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LATIN MEDICAL TERMINOLOGY IN PRACTICE

Abstract: The article aims to discuss the use of authentic medical documentation in Latin medical terminology classes for students of medicine during their 1st year at Masaryk University in Brno. Despite the limited access to medical records, for students still lacking experience in clinical medicine, as well as for terminology teachers not educated in medicine itself, but in philology, the use of medical documentation proves to be a highly motivating component of training, allowing students to observe how technical medical Latin is used in real life situations as well as making classes more practical.

Keywords: Language for special purposes, Latin, medical terminology, medical documentation, language teaching

ŁACIŃSKA TERMINOLOGIA MEDYCZNA W PRAKTYCE

Streszczenie: Celem artykułu jest dyskusja na temat używania autentycznej dokumentacji medycznej w łacińskiej terminologii medycznej dla studentów medycyny podczas ich pierwszego roku na Uniwersytecie Masaryka w Brnie. Pomimo iż dostęp do dokumentacji medycznej jest ograniczony i że studenci jeszcze nie mają doświadczenia w medycynie klinicznej, a nauczyciele terminologii nie posiadają wykształcenia medycznego, lecz filologiczne, wykorzystanie dokumentacji medycznej okazuje się bardzo motywującym elementem szkolenia, gdyż pozwala uczniom obserwować, w jaki sposób techniczna łacina medyczna wykorzystywana jest w rzeczywistych sytuacjach, i sprawia, że zajęcia są bardziej praktyczne.

Słowa kluczowe: język specjalistyczny, łacina, terminologia medyczna, dokumentacja medyczna, nauczanie języków

Introduction

Latin medical terminology represents a LSP *sui generis* for students of medicine, dentistry and other health professions in countries of Central and Eastern Europe. During the last decade the trend for teaching Latin medical terminology has changed from teaching language as a complex system towards teaching basic grammar rules and those principles of word-formation that are directly connected with medical practice.

As one of the terminology teachers at the Faculty of Medicine, Masaryk University, in the present paper I will share the experience of using authentic medical documentation during the classes of Basic Medical Terminology for medical students. I will start with a little background concerning the course itself, then I will present different types of medical documentation that my colleagues and I have found useful for teaching and learning medical terminology; I will also provide some examples of the exercises and tasks we assign to our students; finally pointing out the problems that we face while using this kind of material, and summarizing the advantages.

Background

The course in Basic Medical Terminology is designed for the students of general medicine in their first year. The course is obligatory, two teaching hours per week for two semesters.

The command of basic Latin is still among the requirements for studying medicine and related disciplines (dentistry, physiotherapy, nursing etc.). From the beginning the students deal with anatomy terms, which are Latin, and if they speak with their teachers and health professionals in their native language, they are supposed to understand and are encouraged to use the correct Latin and Greek terms in order to make the communication more effective.

The history of the course goes back to 1950s. There had been no need to teach Latin at medical faculties before because students of medicine already knew enough Latin from secondary school. With the start of the communist era, the educational traditions were broken, Latin was not obligatory anymore and its command gradually faded out (Artimová, Švanda, 2016). In the middle of 1950s, teachers (especially anatomy teachers) encountered more and more students with a zero knowledge of Latin, so between the late 1950s and early 1960s the majority of medical faculties introduced an obligatory Latin course for students of medicine (or more detail see Beran, 2013: 44–49).

The course gradually changed into a course on Basic Medical Terminology. Today, the emphasis is placed on vocabulary building, with grammar reduced to the necessary minimum. Students need to master the declension of nouns and adjectives, to use correct prepositional phrases, numerals, some verb forms, as well as become acquainted with the principles of word formation.

Medical documentation

In order to make the course more attractive for students, we decided to use authentic medical documentation in class. We expected that this would be a highly

motivating factor, and we started to use several kinds of the documentation that we already had at our disposal:

The most complex is a **medical record (health record)**, because it describes the state of a patient from the moment they enter hospital until the moment they leave. Students have the opportunity to learn about the structure of the document, they learn where to look if they are searching for some particular information, they can translate or explain Latin terms (at a very basic level).

Then we use **medical reports**: here is usually a diagnosis summary in Latin, which can be translated, but also the other parts (which usually mix Czech and Latin together) mostly contain important terminology, phrases, collocations etc. and students are also supposed to learn common abbreviations and be able to interpret them.

Dissection protocols are another kind of medical documentation which is often found in Latin. More advanced students may simply translate the diagnoses, or the task is to find answers for prepared questions – not only questions such as 'What was the cause of death?' or 'Which disease of the circulatory system did the deceased person suffer from?', but sometimes also simple questions such as 'Was the deceased person a man or a woman?' – which is not always obvious (there is no personal data left in the document) and students are required to support their opinion with arguments.

Prescriptions: students learn common abbreviations, and at the end of the course they should be able to read a prescription in Latin (including numbers). They focus on the specialist vocabulary and collocations frequently used in pharmacology.

Lists of authentic diagnoses: we persuaded three hospitals (two in Brno and one in Prague) to share authentic diagnoses for educational purposes. Now we have several Excel files with about 60 000 diagnoses in total. This is still raw material, which we use as a source for preparing exercises (and so we are using authentic materials), but we have recently started to build up a real corpus using Sketch Engine software, so we plan to tag every word, correct misspellings, interpret abbreviations etc. and we hope that the corpus will allow us to start proper analysis and serious research into clinical diagnoses.

2847 E105	Gangraena diabetica dig. II. pedis I. dx.		St.p. amputationem hallucis bilat.
2848 E105	Gangraena diabetica dig. III. pedis l.dx., flegmona plantae pedis l.dx.		
2849 E105	Gangraena diabetica pedis I. dx, st.p. amputatio dig. III	1159	Sekundární hypertenze NS
2850 E105	Gangraena diabetica pedis I. dx.	L030	Gangrena diabetica pedis. I.dx.
2851 E105	Gangraena diabetica pedis I. dx.	L031	Flegmóna - celulitida - jiných částí končetin
2852 E105	Gangraena diabetica pedis I. sin .		
2853 E105	Gangraena diabetica pedis I. sin .		M. hypertonicus
2854 E105	Gangraena diabetica pedis I.sin	E135	DM ad insulinotherapiam
2855 E105	Gangraena diabetica pedis I.sin., DM ins.	E669	Obesitas
2856 E105	Gangraena diabetico- ischaemica pedis I. sin.		Gangrenae diabetica et ischemica pedis I. sin
2857 E105	Gangraena dig III ped. I. dx. diabetica		
2858 E105	Gangraena pedis I. dx.diabetica.	R572	Status septicus.
2859 E105	Gangraena pedis I. sin. diabetica.		
2860 E105	Gangraena pedis I, sin. diabetica.		
2861 E105	Gangraena pedis I.dx DM II. typ non insulin , dialyzovaný	110	Morbus hypertonicus
2862 E105	Gangraena pedis I.sin. diabetica.		
2863 E105	Gangraena vulneris post amputationem extr. inf. I. sin. in fem.		
2864 E105	Gangreanae diabetica pedis I. dx. cum osteomyelitis	L030	Gangraena diabetica pedis I. dx. cum osteomyelitis
2865 E105	Gangreanea diabetica pedis lat. dx	E115	DM nezávislý na inzulinu s perifer.oběhov.komplikacemi: Gangraena humida dia
2866 E105	Gangreanea diabetico-ischaemica pedis I. dx.		Morbus ischaemicus extremitatorum inferiorum, bypass femoropoplitelais I. sin.
2867 E105	Gangrena diabetica pedis et cruris lat. dx		
2868 E105	Osteoarthropathia Charcoti		
2869 E105	Osteoarthropathia Charcoti		
2870 E105	Phlegmona pedis I. dx.		St.p. amputationem hallucis bilat., dig II. l.dx.
2871 E105	Phlegmona pedis I. dx.		St.p. amputationem hallucis bilat. et dig II. l.dx.
2872 E105	Phlegmona pedis I.dx., abscessus plantae I.dx.		Gangraena diabetica plantae pedis dx.
2873 E105	St.p. incisionem et evacuationem abscessus pedis I. dx.		
2874 E106	Diabetes mellitus		
2875 E106	Diabetes mellitus (PAD)		
2876 E106	Diabetes mellitus ad insulinotherapiam		

Figure 1. List of authentic diagnoses from a hospital as a resource material for a future corpus

Source: own elaboration.

Working with the documentation

When we have a medical record, medical report or dissection protocol, students learn about the document's structure, so they can more easily find a particular piece of information. Students can translate the diagnoses from their summary, but they can also interpret abbreviations or highlighted terms, look for specific anatomical or clinical terms or try to interpret a collocation from almost any part of the document. They can analyze the whole document or work only with a small part, but the teacher always needs to keep in mind the level of students' understanding of clinical medicine.

Misspellings or even mistakes in the medical documents are quite frequent, so the task can be to find the mistakes and correct them. Students often work in pairs or in smaller groups, the task can be set in the form of a competition or a discussion.

Another type of task are case studies. This is actually not authentic documentation, but the teacher uses a real case study, prepares a short description (preferably with pictures) and students are asked to translate the highlighted parts that appear in Latin. They work in groups or in pairs, because discussion is an important part of the learning process.

A very good source for writing such descriptions is the *New England Journal of Medicine* (www.nejm.org) where a large number of medical cases are described in context, with details and pictures. Depending on the vocabulary the teacher needs

to present, he finds a suitable case, writes a simple description and students write Latin diagnoses based on the description.

Main problems

Number: we would use more medical reports and medical records if we had them. Their number is limited and the variability is rather low. It is not easy to obtain them from hospitals.

Legal issues: the hospitals which provided us with medical documentation were obviously cautious about sharing such kind of information. We are allowed to use this type of documentation only under these conditions: (1) the documentation will be anonymous and no one will be able to connect the medical report with a given person; (2) the documents will be used for educational purposes only; (3) we do not share the documents with the students or anyone else, we show them only in the class (they do not constitute a part of study materials).

Teacher's lack of erudition in medicine: using such material is sometimes challenging for the teacher, who is an expert in philology, but not in medicine. To prepare activities of this kind means that the teacher has to know anatomy to some extent, find out clinical information on the topic, discuss problems with a medical professional etc.

Conclusions

Using authentic medical documentation during class is considered to be highly motivating. To measure the students' satisfaction with the methodology and content of the course, an online-questionnaire is used at the end of every academic year. Concerning the work with authentic material, the students' feedback is always positive. Regularly over 95% of students really appreciate working with medical records, reports and dissection protocols because of their authenticity and focus on medical practice.

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