Buletinul Ştiinţific al Universităţii Politehnica Timişoara
Seria Limbi moderne

Scientific Bulletin of the Politehnica University of Timişoara
Transactions on Modern Languages

Vol. 25, Special Issue: Language, Communication and Society / 2026

From Clinical Precision to Open Knowledge: An Experience of Negotiating Expertise in Medical Translation on Wikipedia

Désirée RUSSO*

Abstract: This article highlights the need for translation sensitivity in online, collaborative, medical translation on Wikipedia by empirically examining the author's lived experience through triangulation of the autoethnographic method and case study analysis. The results demonstrate that Wikipedia medical translation is a process of knowledge mediation, requiring a balance between medical expertise and open-knowledge standards to improve online health literacy.

Keywords: specialised translation, knowledge mediation, Wikipedia, qualitative research, case study, autoethnography.

1. Introduction

Medical translation traditionally occurs within highly professional and standardised environments, viz., academic publishing, pharmaceutical and clinical documentation, and official health communication. These contexts emphasise the need for precision in terms of terminological consistency, conceptual exactness, and strict adherence to specific requirements of genre and style (Crăineanu and Dejica 2025; Dejica 2016, 2020, 2026; Fischbach 1998; Gotti 2011, 2015; Kovacs and Dejica 2025; Kovacs and Dejica 2026; Montalt-Resurrecció and González Davies 2007; Ordóñez-López and Edo-Marzá 2016; Scarpa 2008, 2020). Whilst medical translation is a prolific, professional field, volunteer practices of "online, collaborative translation" (Jiménez-Crespo 2017, 18) of the 'new' media currently challenge established frameworks for medical translation due to the role of *prosumers* (Toffler 1980), who participate in knowledge production and dissemination (Benkler 2006).

* Ph.D. candidate in English Linguistics and Translation Studies, Department of Innovation and Research in the Humanities, University of Bari 'Aldo Moro', Italy, d.russo31@phd.uniba.it

BUPT

Among such platforms, Wikipedia represents a multilingual encyclopaedia of sorts that includes a structured network of medical fields and related content, such as medical terminology standards (e.g., Wikipedia: *Portal:Medicine*, online). Widely consulted for its medical content by both laypeople and professionals, Wikipedia is increasingly recognised as a key source of health information (Heilman and West 2015). However, the translation strategies employed to disseminate medical knowledge across Wikipedia language editions remain underexplored. Thus, it constitutes an ideal breeding ground for medical translation research.

The theoretical significance of this research lies in its contribution to underlining the need for translational sensitivity in medical translation on Wikipedia, which, in turn, reflects the practical significance of translation strategies affecting the dissemination of medical knowledge online. Miscommunication in medical contexts is acknowledged to lead to misdiagnosis, incorrect treatment, and other serious consequences. Nonetheless, since the COVID-19 pandemic the general public has consulted Wikipedia to address their own health concerns.

Therefore, by bringing together studies in the research fields of medical translation and Wikipedia, this study offers theoretical insights into how expertise is negotiated in medical translation on Wikipedia, adopting the knowledge mediation paradigm (Montalt-Resurrecció and Shuttleworth 2021). This paradigm helps elucidate the processes behind Wikipedia medical translation, which involve de-specialisation strategies to make expert-oriented content more accessible and usable for semi-experts or the general public. The strategies and six-phase organisation of the translation process adopted in the online, collaborative, medical translation analysed are based on Scarpa (2008) and Gouadec's (2007) translation models. Notably, these strategies include adapting specialised discourse to the expectations of a lay audience.

From the methodological perspective, this study is intended to observe the phenomenon of collaborative medical translation on Wikipedia, using the author's experience as an MA student in *Translatathon@Uniba* transversal competence training course held at the University of Bari 'Aldo Moro' in 2021 through a qualitative, naturalistic approach. Triangulating the autoethnographic method (Borg 2024b, 2026; Ellis and Bochner 2000; Hokkanen 2017) with case study analysis (Dejica 2016; Neubert 2004; Susam-Sarajeva 2009; Tekwa 2024; Toury 2012) enables an understanding of human agency in collaborative decision-making at various stages of the translation process (Borg 2018; Dejica and Dejica-Cartis 2020; Hirvonen 2025; Hirvonen, Hakola, and Klade 2023; Pavlović 2013). In line with the scope of the "translab" (Alfer 2017), this integrated framework underscores the role of reflexivity and bridges translation theory and practice by analysing real translation tasks in process-oriented research. It focuses on *how* the translation occurred, examining cognitive processes, strategies, and decision chains. As Hirvonen (2025, 61–62) points out, the "unobservability" of cognitive processes can be redefined by using tools such as collaborative translation protocols (CTPs) (Pavlović 2013).

BUPT

This article is organised as follows: *Section 2* outlines the background research in medical translation and Wikipedia; *Section 3* describes the methodology employed; *Section 4* presents the results; *Section 5* provides concluding remarks.

2. Background: Medical translation on Wikipedia explained

Medical translation is among the oldest forms of translation, traceable to *The Diagnostic Book* (Finkel 2000; Geller 2010; Heeßel 2004), known as *Sa-gig*, roughly translated as "symptom" from Sumerian by Rutz (2011, 294). These cuneiform tablets contained multilingual compilations of diagnostic and prognostic texts in Sumerian, Ugaritic, Akkadian, and Hurrian. Other early examples include the Roman translation of Greek medical knowledge, such as Aulus Cornelius Celsus's partial transmission of the *Corpus Hippocraticum* into Latin, and medieval movements like the Toledo School in Spain and the House of Wisdom in Baghdad, where collaborative translations into Romance and Arabic languages, respectively, helped disseminate medical knowledge throughout the world (Burnett 1995; Gutas 1998; Pergola 2016). Importantly, medical translation was never limited to linguistic transfer, but aimed to clarify and systematise inherited knowledge, producing encyclopaedias and summaries that made complex, medical traditions more accessible and teachable (Pormann and Savage-Smith 2007). Consequently, translation contributed to the expansion and development of medicine across cultures and historical periods.

Nevertheless, medical translation began to be researched in Translation Studies (TS) and Language for Specific Purposes (LSP) only a few decades ago. LSP scholars generally define medical translation as a domain of specialised translation that relies on the specific use of language by a community in which (almost) the same knowledge and practices are shared (Gotti 2011). Unlike the concept of 'microlanguage', which usually refers to the syntactic and phonological aspects of specialised language, medical translation involves 'specialised discourse', constructed using lexical, morphological, phonetic, and textual resources from both specialised and general language (ibid.). Discourse strategies reflect authentic medical communication practices (Crăineanu and Dejica 2025). In addition, medical translation is shaped by pragmatic factors, such as the context of use and participants in the communicative event (Scarpa 2008). Indeed, the medical discourse community varies depending on the situation and consists of different roles, including physicians, nurses, pharmacists, patients, and the general public (Crăineanu and Dejica 2025; Gotti and Salager-Meyer 2006; Scarpa 2008). Following Scarpa (2008), the contextual feature of the participant determines stylistic choices in medical terminology. For example, expert-to-expert communication will display collateral technicisms (Nitti 2025), whereas expert-to-layperson communication will not. Another contextual factor that characterises medical translation is the presence of domain-specific (medical v. legal) and subdomain-specific content (dermatological v. oncological). Therefore, LSP scholars have emphasised the phenomenon of pragmatic variation in medical language use, which appears at the micro-level, i.e., terminology, phraseology, and linguistic register (Scarpa 2020), and macro-level, i.e., genre, style, and communicative purpose(s) (Gotti

BUPT

2015). Notwithstanding, pragmatic precision is an essential aspect as medical translation always conveys vital information (Scarpa 2020). Indeed, medical translators must be competent, for instance, in mastering domain- and subdomain-specific knowledge (Crăineanu and Dejica 2025; Scarpa 2008; Gouadec 2007) to produce a high-quality target text (TT).

Returning to the 'turns' in the history of medical translation, the COVID-19 pandemic highlighted the necessity of disseminating information on progress in medical research worldwide and, at the same time, changed the medical knowledge landscape. In this context, Wikipedia has become a key source of information for the general public seeking updates on treatment and vaccine development, as evidenced by the over 579 million page views (Wikimedia Foundation: *Responding to COVID-19*, online). However, as an open-knowledge platform where anyone can freely edit articles, either anonymously or not, the role of Wikipedia raises several issues, including whether articles in different language editions can be considered as translations of one another, as well as concerns about the reliability of content due to the lack of editorial control – although Wikimedians affirm they can track edits. Wikipedia practice encompasses miscellaneous processes of translation in a broad sense, such as rewriting, collation, and paraphrasing (Jones 2018a). As a result, it produces 'problematic' content that challenges the notion of authorial precision that requires "monoreferentiality" and "transparency" (Scarpa 2020). Despite this, Wikipedia exemplifies the ancient *skopos* of transmitting medical knowledge across time and space due to its "fluid" genre[i], exceeding the boundaries of the traditional encyclopaedia by both hybridising various lexicographic products with medical specialty and involving incessantly new *prosumers* who correct, alter, improve, and build medical content.

Unlike traditional medical genres such as systematic reviews, medical records, and doctor–patient interactions, Wikipedia is a participatory genre (Goldenberg and Reed 2008) that offers collaborator- and contributor-mediated knowledge (Jones 2018b), shaped by each individual's cultural, ideological, and educational background. A community of volunteer amateurs and/or professionals participates in Wikipedia writing and translation through a self-organised, unsolicited initiative known as "online, collaborative translation" (Jiménez-Crespo 2017, 18). However, recent university courses such as *Translatathon@UniBa* (Gatto 2020) on the Wikipedia platform, organised by Italian universities in collaboration with Wikimedia Italia, can be categorised as "translation crowdsourcing" (Jiménez-Crespo 2017, 18). These are characterised by a "self-managed and unsolicited" community (Zwischenberger 2022, 13) responding to a university call and training in strict adherence to both Wikipedia requirements and medical translation standards as in professional settings, thereby offering an act of solidarity as well as an act of "social construction" (Zerubavel cited in Zwischenberger 2022, 20). The primary goal is to make knowledge accessible through "collective intelligence" (Wikipedia: *Purpose*, online).

As medicine is an "area of knowledge" that provides evidential information about its objects of study (Gotti and Salager-Meyer 2006, 9), Wikipedia translation

BUPT

should incorporate the biomedical dimension that defines its expertise. Montalt-Resurrecció and Muñoz-Miquel (2024) argue that both medical knowledge and linguistic skills must be developed for effective, medical translation, thereby redefining translation competence. The authors suggest "altering" the source text (ST) to make health content fully understandable and empathetically attuned to patients or the general public (Montalt-Resurrecció and Muñoz-Miquel 2024, 395). However, Wikipedia translation should also account for hedging strategies to address the wide range of Wikipedia users. In this sense, this study conceptualises Wikipedia medical translation as a process of "knowledge mediation" (Montalt-Resurrecció and Shuttleworth 2021), that is, the communicative and epistemic process by which medical discourse is transformed into forms of medical knowledge accessible to wider audiences. It refers not only to the interlingual transfer of information, but also to the active reshaping of specialised knowledge to make it usable beyond its original domain, say a medical handbook. Knowledge mediation, therefore, relies on translation procedures to balance clinical, terminological and conceptual precision with the multifaceted expectations of Wikipedia users.

Ensuring clarity, accuracy, and accessibility is not only a linguistic task but also an ethical matter of enabling informed decision-making and equitable access to online knowledge. Wikipedia *prosumers*, whose backgrounds are unknown and who may lack domain- and subdomain-specific knowledge, may use medical information on Wikipedia through the mechanism of despecialisation. Despecialising texts involves specific equivalence procedures or strategies, including simplification, explicitation, and adaptation (Scarpa 2008, 2020). These strategies do not 'simplify' the text but rather actively mediate knowledge: not a loss of information, but a controlled negotiation of medical expertise aimed at preserving essential meaning in the dynamics of knowledge production and dissemination as will be shown in *Section 4*.

3. Methodological framework: Triangulating the autoethnographic method with case study analysis in qualitative, naturalistic research

Translation is positioned within its real-life context through a qualitative, naturalistic methodology that prioritises an in-depth understanding of participants' lived experiences. This paradigm is appropriate for the study's aim as its object cannot be meaningfully isolated from its environment, namely collaborative medical translation training on Wikipedia for *Translatathon@Uniba*. Qualitative, naturalistic inquiry focuses on exploratory, context-sensitive analysis, seeking to capture the "whats, hows and whys" of the translational phenomenon (Borg 2024a, 1) by examining processes, behaviours, and interactions in authentic settings (Borg 2024a; Cooke *et al*. 2013; Denzin and Lincoln 2018; Flick 2018). Furthermore, this paradigm recognises the interpretive role of the researcher and incorporates subjectivity into the analytical process, provided it is managed systematically and reflexively (Borg 2024a; Creswell and Poth 2018; Hubscher-Davidson 2022). Indeed, this study combines introspection and established translation models to achieve such a balance.

BUPT

In line with this methodological paradigm, the study was conducted through a rigorous approach by triangulating the autoethnographic method with case study analysis – a combination increasingly used in process-oriented translation research to bridge the gap between theory and practice (Borg 2024b). Autoethnography, as discussed by Borg (ibid.), involves the systematic use of the researcher's own experience as primary data, recorded through self-reflexive practices such as research diaries, retrospective accounts, and participant observation. These reflections are not treated as bias to be eliminated but as data to be analysed, contributing to the co-construction of knowledge (ibid.). This combined method is exemplified in Borg's (2022) process-oriented investigation of her own literary translation, where observation, think-aloud protocols (TAPs), interviews, and draft analysis are triangulated to provide a "rich description" of the translation process and the evolution of the TT (ibid.). Similarly, Hokkanen (2017) and Hirvonen (2025) have introduced different aspects of ethnographic methods. Drawing on autoethnographic fieldwork, Hokkanen (2017) found that the researcher-participant's authentic, embodied and emotional experiences during volunteer interpreting in a religious setting affect meanings, which are socially and culturally embedded, and involve narrative and performative strategies. In contrast, Hirvonen (2025) examined the real-life, collaborative translation process of creating audio descriptions by combining microethnography and multimodal conversation analysis, using the MUTABLE corpus, which consists of video recordings. In so doing, the author identified three key translation phases illustrating "shared cognition" (Hirvonen 2025, 66) and found that "cognition can be a team property residing in the exchange of information and knowledge as well as in the integration of perspectives in joint meaning-making between cognitive agents" (77), and that the step-by-step approach reframed translation as an "interactive phenomenon" (ibid.).

Complementing the autoethnographic method, the case study, developed within TS by Neubert (2004) and Susam-Sarajeva (2009), focuses on the detailed examination of translation as a unique communicative event, serving as "a unit of translation or interpreting related activity, product, person, etc. in real life, which can only be studied or understood in the context in which it is embedded" (Susam-Sarajeva 2009, 40). Thus, "any translation should be treated as a case in its own right" (Neubert 2004, 5), characterised by specific, contextual constraints and challenges. Its in-depth analysis yields empirically grounded insights that, while not generalisable, function as "indispensable pointers" for broader theoretical reflection (ibid.). Case studies are, then, used to test the application of theories in practice (Hu 2004), thereby highlighting pragmatic variables such as genre, communicative purpose, and audience. For example, Beaugrande's use of case study analysis for Leishman's and his own translation of Rilke's poem *Der Panther* demonstrates the effectiveness of case studies within TS (Neubert 2004, 9). The case study provided illustrates a unique event, yet is replicable through a process-oriented approach addressing translation strategies, terminology, and register issues.

BUPT

3.1 Research design

The relevance of this study to qualitative, naturalistic research lies in the retrospective examination of the phenomenon of collaborative, medical translation on Wikipedia. The case study involved the author's participation in a small group of three translators, all colleagues on the MA degree course in Specialised Translation. The translators produced a medical translation from English into Italian of a Wikipedia article as part of their training during the *Translatathon@Uniba* in 2021. The phenomenon of translation was not isolated; rather, it occurred in a highly controlled environment, involving lessons and occasional consultation with professors of specialised translation and experts in Wikipedia editing, in preparation for the subsequent translation marathon. The pedagogical context of *Translatathon@Uniba* also integrated specialised translation training with the development of digital competences (e.g., CAT tools and wiki editing) (Gatto 2020). Notably, the naturalistic setting of the translatathon, characterised by authentic tasks, real tools, and both peer and expert–specialist interaction, ensured "ecological validity" for a nuanced analysis of the case study (Borg 2026, 4).

As an autoethnographic, process-oriented translation study, the post-translation reflections focus on the collected translation drafts, which serve as the primary, observable data, and draw on CTPs. CTPs are "a product of collaborative translation tasks" and combine TAPs with social interaction in fieldwork (Pavlović 2013, 552). The translator–researcher's participant observation here concerns the collaborative tasks – the phases involved and the macro-strategies adopted – actively based on mutual consensus *in situ* and the identification *a posteriori* of patterns in knowledge mediation practice. The concurrent verbalisation of collaborative decision-making processes and negotiation strategies as CTPs, and the retrospective analysis based on established translation models, ensured consistency, rigour, and objectivity to achieve the study aims while addressing the research questions presented in *Section 3.2*. Complementing the CTPs, introspective data were used to capture cognitive nuances in detecting and resolving translation nodes related to, for example, conceptual knowledge.

Triangulating the autoethnographic method with the case study enhances validity, demonstrating that subjectivity, when systematically documented and critically reflected upon, does not undermine but rather enriches scientific inquiry (Borg 2024a, 2026). This process-oriented case study provides data to assess the translation competence of trainees performing tasks, drawing on the established translation models of Scarpa (2008) and Gouadec (2007). Similar to Bernardini's (2001) use of TAPs, CTPs enabled the translator–researcher to grasp the cognitive state during translation and establish a taxonomy of the methods, phases, and strategies adopted. In this sense, CTPs bridged the theoretical lens and authentic practice, enriched by a detailed description of the interaction in the actual situation. Moreover, as TS scholars note for TAPs, CTPs are equally useful for trainees to develop translation competence, learn responsibility, and achieve autonomy (Kiraly 2014; Tekwa 2024). The researcher's dual role as participant and observer provides an

BUPT

authentic account of the experiential dimension of collaborative translation competence development, which is central to professional translation practice (Gouadec 2007).

3.2 Research questions

By addressing the translational implications of medical communication on Wikipedia, this research is intended to provide insights into the translation of medical content from English into Italian on Wikipedia, while proposing strategies to improve the usability of the health information presented. Notably, the following research questions were addressed:

1. How do contributors reconcile clinical precision with accessibility in an open-knowledge structure when translating medical content?
2. Which forms of expertise emerge within Wikipedia's collaborative practices to address the challenges encountered in medical translation from English into Italian?
3. Which translation strategies enhance knowledge mediation?

3.3 Researching translation method and process

To begin with, knowledge mediation as a translation process involves the accumulation of decisions that ultimately shape the TT. As a matter of fact, TS scholars generally define translation as the outcome of translators' decision-making process (Borg 2022; Hatim and Mason 1990; Hatim and Munday 2004; Levý 2000; Munday 2008; Prassl 2010). As a case study, the translation process described is subjective, not generalisable, yet structured according to established models in TS. The translators participating in the *Translatathon@Uniba* in 2021 developed their own translation method[ii] to ensure a high-quality product through a consistent process. Drawing on their shared, educational background in specialised translation, including language courses (i.e., English and French), the translators proposed a combination of Scarpa (2008) and Gouadec's (2007) models, adopting a top-down approach to address Wikipedia medical translation challenges. This integrated model consisted of six phases, each involving different tasks. *Phase 1* corresponded to Scarpa's (2008) identification of macro-strategies. This resulted from collaborative decisions regarding the expected target audience's needs and the purpose of communication, as well as the audience's expected prior medical knowledge (e.g., register choice), text structure, and non-verbal components (e.g., figures). *Phase 2* was the collaborative reading phase, similar to Scarpa's (ibid.) "global", "intensive", and "analytical" readings. This involved selecting textual sections, reading them together several times to detect, discuss, and resolve terminological issues related to medical concepts (mainly false friends and polysemy), choosing the level of technicality, balancing hypotaxis and parataxis to reduce cognitive load and improve readability, and standardising terminology and tone throughout the text to produce a coherent and cohesive TT.

At the core of the process was *Phase 3*: planning the translation work together, including documentation and terminology research (Gouadec 2007). This phase involved distributing textual sections among the translation team, defining reliable

BUPT

sources and resources to inform choices before drafting, and setting a deadline for TT delivery. The drafting phase, *Phase 4*, known as "procedural competence" (Scarpa 2008) or "initial translation" (Gouadec 2007), consisted of producing the TT drafts individually using Microsoft Word. After several drafts, the final version was sent to colleagues in *Phase 5*, corresponding to the "post-translation" phase (ibid.). It consisted in peer revision and discussion of the translation strategies adopted individually. *Phase 6* involved delivering the final TT and post-delivery activities. The former entailed uploading the collaboratively revised text using the wiki tool, while the latter involved quality control (ibid.) by professors (expert translators), physicians for medical accuracy, and Wikimedians for Wikipedia standards before publication. Particular attention was paid to recursive processes such as self-revision and peer revision, which, as shown in process-oriented studies, played a key role in shaping the final translation product (Borg 2022).

The participants' objectives may have differed from those identified by Scarpa (2008) for specialised texts. Their TT did not reproduce the same information as the ST, since there was considerable flexibility in handling the ST on Wikipedia, using translation strategies. For example, addition is uncommon in traditional, medical genres, which must provide the same amount and quality of information. However, as an online encyclopaedia, Wikipedia aims to accumulate comprehensive knowledge; therefore, adding reliable information from trustworthy, mainly official sources, was essential. Furthermore, this workflow emphasised the professional dimension of translation projects, including task distribution, use of technological tools, quality assurance procedures, collaboration among translators and experts in the medical field, expert translators, revisers, IT specialists, etc. (Gouadec 2007).

4. Case study: *Toxic epidermal necrolysis*/*Necrolisi epidermica tossica* Wikipedia article for *Translatathon@Uniba*

4.1 Challenges and adopted solutions

The CTPs enabled tracking of the phases involved and the collaborative discussions on identifying macro-strategies. The cognitive aspect lay in the translators' decision to simulate a real-life translation job, thereby adopting a professional approach to medical translation on Wikipedia, with the same challenges and pressures of time constraints and quality. The translators also considered the task relevant, as medical knowledge online is consulted by all types of audiences rather than just one as in authoritative, medical genres. Nonetheless, while planning the translation assignment, *Phase 1* involved evaluating register use according to the expected audience, assumed to be laypeople seeking valuable information about the conditions they or their relatives were experiencing. It was also assumed that *prosumers*, who could modify the text, might include health professionals and researchers. Therefore, register choice mainly involved adjusting medical terminology and phraseology to ensure clarity at all levels of expertise, sometimes maintaining the same technical register as in the ST, but at other times using higher or lower degrees of technicality depending on the complexity of each case. Other aspects of utmost importance concerned the standardisation of

BUPT

terminology throughout the text and the purpose of the translation. The former emerged from a collaborative decision made during *Phase 1* and implemented in *Phase 2* while reviewing terminological solutions together in order to maintain a coherent style. The latter was individually identified and made explicit during the discussions. All the translators agreed on producing a high-quality TT to challenge their competences for a potential professional setting and to make life-saving knowledge accessible to a wider audience. The objective was to expand knowledge of the assigned disease, since *Wikipedia* aims to accumulate knowledge in all possible ways. The use of official and specialised sources and resources emphasised the professional approach to the translation task.

Before drafting, and after reading the ST several times to determine the appropriate level of technicality and improve readability in Italian in *Phase 2*, the translation team began planning. *Phase 3* was characterised by the almost equal distribution of ST sections and subsections, terminology and documentation research, and setting a deadline for sending the TT for peer review. Notably, the translators did not have sufficient, conceptual knowledge in dermatology, particularly regarding rare skin diseases, to fully understand the conditions, body parts, and methods described in the ST. Therefore, terminology and documentation research was essential and involved both "textual" and "extratextual" resources (Gouadec 2007), available to the translators to follow best practice in the translation profession. As for textual resources, it was helpful to become familiar with the national health system in the target language (TL) of the translation assignment, namely Italian, as well as with international organisations (e.g., WHO). These organisations provide valuable information in the medical field on their websites, not only through the extensive definitions they share, but also by enabling informed, terminological choices based on relevant and current usage in the TL. Additionally, the translators might initially lack the adequate terminological and phraseological information, as well as familiarity with target genre conventions, to produce a "functionally adequate" TT (Nord 2005). Therefore, extratextual resources were a recurring option to resolve such issues, including attending lessons by expert translators in the medical field and Wikimedians on Wikipedia editing before the translation was assigned to each team, as well as consulting experts throughout the translation process.

Other useful, textual resources to learn medical concepts and terminology included online dermatology websites such as DermNet and Orphanet, which served as specialised encyclopaedias[iiiiv]; online dictionaries with specialised information boxes[v]; online medical manuals such as the MSD Manual, which was used as an EN-IT parallel corpus[vivii]; and institutional UN or EU websites[viii]. Medical terms were also searched in both source and target languages on Google Images (e.g., the layers of the skin, i.e., dermis and epidermis, were searched to better understand the diagnostic tool known as the 'Nikolsky sign' mentioned in the text); on Google through the Google syntax, such as "Drug-induced / linear immunoglobulin A dermatosis"; and via Google Scholar to find research articles and other authoritative materials[ix]. Using almost the same sources

BUPT

and resources also helped to achieve the aforementioned standardised terminology during the drafting phase, namely *Phase 4*.

Regarding the translation strategies adopted in *Phase 4*, the first draft was a literal translation to ensure "referential and pragmatic equivalence to the original" (Newmark 1988, 68). Only when the literal translation was unsuitable, for example with domain-specific, syntactic structures considered too complex for the general public, were other translation strategies adopted, as will be illustrated in *Section 4.2*. As mentioned in *footnote 4*, the first draft contained rough translations, including "Linear immunoglobulin A bullous dermatosis (LABD)" translated as "Malattia da depositi lineari di immunoglobuline A (IgA) indotta dall'uso di farmaci". The use of sources and resources was crucial; indeed, using the MSD manual[x] produced a particular result with a potential translation solution. However, further research on Orphanet, a website containing information on rare diseases, revealed that the current usage among experts was "Dermatosi da IgA lineari". Although various translation strategies were adopted, literal translation remained the most widely used procedure, followed by transposition. The latter enabled to improve the readability of Italian medical phraseology, as follows:

> EN: "Unfortunately, research studies reveal conflicting support for use of IVIG in treatment of TEN. Ability to draw more generalized conclusions from research to date has been limited by lack of controlled trials, and inconsistency in study design in terms of disease severity, IVIG dose, and timing of IVIG administration. Larger, high quality trials are needed to assess the actual benefit of IVIG in TEN."
> IT: "Sfortunatamente, dalle ricerche emerge un parere discordante riguardo la somministrazione delle immunoglobuline (IVIG) nei trattamenti della NET. Finora non è stato affatto possibile trarre conclusioni generalizzate dalle ricerche a causa della mancanza di controllo dei trial, nonché delle incoerenze evidenziate nei progetti di ricerca in termini di gravità della malattia e di frequenza della somministrazione e dosi di immunoglobuline. Sono necessari numerosi trial di alta qualità per valutare i benefici reali della somministrazione di IVIG per il trattamento della NET."

Although the translators used technical terms for nearly all diseases and symptoms, some would have been difficult to interpret. Therefore, the translators preferred to balance high and low levels of technicality. The example above combined expansion and addition–explicitation strategies to improve comprehension and readability. For instance, the acronym "IVIG" was translated as "somministrazione delle immunoglobuline (IVIG)". The acronym might be unclear to laypeople, and an incorrect search on Google could yield vague results. Moreover, it is generally best practice to use acronyms only after they have been made explicit, a writing norm taught during university classes. Procedural explanations of the individual translation strategies adopted in *Phase 4* will be further outlined in *Section 4.2*.

Phases 5 and *6* were the most challenging and marked the most significant instances of collaboration. *Phase 5* involved peer review through constant interaction and discussion, benefiting from conflicts that revealed different perspectives on

BUPT

stylistic features of sentence structures – mainly whether to maintain or alter word order –, the use of sophisticated words such as high-register verbs and nuanced adjectives, and the handling of some collateral and technical terms. While collateral terms are highly technical and understandable only to experts, technical terms are used in both medical and non-medical contexts. Despite contrasting views that emerged during later discussions, the translators agreed to preserve individual style, aiming to express all *voices* involved, while balancing this with coherent and cohesive standards regarding genre structure and terminology. After improving the final features, the completed TT was uploaded to the Wikipedia platform using the wiki tool, accessible via the link Utente:Finding a name/Necrolisi epidermica tossica - Wikipedia. *Phase 6* was the crucial part of the entire training course in transversal competences with the exchange of feedback following quality control performed by all parties involved at different stages, including professors in specialised translation, physicians, and Wikimedians. The exchange was mediated during the final exam by the professors leading the *Translatathon@UniBa* training course, who also enquired about the collaborative experience. The feedback was of utmost importance in determining whether the translation was accurate and appropriate for translation. The professors gave the translators overall positive feedback, which motivated them to continue contributing to the expansion of Wikipedia articles. A revised version was later published at Necrolisi epidermica tossica - Wikipedia.

4.2 Translation Strategies

The medical translation on Wikipedia achieved a balance between clinical precision and accessibility by negotiating medical expertise through translation expertise. Translation skills were particularly demonstrated in *Phase 4*, in which complex concepts and terms were managed, the register was adjusted (adaptation), reliable information was added to clarify or explain technicisms (addition), and obscure sentences were restructured and expanded (transposition) to improve readability, comprehension, and usability, as well as simplifying the content when necessary. Although this medical translation was not intended for clinical use, it could nonetheless help the intended *prosumers* explore more complex knowledge about a rare disease such as toxic epidermal necrolysis, which they could further enhance through editing, as was later done. Translation expertise was also apparent in the planning of the translation phases and the development of collaborative translation competence, both in peer-to-peer and expert-to-pear interaction. This training course was, indeed, useful for understanding how the translation profession operates outside the university environment, which is mainly characterised by translation tests. Furthermore, a professional approach was adopted to address procedural and communicative challenges related to the translation process and communicative purpose.

As previously mentioned, the most frequently used translation procedure was literal translation that permitted both fluency and comprehensibility. However, translation procedures serving as strategies for knowledge mediation included adaptation and addition, which captured the true essence of the online, collaborative

BUPT

encyclopaedia and for which the translators later received very positive feedback. Notably, adaptation was used to adjust the medical register, for example, by replacing collateral terms with technical or common ones (Byrne 2012; Montalt-Resurrecció and González Davies 2007). Clinical procedures, disease symptoms, and disease causes, amongst others, were improved by adding relevant information or descriptions in brackets (Byrne 2012; Scarpa 2020). Addition sometimes involved expanding, explicitating, and explaining to clarify complex content. Modulation was also used as an immediacy strategy to improve conceptual understanding. On another layer of translation strategies, simplification and reformulation reduced complex syntax and avoided dense, nominal structures by restructuring sentences (Scarpa 2008), instead using common phraseology and natural structures in Italian medical language.

Adaptation mainly involved adjusting the level of technicality in register choices by using technical or general terms of Italian medical language rather than collateral terms. Notably, technical terms are generally comprehensible to Italian laypeople, as their usage is widespread. For example, "varicella" in English medical language exists for expert-to-expert communication, but it is common in Italian general language. Indeed, the aforementioned EU English-language website reported "chickenpox" in brackets to make the condition explicit as English laypeople might not recognise "varicella". This was a case where a collateral term in English was a common, technical term in the Italian equivalent. Many Italian technical terms common in expert-to-expert communication, such as "eziologia", were already present in a pre-existing Italian edition of this Wikipedia article; in such cases, the translators preferred to replace the term with "cause", a less technical form. On the other hand, the text included domain-specific terms, used in both economic and medical fields. For example, the term "management" in the *Treatment* section did not correspond to "gestione" but rather to "treatment"[xi].

Sometimes, terms were adapted to sound more natural and to be comprehensible to all audiences. For example, "red eyes" was translated as "occhi rossi" instead of "iperemia congiuntivale", which could be ambiguous as it might refer to two different conditions. Other terms were adapted to match the diseases described later in the text, as the entire text was reviewed together to ensure consistent terminology. For example, "blister" could have been translated as either "vesciche" or "bolle"; however, the translation team considered "bolle" too general and less common in Italian medical language. Moreover, "vesciche" is used by laypeople. Some inputs were provided later in the ST, such as in the *Mucosal findings* section. Another example of adaptation is "dry eyes", translated with a seemingly more technical term, "secchezza oculare". However, the exact equivalent, "sindrome dell'occhio secco", would have sounded unnatural and unclear within the full phraseology including "syndrome".

Addition was mainly required by Italian medical phraseology, as well as by poorly constructed sentences, to clarify the content by combining explanation and explicitation. For example, "a spectrum of disease" was translated as "uno spettro della medesima patologia" (emphasis added to indicate the addition) to make it more explicit and evidential. In this case, the addition was also an expansion, depending on the

BUPT

translation model referenced. Conversely, “blister” was translated as “coprirsi di vesciche” to explain the process, combining the meaning of “blister” as a verb, “riempirsi” or, less technically, “coprirsi”, and as a noun, “vesciche”. Both meanings are encompassed in the English term. Addition was also used to further explain while explicitating a medical term that would otherwise be obscure. For example, “The Nikolsky sign” required a significant addition in terms of concepts, number of words, and sources – indicated by the star with a number in the final TT – to be added to references after expert quality control. Indeed, “The Nikolsky sign (a separation of the papillary dermis from the basal layer upon gentle lateral pressure) and the Asboe-Hansen sign (a lateral extension of bullae with pressure) are also helpful diagnostic signs found in patients with TEN.” was translated as “Il segno di Nikolsky (o “Nikolsky diretto”, - la separazione dello strato più superficiale, il derma papillare, da quello più profondo, il derma reticolare, ***2** nell’epidermide mediante una lieve pressione sul bordo laterale) e il segno di Absoe-Hensen (o “Nikolsky indiretto”, l’estensione di una bolla tramite pressione sul bordo laterale)***1** sono due segni diagnostici validi utilizzati in particolare in dermatologia, che si riscontrano nei pazienti affetti da NET.” (emphasis added – underlining for the addition of related terms and concepts, bold font for the addition of references). Instead of direct translating, explanation also involved a paraphrase, restructuring the whole sentence. The use of external, specialist sources was helpful to obtain the necessary information for correct and comprehensive translation. This strategy complied with the purpose of Wikipedia in accumulating knowledge, while integrating reliable information, which should be the *modus operandi* for all contributors and collaborators.

Modulation was an essential strategy, used to change a mental process, such as shifting focus from symptoms to consequences. For example, in the case of “Skin findings”, it could have been translated as “reperti cutanei” or, in less technical terms, “manifestazioni cutanee”, as it refers to symptoms associated with skin infections and diseases, amongst others. However, the Italian translation “lesioni cutanee” was chosen as an immediacy strategy because the section described “lesions” in the text. Similarly, “skin loss” could have been translated as “perdita del tessuto cutaneo”, but “desquamazione” was preferred, as it was already used for “peel” and “peel off”. This replaced the effect with the cause, whose meaning recurred throughout the text. As indicated by the sources cited in the footnotes, skin loss generally occurs when the epidermis separates from the dermis; the cause is toxic epidermal necrolysis. This condition is generally made explicit by the common preposition “da” in Italian medical language, which was also retained in this translation. Furthermore, both English and Italian medical websites such as *Humanitas*[xii] and medical encyclopaedias[xiii] associate skin loss with ulceration or skin infection, among other conditions.

4.3 Results and further discussion

In line with previous research in ethnography and autoethnography, this study was conducted without preconceptions about the research object, instead acknowledging what is visible during observation and immersion, as well as what can be identified *a*

BUPT

posteriori. In this respect, the autoethnographic case study method is valid for assessing the translation process. Both active immersion in the empirical setting – specifically, the *Translatathon@Uniba* training course in transversal competences held in 2021 – and retrospective considerations enable a thorough understanding of the social practices relevant to the translation profession, as well as situate the meanings conveyed through translation strategies within a given social environment for a particular communicative purpose (Westbrook 2008).

This case study presents an empirical instance of socially shared, interactive cognition within a collaborative translation team, as conceptualised by Hirvonen (2025). "Sources of evidence" (Risku *et al*. 2022, 325) such as the CTPs include observable interaction patterns during collaborative tasks, which reflect the actual manifestation of shared, cognitive processes. On the one hand, CTPs provide concurrent verbalisation of the processes, practices, and tools used during the translation task, based on the systematic, collaborative organisation of the translation process: the roles and collaborative distribution of ST sections and subsections; the collaborative strategies employed for decision-making – viz., planning phases, structuring translation procedures (e.g., standardised terminology, technical register, and open-knowledge genre), and peer review; and the communicative patterns of *how* the translators interacted, negotiated clinical precision with open-knowledge objectives, and reached numerous decisions that guided their joint work on the same ST. The act of physically and collaboratively sharing on the screen the sources used for terminological and documentary research, as well as the interactive discussions during peer review on individually adopted translation strategies, exemplifies "the mind's and body's action in and interaction with the world" (Hirvonen 2025, 64). Post-translation considerations include the translation agency and positionality, but especially trust, as demonstrated in the experience of collaborative translation. Agency concerns individual, stylistic choices during *Phase 4*, which led to conflicting views during the collaborative peer review in *Phase 5*. As translator-agents, a position is taken in translating, thereby influencing interpretation, even though meanings, concepts, and terms are co-constructed. As "one intersectional element" (Hokkanen and Koskinen 2025, 198), positionality provides insight into translators' identity, competences, medical knowledge, assumptions, and biases during the process. Nonetheless, the translation team was built on relations of trust. Before the translation task was assigned, the translators had the opportunity to choose the group members, essentially based on affinity and trust in translation quality.

On the other hand, the retrospective verbalisation of reflections on translation procedures, serving as knowledge-mediation strategies, shows that post-translation analysis is a way of immersing oneself and "being there" (Risku *et al*. 2022, 325) *a posteriori*. As Lörscher (1991) and Ericsson and Simon (1993) argue, some data about the translation process derive from after-the-event reflections, rather than directly from the moment of translating. Reflexivity in this study constitutes an individual *praxis*, addressing the reconstruction of the translation strategies adopted as a process of knowledge mediation after the translation task is completed. Such reflections are not a

BUPT

direct record of real-time, cognitive processes, but later explanations of how the translator–researcher interprets their actions, rather than how they actually performed them.

Montalt-Resurrecció and Shuttleworth (2021) argue that medical translation is a form of knowledge mediation between expert and non-expert communities. As mediators, translators do not simply transfer meanings; rather, they mediate specialised knowledge by recontextualising it across languages, cultures, and levels of expertise to make it accessible and usable. As the authors emphasise, "accessibility, dialogue and participation become critical elements in mediation processes and ends" (Montalt-Resurrecció and Shuttleworth 2021, 15). In this study, the translation of Wikipedia's encyclopaedic knowledge about a rare skin disease involves a knowledge mediation process, which mainly consists of "(2) partial mediation and (3) maximal mediation, also referred to by Venuti (1995) as domestication" (ibid.), at the cognitive, communicative, and cultural levels. Consistent with patient-centred communication models and plain-language principles, despecialisation, which encompasses de-terminologisation (Montalt-Resurrecció and González Davies 2007; Montalt and Shuttleworth 2021; Montalt-Resurrecció, García-Izquierdo, and Muñoz-Miquel 2024), is a core strategy for operationalising the knowledge mediation process. The de-specialising translation strategies adopted focus on ensuring comprehension of medical concepts, aligning the text with patient literacy and expectations, and making knowledge socially and culturally meaningful. These include Scarpa's (2008) and Gouadec's (2007) translation strategies: sentence simplification, shifts from passive to active voice, explicitation, explanation, expansion, addition, adaptation, modulation, and substitution by replacing collateral and culturally specific references with more popular terms in Italian. In addition, the presence of illustrations with captions and the adoption of Wikipedia's generic norms of headings, subheadings, and bullet points also contribute to despecialising collateral technicality to mediate medical knowledge. In so doing, the translators performed not only syntactic restructuring, but also conceptual restructuring to reduce cognitive load and improve health literacy online. Despecialisation, therefore, consisted not only of inter-lingual translation, but also of intra-lingual recontextualisation of medical knowledge (rewording – Jakobson 1959).

Montalt-Resurrecció and Shuttleworth (2021) also note that medical communication involves epistemic asymmetry (expert v. layperson). In this context, despecialisation addresses this asymmetry by reducing terminological density and shifting interpretive responsibility from the reader to the text. While specialised texts often require prior medical knowledge, de-specialised texts incorporate explanations, as in this medical translation on Wikipedia. Without the aforementioned de-specialisation strategies, the translation might be linguistically correct but communicatively ineffective or unsafe for online use. Within the framework of Skopos theory (Reiss and Vermeer 2014), despecialisation is motivated by the *skopos* to shift from clinical precision to comprehensibility and usability for lay readers. Exact, terminological correspondence is negotiated with the communicative effectiveness Skopos theory prioritises.

BUPT

Furthermore, this case study illustrates instances of register variation, which may require further investigation from the perspective of Systemic Functional Linguistics (SFL), and the patient-centred translation process, which may involve patient-centred models adopted in medical translation research and supported by plain language movements such as WHO public health communication.

5. Conclusion

This study aimed to provide insights into the theoretical and practical description of the "knowledge mediation process" (Montalt-Resurrecció and Shuttleworth 2021) in collaborative, medical translation on Wikipedia. The phenomenon was empirically examined in a process-oriented translation research through a qualitative, naturalistic lens by adopting an autoethnographic case study method, which included reflexivity through the use of CTPs and retrospective verbalisation. This method was chosen for its context-sensitive nature, situating the translation event in a socially embedded environment such as *Translatathon@UniBa*, where the translators actively mediated biomedical knowledge to make it accessible and meaningful across linguistic, cultural, social, and epistemic boundaries. After providing a targeted, theoretical background in medical translation on Wikipedia, the knowledge mediation process was identified and theoretically explained. The autoethnographic case study analysis then served as a touchstone to investigate the actual processes of knowledge mediation through de-specialising strategies in the negotiation of meanings and concepts, balancing clinical accuracy and open-knowledge objectives (e.g., accumulating information). On another layer of analysis, the research focused on the translation phases and macro-strategies adopted to resolve crucial issues. In so doing, the translation team demonstrated expertise and professionalism, which benefited medical knowledge mediation. Both the phases and the de-specialising strategies used drew on Scarpa's (2008) and Gouadec's (2007) translation models, as explained in *Sections 4.1 and 4.2*. Notably, the strategies not only successfully mediated knowledge to improve health literacy for Wikipedia users, but also demonstrated meaningful social, cultural, and cognitive aspects. The communicative patterns of interaction, conflicts, and mutual consultation reflected shared, collaborative cognition (Hirvonen 2025) at various stages, showing translation agency, positionality, and trust.

In conclusion, based on an autoethnographic case study, this study proves that medical translation on Wikipedia is much more than a mechanical, inter-lingual transfer of words; rather, it is a complex process in which mediating strategies for medical accuracy directly affect the quality and accessibility of information, as well as epistemic asymmetries, thereby narrowing the gap between experts and lay audiences. Notably, the adaptation and addition strategies enhance the process of knowledge mediation. This translation event also offers a thorough understanding of the complex activities of translation described above. Further research is needed to achieve more equitable access to medical information online and to improve the quality of existing content on Wikipedia. Thus, medical translation on Wikipedia as knowledge mediation has an ethical dimension, particularly regarding public health communication.

BUPT

References

Alfer, Alexa. 2017. “Entering the Translab: Translation as Collaboration, Collaboration as Translation, and the Third Space of ‘Translaboration’.” *Translation and Translanguaging in Multilingual Contexts* 3 (3): 275–290. https://doi.org/10.1075/ttmc.3.3.01alf.

Benkler, Yochai. 2006. *The Wealth of Networks: How Social Production Transforms Markets and Freedom*. New Haven, CT: Yale University Press.

Bernardini, Silvia. 2001. “Think-Aloud Protocols in Translation Research: Achievements, Limits, Future Prospects.” *Target: International Journal of Translation Studies* 13 (2): 241–263. https://doi.org/10.1075/target.13.2.03ber.

Borg, Claudine. 2018. “The phases of the translation process: are they always three?” In *Junior College Multi-Disciplinary Conference: Research, Practice and Collaboration: Breaking Barriers*: Conference Proceedings, edited by Christine Borg Farrugia, 79–92. Malta: University of Malta Junior College.

Borg, Claudine. 2022. *A Literary Translation in the Making: A Process-Oriented Perspective*. London: Routledge. https://doi.org/10.4324/9781003150909.

Borg, Claudine. 2024a. “Qualitative Naturalistic Research.” In *Encyclopedia of Translation and Interpreting (ENTI)*, edited by Javier Franco Aixelá and Ricardo Muñoz Martín. AIETI. https://doi.org/10.5281/zenodo.11526430.

Borg, Claudine. 2024b. “Revising a Literary Translation for Publication: Insights from an Autoethnographic Study.” *Translation Spaces* 13 (2): 225–243. https://doi.org/10.1075/ts.23040.bor.

Borg, Claudine. 2026. “Ethnographic Methods in Translation and Interpreting Studies.” In *International Encyclopedia of Language and Linguistics*, 3rd ed., edited by Hilary Nesi and Petar Milin, 340–345. Amsterdam: Elsevier.

Burnett, Charles. 1995. “The Institutional Context of Arabic-Latin Translations of the Middle Ages: A Reassessment of the «School of Toledo».” In *Vocabulary of Teaching and Research Between Middle Ages and Renaissance: Proceedings of the Colloquium London, Warburg Institute, 11–12 March 1994*, edited by Olga Weijers, 214–235. Turnhout: Brepols Publishers.

Byrne, Jody. 2012. *Scientific and Technical Translation Explained: A Nuts and Bolts Guide for Beginners*. Manchester: St. Jerome.

Cooke, Nancy J., Jamie C. Gorman, Christopher W. Myers, and Jasmine L. Duran. 2013. “Interactive Team Cognition.” *Cognitive Science* 37 (2): 255–285. https://doi.org/10.1111/cogs.12009.

Crăineanu, Florentin, and Daniel Dejica. 2025. “English for Medical Purposes: Evolution, Pedagogy, and Future Directions.” *Scientific Bulletin of the Politehnica University of Timişoara, Transactions on Modern Languages* 24 (1): 353–367.

Creswell, John W., and Cheryl N. Poth. 2018. *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. 4th ed. Los Angeles: SAGE Publications.

Dejica, Daniel. 2016. “A Standards-Based Contrastive Analysis of Online and Printed Technical Translations in Romanian.” In *Language in the Digital Era: Challenges and Perspectives*, edited by Daniel Dejica, Gyde Hansen, Peter Sandrini, and Iulia Para, 120–136. Warsaw: De Gruyter Open.

BUPT

Dejica, Daniel. 2020. “Understanding Technical and Scientific Translation.” *Scientific Bulletin of the Politehnica University of Timişoara, Transactions on Modern Languages* 19 (1): 56–66.

Dejica, Daniel, and Anca Dejica-Carțiș. 2020. “The Translation Process: Traditional Approaches and Contemporary Challenges.” In *Encounters Across Linguistic, Cultural and Professional Contexts: In Honorem Professor Elena Croitoru*, edited by Antoanela Marta Mardar, 119–136. Cluj-Napoca: Casa Cărții de Știință.

Dejica, Daniel. 2026. “Research Avenues in Technical Translation: A Framework for Developing a Practice-Oriented Research Agenda.” *British and American Studies* 32: 251–265. https://doi.org/10.35923/BAS.32.21

Denzin, Norman K., and Yvonna S. Lincoln. 2018. “Introduction: The Discipline and Practice of Qualitative Research.” In *The SAGE Handbook of Qualitative Research*, 5th ed., edited by Norman K. Denzin and Yvonna S. Lincoln, 31–76. Los Angeles: SAGE Publications.

Ellis, Carolyn, and Arthur P. Bochner. 2000. “Autoethnography, Personal Narrative, Reflexivity: Researcher as Subject.” In *The Handbook of Qualitative Research*, 2nd ed., edited by Norman K. Denzin and Yvonna S. Lincoln, 733–768. Thousand Oaks, CA: SAGE Publications.

Ericsson, Karl Anders, and Herbert Alexander Simon. 1993. *Protocol Analysis: Verbal Reports as Data*. Rev. ed. Cambridge, MA: MIT Press.

Finkel, Irving L. 2000. “On Late Babylonian Medical Training.” In *Wisdom, Gods and Literature: Studies in Assyriology in Honour of W. G. Lambert*, edited by Irving L. Finkel and Andrew R. George, 137–224. Winona Lake, IN: Eisenbrauns.

Fischbach, Henry, ed. 1998. *Translation and Medicine*. Amsterdam: John Benjamins Publishing Company.

Flick, Uwe. 2018. *An Introduction to Qualitative Research*. 6th ed. Los Angeles: SAGE Publications.

Gatto, Maristella. 2016. “MAKING HISTORY: Representing ‘Bloody Sunday’ in Wikipedia.” *Lingue e Linguaggi* 19: 179–196. https://doi.org/10.1285/i22390359v19p179.

Gatto, Maristella. 2020. “Wikipedia nella didattica della traduzione: Il caso di Translatathon@Uniba.” In *Wikipedia in Academia*, edited by Corrado Petrucco and Valentina Gallo, 143–154. Padua: Padova University Press.

Geller, Markham J. 2010. *Ancient Babylonian Medicine: Theory and Practice*. Chichester: Wiley-Blackwell.

Goldenberg, David, and Patricia Reed. 2008. “What Is Participatory Practice?” *Fillip* 8. Accessed March 3, 2026. https://fillip.ca/content/what-is-a-participatory-practice.

Gotti, Maurizio. 2011. *Investigating Specialized Discourse*. 3rd rev. ed. Bern: Peter Lang.

Gotti, Maurizio. 2015. “Insights into Medical Discourse: Diachronic and Synchronic Perspectives.” *ESP Today* 3 (1): 1–20.

Gotti, Maurizio, and Françoise Salager-Meyer, eds. 2006. *Advances in Medical Discourse Analysis: Oral and Written Contexts*. Lausanne: Peter Lang.

Gouadec, Daniel. 2007. *Translation as a Profession*. Amsterdam: John Benjamins Publishing Company.

Gutas, Dimitri. 1998. *Greek Thought, Arabic Culture: The Graeco-Arabic Translation Movement in Baghdad and Early 'Abbasid Society (2nd–4th/8th–10th centuries)*. London: Routledge.

Hatim, Basil, and Ian Mason. 1990. *Discourse and the Translator*. London: Longman.

BUPT

Hatim, Basil, and Jeremy Munday. 2004. *Translation: An Advanced Resource Book*. London and New York: Routledge.
Heeßel, Nils P. 2004. "Reading and Interpreting Medical Cuneiform Texts – Methods and Problems." *Le Journal des Médecines Cunéiformes* (3): 2–9.
Heilman, James M., and Andrew G. West. 2015. "Wikipedia and Medicine: Quantifying Readership, Editors, and the Significance of Natural Language." *Journal of Medical Internet Research* 17 (3): e62. https://doi.org/10.2196/jmir.4069.
Hirvonen, Maija. 2025. "Shared Cognition in the Translation Process: Information Processing and Meaning Production as Interactive Accomplishments." *Translation Studies* 18 (1): 61–82. https://doi.org/10.1080/14781700.2023.2267050.
Hirvonen, Maija, Marika Hakola, and Michael Klade. 2023. "Co-Translation, Consultancy and Joint Authorship: User-Centred Translation and Editing in Collaborative Audio Description." *The Journal of Specialised Translation* 39: 26–51.
Hokkanen, Sari. 2017. "Analyzing Personal Embodied Experiences: Autoethnography, Feelings, and Fieldwork." *Translation & Interpreting* 9 (1): 24–35. https://doi.org/10.12807/ti.109201.2017.a03.
Hokkanen, Sari, and Kaisa Koskinen. 2025. "Managing Positionality: Reflexivity as a Key to Robust Research in Translation Studies." In *Positionalities of Translation Studies: On the Situatedness of Translation Research*, edited by Garda Elsherif and Joanna Sobesto, 197–214. London: Bloomsbury Academic. http://dx.doi.org/10.5040/9781350447905.0017.
Hu, Kung-tze. 2004. "Postcolonial Translation Theory: A Case Study." *Perspectives* 12 (4): 286–302. https://doi.org/10.1080/0907676X.2004.9961508.
Hubscher-Davidson, Séverine. 2022. "Introduction: Expanding and Rethinking Translation Psychology." In *The Psychology of Translation: An Interdisciplinary Approach*, edited by Séverine Hubscher-Davidson and Caroline Lehr, 1–8. New York: Routledge. https://doi.org/10.4324/9781003140221.
Jakobson, Roman. 1959. "On Linguistic Aspects of Translation." In *On Translation*, edited by Reuben A. Brower, 232–239. Cambridge, MA: Harvard University Press. https://doi.org/10.4159/harvard.9780674731615.c18.
Jiménez-Crespo, Miguel A. 2017. *Crowdsourcing and Online Collaborative Translations: Expanding the Limits of Translation Studies*. Amsterdam: John Benjamins Publishing Company.
Jones, Henry. 2018a. "Wikipedia, Translation, and the Collaborative Production of Spatial Knowledge." *Alif: Journal of Comparative Poetics* 38: 264–297.
Jones, Henry. 2018b. "Wikipedia as a Translation Zone: A Heterotopic Analysis of the Online Encyclopedia and Its Collaborative Volunteer Translator Community." *Target: International Journal of Translation Studies* 31 (1): 77–97. https://doi.org/10.1075/target.18062.jon.
Kiraly, Donald. 2014. *A Social Constructivist Approach to Translator Education: Empowerment from Theory to Practice*. London: Routledge. First published 2000. https://doi.org/10.4324/9781315760186.
Kovacs, Zoltan, and Daniel Dejica. 2025. "Medical Translation in the Age of Neural Machine Translation: Standards, Assessment Models, and Romanian Perspectives." *Analele Universităţii Ovidius din Constanţa. Seria Filologie* 36 (2): 912–926.
Kovacs, Zoltan, and Daniel Dejica. 2026. "Machine Translation, Post-Editing, and Quality Assessment in English–Romanian Medical Translation: Insights from Professional

BUPT

Practice." *Scientific Bulletin of the Politehnica University of Timişoara, Transactions on Modern Languages* 25 (1): 69–83.
Levý, Jiří. 2000. "Translation as a Decision Process." In *The Translation Studies Reader*, edited by Lawrence Venuti, 148–159. London and New York: Routledge. First published 1967.
Lörscher, Wolfgang. 1991. *Translation Performance, Translation Process, and Translation Strategies: A Psycholinguistic Investigation*. Tübingen: Gunter Narr Verlag.
Montalt-Resurrecció, Vincent, and Maria González-Davies. 2007. *Medical Translation Step by Step: Learning by Drafting*. London: Routledge. https://doi.org/10.4324/9781315760377.
Montalt-Resurrecció, Vincent, and Mark Shuttleworth. 2021. "Research in Translation and Knowledge Mediation in Medical and Healthcare Settings." *Linguistica Antverpiensia, New Series – Themes in Translation Studies* 11: 9–29. First published 2012. https://doi.org/10.52034/lanstts.v11i.294.
Montalt-Resurrecció, Vincent, and Ana Muñoz-Miquel. 2024. "Translators in Medical and Health Settings." In *Handbook of the Language Industry: Contexts, Resources and Profiles*, edited by Gary Massey, Maureen Ehrensberger-Dow, and Erik Angelone, 375–402. Berlin: De Gruyter Mouton. https://doi.org/10.1515/9783110716047-017.
Montalt-Resurrecció, Vincent, Isabel García-Izquierdo, and Ana Muñoz-Miquel. 2024. *Patient-Centred Translation and Communication*. 1st ed. London: Routledge. https://doi.org/10.4324/9780429299698.
Munday, Jeremy. 2008. *Style and Ideology in Translation: Latin American Writing in English*. London and New York: Routledge.
Neubert, Albrecht. 2004. "Case Studies in Translation: The Study of Translation Cases." *Across Languages and Cultures* 5 (1): 5–21. https://doi.org/10.1556/Acr.5.2004.1.1.
Newmark, Peter. 1988. *A Textbook of Translation*. Hertfordshire: Prentice Hall International.
Nitti, Paolo. 2025. "Italian Medical Language: A Corpus-Based Study on Patient Information Leaflets." *Forum Italicum: A Journal of Italian Studies* 59 (3): 689–710. https://doi.org/10.1177/00145858241309335.
Nord, Christiane. 2005. *Text Analysis in Translation: Theory, Methodology, and Didactic Application of a Model for Translation-Oriented Text Analysis*. Translated by Christiane Nord and Penelope Sparrow. 2nd ed. Amsterdam: Rodopi.
Ordóñez-López, Pilar, and Nuria Edo-Marzá, eds. 2016. *Medical Discourse in Professional, Academic and Popular Settings*. Bristol: Multilingual Matters.
Pavlović, Tanja. 2013. "The Role of Collaborative Translation Protocols (CTPs) in Translation Studies." *Jezikoslovlje* 14 (2–3): 549–563.
Pergola, Ruggiero. 2016. *I luoghi del tradurre nel medioevo: La trasmissione della scienza greca e araba nel mondo latino*. Lecce: Pensa MultiMedia.
Pormann, Peter E., and Emilie Savage-Smith. 2007. *Medieval Islamic Medicine*. The New Edinburgh Islamic Surveys. Edinburgh: Edinburgh University Press.
Prassl, Friederike. 2010. "Translators' Decision-Making Processes in Research and Knowledge Integration." In *New Approaches in Translation Process Research*, edited by Susanne Göpferich, Fabio Alves, and Inger M. Mees, 57–81. Copenhagen: Samfundslitteratur.
Reiß, Katharina, and Hans J. Vermeer. 2014. *Towards a General Theory of Translational Action: Skopos Theory Explained*. Translated by Christiane Nord. Abingdon: Routledge. First published 1984.

BUPT

Risku, Hanna, Maija Hirvonen, Regina Rogl, and Jelena Milošević. 2022. “Ethnographic Research.” In *The Routledge Handbook of Translation and Methodology*, edited by Federico Zanettin and Christopher Rundle, 324–339. London: Routledge. https://doi.org/10.4324/9781315158945-24.

Rutz, Matthew T. 2011. “Threads for Esagil-kīn-apli: The Medical Diagnostic-Prognostic Series in Middle Babylonian Nippur.” *Zeitschrift für Assyriologie und Vorderasiatische Archäologie* 101 (2): 294–308. https://doi.org/10.1515/za.2011.015.

Scarpa, Federica. 2008. *La traduzione specializzata: Un approccio didattico professionale*. 2nd ed. Milan: Ulrico Hoepli.

Scarpa, Federica. 2020. *Research and Professional Practice in Specialised Translation*. London: Palgrave Macmillan. https://doi.org/10.1057/978-1-137-51967-2.

Susam-Sarajeva, Şebnem. 2009. “The Case Study Research Method in Translation Studies.” *The Interpreter and Translator Trainer* 3 (1): 37–56. https://doi.org/10.1080/1750399X.2009.10798780.

Tekwa, Kizito. 2024. “Process-Oriented Collaborative Translation Within the Training Environment: Comparing Team and Individual Trainee Performances Using a Video-Ethnography Approach.” *Education and Information Technologies* 29: 6443–6469. https://doi.org/10.1007/s10639-023-12046-3.

Toffler, Alvin. 1980. *The Third Wave*. New York: William Morrow and Company.

Toury, Gideon. 2012. *Descriptive Translation Studies and Beyond*. Rev. ed. Amsterdam: John Benjamins Publishing Company. First published 1995.

Wikimedia Foundation. n.d. “Responding to COVID-19: How We Can Help in This Time of Uncertainty.” Accessed March 20, 2026. https://wikimediafoundation.org/covid19/.

Wikipedia. n.d. “Portal:Medicine.” Accessed March 20, 2026. https://en.wikipedia.org/wiki/Portal:Medicine.

Wikipedia. n.d. “Wikipedia:Purpose.” Accessed March 20, 2026. https://en.wikipedia.org/wiki/Wikipedia:Purpose.

Wikipedia. 2021. “Utente:Finding a name/Necrolisi epidermica tossica.” May 7, 2021. Accessed March 31, 2026. https://it.wikipedia.org/wiki/Utente:Finding_a_name/Necrolisi_epidermica_tossica.

Wikipedia. 2022. “Necrolisi epidermica tossica.” Last modified July 1, 2022. Accessed March 31, 2026. https://it.wikipedia.org/w/index.php?title=Speciale:Cita&page=Necrolisi_epidermica_tossica&id=128165710&wpFormIdentifier=titleform.

Zwischenberger, Cornelia. 2022. “Online collaborative translation: its ethical, social, and conceptual conditions and consequences.” *Perspectives*, 30 (1): 1–18. https://doi.org/10.1080/0907676X.2021.1872662.

[i] In *Making History. Representing “Bloody Sunday” in Wikipedia* (Gatto 2016), ‘fluidity’ is described in two ways: The dynamic, unstable textuality of Wikipedia articles, which are constantly evolving discursive products shaped by collaborative writing, translation, and ongoing revision; and the provisional nature of historical knowledge, resulting from active participation in changing consensus or disagreement, reflecting different cultural, political, and ideological perspectives as well as ongoing debates about the interpretation of facts. There is no definitive or final version, as Wikipedia articles are open to perpetual modification at any time and from anywhere. The *Wikipedia* article “Bloody Sunday” exemplifies a multi-authoritative narrative and a shifting representation of the event over time.

BUPT

[ii] The term 'method' often overlaps with other terms such as translation strategies, procedures, and techniques. Despite this terminological confusion, some TS scholars have attempted to provide a comprehensive taxonomy. Following Scarpa's (2008) framework, this research defines method as the systematic adoption of macro-strategies, which involve planning the translation phases and considering extratextual parameters related to the communicative context, and micro-strategies, which involve translation procedures, based on established translation models and authentic, contextual experiences, to achieve a particular result.

[iii] Stevens Johnson Syndrome / Toxic Epidermal Necrolysis. SJS/TEN This website was consulted to learn more about Toxic Epidermal Necrolysis. It enabled the translators to understand the differences between the two skin reactions, with Stevens-Johnson syndrome representing one end of the disease spectrum.

[iv] Orphanet: Dermatosi da IgA lineari This website was consulted to learn more about Linear IgA bullous dermatosis during the translation process, specifically during the drafting phase, as the previous solution seemed less concise and clear. Moreover, the Wikipedia article on the disease was still absent from the Italian-language edition.

[v] *10.4 Percorsi di biochimica by Stefani-Taddei from the 2011-edition Zanichelli dictionary.* This fact sheet was consulted to learn more about the Fas Ligand structure.

[vi] Overview of Blistering Disorders - Skin Disorders - MSD Manual Consumer Version / Panoramica sulle malattie bollose della cute - Patologie della cute - Manuale MSD, versione per i pazienti Both the English and Italian webpages of the MSD Manual were consulted as a parallel corpus to grasp cultural and conceptual nuances between the two languages.

[vii] Pemphigus Vulgaris - Dermatology - MSD Manual Professional Edition / Pemfigo volgare - Disturbi dermatologici - Manuali MSD Edizione Professionisti This is another instance of the MSD Manual used as a parallel corpus to grasp cultural and conceptual nuances between Italian and English terminology.

[viii] Varicella (chickenpox) The European Centre for Disease Prevention and Control provided helpful insight into the current English usage of "chickenpox" instead of "varicella" to refer to the disease known as "varicella" among Italian laypeople.

[ix] *Pezzini, Claudia, et al. 2013. "Sindrome di Stevens-Johnson/Necrolisi Epidermica Tossica (SJS/TEN): difficoltà diagnostiche e terapeutiche in un paziente affetto da linfoma B." Bollettino della Società Medico Chirurgica di Pavia, vol. 126, no. 3, Università degli Studi di Padova Press: 743–749.* This research article provided relevant information for the translators to understand the spectrum of the disease involved in the translation, which was crucial for selecting appropriate translation strategies.

[x] Malattia da depositi lineari di immunoglobuline A (IgA) - Disturbi dermatologici - Manuali MSD Edizione Professionisti This website was consulted in *Phase 3* and provided the translator with a potential translation solution for the first draft.

[xi] Medical management | InfoNTD This website provided a definition of the term in the medical domain. It was useful for distinguishing it from the economic usage and thus translating appropriately.

[xii] Ulcera cutanea - Humanitas Medical Care This website was used to learn more about the causes of skin loss.

[xiii] MedlinePlus - Search Results for: skin loss This medical encyclopaedia was used to both learn more about skin loss and find recurring terms associated with it.

BUPT