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## CONTRASTIVE ANALYSIS OF STUDENTS' TRANSLATION OF POPULAR MEDICAL DISCOURSE

**Summary:** The aim of the paper is to analyze the first year medical undergraduates' translation of sentences taken from popular medical TV series in English. It is presumed that the students have not had any contact with medical English before. Contrastive analysis is conducted and mainly focuses on the semantic and syntactic elements of their translation equivalents. Our main focus is to identify the most common translation errors in the general medical discourse. It is of vital importance for students to master both Serbian and English medical language. Furthermore, proficiency of the medical terminology will be an important part of their future profession and research.

**Key words:** contrastive analysis, medical language, translation equivalence, popular medical discourse.

### Introduction

In today's world, we live in and are influenced by an abundance of information; one might even say white noise of facts, concepts and ideas. We live in a world where information and knowledge are easily accessible and their flow is constant and non-abiding. Our everyday is filled with clutter and chaos of data, thoughts, and impressions. This state of affairs is not, however, in itself negative. One can in this opulence turn their focus to what they need and are interested in. Namely, one can tailor their exposure to information in a way that can benefit them and help them on either their professional or personal life path. Having this in mind, we decided to explore to what extent popular medical discourse has had an effect on students of medicine. We started with the presupposition, that being future medical professionals, they have consciously or unknowingly exposed themselves to medical content available in myriad of forms. The most easily digestible and available medical content is in the form of films, series, medical blogs, question and answer (Q&A) portals, and different wikis. We have defined the content and the language of these media as popular medical discourse. In this paper we will explore to what extent has popular medical discourse influenced the knowledge of medical students, i.e. their understanding of medical English (ME) and medical concepts. We presumed that the students have not had any contact with medical English (ME) before, especially with English for Medical

Academic Purposes (EMAP). Taking this into consideration, we have decided to identify the level of acquaintance and understanding of certain medical terms and general English knowledge through a short translation exercise. The corpus was gathered from popular medical TV series. This type of content was chosen due to its popularity, pervasiveness and accessibility.

### **Contrastive Analysis**

Contrastive analysis (CA) is one of the most developed procedures within contrastive linguistics by which explicit similarities and differences between, by rule, two, or more languages are to be gained by systematic comparison of the description of the languages in question. This is a procedure in which one language, language A, is studied either through the prism of another language, language B, or the languages A and B are compared based on some common feature. Translation equivalents are one of the ways to discover similarities and differences between languages, i.e. one technique of CA (Djordjevic 1987: 3).

CA proper presupposes a previous analysis of the lexicon of two languages, so the task of contrastive lexicology is to compare linguistic descriptions expressed within the same lexicological framework, lexical competence of the speakers of the two studied languages (James 1999: 85).

Many problems arise in the application of CA to medical terms in English and Serbian. Medical terminological field has been very wide in scope; there have been a small number of theoretical articles in this area, translated work and bilingual dictionaries (Micic 2009: 66).

### **Translation**

Translation is usually understood as a process of rendering the same meaning of the text from one language, source language (SL) in another, target language (TL), that is creating a translated text. However, often there occurs some change of the source message involving two aspects: translational recreation or recoding and translational modification. What the sender of the message actually says or implies as retrieved by a knowledgeable recipient of the coded message is known as intention (Lyons 1981: 23, Palmer 1981: 41). There are many different types of intentions or communicative functions (the referential one having special relevance in this paper). In recreation, intentions from the SL are evoked in the TL, whereas in modification they are altered sometimes to such a large extent that the TL text can be considered as adaptation. In the translation process, the attitude towards the recipient of the translation is to be assumed very early in the translation process. Then follows the decision as to the degree of literalness. For the recipient, interpretation of the source textual function/intention is dependent on either linguistic or extralinguistic context. Successful, i.e. adequate, translation implies not only the knowledge of the SL and the TL but contrastive competence, using primarily semantic as well as formal correspondents but also words and structures other than the corresponding ones

to render the same or similar meaning. In the former case, it is strictly literal translation in which the translator adopts a principled approach to the source text. There is no need to change the original mould. In the latter case, (s)he takes a pragmatic approach. It is the question of free translations, adaptations, paraphrases, where the TL text is independent (Hlebec 2009: 176-183). In discussing restrictions of the TL, it is interesting to mention Janicijevic's differentiation between somewhat freer translations and almost completely different texts. The first ones are formally and semantically adapted to the SL whereas the second ones are shortened, contracted, formally and semantically new compared to the SL. The purpose is to have more complete and acceptable acting of the SL in a new environment (Janicijevic 1977: 20). So far, what has been outlined can be put under, in Florin's terms, the factors influencing the choice of translation (the contextual relevance of objects, their type and the recipient). She adds two more important factors: linguistic and cultural practice and register characteristics (Florin, 1983: 16, 63), the latter being especially important in the context of technical translation.

### **Technical translation**

According to Micic (2011: 532-534) technical translation implies a process of recreation or recoding, modification and (sometimes) adaptation of the SL special(ist) texts that belong to technical occupational registers in the TL. The terms register (Catford, 1965, writes about scientific register), style (Mladenov, 1980; functional style, Tosovic, 2002) and province (Crystal-Davy, 1969) have been used in literature to denote a specific choice of grammatical and lexical devices, which reflects a particular type and manner of interest for some field of knowledge. There is a theme/topic and attitude towards that theme (in Swales' (1990) terms, discourse). S. Blagojevic (2008) writes about big differences between research report and research project and adaptation of one genre into the other is an undertaking requiring not only detailed knowing of characteristics of the first and the second but includes the skill of getting to know specificities of the social group to which the given genre is intended (there is precise anticipation of the expectations of that social group, i.e. discourse community). To illustrate, what is to be done when we want to present scientific knowledge owned by a narrow expert group to a larger readership? She goes on to define the rhetoric of scientific discourse and describes its types. Only the information interesting to a wider public is taken from a scientific text and also the author's hedging is excluded. An illustration is given for the physician-researcher who will outline the suggestion for treatment of some illness by giving a series of cases while the journalist will present sensational cases to incite the attention of the readership. It is the scientific truth that matters in both cases (Blagojevic 2008: 202-208). The term 'occupational registers' refers to specific codes for the transfer of information among specialists. They are largely opaque outside the specialist community. Complex matters specific to a field are discussed in a practical and convenient, shorthand, manner (Fleischman, 2006: 475). One such register is the Language of Science and Technology (LST), characterized by special(ist) terms and terminological combinations. The terms are associated with the explicitly and strictly defined concept about science and technology. Thus their referential function is expressed most, it predominates, other functions (e.g. expressive or

aesthetic) being much less important. This allows a principled approach to translation implying, more or less, strictly literal translation – transcription and transliteration of the terms. They are stylistically undesignated (cognates), there is usually 1:1 translational equivalence and they have only one meaning in the SL and TL. Their use is common and standardized. (Newmark 1981: 16; Wilss 1982: 129-130). In some circumstances, a term will be cognate with the equivalent term in the students' first language and will not therefore cause difficulty. The only difficulty may be with pronunciation. Examples: 'diagnosis/*dijagnoza*', 'pneumonia/*pneumonija*'. If the term is not cognate and is unfamiliar, then it may need to be introduced and explained before the exercise is tackled. This especially applies to subtechnical words. Examples: 'history/*anamneza*', 'strain/*naprezanje*' (Micic 2008 a: 174). Based on the abovementioned, it would seem that technical translation is an easy process: simple rendering of the SL terms and their combinations in the TL. However, according to Vesler, LST places the translator in a challenging position out of, at least, three reasons: 1) LST becomes increasingly encapsulated, i.e. every smaller subject area (especially the emerging one) develops its internal lingo and respective new terms and expressions in the SL; the result is no terms, translation equivalents, in the TL; 2) LST is increasingly cross-disciplinary, i.e. it borrows concepts and respective terms from one area of knowledge and applies them in the other in the SL – migration of terminology; the result is the same as under 1); 3) the 'explosion' of neologisms in the SL (for objects and concepts non-existent in the TL) for an object has a term with different or 'shifted' meaning in the TL; the examples in medical translation involve terms for innovative and advanced technology and endemic diseases (Vesler 2009: 3). As for 1), medicine is so highly compartmentalized that when one is faced with a dermatology translation, one's background in surgery offers little help (O'Neill 1998: 76). For example, in Micic's *Medical Dictionary*, English-Serbian, Serbian-English, for the term 'pacemaker' there are translation equivalents 'пејсмејкер' but also 'водич срчаног ритма' (Micic 2007: 300). For the situation under 2), we can mention the term 'imaging' borrowed from photography and used as part of the abbreviation MRI (magnetic resonance imaging) in nuclear medicine. For 3), we can provide an example 'transducer' taken from vascular surgery which has no translation equivalent in Serbian (although there is the term 'трансдјусер' used, Vucinic 1999: ). These and numerous other terms are impossible to find in traditional translation sources such as dictionaries. They are rare, finding them consumes most of the translator's time and effort, not to mention their rendering and verification in the TL. They are referred to as marginal terminology which is defined as 'not only low-frequency terms native to the subject area but also terms from other disciplines, professional lingo, corporate buzzwords, unconventional usage, neologisms, etc.' (Vesler 2009: 4-5). All the abovementioned is applicable to the area of modern medicine, so we shall now take the Language of Medicine into consideration.

### Corpus

Previous selection of chosen lexical terms was made according to their syntactic and semantic features. The corpus includes both English technical as well as standard medical terms and their Serbian equivalents. The analysis of complexity of English terms and their equivalents in the Serbian language was done. Comparison was made by the

technique of translation equivalents. As to the CA, microlinguistic plan of the description of English and Serbian was observed and analyzed and the synchronic aspect was included, too. Syntagmatic comparisons (horizontal linear sequences of nominal, verbal phrases) of comparison within the two linguistic systems (English and Serbian). By the English language we mean British and American variant with no differentiation, and the Serbian language is the Eastern variant of the standard Serbian, and the written one.

The step that preceded the assemblage of the corpus was in the form of an informal interview about the influence and popularity of medical TV series with the students. The students were asked what shows they followed the most, what their favourite ones were and to what extent has the experience of watching these shows influenced their decision to enroll into the Medical Faculty. Having formed a general idea about the students' preferences, a preliminary list of the shows ensued. The list included, more or less precisely, *Grey's Anatomy*, *House M.D.*, *Scrubs*, *Royal Pains*, *Emily Owens M.D.* and *Bones*. *Bones* was excluded from this research on the basis of inadequacy, since it belongs to a crime drama genre. Another five shows were added for various reasons. *Chicago Hope* and *ER* were included in the corpus as the predecessors of the genre. These two series were important because they paved the way and because of their longevity. Both *Chicago Hope* and *ER* started airing in 1994 and stopped in 2000 and 2009 respectively. *Monday Mornings* was included on the basis of its educational character, since the plot revolves around staff meetings, in which the doctors go over what has been done in the previous week and question both their professional and ethical conduct. *Nurse Jackie* was included as the only representative of a series where nurses are the main characters. *Mental* was the last addition to the corpus with its relevance lying in its setting, i.e. a psychiatric institution. We are of the opinion that the latter two are particularly important. Their importance lies in the fact that our students, future physicians, will be cooperating on a daily basis with nurses and other medical personnel, and that knowledge of the terminology and jargon used by them could be of vital importance. Furthermore, psychiatry is one specialization out of many, however, with very specific terminology to it, and also a specialization not usually pursued by the majority.

Having all the aforementioned in mind, we have extracted twelve sentences from different episodes of these TV series. All the sentences are parts of dialogues that have an array of interlocutors and situations. Different situational contexts are represented ranging from the ER, laboratory, examinations, rounds, to bedside manner. Participants of the conversations vary from doctor to doctor, doctor to nurse, paramedic to doctor, doctor to patient, and doctor to patient's parents.

### **Procedure**

The extracted sentences were given to students as a diagnostic test. The students, who participated in this research, belong to two groups of the first year students, enrolled in the school year 2015/2016. The first group consisted of 67, and the second one of 68 students. The total number of students who participated is 135. They were allotted 30 minutes for the assignment. The instructions were to try to translate all of the sentences into Serbian. The tasks were done individually and from no help on our side. There were

two sets of six sentences for these two groups of students:

**Set 1:** “Excess fluid in the abdomen, that’s what’s causing shortness of breath.” **Set 2:** “When you harvested stem cells, did you retain the left-over marrow?”

“Mr. Blair, that infection keeps hanging around, so I want to put you on a broader-spectrum antibiotic that we’ll administer intravenously.”

“Patient experiences shock-like sensations, as well as, headaches, nausea, and drowsiness.”

“The radiation measurements weren’t high enough to cause central nervous system damage.”

“The patient suffers from depression, anxiety, and disorganized thinking.”

“Anonymous call. Found her on the floor of her house. Multiple contusions, bruises to the face and chest, conscious, but unresponsive.”

“She was admitted for observation. Her vitals were stable, but an hour ago she developed aphasia.”

“Teeth cleaning is among the leading causes of infective endocarditis.”

“I was just checking a man’s artery for calcium deposits.”

“Unfortunately, the hepatitis is causing Sam’s liver to fail. We can’t reverse the damage, he will need a partial liver transplant.”

“I removed a small blood clot from the pericardium. No obvious cardiac injuries.”

### Analysis

In this paper we will adopt Bayar’s (2007) equivalence theory. She makes a distinction between several types of equivalence: formal equivalence, semantic equivalence, cultural equivalence and pragmatic equivalence. We will focus on formal equivalence which “designates an area of correspondence ranging around the word, albeit involving lower units such as the phoneme or the morpheme” (Bayar 2007: 163) and semantic equivalence which relies on preservation of connotation, denotation and propositional content.

Bayar distinguishes seven degrees of equivalence: optimum translation, near-optimum translation, partial translation, weaker and stronger translation, poor translation, mistranslation and zero equivalence/non-translation. Optimum translation is defined as “the closest equivalence degree attainable, given the circumstances, the linguistic and extralinguistic resources actually available to the translator” (Bayar 2007: 214). Translation into TL should be readable, grammatical, and coherent. Near-optimum translation retains cohesiveness and coherence but is of reduced readability (smoothness of its readability is hindered), i.e. does not reach the optimum level. Partial translation refers to partially

rendered goal of the SL. Weaker and stronger versions reproduce SL goals in ‘attenuated terms’ in weaker versions, and stronger terms in stronger versions (Bayar 2007: 221). In poor translation the goal of the SL might be retained, but the readability is on a very low level. Mistranslation, similar to poor translation, lacks readability; however, it does not preserve the goal of the TL. Zero equivalence is when texts are culturally bound, contain culturally bound words, and there is no one-to-one equivalent (Bayar 2007: 223).

We have analyzed students’ translations in accordance with Bayar’s theory, since we found it the most applicable for their level of skill and knowledge. In the following examples we applied the aforementioned degrees of equivalence both on the level of syntax, and lexical and grammatical units:

“*Teeth cleaning is among the leading causes of infective endocarditis.*”

- Čišćenje zuba je među vodećim uzrocima infektivnog endokarditisa. (optimum)
- Čišćenje zuba je jedan od glavnih uzroka infektivnog endokarditisa. (near-optimum)
- Čišćenje zuba uklanja glavne razloge stvaranja karijesa. (mistranslation)
- Pranje zuba je jedan od načina da se izbegnu glavni (vodeći) uzroci infektivnog endokarditisa. (mistranslation)

The second translation of the above sentence has been marked as near-optimum, not because the readability is lessened, but merely due to the near equivalence of the translation of the prepositional phrase *among the leading causes as jedan od glavnih uzroka*, ‘one of the main causes’. The latter two translations have been marked as mistranslations, since the SL goals have been wrongly rendered into the TL. In the third translation, *is among the leading causes* has been translated as *uklanja glavne razloge*, ‘removes/eliminates the main reasons’. Also, *infective endocarditis* has been mistranslated as *stvaranje karijesa*, ‘developing caries’. In the last version the NP, *teeth cleaning*, has been translated as *pranje zuba*, ‘tooth brushing’. *Is among* has been translated as *jedan od načina da se izbegnu*, ‘one of the ways to avoid’. From these examples we can see that some students do not make a distinction between a routine, daily action, and the one done by a medical professional. What is also important is that non-technical words, such as *among* and *causes*, are either not recognized, or are mistranslated by a non-corresponding equivalent, a preposition has been translated as a predicate. Both types of mistranslations are important, having in mind that these are future medical professionals. In the next example, we can see in what way the mistranslation can be problematic in medicine.

"Unfortunately, the hepatitis is causing Sam's liver to fail. We can't reverse the damage, he will need a partial liver transplant."

- Nažalost, hepatitis je prouzrokovao da Semov bubreg otkaže. Ne možemo da uklonimo štetu, bice mu potreban donator bubrega. (mistranslation)
- Nažalost, hepatitis uništava Semovu jetru. Ne možemo popraviti štetu. Trebaće mu transplantacija dela jetre. (stronger version)

In the first example, *Sam's liver* has been translated as *Semov bubreg*, ‘kidney’, *is causing* has been translated as *je prouzrokovao*, ‘(has) caused’, *reverse* as *uklonimo*, ‘to remove’, and *partial liver transplant* as *donator bubrega*, ‘kidney donor’. This example

shows the seriousness of the knowledge gap and the necessity of teaching ME to future health care professionals. The latter translation would be deemed an optimum translation, save for the translation of the passive. Namely, *is causing to fail* has been translated as *uništava*, ‘is destroying’, thus marking it the stronger version. This would not be that much of a problem, if we did not know that this is being said to the patient’s family. Using a stronger version in this case could cause even greater fear and panic, and our students need to be aware of these nuances.

The previous two examples have been observed as a whole, on a syntactic level, but we also wanted to see to what extent are our students acquainted with medical terminology, and with it, inevitably, certain grammatical structures. From the sentence “*When you harvested stem cells, did you retain the left-over marrow?*” we observed some units in isolation and provided the frequency of translation:

When you harvested

- Optimum: Kada si/ste prikupio (6)/prikupili (3); sakupio (3);
- Near-optimum: Kada si/ste prikupljao (5)/prikupljali (1)
- Poor: Kada prikupiš (3)/sakupljaš (2)
- Stronger: Kada si otklonio (1)
- Mistranslation: Kada (si/ste) ubacio, zasejao/zasejete, zamrznuli, prihvatite, uzgajao, oštetiš...

It seems that some students have problems with discerning the tense and aspect, while others are either not familiar with the novel/medical use of the verb *to harvest*, or do not know its meaning at all.

Stem cells

- Optimum: matične ćelije (34)/ stem ćelije (20)
- Mistranslation: primordijalne ćelije (1)/početne ćelije (2)

This particular NP and its translations are interesting on the level of semantics. The students did recognize that *stem* could be in relation to the verb *to stem* and it refers to a beginning/origination, however, their solutions do not have the same denotation in the Serbian language, as they mean primordial cells.

Marrow

- Optimum: koštanu/e srž/i (13)
- Partial: srž/i (19)
- Mistranslation: matične srži (2); kičmenu moždinu (1); sadržaj (1); sloj (1).

Even though in the SL the NP is elliptic, in Serbian *srž* on its own may sound more as medical jargon, while *koštana srž* is a more recognizable and frequent collocation. Thus, we opted for the latter version as the optimum translation.



## Conclusion

The Serbian language of medicine should try and catch up with the latest linguistic developments in the rapidly developing field of medical science and technology. According to Micic (2011: 540) a special linguisticomedical or medicolinguistic analysis of the modern English medical terms is required in the translation process so that the resulting Serbian translation equivalents follow the rules of the Serbian language. Translating new, constantly emerging, English medical terminology into Serbian and other languages of limited diffusion requires constant, systematic teamwork of both medically-knowledgeable linguists and medical professionals, specialists in respective fields. Based on both linguistic norms/laws/rules and medical knowledge of the terms in question, adequate and appropriate Serbian translation equivalents would be successfully (re)created. This is a manner of enriching the Serbian restricted lexical fund in the area of medicine. Many foreign words frequently, often unjustifiably, 'invade' the language. However, newly appearing foreign words or terms have to be accepted as unavoidable elements of a specific process of intellectualization and professionalization of a language (Cupic, Fekete, Terzic 2002: 227). For example, there are two possibilities of using the term AIDS in Serbian: *ejc*, but a better term is *сида* (Klajn 1997: 159). What is even more important is that, in this way, improper adaptation and adoption of the English medical terms into the Serbian language would be avoided. Our medical lexicography is insufficient and modest and it is a must to actively work on it, since it is the imperative of modern lifestyle (Micic 2008 b: 311). Medical terminology and phraseology have to be in accordance with elementary characteristics of a language, especially in the cases when there are no firm reasons to damage the essential features of a linguistic system by terminology (Fekete 2007: 505). Standardization is extremely important otherwise it would not happen that several terms for one concept are used by Serbian physicians (e.g. *їреваленца*, *їреваленција*, *їреваленїносї* for prevalence; Klajn and Sipka give only *їреваленција* as a correct option, Klajn, Sipka 2006: 973). Unnecessary anglicized terms, clumsy non-Serbian sounding phrases, mixed Anglo-Serbian translation equivalents, in Prcic's (2005) words, do not mean anything in either English or Serbian. It is to be specially stressed that once these inappropriate, incomplete terms are used, they become nativized and almost impossible to correct.

Students of medicine will encounter myriad of papers, books and researches in English throughout their studies and future professions. They can always hire a translator, however, it is time and money consuming. Even though, Micic (2011: 541) argues that medical texts should be translated by linguists who consult medical experts, the fact that our students will not always be in a position to rely on a translator remains. Thus, we need to tailor our curriculum to their specific needs. Having conducted the analysis, we have pinpointed certain problems: no distinction between tenses, progressive and perfect aspect; non-recognition of prepositional phrases; lack of knowledge of novel uses of known words in medicine (e.g. to harvest); usage of passive voice, etc. These insights can help us to better adjust the curriculum to student's needs, and focus on empowering them in their knowledge and usage of both medical and general English.

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## Corpus

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### KONTRASTIVNA ANALIZA STUDENTSKIH PREVODA POPULARNOG MEDICINSKOG DISKURSA

**Sažetak:** Cilj ovog rada je analiza prevoda, studenata prve godine medicinskog fakulteta, rečenica uzetih iz popularnih medicinskih TV serija na engleskom jeziku. Naš izbor korpusa zasniva se na dostupnosti i popularnosti ovih serija. Pretpostavljamo da studenti nisu imali prethodni kontakt sa medicinskim engleskim. Izdvojeno je deset primera radi na srpski jezik. Test je koncipiran kao dijagnostički test za oko 150 studenata. Fokus analize je na semantičkim i sintaktičkim elementima prevodnih ekvivalenata, kao i na identifikaciji najčešćih prevodnih grešaka u opštem medicinskom diskursu. Ove greške mogu imati značajan uticaj na razumevanje jezika medicine. Rezultati analize nam ukazuju na oblasti, kako gramatičke, tako i leksičke, kojima treba posvetiti više pažnje u radu sa studentima. S obzirom na buduću profesiju naših ispitanika, od vitalne je važnosti da savladaju i srpski i engleski jezik medicine. Pored poznavanja medicine, poznavanje medicinske terminologije biće od velikog značaja za njihovu buduću profesiju i istraživački rad.

**Ključne reči:** kontrastivna analiza, jezik medicine, prevodna ekvivalencija, popularni medicinski diskurs.