
Translation process in a nutshell

LANGUAGE COLUMN

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Translating medical articles is a detailed process. The aim is always to produce a text with a high standard of English that accurately reflects the source text.

In this article we provide an overview of our translation work for the Journal of the Norwegian Medical Association, and the experience we have gathered over the years.

Akasie språktjenester AS currently has a team of seven to eight translators, all of whom are native English speakers and meet the International Medical Interpreters Association's profile of a competent medical translator [\(1\)](#). Many have been part of our 'medical' team since our first test piece – on lung cancer – in October 2009. Several are resident in the UK, the remainder in Norway. Over the years, they have accumulated detailed knowledge of medical terminology, and are well versed in the Journal's editorial requirements, such as use of British English spelling [\(2\)](#).

In 2020, the first year of the COVID-19 pandemic and our busiest translation year for the Journal of the Norwegian Medical Association to date, we translated over 200 medical articles and editorials.

How we work

The first author of this article acts as project coordinator and translates or language edits article summaries that are subsequently uploaded to ScholarOne Manuscripts, the Journal of the Norwegian Medical Association's electronic system for submitting and managing manuscripts. This gives us a good overview of upcoming articles for translation and helps us to plan our work. Thought is given to which translators may have experience of a particular topic or a preference for particular types of articles. For example, some translators have a fondness for medical history articles and essays, while others have a particular interest in global health. Those with a medical or neuroscience background tend to be allocated articles in the genres Case reports, Clinical reviews, Images in medicine, and original articles, depending on the topic.

Upon receiving an article, translators will first read through the text and note any unfamiliar terminology or translation challenges arising. The reference list is very useful here, as in most cases, this is where key terminology in English will appear. However, not all material cited is accessible to the translators. Three main sources are used for background material: primary source material cited in the article, British English articles in UK medical journals, and previous translations for the Journal of the Norwegian Medical Association. Other online sources can be helpful, and other team members are also frequently consulted.

We find it very helpful that the Norwegian texts are editorially processed before we receive them, as they are always clear and well written. This greatly helps us meet the requirement for plain language in medical texts [\(3\)](#).

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Our translators always work in pairs. This is a crucial aspect of how we work and of our quality control procedure, and is in line with models for medical translation quality assurance [\(4\)](#). The first translator sends their draft to a second, who then proofs the translation, checking it carefully against the source text, and suggests changes or improvements. These may be related to anything from terminology, to punctuation, to improving the formulation of the English sentences. The process is relatively time-consuming, but the translator and the proofreader both have a sharp eye and dedication to producing the best possible result, and they have all worked together in this way on articles for the Journal of the Norwegian Medical Association for many years. They have built up their own glossaries and added to these based on input from their colleagues.

Author feedback

The translations are delivered to the editorial team within five to seven working days and returned to the authors for their review. They are then sent back to Akasie if the authors have any suggested changes. The translator's next task is to review these and either accept, reject or adapt them according to certain criteria.

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Challenges can sometimes arise at this stage, such as the addition of elements that were not in the Norwegian source texts, variations in spelling between American and British English (5) and changes that are not grammatically correct. Sometimes more than one author provides input – often contradicting each other – which rather complicates our task. Balancing authors' wishes with the requirements for correct, idiomatic English is often a fine line, but we can usually accept a good proportion of the changes, with some adaptations and corrections. We always try to keep in mind that the authors 'own' the work, not ourselves. Many suggested changes are useful for our own learning.

As translators we aim to always deliver an accurate translation that we can be proud of, but at the same time we must be humble enough to accept possible corrections. The most important thing in the end is always the quality of the translation.

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