

Medical Italian language: application of terminology and specific didactic materials in the teaching process

Sonila Piri – Adrian Haxhillazi

DOI: 10.18355/XL.2023.16.02.10

Abstract

The article dwells upon issues of the last years faced in the teaching of the Italian medical language for specific purposes (LSP) in Albanian universities. The main issue is related to the role of the lecturer of a specific language course, the competencies it requires and difficulties arising from the medical terminology. In this sense, the specifics of the creation and composition of specific terminology are initially treated, in general, as specialization, metaphorizing, neology etc., as well as the characteristics of the Italian medical terminology in particular. Furthermore, the article deals with the specifics of the role of teachers in this field, the problems that may be encountered in the didactic process, what competencies they should possess and which methodology should be put in place. In order to develop a useful teaching process and with the aim of strengthening the specific competencies required for the LSP students, an innovative didactic unit has been elaborated with Italian language materials, whereby relevant exercises for creating the medical words are additionally suggested to enhance the competence of independent learning throughout life.

Key words: LSP, medical language, Italian, terminology, didactic unit

Introduction

It has been for more than a decade that teaching languages for specific purposes have been applied in our universities, without considering, in this case, Latin. The most experienced language in this sector is the English language. In recent years demands have increased for the Italian language, too, with the opening of several branches in this language. The biggest need was for the Italian medical language as a result of the increase of students in the branches of Medicine, Nursing and physiotherapy, and dentistry after the opening of private universities. The teachers who have been engaged in the didactic process were somehow caught unprepared for this kind of teaching typology, in spite of the experiences shared during the teaching of the Italian language and culture. The biggest issues related to this role dictate that the teacher should develop a specific language course and especially on the medical terminology encountered. In this sense, the specifics of the creation and the composition of a specific terminology are, in general, treated, initially, such as specialization, metaphorizing, neology etc., and second, the characteristics of the Italian medical terminology in particular. The article stops on the specifics of the role and skills required by the respective lecturers. Furthermore, the article focuses on the implementation of didactic materials and medical terminology in the didactic process. The required elements for the realization of an effective educational process that aims at the students' acquisition of the special language are analyzed: in addition, the morphological and lexical elements that characterize it, the ways of forming this terminology, the recognition and implementation of some efficient strategies for the acquisition of medical terminology, as well as the ability to learn independently. In the end, a Didactic Unit was elaborated, in which the methodology and all the linguistic aspects that must be addressed in the teaching of the Italian medical language are actualized.

Creating the terminology for LSP

"Every object, process, the new scientific, technological and professional concept needs to be defined with a term, so neologisms are probably the most interesting phenomenon, which mostly invigorates the study of language and its respective specialty terminology" (Balboni, 2000: 49).

How can a term be generated in this sector? It is already known that the process of forming the specialty lexicon is similar to that of the everyday language.

A method on how to generate terminology in this sector is "specialization": it is about the specialization of the meaning of a word that is part of the everyday language. According to surveys, this kind of specialization has resulted particularly frequently in the eighteenth and seventeenth centuries as a consequence of the development of science and technology that increased the need to create new terminology-related phenomena with some specialties. To create a new vocabulary, more often, reference has been made to terms of classical languages like Latin and Greek. In fact, many terms of classical background have given rise to many prefixes and suffixes used in LSP and in a medical language, such as *hypo- hyper-, mega-, multi- mini-, -logia, -osi, -ite, -oma* etc., known as derivation "*the most productive type of terms*" (Dzukanova, 2013: 58). For eg., in Italian medical language we can see them in the following forms: *ipertrofia, ipertensione, multilaterale, mininvasivo, ipovedente, biologia, melanoma* (hypertrophy, hypertension, multilateral, minimally invasive, partially sighted, biology, melanoma) etc.

A different procedure used to create terms derived from the language of basic needs is "metaphorizing". Researchers cite that this is a process that presents many advantages (Gotti 1992), (Porcelli 1998). The first advantage is associated with the transparency of terms made by new concepts with respect to existing concepts in the semantic receiver's lexicon. "Summary" is another priority that offers the procedure of formation of metaphors. This happens due to the fact that the use of a type of terminology dictates an immediate series of knowledge that the interlocutor knows a priori thereby facilitating a transfer of immediate information and avoiding thus long explanations for the concepts or definitions of long-term. One may bring as an example an expression suggested by (Gotti 1999), "*depressione economica*" (economic depression), according to which the wording is so embedded in the common language enabling the loss of the metaphorical value almost entirely.

Another important aspect of the creation of LSP terminology is also "neology". Regarding this aspect, the field specialist, in general, creates terms referring to generally usable criteria of neology processes of the everyday language. One of these criteria is more used in the formation of vocabulary and analogy. This is a procedure that is related to the formation of a new word that is created based on an existing word term, such as software created by analogy to the term hardware.

"The creation of terminology referring to other languages" is one of the processes of forming terminology based in transference from other languages in mother languages. Transference may mean different things: proper borrowings (*ictus, placebo, by-pass, check-up, marker, stent* etc.), reproduction when the word in borrowed and naturalised in the receiving language (*after-load = postcarico; aspirino-simile* from English *like*), or word for word translation. (Porcelli, 1998, 31-32).

So in specialized languages, there is a widespread use of everyday language words that were assimilated through specialization and metaphorizing processes. According to Gotti (1992), it is true that in the LSP there are more lexical morphemes for each unit

and a higher lexical concentration in sentences, an even more frequent use of extensions as well as Greek-Latin prefixes, but these are phenomena that are encountered in everyday language, too. Thus, the continuous creation of specific terms is not related to the power of lexical systems of specialty languages but to the

rapid pace of evolution of different sectors and to the continuous redefinition of the existing terms and concepts.

Main characteristics of the Italian medical language

One of the approaches that is more evident in medical language is the compendium. The criterion of the compendium consists of the expression of various concepts in the shortest form possible. A compendium of the processes kind is the merging of two words to form a single term, the shortening of the term itself inside it or the use of acronyms or abbreviations. It is very important that sector specialists use very few linguistic elements to avoid any unnecessary retries.

It is widely known that from written texts of medical character, the clinical file that contains data regarding each patient needs to be brief, a summary and a precise recount. The kind of summary that characterizes the medical records is related to very long terminology by which medical language is characterized. Also, the doctor is obliged to use cuts during the filling of a file after the data given to the patient may be numerous. For this reason, the use of symbols and abbreviations is necessary and inevitable. (Capuzzo, 2004: 2-3). Acronyms are, in fact, a characteristic of the language of medicine, especially in the last century (Telve, 2021:291).

The use of acronyms such as *OA* (Open Eyes), or *Ca* (Carcinoma) enables the physician to achieve a double objective, namely to be brief and provide complete information. Often acronyms used in medical language become common in everyday language as *LASER* (Light Amplification by Stimulated Emission of Radiation), *RM* (Magnetic Resonance Imaging), while others are semi-popular, especially those that are part of the examination sheet, such as *Hb* (Hemoglobin), *VES* (Erythrocyte Sedimentation Rate), *ORL* (Otorhinolaryngology). The language of medicine, compared to other specialty languages, has a more visible impact on everyday language. (Telve, 2021: 293)

Too often, Italian language acronyms are used as in the English language, such as AIDS (Acquired Immune Deficiency Syndrome) (Dzukanova, 2013: 59), while the same disease could be used the Italian acronym of SIDA (*Sindrome da Immunodeficienza Acquisita*). The same happens in Albania, where the Italian acronym of this disease is already part of the everyday language.

Besides acronyms, another feature of the compendium is that of the summarizing of the last part, the central part or both parts of terms such as. (“*sost*”. Instead of “*sostitutiva*”) or (“*tp*” instead of “*terapia*”). In some cases, usually, the addition of abbreviations used, part of the oral linguistic communication code, a nonverbal code is often used as per the below example:

ANAMNESI (Medical history)

Nome Cognome: (Name Surname)

43 aa (years)

♂

Madre † x E polmonare (Mother † from Pulmonary Embolism)

This code consists of non-verbal symbols such as ♂ (male) or † (dead), which demonstrates a high summarizing skill and is not part of the spoken language. (Gotti, 1991: 11).

Of these various forms of summarizing, the most used one is the acronyms because the medical language itself is very rich in terms that are composed of three or more elements such as *Otite Media Cronica (OMC)*, (Chronic Otitis Media) or an expression even longer as *Atassia Cerebellare Autosomica Recessiva (ARCA)*, (Autosomal Recessive Cerebellar Ataxia). Therefore it is understandable that these

short forms appear more frequently both in scientific texts as well as in clinical practice (Capuzzo, 2004: 6).

Synonymy is one of the features that result in the violation of basic rules regarding the formation of the vocabulary of derived words that are used in the language as special terms and has to do with the presence of more than one word to refer to the same concept in a field. In the case of medical terminology, more synonyms are formed due to the use of eponyms which are used to remember the inventor of the disease so often. Apart from the technical term, it is also encountered the eponymous as in the case of *Ipernefroma* or *tumore di Grawit* (Gotti, 1992), *Riflesso di Landau* (Reflex of Landau) (Telve, 2021: 291). Some eponyms, instead of the name of the researcher who discovered the disease, carry names of writers, literary characters or well-known patients, such as. "*tendine d'Achille*" (Achille's heel), "*morbo di Gehrige*" (Gehrige's syndrome), the name of a baseball player. (Telve, 2021: 291)

Although we stated that medical language is rich in reductions, in some cases, it represents the excess words which are generally complementary lexical elements. A concrete example of this category is the use of Greek originated lexeme *laparo-* an element observed in many word formations that belong to medical language. *Laparo-* as the word itself, means the stomach and the other word formation *laparocolectomia* (laparocolectomy), *laparoeepatotomia* (laparoeepatotomy), is excessive because an intervention of the abdominal wall can not be done without an incision (of the abdomen) (Vitali, 1983).

With regards to the formation of the medical language words, there is a wide use of prefixes like *dis-* which means a change, a malformation or non-functioning, such as is the case of: *distorsione* (sprain); another prefix is *trans-*, showing the passage way, *transdermico* (transdermal). While *-intra* or *-endo* prefix gets the sense of something located on the inside for example. *Intradermico* (intra-dermal), *endodermico* (endodermal). Among the used suffixes are *-ectomia* which means removal through surgery as for example *colectomia* (partial removal of colon) or *-tomia* indicating the surgical act of cutting;

-ite suffixes originated from the ancient Greek language and in the Italian medical forms the feminine of an inflammation of tissue or organ that refers to: arthritis (inflammation of the limbs), *laringite* (inflammation of the larynx) *peritonite* (inflammation of peritoneum membrane). However there are also words that take the *-ite* suffix in medical language which don't mean an inflammation but show other pathologies such as *Diphtherite*, which is an infectious disease. Even *-osi* as a suffix, is of Greek origin and expresses a general anomaly, *alitosi* (halitosis) an injury or a disease associated with a deterioration: *artrosi*, *osteoporosis*. As mentioned above Italian medical language is very rich in borrowings from the English language as the following: lifting, peeling, screening, scanning, bypass, trial, test, random etc., (Telve, 2021: 300-302) (Dzukanova, 2002). There are also many acronyms that have preserved the orthography of the English language: Ab antibody, in Italian *anticorpo*; BP blood pressure, in Italian *pressione sanguigna*.

The role and the competencies of the languages for specific purposes lecturer

Recent studies have proved that teaching languages for specific purposes requires more responsibility and competencies from the teacher, who should not only have ordinary competencies in teaching languages in general. These lecturers should also have adequate knowledge of the language of specialty to recognize its characteristics as well as the general concepts of the subject in which students will have their degrees.

In the absence of prior teacher training, the lecturer might encounter various issues, be they related to the psychological situation of the teaching of a language typology or to the treatment of a text for which she does not feel prepared enough. Often there are problems with language, but not only, there are also methodological ones when

glottodidactics' techniques must align the standard language with LSP language. Frequently there are also organizational problems: it is needed designing of a specific program to provide for the future and immediate communication needs of the students.

These problems are encountered by the Albanian teachers during their teaching experiences of the Italian medical language in spite of having attended training and various courses mainly in the framework of glottodidactics. However, they have never been granted the opportunity to participate in updating pieces of training covering topics regarding the teaching of the LSP. Consequently, the problems encountered were those of the methodological type followed by those organizational nature, then the preparation of a suitable program for the immediate and future needs of students. Also, in the case of teaching in Albania, the planned lessons are scheduled to take place in the first year of the course, while the students themselves are unprepared and do not know the content of the specific texts to handle. We are, thus, of the opinion that it is needed a certain preliminary preparation as it will help the lectures in the above-mentioned case that the students are not prepared.

However, to the teacher, it should be clear that in this context, their image is not only related to the classical transmission of knowledge, but they can at the same time play the role of motivated students who learn from the respective students and together with them, they discover different meanings of specific concepts. Furthermore, this new role does not diminish the importance of the professional image, which is that of the teaching of foreign languages.

The role of the lecturers in the didactic process is needed in problem-solving situations faced by the students when analyzing and understanding the text. Given that the role of the lecturer is not regarded as a genuine expert in the matter, it is not necessary that he/she has complete knowledge or rather feel uncomfortable if asked about arguments of a specialized character unknown to them. In this case, it is important and enters the stage of the teaching experience and the methodological preparation of the lecturers to organize communication activities in order to encourage students to find the answer by examining the text as well as by exchanging information between them.

Application of the materials and medical terminology in the didactic process

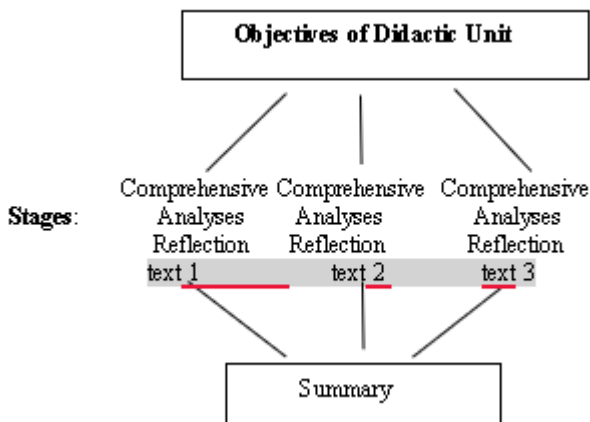
In order for the methodology to be effective, we think it is appropriate for teachers to develop a language teaching process by taking into account several elements, such as the following:

- Choice and teaching of authentic materials useful for the scientific-communicative needs of students. We think that the use of authentic materials improves the quality of the lessons and helps to make the "artificial" didactic context in which we work "naturally", so that students are involved in the reality of the Italian language, expand their cognitive structure and enable them to use different types of authentic materials used by native speakers. Each course has its own language needs. Therefore, the authentic material must be constantly updated and adapted to the interests of the students in order to guarantee a full immersion in the Italian language and culture. The material must also be specifically taught and adapted to the
- needs of the target class to attract the attention of the students and favor the reduction of the affective filter that can be created due to the perception of the texts of the specific language.
- Direct exposure to written and oral texts as well as their application, especially selected and evaluated with related content of the specific language in order to provide students with not only the immediate

objectives of learning the specific language but also with long-term objectives for their future participation in the scientific community (Mezzadri, 2003: 254).

- Direct participation is specifically planned with constructed interactions as well as a specific language communicative purpose.
- Application of self-study procedures for an independent study with the aim of acquiring the competence of independent learning (Balboni, 2000: 71), which also consists in conducting research on the content of the specific language. For this purpose, we recommend the use of new technology to facilitate an active approach in authentic contexts, as well as to promote a student-centered process, to increase motivation, to promote the ability of self-formation and the development of cognitive and metacognitive skills, especially in relation to the processes of searching, selecting, reprocessing of information. In our case, this means that students can search the net, consult online dictionaries and use websites dealing with the terminology of the specific language (Gotti, 2018).
- Giving a central role to the student in the teaching/learning process, assigning him/her an active role and engaging them personally in the realization of activities and in scientific research. Meanwhile, the teacher takes the role of the facilitating lecturer, who guides the students in the research work.

Considering the aforementioned elements and referring to the suggestions of Balboni, (Balboni, 2000: 97) that the content planning should be divided into modules, and the psycho-didactic sub-programming should be divided into acquisition units, which in turn are divided into different stages: first of all, we have excluded the motivation stage since students attending a specific language course are aware of their need for specialized training. For this reason, the division of the didactic unit consists of *comprehensive* (global) phases, detailed *analysis* and *reflection* for each proposed text. These stages are followed by a single summary of all the texts. Their organization is shown in the below diagram:



The activities should be carried out with inductive methods (Balboni, 2000: 99), applying appropriate techniques for each stage through the use of linguistic aids (Balboni, 2000: 100-104) such as video projector, internet, DVD, etc. The techniques or exercises that are delivered are those related to the orientation and understanding of

listening and reading texts, techniques that lead to the development of receptive and productive skills, the activation of expectancy grammar, techniques for reflection on vocabulary and memorization, in accordance with the chosen and valid methodology for achieving the set didactic objectives.

Learning Italian as a specialty language, as mentioned earlier, can be carried out using supplementary materials and texts and can be taught and implemented through the classic didactic unit (Balboni, 1994 : 64-73) (Vedovelli, 2002: 133-141) and the learning unit (Balboni, 2002: 103) (Mezzadri, 2003: 22), and the learning unit for specific purposes (acquisition unit for LSP) (Balboni, 2000 : 86-98), (Mezzadri, 2003: 258-261) which has represented and continues to represent a useful and functional reference scheme in defining activities and classroom practice.

The specific innovative didactic unit proposed for the Italian language of medicine

For this, we suggest a Didactic Unit built exclusively with materials taken and selected from an Italian language anatomy textbook, then didacticized. It can, in turn, be used for teaching in medicine, nursing and physiotherapy courses that follow the Italian language module as a specialty language (Gjinali, Piri, 2016).

Structure of the Didactic Unit “*Apparato Respiratorio*” (Respiratory system)

Duration: 6 classes, 50 minutes each.

Materials and instruments:

Language objectives: Development and reinforcement of reading and listening skills based on a scientific text, as well as reproduction and understanding of a written and oral text. Revision on relative pronouns.

Specialty Language Objectives: Acquisition and addition of medical/anatomical lexicon related to the respiratory system. Comprehension and reproduction of specific language texts. Recognition and construction of morphological elements characteristic of the language of medicine. Knowing and using the generation of scientific terms with elements of Greek-Latin prefixes and suffixes.

Extra-linguistic and domain-specific objectives: Use of pre-textual elements typical of the language of medicine, such as figures, tables, graphic symbols, symbols, diagrams, etc. Activation of reflection through the use of online dictionaries, but also conducting online research related to medical issues.

Methods of developing work: plenary, individual, in groups.

The didactic unit "Respiratory system" is composed of 3 texts, one oral and two written. Based on these three texts, the stages for each text would be built: comprehensive-analysis-reflection. In the end, the summary phase is built, referring to all the texts proposed in this Didactic unit.

TEXT 1

Stage I: Approaching the comprehensive stage

The listening phase begins with the development of a word/picture approach exercise with the aim of activating the students' knowledge and, at the same time, highlighting the necessary elements for the further stages of listening and understanding the text.



Stage II: Comprehensive

The comprehensive stage begins with a listening text aimed at a comprehensive understanding of the content by performing a multiple-choice exercise. It continues with listening back to the text accompanied by a true/false comprehension exercise. In order to understand the text in a more analytical way, students are invited to listen to it again and, at the same time, complete a table in which there are partial elements of the text necessary for orientation. The overall phase closes with a comparison of results, questions and plenary discussion.

Stage III: Analyses & Reflection

In this phase, exercises related to the lexicon of LSP are delivered: exercise on derivation through suffixes. Students must find the suffix that makes up the adjective and find the noun it has derived from. (eg adjective: *gassoso*; suffix *-oso*; noun: *gas*) Through multiple-choice, the teacher guides students to analyze suffixes used in the scientific language. After the meaning of the prefix has been acquired, in groups the students have to complete a brainstorming session with words they have to form that contain the suffix they have learned. (eg *bronchiolo/bronchiole*; *alveolo/alveolus* etc.) This phase continues with a revision on prefixes (eg in- *inspirazione*, es- *espirazione*, s- *scambiare* etc.) with the development of an exercise by completing the table. This exercise is also required for a detailed analysis of the text of the specialty language, the lexicon it contains, the translation of the terms in the native language of medicine, in addition to the learning of the meaning that some linguistic elements carry, such as prefixes. The analysis-reflection stage ends with the completion of the crossword puzzle.

TEXT 2

Stage I: Comprehensive Approach

The pre-reading phase begins with a short listening text. After the initial listening, students develop an exercise with alternatives aimed at a general understanding of the text. The overall phase is prepared with an exercise about the new lexicon of medical language that will be used in the text.

Stage II: Comprehensive

In the comprehensive phase, the text is read individually with the extensive method. It continues with group intensive reading, accompanied by exercises about the meaning of the text. Verification of the meaning of the text is reinforced through the development of a “true/false” exercise. This phase ends with an exercise by filling a table that completes the understanding of the medical text. Results are compared, possible questions, open discussions.

Stage III: Analyses & Reflection

The students, divided into three groups, are invited to fill in a table with terms in Italian related to the pathology of the Respiratory system, to which they give a definition. To perform this exercise, students must consult the Internet addresses provided by the lecturer. This activity is required to expand knowledge about medical terminology and to strengthen the competence of independent learning. The exercise ends with an open discussion.

To follow comes an exercise about the generation of medical language terms related to the formation of compound words that are usually of Greek or Latin origin for eg. *fito-*; *ago-*; *omeo-*: *fitoterapia*; *agopuntura*; *omeopatia*, (herbal medicine; acupuncture; homeopathy).

The analysis and reflection stage is concluded with an exercise aimed at building terms derived from suffixes. Students must find the nouns from which the adjectives are derived in the table, such as *bronchiale*, *asmatico*, *anamnestico*, *terapeutico*, *ostruttivo*, (bronchial, asthmatic, anamnestic, therapeutic, obstructive) etc.

TEXT 3

Stage I: Comprehensive

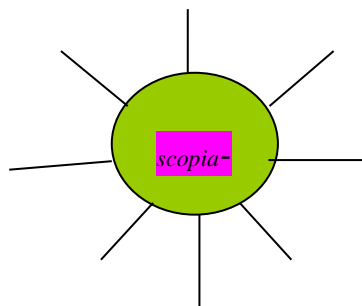
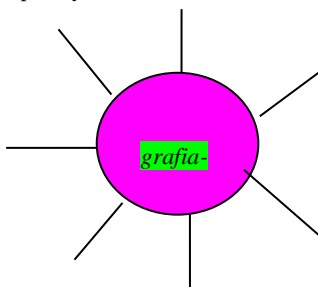
In this stage phase, a multiple-choice exercise precedes the content of the text to be read next. It is followed by an open discussion on the comparison of hypotheses. Furthermore, the text “*La scintigrafia polmonare*” (Lung scintigraphy) is read. The comprehension of whether the text has been understood is checked with an exercise consisting of sentences to be completed with one or two words.

Stage II: Analyses & Reflection

The analysis stage begins with a grammatical revision exercise on relative pronouns. In order to carry out a detailed analysis of the text, students are asked to find and circle the relative pronouns in the text. Then, the lesson continues with an exercise in which some sentences are taken from medical texts related to the issues dealt with in this unit, in which the students will fill in the missing relative pronouns. The next activity is a multiple-choice exercise related to the classic Greek-Latin terminology, which in medical language takes on a special and characteristic meaning, such as the words *-grafia* and *-scopia* (*-graphy* and *-scopy*). After being informed about the exact meaning of these two words and to reinforce the new linguistic input, the students are invited to complete a brainstorming session with new medical words, such as the following exercise:

Look at the following terms and form compound words with the words in the circles. If you have any doubts, consult the medical dictionary or the following online Italian dictionary: <http://www.treccani.it/>

(*angio-*; *bronco-*; *mediastino-*; *strati-*; *toraco-*; *colon-*; *gastro-*; *duodeno-*; *capillaro-*)
angio-; *broncho-*; *mediastinum-*; *strati-*; *thoraco-*; *colon-*; *gastro-*; *duodenum-*; *capillary-*



Sticking to the aim of acquiring the competence of independent learning, suggestions are given to consult dictionaries and online addresses. In order to memorize the lexicon of the language of the specialty, students must carry out an exercise by filling in a table. Then, the lesson continues with an activity to learn idiomatic expressions such as *perfusione polmonare* (pulmonary perfusion), *iniezione endovenosa* (intravenous injection), *flusso ematico* (blood flow) etc. This stage closes with an exercise where students sort the paragraphs of a dialogue between a doctor and a patient and find which examination the doctor advises.

Summary

For the *summary* stage, an exercise related to all the material presented and treated in the Didactic unit is delivered. After observing two pictures in which the most characteristic elements of the Didactic unit appear, students are invited to write a summary. Students are divided into groups, and each group is assigned to carry out research related to a pathology of the respiratory system, which they will present to the class. At the end of the exercises, an open discussion takes place in order for the students to reflect on the difficulties encountered, the shortcomings and the improvable aspects of their activities.

Conclusions

In recent years Italian language courses for specific purposes have been added due to the growing demand from the Albanian reality, especially in the medical field. The problem consists of the fact that in this sector, language books are few and often do not suit teaching needs in Albania. The role and competencies of the lecturer of this subject are not identical to those of the Italian language lecturer. On the other hand, students also need to acquire some very specific competencies related to LSP.

This paper analyzes some characteristics of the Italian language of medicine, the ways it is formed, its morphological aspects such as the formation of new terms through prefixes, suffixes, emersion, superimposition, etc., as well as other characteristics of this language such as summary, acronyms, synonymy etc.

The role and competencies that the subject teacher must have are very special. He/she must have the ability to select, teach and use medical terminology material in class. The lecturer shall enable students, with the recognition and acquisition of medical terminology, to learn independently not only for the realization of the immediate learning objectives of LSP, but also for future participation in the scientific community and to learn during their whole life.

As mentioned above, the didactic materials of the Italian medical language are limited and often do not suit the real needs of students in Albania. For this reason, we have proposed a didactic unit that follows the suggestions of studies in the field regarding the teaching methodology of LSP, in which all the linguistic but also communicative aspects of the Italian medical language are included and implemented through the delivery of exercises that encourage and help students acquire some very necessary competencies related to their immediate but also long-term objectives.

Bibliographic references

- Balboni, P.E. (1994). *Didattica dell'italiano a stranieri*, Roma, Bonacci. ISBN 8875732744
- Balboni, P.E. (2000). *Le microlingue scientifico-professionali*, Torino, Utet Libreria. ISBN 8877506261
- Balboni, P.E. (2002). *Le sfide di Babele. Insegnare le lingue nelle società complesse*, Torino, Utet Libreria. ISBN 8877507608
- Capuzzo, B. (2004). *Aspetti del lessico specialistico medico: italiano e inglese a confronto*, Arco Journal, e-journal Department of Arts and Communication,

- University of Palermo. <https://iris.unipa.it/retrieve/e3ad8919-b472-da0e-e053-3705fe0a2b96/B.%20Cappuzzo%20Arcojournal%202004.pdf>
- Dzukanova, B. (2002) A brief outline of the development of medical English, Bratislavské Lekárske Listy/ Bratislava / Medical Journal 2002; 103 (6), 223-227 <http://bmj.fmed.uniba.sk/2002/10306-07.PDF>
- Dzukanova, B. (2013). English Medical Terminology: Different ways of forming medical terms. JAHR, 4 (7), 55–69. <http://www.jahr-bioethics-journal.com/index.php/JAHR/article/view/78>
- Ciliberti, A. (1981). (a cura di) L'insegnamento linguistico "per scopi speciali", Bologna, Zanichelli.
- Gotti, M. (1991). I linguaggi specialistici, Firenze, La Nuova Italia. ISBN: 8822110137
- Gotti, M. (1992). Testi specialistici in corsi di lingue straniere, Firenze, La Nuova Italia. ISBN 8822110714
- Gotti, M. (2018). Lsp As Specialised Genres in Languages for Special Purposes: An International Handbook, Edited by: John Humbley, Gerhard Budin and Christer Laurén, De Gryuter Mouton, 3-25. ISBN 9783110228007
- Gjinali, A. & Piri, S. (2016). Gjuha Italiane per studente ne fushat mjekesore. Niveli B1-C1. Maluka, Tirana. ISBN 9789928134868
- Lorenzi, F. (2008). (a cura di) Apprendere le lingue straniere. Interferenze e microlingue scientifico-professionali. Guerra Edizioni, Perugia. ISBN 887715914
- Piri, S. & Dalipi, E. (2020). Implementimi i materialeve autentike në kurset e gjuhes se huaj tekniko-shkencore dhe teknikat qe ndihmojne ne pervesesimin e elementeve te saj gjuhesore. FGJH, Revista FGJH N.2/2020, 64-76. ISSN 26647346
- Porcelli, G. et al. (1990). Le lingue di specializzazione e il loro insegnamento, Milano, Vita e Pensiero. ISBN 8834369130
- Mezzadri, M. (2003). I ferri del mestiere, Guerra Edizioni-Perugia. ISBN 8877156503
- Telve, S. (2021). Il linguaggio della medicina, in Gualdo, R. & Telve, S. (2021). Linguaggi specialistici dell'italiano. Carocci editore, Roma, 283-344. ISBN 9788829005321
- Vedovelli, M. (2002). Guida all'italiano per stranieri. Dal Quadro comune europeo per le lingue alla Sfida salutare. Carocci editore, Roma. ISBN 9788843055173
- Vitali, D. E. (1983). I linguaggi delle scienze biomediche, in Atti del (II) Convegno "Il Linguaggio della divulgazione" Selezione del Reader's Digest, Milano.

Words: 5 418

Characters: 35 819 (20 standard pages)

Sonila Piri
 Adrian Haxhillazi
 Italian Language Department
 Faculty of Foreign Languages
 University of Tirana, Albania
 Rruga e Elbasanit, Tirana,
 Albania
 sonila.piri@unitir.edu.al
 adrian.haxhillazi@unitir.edu.al