews with other AID users as well as preliminary analytical observations and invited participants to discuss them. The dataset comprises approximately eight hours of video-recorded interaction.

The paper conceptualizes this setting as a site of second-order discourse production. Participants collaboratively evaluate, qualify, generalize, and contest the experiences articulated by other users, thereby negotiating epistemic authority and normativity within the community. In this collaborative interpretative work, implicit norms of self-management, human and technological agency as well as body perceptions become discursively articulated and hierarchized.

By analyzing these interactional dynamics, the paper contributes to research on patient-centered health discourse and user expertise in chronic illness management. It demonstrates how epistemic authority is constructed and negotiated within peer interaction and how embodied knowledge about medical technologies is collectively stabilized, often differentiated and at the same time normatively ordered. Participatory data sessions thus emerge as a methodological and analytical resource for studying how medical-technological peer knowledge is organized beyond clinical encounter settings.



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LINGUISTIC MAPPING OF SENSORY EXPERIENCE IN AMERICAN AND HUNGARIAN AUTOPSY REPORTS

Keywords:

medical vocabulary acquisition, collocational competence, translation competence, translation error, ESP, Medical English, Medical Romanian, NMT translation, AI-assisted translation, source language (SL), target language (TL)

Abstract:

The autopsy report is a specialized genre of medical documentation in which terminological precision is combined with the legally accurate recording of sensory observations. Diagnostic descriptions (e.g., color, texture, consistency) rely on “units of understanding” (Temmerman, 2000) that, through embodied cognition (Lakoff & Johnson, 1980), render individual perception interpretable for the professional community. The effectiveness of these cognitive tools is ensured by their linguistic-cultural embeddedness and familiarity with the real-world referents they invoke.

This study aims to conduct a contrastive analysis of the linguistic means used to express diagnostically relevant visual and tactile findings obtained during external and internal examinations. The study identifies similarities and differences in the descriptive strategies of Hungarian and American autopsy reports, with particular attention to the use of experience-based similes.

The corpus consists of Hungarian and American autopsy reports involving deaths due to asphyxia. Subcorpora were created from 50 anonymized Hungarian and 25 American reports. The data were analyzed using MAXQDA 24 qualitative data analysis software, applying an inductively developed category system and manual coding. Annotation focused on the description of the visual and tactile characteristics of the skin surface and internal organs. The data were also subjected to quantitative comparison.

Although both corpora follow a similar structural framework, the linguistic representation of visual and tactile characteristics differs significantly. In Hungarian reports, sensory experiences are frequently conveyed through similes grounded in embodied experience (e.g., lungs with the texture of cooked pasta or a horsehair pillow). In contrast, American reports tend to replace such expressions with Greco-Latin terminology that directly denotes pathological states (e.g., edematous, or crepitant describing crackling upon compression of the lungs) or with descriptive adjectives (e.g., soft, friable). Hungarian color terminology includes two archaic, genre-specific color terms whose compounds delineate shades more finely than their English counterparts. Associative color expressions appear in both corpora (e.g., clear amber yellow urine, szalmasárga vizelet 'straw-yellow urine').

The analysis demonstrates that Hungarian medical language legitimizes embodied experience and individual perception through culturally embedded similes, whereas American practice achieves objectivity through direct terminological designation and a simile-free descriptive style. The findings suggest that the functioning of “units of understanding” is culture-dependent: while diagnostic precision in Hungarian discourse is closely linked to sensory analogies, American autopsy reporting achieves objective description through standardized, abstract terminology.

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APPLICATION OF LARGE LANGUAGE MODELS (LLMs) IN CLINICAL REPORT GENERATION AND STRUCTURED DATA COLLECTION

Keywords:

clinical report generation, large language models (LLMs), corpus-based analysis, qualitative text analysis, medical documentation

Abstract:

Structured data collection is essential for standardized and researchable clinical documentation. However, systems that convert structured data into narrative reports often generate formulaic and less readable texts, especially in Hungarian because of its morphological complexity.

This interdisciplinary study examined whether large language models (LLMs) can generate clinically accurate and linguistically natural reports from structured data while preserving medically relevant information. After evaluating several models, Gemma 3 27B Instruct and Gemini 2.5 Flash were selected for further analysis. The corpus included 100 physician-authored free-text shoulder surgery reports, their automatically generated Biobank-structured counterparts, and LLM-generated reports derived from the same structured input, resulting in four comparable datasets of 100 reports each. Linguistic analysis was conducted using MAXQDA 24.

Clinically, LLM-generated reports were compared with Biobank-structured reference reports regarding informational accuracy, textual fidelity, and expert-rated content validity. After iterative validation, both models produced clinically accurate reports with high fidelity to the source data and no hallucinations. Clinician acceptance of report wording was high (~95%), although preferences differed between more concise and more descriptive formulations.

Linguistic analysis showed that Biobank-structured reports most closely resembled physician-authored texts. LLM-generated reports were significantly longer because of inconsistent tense usage and an overreliance on past tense forms uncommon in clinical documentation. Original reports more often expressed posteriority (e.g., “after”), whereas generated texts favored simultaneity markers (e.g., “during”). Nominal sentence structures were rare; instead, the models frequently used verbose light-verb constructions, passive-like formulations, and unnecessary explanations of medical terminology.

Overall, LLMs show promise for bridging structured and free-text clinical reporting and may help reduce documentation burden and improve consistency. However, linguistically informed training and validation remain essential for future clinical text generation systems.



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RECONTEXTUALIZING MEDICAL RESEARCH THROUGH CONNECTED SUMMARY GENRES: A RHETORICAL ANALYSIS OF ABSTRACTS, EMBEDDED SUMMARIES, AND PODCASTS IN JAMA NETWORK OPEN AND THE LANCET

Keywords:

digital genres, summary genres, medical communication, multimodal communication, ESP

Abstract:

Online scholarly journals harness the hypertextual and multimodal affordances of the Internet to enrich their content, expand their communication practices, and broaden their offerings (Luzón & Pérez-Llantada, 2022). High-impact medical journals now disseminate research through networks of connected add-on summary genres that complement and enhance research articles recontextualizing the same study for different audiences and media (Harmon 2019). Although selected digital dissemination multimodal genres have been examined (Cocchetta, 2020; Breeze, 2016), comparative work mapping the rhetorical structure of multiple interlinked summary genres within a single journal ecosystem remains scarce. This study addresses this gap by comparing a corpus of 60 genre networks from JAMA Network Open and The Lancet (30 from each journal compiled between 2022 and 2025), each consisting of a structured abstract, an embedded textual summary (Key Points/Research in Context), and a journal-produced podcast. The texts were coded using move-step analysis, with moves first identified within each genre, then aligned across genres within each journal, and finally compared across journals to trace how audio summaries remediate written summaries. Within-genre coding and cross-genre alignment show strong convergence in core communicative functions across modes. Yet move realization varies across genres as some summary genres curate headline findings while others foreground contribution and relevance, leveraging their multimodal affordances. Overall, the six genres form a multimodal summary network that blends informative and promotional purposes and extends the research article's reach within a digital publishing ecology. For ESP/EAP in medical contexts, the described move patterns support teaching that links genre awareness to multimodal literacy and trains learners to transfer content across written and oral summaries while adjusting audience design.

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**HEALTHCARE COMMUNICATION AT THE UNIVERSITY LEVEL: HOW TO HELP STUDENTS TO
DEVELOP HEALTHY LIFE-STYLE HABITS AND COMMUNICATION SKILLS IN THE FIELD OF
OBESITY**

Keywords:

Edu-Fit, sensitive communication, terminology, obesity, healthy lifestyle

Abstract:

Poor diet and physical inactivity directly affect millions of people. Up to 7% of EU health budgets are spent yearly on diseases linked to obesity with still approximately 2.8 million deaths per year from causes associated with overweight and obesity. Within higher education study programs, students are rarely offered any curricula or didactic materials on problems associated with obesity and overweight. The Erasmus+ project EDU-FIT: Inclusive social education fit for a healthy lifestyle: Preventing obesity in young adults was a collaborative effort involving partners from five countries: Croatia, Slovenia, Portugal, Slovakia, and Norway. EDU-FIT intends to enhance student well-being through accessible and sustainable online resources aimed at raising awareness about the importance of developing healthy lifestyle habits and creating sustainable methods and practices to prevent obesity. The project's outcome is a curriculum for an elective course which will be offered at the University of Maribor. A part of the didactic material is an interactive multilingual digital handbook, which will be used as a guideline for developing healthy lifestyle habits and preventing obesity among students. The presentation focuses on the methodology and results of the implementation of the curriculum on an active lifestyle and prevention overweight while studying. The research also includes the study on how obesity-related terminology (fat, adipose, obese, chubby) is perceived in translations into Slovene language and identifies which terms are more acceptable or offensive in healthcare and everyday communication contexts. The research was conducted among 208 students. This part of the study explores contextual differences, educational background (medical vs. non-medical students), and cultural variability of obesity-related terminology.



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**AT THE CROSSROADS OF HEALTH COMMUNICATION, TERMINOLOGY WORK AND AI:
EVALUATING LLMs FOR DRAFTING PLAIN-LANGUAGE DEFINITIONS OF CARDIOLOGY TERMS IN
CATALAN**

Keywords:

generative artificial intelligence, health communication, medical terminology, plain language, terminology work

Abstract:

In an evolving information landscape where laypersons increasingly seek medical information, the need for plain-language communication has never been greater. Central to this effort is the challenge of defining specialized medical terms clearly while maintaining conceptual precision. At the same time, Large Language Models (LLMs) are playing an increasingly prominent role in terminology workflows, including the creation of plain-language definitions.

The study is situated at the intersection of health communication and AI-assisted terminology work, using cardiology as its case study. It examines the use of LLMs to automate the drafting of plain-language definitions of cardiology terms in Catalan. The primary objective is to evaluate two model ecosystems (GPT 4.1 and Mistral 3), representing distinct approaches to AI. This evaluation is conducted through the controlled generation of definitions for a closed set of terms via API-based workflows and structured prompting to ensure output comparability. Specifically, the study focuses on 69 terms referring to two subject areas in the field of cardiology: diagnostic tests and treatments. The terms were selected from the list proposed in Spanish by Vidal-Sabanés and Da Cunha (2025). Catalan equivalents were then identified for these terms. These were validated by three cardiology specialists, and the final selection of terms in Catalan was determined through inter-annotator agreement. The methodology comprises three sequential phases: model-based generation, automated quantitative evaluation using an LLM judge, and qualitative cross-model comparison based on expert validation conducted by specialists in cardiology, plain language, and Catalan language.

The findings support an 'assisted-use' paradigm, demonstrating that while AI-generated definitions serve as efficient structured baselines for terminology work, systematic human intervention, either pre- and post-generation, remains indispensable for ensuring conceptual reliability and communicative clarity. The evaluation confirms that LLMs are most effective when embedded in a human-controlled pipeline that enhances, rather than replaces, expert terminological practice. By emphasizing the need for expert curation, the study highlights the transformative potential of LLMs for specialized plain-language definition drafting in minority or lesser-resourced languages.

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MEDICAL TERMINOLOGY IN THE DIGITAL AGE: TRANSLATION CHALLENGES AND PEDAGOGICAL IMPLICATIONS FOR ROMANIAN MEDICAL STUDENTS

Keywords:

medical vocabulary acquisition, translation competence, neural machine (NMT) translation, source language (SL), target language (TL)

Abstract:

This paper explores the role of translation as a cognitive learning strategy in the acquisition of medical terminology among first- and second-year medical students at 'Ovidius' University of Constanta, Romania. The study is carried out within Medical English seminars, which form an integral part of the students' academic curriculum. In this learning context, students often engage in bidirectional translation activities (English–Romanian and Romanian–English), alongside vocabulary mediation tasks that aim to strengthen their specialized lexical competence, reading comprehension, and communicative production. These skills are essential for future clinical practice in international environments, for accessing medical literature in English, and for participating in global scientific communication. The study specifically examines the impact of neural machine translation (NMT) tools (e.g., Google Translate and DeepL) and AI language models (e.g., ChatGPT) on the learning process, evaluating how these technologies shape the acquisition and use of medical terminology. Special attention is given to lexical accuracy, collocational competence, complex nominal compounds, and register awareness.

The research is based on a pedagogical corpus of 123 English–Romanian and Romanian–English tasks, totaling 28,374 words, collected from 55 General Medicine students (30 first-year and 25 second-year students) during the 2025-2026 academic year. The corpus includes preclinical texts, patient information materials, descriptions of diseases, and simulated doctor–patient communication dialogues. From a methodological perspective, the study employs classroom observation alongside qualitative error analysis and a contrastive evaluation of student outputs versus those generated by NMT and AI systems. Findings reveal persistent challenges in both translation directions, particularly regarding collocational accuracy, register awareness, and the interpretation of complex nominal compounds—errors frequently rooted in interlingual interference and literal transfer from Romanian. At the same time, findings indicate that NMT systems and AI tools can provide accurate and idiomatic solutions in certain contexts, particularly in relation to collocational usage; however, uncritical reliance on these technologies may also reinforce non-idiomatic or contextually inappropriate lexical choices.

The study concludes that translation remains a key cognitive strategy in Medical English instruction, while NMT systems and AI language models can function as valuable pedagogical support when used critically and reflectively. The findings highlight the importance of integrating contrastive analysis, collocational awareness, and guided use of digital translation tools in order to enhance terminological precision and communicative competence in medical English.



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INFORMATION STRUCTURING AND THEMATIC PROGRESSION IN EASY-TO-READ HEALTH INFORMATION TEXTS

Keywords:

patient information materials, information structuring, easy-to-read communication, Leichte Sprache, thematic progression

Abstract:

Introduction: In the context of making healthcare documents accessible, the primary goal of easy-to-read texts is to minimize cognitive load for the target audience with intellectual or linguistic barriers. While our previous research focused mainly on terminological issues (Vorzsák et al. 2024, 2025a, 2025b, 2025c), the present study examines information structuring, which determines overall text cohesion. The study investigates how specific text-cohesion devices (e.g., anaphora, lexical repetition) support different types of thematic progression for the target audience.

Methods: The theoretical framework is based on the easy-to-read guidelines of Bredel and Maaß (2016a, 2016b) and the thematic progression models of Daneš (1974). The qualitative and quantitative analysis is based on a corpus consisting of a German health portal and three Hungarian easy-to-read patient information materials. During the investigation, the manifestations of progression types and their associated text-cohesion devices were identified and manually coded using MAXQDA 24 software.

Results: The analysis revealed that constant theme progression dominates easy-to-read texts and is most frequently supported by the explicit repetition of nouns (lexical recurrence) rather than pronominal references. In cases of linear progression, the texts avoid complex back-references and instead employ short, syntactically simple sentence structures. In the German samples, the visual and linguistic separation of the theme-rheme structure is more deliberate, whereas the use of cohesive devices in the Hungarian samples appears less systematic.

Discussion: The findings confirm that the conscious selection of thematic progression in easy-to-read texts aligns with established easy-to-read guidelines. In Hungarian easy-to-read patient information materials, the explicit marking of linear chains and constant themes is recommended. This research contributes to the theoretical foundation of the forthcoming Hungarian easy-to-read regulatory framework, particularly with regard to guidelines for information structuring.

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CHATGPT AS A DIDACTIC TOOL IN TEACHING MEDICAL HUNGARIAN: NEEDS ANALYSIS AND PILOT DEVELOPMENT

Keywords:

ChatGPT in medical education, language for medical purposes, needs analysis, AI-supported language learning, guided dialogic practice

Abstract:

With the emergence of ChatGPT, students are increasingly using AI-based tools in their learning; however, their use is typically ad hoc and unstructured. In the context of teaching medical Hungarian, particularly in practicing medical history taking, this type of use does not sufficiently support the development of linguistic and interactional competences required for doctor–patient communication.

The development was initiated by the teaching observation that students primarily use ChatGPT as a “last resort” tool before exams, without a guided learning framework. This raised the question of how ChatGPT can be transformed into a didactically structured learning tool that supports competence development.

The aim of the study was to conduct an exploratory needs analysis to guide this development. An adapted questionnaire based on Sallam et al. (2023) was administered to German-speaking (N = 41) and English-speaking (N = 22) medical students in semesters 1–3 (total N = 63).

The results show that only 24% of students have so far used ChatGPT for practicing medical history taking, while 78% would use a structured tool regularly, and 88% would find it particularly useful before exams.

In parallel with the survey, two Custom GPTs supporting voice-based interaction were developed, each containing ten patient profiles aligned to the same language level. The system enables the practice of question–answer–follow-up sequences, as well as the development of listening comprehension and spontaneous response skills, which are only achieved limitedly with traditional teaching materials.

Pilot results indicate that the educational value of ChatGPT lies not in the technology itself, but in the didactic structure defined by the teacher and in the provision of a safe, low-stakes practice environment.

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THE CLINICIAN AS LANGUAGE MAKER: NOTIONS OF CORRECTNESS IN LANGUAGE THERAPY

Keywords:

clinical linguistics, sociolinguistics, language ideologies, language making, language therapy

Abstract:

Language therapy operates between linguistics and medicine and must account for patients' diverse social and linguistic backgrounds, particularly as highly complex repertoires have become the norm (Blommaert & Backus, 2013; Grohnfeldt, 2018). Yet for multilingual and multidialectal individuals, standardized or adequately normed assessments are still scarce, leaving clinicians to determine clinical relevance largely through their own judgement (Scharff Rethfeldt, 2020). In this scenario, language therapists hold authority over what language can be considered correct, often without proper guidelines, turning them into language makers (Krämer et al., 2022).

Reliance on standard language norms risks stigmatizing speakers of non-standard varieties and contributes to misdiagnosis, especially when monolingual benchmarks are treated as universal (Archer et al., 2024). Research repeatedly shows that many clinicians feel unprepared for linguistically diverse encounters (Altman et al., 2022; Bloder et al., 2021; Brea-Spahn & Bauler, 2023; J. Centeno, 2009; J. G. Centeno, 2015; Newbury et al., 2020; Norvik et al., 2022; Scharff Rethfeldt, 2019; Stanford et al., 2024).

This study therefore examines how language is constructed in German logopedics textbooks intended for training and exam preparation adopting a qualitative approach (Kuckartz & Rädiker, 2022). To this end, the volumes focused on language disorders (excluding mainly motoric issues) from the series "Forum Logopädie" by the publisher Thieme and "Praxiswissen Logopädie" by Springer Berlin Wiesbaden are examined. In particular, the study deals with conceptualizations of language and multilingualism, ideas on legitimacy of language skills, and notions of correctness. Early analysis points to a pronounced reliance on standard language ideology (Vogl, 2012), shaped by the long-standing association of linguistic uniformity with the nation-state and echoed in assumptions that individuals possess a single, stable "native" language. This perspective, however, sits alongside passages that praise multilingualism and linguistic fluidity, revealing unresolved contradictions in how language is conceptualized.

Textbook corpus

The corpus consists of two book series intended for teaching and exam preparation with most books focusing on a specific diagnosis. Exceptions include certain therapy forms or books on a certain circumstance (multilingualism, certain age groups etc.) covering several disorders in this context. This ongoing study only examines books that focus on language disorders, excluding primarily motoric issues such as dyspraxia.

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PATIENTS' PERSPECTIVES ON BEING ADDRESSED: INSIGHTS FROM POLISH HEALTHCARE COMMUNICATION

Keywords:

forms of address, healthcare interaction, power, respect, patient's perspectives, online discussion forum

Abstract:

Forms of address in healthcare interactions signal more than politeness: they index professional identity, relative power of the participants, relational distance, and the expectations of normative and respectful communication. In the sensitive context of offering and receiving medical help, misalignment of mutual expectations can introduce interactional ambiguity or even miscommunication. Our study was inspired by a doctor–patient exchange, with the doctor's address perceived as patronizing or plain rude, even if intended as just impersonal.

As data, we used an online discussion in Polish on the questionable practices of doctors' addressing patients in healthcare contexts. The long list of lively opinions (approx. 1,700 replies) was prompted by a quotation from a movie scene epitomizing a communicative conflict: the doctor's disrespectful turn and the patient's defensive response. Forum participants followed up with numerous accounts of their personal experience, including discourse examples and their situated meanings. Our aim was to uncover the meanings patients ascribe to particular reference practices.

The examples involved the use of the patterns of addressing the patient: (1) imperative constructions in third-person singular without the honorific title *pan/pani*; (2) imperative constructions in third-person singular with the nominal reference to the addressee, e.g., *mama*; (3) informal second-person singular address; (4) first name direct address (5) unjustified diminutives or kinship terms.

An examination of participants' comments revealed their emotional (and largely negative) reactions to the address form usage they witnessed.

The ethnographic analysis has shown that even seemingly minor referential choices may position the patient as passive or dependent. While often motivated by routinization, time pressure, or attempts to signal friendliness, such practices may be interpreted by patients as dismissive, patronizing, or exclusionary while patients expect to be treated with respect and dignity.



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