

ESERCIZI DI STILE

A caccia di errori

Il primo passo per migliorare il proprio stile di scrittura è quello di esercitarsi a revisionare i manoscritti di altri autori. È sempre più facile riconoscere gli errori altrui che non i propri: leggere un testo nuovo, in modo distaccato, aiuta ad avere un occhio critico tanto sul contenuto quanto sul contenitore. Una volta acquisiti i rudimenti dell'inglese in medicina, esercitarsi a riconoscere e a correggere le "brutture" nei testi dei vostri colleghi servirà a rendervi via via più consapevoli degli errori che voi stessi dovrete evitare quando da Revisore passerete al ruolo di Autore.

Questa scheda è un ripasso degli argomenti affrontati fino ad ora sulla grammatica e lo stile nell'inglese medico-scientifico. Le frasi proposte sono tutte candidate a revisione.

Il compito richiestovi è:

- diagnosticare il "problema" di ciascuna frase,
- correggere gli errori seguendo i canoni dell'inglese medico.

Buon lavoro. Le soluzioni alla prossima scheda...

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1. *Our analysis of the results of the experiment did not provide an explanation of its failure, because our data collection lacked the precision needed.*
2. *The physician examined the images of the patient's digestive tract after being injected radioactive tracer.*
3. *Such conclusions are supported by the numerous informations and evidences collected over the past years of our research.*

4. Fortunately, the grant proposal was sent in before the deadline. Yesterday, the text was reviewed, the references checked, and the final version sent in.
5. According to newly established safety regulations, that were decided on December, all interns should give his name to the program supervisor before they access the building. If an intern, foresees to work in the building regularly he should request an electronic badge to his supervisor.
6. Bacteria become restricted to the characteristic caseous necrotic centre of granuloma where, due to the low availability of oxygen and the presence of toxic fatty acids, they are believed to be unable to multiply, but can survive in a dormant, hypometabolic state, as an adaptation to the hostile environment.
7. Accurate pre-operative risk estimation of adverse outcome following CABG is important especially for high-risk stratification in the light of alternative strategies such as aggressive medical treatment, resynchronization therapy or left ventricular surgery.
8. In conclusion we believe that the old issue concerning the process bringing to the diagnosis and the following management of the disease still remains far from a definitive solution and deserves some conclusive considerations.
9. The latest guidelines in our opinion added only new screening tests. New drug administration was not mentioned clearly. The working group should have been more active on this issue because physicians are not provided new tools to cure their patients, and sick patients cannot benefit from this situation.