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In this Issue: Mirella Albano, a freelance interpreter and translator will discuss the evolution of her field of work field from a freelance perspective; Cosimo De Nunzio, Associate Professor of Urology at the Department of Molecular and Clinical Medicine, Sapienza University of Rome, Riccardo Lombardi, Consultant Urologist, and Alessio Guidotti, Urologist resident, will outline the pros and cons of telehealth.



On November 10-11, the second DiFree Translational Project Meeting was held in Athens at Panteion University. Partners discussed the completion of the first output, a multilingual E-book “How to Freelance online”, with practical information about the skills and tools necessary to pursue a career as a digital freelancer. They also started tackling the realization of the second project result, a repository of free e-portfolios/digital CVs/Resumé models to be used by job seekers and future freelancers. The choice of models has prompted a discussion on changing job features. Since the COVID-19 pandemic, many job roles and tasks have shifted to remote work, leading to a significant transformation in the way professionals interact with employers and perform their duties. De Nunzio et al.'s paper on telehealth is an example. As a result, it is challenging to identify which CV models and resumes might be most useful for young professionals seeking to enter the digital workforce. The variety of remote roles and the growing emphasis on digital skills, collaboration tools, and virtual communication make it difficult to pinpoint a one-size-fits-all approach. Hence, there is a need for a dynamic repository of CV templates tailored to different types of remote work opportunities, reflecting both traditional skills and the adaptability required for virtual environments.

The discussion also raised the issue of foreign language competences that today's freelances need to develop if they want to compete and find job opportunities in a globalized, multifaceted, digital job market, characterized by talent platforms, online labour marketplaces and remote job boards, such as Upwork, Remote.co, Flexijobs and the like, where work demand meets the supply almost in real time, and where freelancers can choose their clients and select the (micro)tasks to be completed. Foreign language competence and, above all, competence in English as a lingua franca surely play a fundamental role in succeeding in advertising and replying as a nonnative speaker to job posts on those sites.

What is the level of language competences required to efficiently navigate these platforms as a job seeker? Will translation skills still be needed for online communication exchanges which are potentially guaranteed by AI-supplied or automated translation services?

The following outline of a changing profession is authored by Mirella Albano, an Italian freelance interpreter, translator, and EFL teacher, with more than 30 years of work experience, and founding member of A.N.F.I.S., the Italian professional association of schoolteachers.

A.R.

Being an expert foreign language free-lancer: a never-ending, unacclaimed story

Mirella ALBANO

Since the '50s, professional interpreting and translating, but for a happy few cases, has always been a freelance-only profession. The first University translation/ interpretation courses were first established in that period, when, in Italy as well as in Europe, the demand for professionally qualified interpreters increased as a result of the ever growing number of international events being organized everywhere in the world or of the expansion of the press and media market, in other words, because of the rising needs of multilingual communication at all levels and in all contexts. The creation of the EU market and its European institutions, where day-to-day multilingual communication was core, staged the interpreting-translating profession as a modern, attractive profession with brilliant career perspectives. And, in effect, at the times, a well-qualified free-lancer had a good chance of working a sufficient number of days per year to make a good standard of living.

In the '60s to '80s, professionals were hired by agencies or by word-of-mouth among congress managers, friends etc. Professionals, in any case, were at the mercy of the market's (and employers') mood with no social or wage security. The "sousenchère" as it went among professionals, i.e. the bid for the lowest fares, was common practice. From the technical point of view, interpreting – either simultaneous, consecutive or chouchotage - was performed with the help of microphones and loudspeakers, while translators were always in search for the best and updated dictionaries, special terminologies, and sample-texts to consult.

They worked in solitude, hidden in the privacy of their home offices, hugging the latest, expensive dictionary, hitting the keyboard and swearing over every typing mistake which forced them to type a page again and again, even just because of a misplaced comma. The first PCs and the Internet brought about a new Era. My first PC cost me a fortune, but it was a revelation, a new life even if activating functions needed specific codes and the risk of seeing your text evaporate was always lurking. I can't describe my tears and desperation when, after 3 to 4 or even more pages of some difficult translation, the text literally dissolved from the screen. Not to mention the printer, as big as a washing machine, whose vibrations propagated down to the ground floor of my building. We survived.

However, technology made translating easier and quicker, and all of a sudden, we all became professional printers, but the client-translator relationships did not change, if not for tighter deadlines, formats, page layouts and other technicalities. The actual breakthrough was the Internet. At the very beginning, translators and interpreters appreciated being able to contact (and be contacted by) a wider number of clients, agencies, and institutions, etc.; in other words, to widen their work market, and so it was. But, together with the work market, also the working methods and practices also changed inasmuch as, technically, the Internet meant computer-mediated translation, translation platforms, countless glossaries, corpora, sample-texts, and reference documents freely available in a click, anytime, anywhere. A panacea for any translator/interpreter. However, a tricky one also, because automatic translation softwares and sites have convinced a non-negligible number of frozen brains that typing a text in Google translator is enough to produce a text in any language whatsoever. Innumerable are the tricky, humorous examples generated by such silly practices, even from official institutions, and advertising agencies, whose outcome is well documented in many books sharing the title *Lost in Translation*.

In the '70s (not only) translators and interpreters (and not only them) were confronted with a retaliatory job market lacking any ethics or code of conduct, where the only rule was “the largest profit-for-the -happy few” as a congress manager told me once, adding: “ the cake is too small.”. In this wild job market either you belonged to the élite of the Geneva-based only professional organization, AIIIC, or you could only try to survive by a word-of-mouth network and sell your professional skills as best as you could. It goes without saying that solidarity, team working, and resource sharing received short shrift among colleagues.

As a graduate from an Interpreter School in Rome first, and then from a Foreign Language Faculty of a Milan University, I have had, and still have, quite a few colleagues who have only had a translator/ interpreter career and have been able to make a living out of their profession exclusively. Most of us, however, have inevitably shifted our ambitions to other fields, careers and more reliable jobs.

At the time, the lack of a specific Business Bureau and/or professional chartered organization with a regulating power over the translator/interpreter profession, qualifications, contracts, fees, regulations, responsibilities, and of all the legal framework necessary if a profession is to be granted legal recognition, job-market protection, economic and social status did not boost the credibility of the profession.

So has anything changed? Yes and No. It depends. As to my knowledge and experience, the profession still struggles for legal recognition even if a few associations have been established with the noble intent of protecting their members, but being mere “Associations”, they have no State and legal recognition, their membership is not mandatory, and they enjoy no power of legal representation. They can simply help their members develop their professional competences and customer portfolio, providing training and career opportunities, and networking among agencies and clients.

Media and social media in effect, have created a bridge between past and present. Basically, social media have radically reshaped the intermediation market, dominated by agencies with a portfolio of translators, and changed it into a network with instant, face-to-face client/customer contacts. Is it better or worse ? They have not altered the status of the profession, but they have brought translating into the limelight, emerging as a non-negligible communication skill in a globalized, interconnected world, a skill that is still needed especially when the foreign text to translate is linguistically more complex and culturally loaded than a few sentences easily rendered by machine translation tools.

However, if in the past, recruiting a translator /interpreter needed contacts, contracts, etc, now the contacts pop up on the screen and contracts may be signed with a click. Many foreign language experts have their own websites, or have joined LinkedIn or Facebook groups where they discuss the problems of the job category, translation cases, ask for support and expertise, or else, they respond to requests for collaboration. Social media is also advantageous for the clients who may directly access - with no intermediation and extra fees- an interplanetary portfolio of professionals. Moreover, especially when hyper-specialized texts are at stake, co-working between the translator and other language and/or content experts guarantees that the translation issues are given the most adequate and accurate response from any point of view, be they linguistic, lexicographic, semantic, etc. etc.

Whether in a pre-Media climate or not, the client/ translation relationships were often overshadowed or compromised by mistrust, and translation work was a work-alone job, where solitude was certainly not a blissful choice but a necessity, the Internet/ Social Media/ CMS era has

brought about the possibility for clients and translators to by-pass job intermediaries such as translation agencies, to cancel space and time gaps, and to improve the quality and reliability of translations. Although it has not granted translators more money or a higher social status, it has certainly freed them from translation agencies and (non)institutionalized national accreditation and certifying organizations.

TELEHEALTH: Where have we been and where are we heading?

Cosimo DE NUNZIO, Riccardo LOMBARDO, Alessio GUIDOTTI

Telehealth (including telemedicine) can potentially include any communication technology such as e-mail, telephone, messaging, calling, video calling, video streaming, data storage, imaging, video conferencing, and webinars. Telemedicine is older than most of the people may think. The first reports of Telemedicine were published in 1974. In the following years, the objectives of telemedicine were to deliver health care in developing countries or in regions difficult to reach (Mark, 1974). The development of telecommunications and even more of Satellites was essential in this process (Vladzmyrskyy, Jordanova, 2016). In the early 1990s, Internet access opened doors to globalization empowering the development of telemedicine. One of the first important applications of telemedicine was telepathology with the transmission of images around the world. The first European symposium on telepathology in Heidelberg was held in 1992. After that, all the different sectors in medicine started to develop in terms of telemedicine with more than 1000 reports a year. In 2020, the COVID-19 crisis overwhelmed many hospitals and, at the same time, was a strong motivation for having doctors screen patients remotely while providing staff protection. That experience inspired scholars to write on the topic: the number of publications on telehealth raised to more than 8000 a year expanding considerably the possible applications of telemedicine (Simonato et al., 2020).

Telemedicine needs a certain number of technological supplies. When consisting only in consultations, it may be performed by simple phone calls; however, when consisting in telesurgery, ultrabroadband (5G) is essential. On the basis of the speed and data-transfer volume guaranteed by this technology, we can divide telemedicine applications into: teleconsultation, teletraining, telementoring, teleassistance and telesurgery (Amparore, Cacciamani et al., 2020 et al., 2020)). Telemedicine became particularly useful during the pandemic, helping non only general practitioners with online consultations but also allowing opportunities for patient-doctor interaction in the pre-, peri-, and postoperative settings for patients undergoing surgery. In the perioperative setting, the use of tele-mentoring and tele-training proved useful, particularly in providing expertise from around the world and improving outcomes. In the postoperative period, telemedicine video visits for surgical patients were comparable with traditional on-site visits in terms of efficiency, satisfaction, and cost. Equivalent effectiveness was found as measured by the amount of time the patient spent with the physician. No significant differences were found in patient perceptions of visit confidentiality, efficiency, quality of education, or overall satisfaction. In addition, video visits resulted in lower costs in terms of distance travelled, travel time, missed work time, and money spent on travel.

Of course, telemedicine can also raise concerns. Regulations vary among European countries, and care providers need to remain compliant with existing laws and medical ethics codes (Amparore, Cacciamani et al., 2020). The main aspects to consider in terms of legal issues are: obtaining

informed consent in real time before any encounter (assuring confidentiality with information sharing and transmission, security management), (2) guaranteeing national or regional licensing (practicing across countries or districts), (3) ensuring safety of software use, (4) offering proper electronic medical documentation and rapid solutions in case of technological failures, (5) avoiding conflicts of interest, (6) providing malpractice insurance and reimbursement. (Ferorelli, Nardelli, et al., 2020).

Moreover, it has undeniable limits. The first derives from the physical distance between physician and patient, which potentially affects the quality of care and patient empathy, which in turn has an important impact on patient management (Guidi, Traversa, 2021). A second limitation is that a conventional physical examination cannot be performed. Even though self-examination under the guidance of the physician can be a useful alternative, especially during video visits, they must be performed separately. Billing for telemedicine services can also be an issue, since billing conditions may vary from country to country. Confidentiality is another problem: patients should be notified of what protections are in place and a disclaimer should be included in clinical documentation. COVID-19 had a significant impact on health resources and on patient care, but it also represented a boost for innovation in medicine. Telemedicine, which was a worldwide fundamental resource to improve the monitoring of patients, curb the spread of disease, facilitate timely identification and management of ill people, and guarantee the continuity of care of frail patients with multiple chronic diseases (Obrioni, Padwal, Tourkiah et al. 2022), now represents an opportunity to improve patients care and deliver excellent healthcare everywhere. Medical students should be trained on these new possibilities in the hope that in the future more medical care will be provided independently from the patient's geographical area and income.

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