

# Medical English

**Journal of Medical English Education**

Vol. 5 No. 2, June 2006

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# Medical English

Journal of Medical English Education

**Vol. 5 No. 2, June 2006**

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# Medical English

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### 1. Article categories and *Journal* aims

*Journal of Medical English Education*, the official publication of the Japan Society for Medical English Education (JASMEE), is interested in articles on English education for medical purposes, including *clinical* medicine, *nursing*, *rehabilitation*, *dentistry*, *laboratory technician work*, research, and *international* medical activities such as reading and writing medical papers, making oral presentations, participating in forums, seminars, symposiums, workshops, international conferences, and continuing professional education. Categories are the *Special Article*, *Original Article*, *Short Communication*, and *Letter*. The Special Article is by invitation from the editor or is the address by a guest speaker or symposium participant at the annual JASMEE conference.

### 2. Preparing the manuscript

- 2.1. Articles may be submitted in English or Japanese.
- 2.2. The manuscript should be prepared on either Macintosh or Windows/DOS.
- 2.3. Use Page Layout *25-to-26 lines per A4 page, 12-point typeface* of a common font such as Times New Roman, Arial, Times, or Century. **Margins:**  
**Left** 30 mm; **Right** 25 mm;  
**Top** 30 mm; **Bottom** 25 mm.  
Maximum length: about 20–24 pages, including the Title Page, text, figures, tables, and References.
- 2.4. *Number all pages consecutively*, beginning with the Title Page as p. 1 and including each page that has a Table or Figure.
- 2.5. Submit the manuscript in normal Page Layout *without the tracking protection tool*.
- 2.6. Do not use footnotes, op cit, or Ibid.

### 3. Title Page

Order of information on the Title Page:

- 3.1. A concise, informative title, centered near the top of the page. The 1st line of the title ought to be slightly longer than the 2nd line. Avoid abbreviations and formulae where possible. For example, *instead of SLA, write Second-language Acquisition*. A subtitle is seldom necessary, as the key information can usually be included in the base title.
- 3.2. Author names and affiliations. In the order agreed

upon by the authors, write the full names without academic degrees. Use asterisks to designate authors from more than one institution, as in 3.3 below; the asterisk goes AFTER the author's name and AFTER the comma. Example: Jun SUZUKI,\* Arnold PALMER\*\* and Helen KELLER\*

- 3.3. Full names of the *institutions* and *departments* where the research was done, and City, and Prefecture (State and Nation if outside Japan). If authors are from different institutions, put one or more asterisks BEFORE the institution name. Example:

\* ABC Medical University, English Department,  
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- 3.4. *Keywords*. A maximum of six keywords or short phrases that would help in indexing the article.
- 3.5. *Corresponding author*. Name of the author (with job title, e.g., Professor, M.D.) who will handle correspondence throughout the editorial process; name the university and department affiliation, full address, telephone and fax numbers, and e-mail address.
- 3.6. *For all authors*, give the e-mail address, telephone and fax number.
- 3.7. If part of the paper was presented orally or as a poster at a meeting, then at the bottom of the Title Page put *the title of the meeting, sponsoring organization, exact date(s), and the city where the meeting was held*.

### 4. Abstract

- 4.1. A maximum of 250 words (about one A4-size page). May be in 11-point typeface if necessary, to contain the Abstract on a single page.
- 4.2. State the **background** in one or two sentences (see 6.3 below), **objective** of the investigation in one sentence, then describe the **Methods** (study design, study population, protocol) in the past tense; **Results** (main finding or major contribution) in the past tense; and finally the **Conclusion** (or recommendations) in the present tense. Be concrete and avoid saying merely, "... was investigated" or "This paper describes ...."

## 5. Text

- 5.1. Use either American or British English, but do not mix the two in the same article.
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- 5.4. **Reference citation.** Cite each reference as a superscript number matching the number in the References section of your paper. The superscript citations usually appear, without parentheses, at the **end** of the sentence, the **end** of the paragraph, or the **end** of a quotation. If more than one is used, the superscripts are separated by a comma but no space. The superscript goes **AFTER** the comma or period.
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- 6.2. Each subsection should be given a short heading. Subsections are helpful for cross-referencing within the paper. Instead of just saying, "... as mentioned above," we try to guide the reader by saying "... as shown in 1.1.3 above" or "as aforementioned (1.1.3)," or "as explained under *Evaluation* above."

- 6.3. **Introduction.** First, give the general topic, or territory, of the research in one or two sentences. Example: *How to help students hone their English listening skills is a standing concern of teachers, and especially for those teaching medical students.* After that, explain your rationale and lead up to the problem the paper is addressing, then state *the objective of your research or of your classroom approach.* References are necessary in the Introduction, but subheads are not (if you think subheads are needed, your Introduction is probably too long).
- 6.4. **Methods.** In the past tense, briefly describe your study design or classroom trial succinctly. Tell explicitly what was done, how many students were involved, what academic year they were in, what materials were used, how much time the study took (from when to when, if appropriate). Subheads are helpful in lengthy Methods.
- 6.5. **Results. (Results and Discussion** may be a single division of the paper, depending on author's preference.) Although each result is stated in the past tense, the discussion and generalization of the results are in the present or present progressive tense.
- 6.6. **Conclusion.** The Conclusion is usually the last subdivision or final paragraph of the **Discussion**, but a separate Conclusion is permissible. The conclusion is NOT a repetition of the Results but a (present-tense) generalization derived from the results.
- 6.7. **Acknowledgments.** If you express appreciation to someone for help with the data collection, analysis, manuscript, or for a grant, a brief Acknowledgments section is appropriate between the main text of the paper and the References.
- 6.8. *Figure legends, tables, figures*—in that order—may be collated at the end of the article, provided the text is marked to indicate the approximate location where each figure and table is intended. At the TOP of each **table**, number the tables consecutively according to their order of mention in the text and make a short title for each. Place table footnotes immediately below the table. Vertical lines are not necessary inside the table except in special cases. For figures embedded in the text, put the figure number and legend BENEATH each **figure**.

## 7. References

7.1. Switch off any automated Reference Manager, such as EndNote, ProCite, or other software you may have used, thus allowing editors to make stylistic conformation of the References if necessary.

7.2. a. **Preferred order:** *Citation order (the Vancouver method, modified slightly)*. List the references according to *the order cited in your text*, putting the **family name** of the authors first, followed simply by the initial or initials of the person's name without punctuation (Examples 7.9 below).

b. **Alternative order:** *Alphabet and number*. The references may be listed *alphabetically*, provided the entries are also numbered consecutively. Although the citation order is preferred, *Journal of Medical English Education* currently allows either style as a way to meet the needs of the unique JASMEE blend of social science and natural science scholars.

7.3. **Journal article** (Example 1 below). **Author(s)**. **Year**. **Article title**. *Journal Name* **Volume (Issue number, optional)** **page numbers**. The article title is written in *lowercase* except for the first word and proper nouns. In the *Journal Title*, the first letter of each word is in *uppercase*, and the *Journal Title* is italicized. The full *Journal Title* is preferred. The word "Vol." does not appear but the volume number is in **boldface**, followed by a non-bold colon, then the page numbers. Caution: 5(1): 64–65 but NOT 64–5. Note: p. or pp. is NOT used in *Journal* entries.

7.4. **Book** (Example 2). **The Book Author(s) or Editor(s)**. **Year**. **Book Title**. **City: Publisher Name**, **p. number** (optional if several scattered portions were used).

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followed by the numbers. Caution: pp. 128–136 but NOT pp. 128–36.

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7.8. Numbered references to personal communications, unpublished work, or manuscripts "in preparation" or "submitted" are unacceptable.

### 7.9. Examples:

1. Gledhill C. 2000. The discourse function of collocation in research article introductions. *English for Specific Purposes* 19: 115–136.
2. Sinclair JM. 1991. *Corpus, Concordance, Collocation*. Oxford: Oxford University Press. p. 78.
3. Nylenna M and Hagve TA. Small journals and non-English language journals. **In:** F. Godlee, T Jefferson (eds). 1999. *Peer Review in Health Sciences*. London: BMJ Books. pp. 112–121.
4. Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, and Richardson WS. 1999. Evidence-based medicine: What it is and what it isn't. <[http://www.cebm.net/ebm\\_is\\_isnt.asp](http://www.cebm.net/ebm_is_isnt.asp)> (Accessed December, 2004).
5. Hishida H and Hirano M. 2003. Teaching material using Web site information on nursing. *Medical English* 4(2): 41–44. In Japanese.
6. 井上真紀, 佐藤利哉, 神田和幸. 2004. コミュニケーションから見た看護事情の改善の必要性. *Medical English* 5(1): 51–58.
7. SAS Use's Guide. 1989. 4th edn. Vol. 1, Version 6. Gary, NC: SAS Institute.

## 8. Submission of the paper

8.1. A manuscript will be considered for publication with the understanding that it is being submitted solely to the *Journal of Medical English Education*



and that all pertinent sources of support and information have been acknowledged. Submission of an article implies that the work has not been published elsewhere (except perhaps as an Abstract in a conference Program or Proceedings) and that the work does, in fact, belong to the author(s) named on the Title Page.

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## 9. Japanese Articles

When writing an article in Japanese, follow the English Guidelines in addition to providing English in 4 places: (1) Just beneath the Japanese title of the article, provide an **English Title**, (2) put the **Author Name(s)** in Roman characters under the Japanese Name(s), (3) name the **Institution and Department** in Roman characters just below the same author affiliations in Japanese, (4) provide

the **Abstract** in English only.

## 10. Student submissions

10.1. Articles prepared by students will be considered on a limited basis. All manuscripts are subject to the Guidelines for Authors, and the Title Page must include the name of a teacher, possibly a co-author, who will serve as the contact person throughout the editorial process. Provide e-mail addresses and telephone and fax numbers where the Editors might reach someone for consultation even after the student author has graduated.

10.2. WJEMA articles, speeches, presentations, debates, and short communications must include a Title Page listing a teacher and/or other contact person with e-mail addresses and telephone and fax numbers where the Editors might reach someone for consultation even though the student author may have graduated.

## 11. Review of Manuscripts

All manuscripts except Special Articles will be evaluated by 1 or 2 reviewers assigned by the Editors.

## 12. Proofreading

Galley proofs of accepted manuscripts will be sent to the authors shortly before publication of the *Journal*. Typographical errors and errors in the data will be corrected upon return of the proofs, preferably by e-mail attachment or fax, to the JASMEE Office.

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\* *Guidelines for Authors* in both English and Japanese can be downloaded from the following webpage (本ガイドラインならびに日本語投稿用のガイドラインは、下記のホームページでもご覧いただけます) :  
<<http://www.medicalview.co.jp/jasmee/journal.shtml>>

## Editor's Perspective (1)

### Does Improved Communication Mean Improved Treatment?

---

When a patient does not speak the language of the physician, can the correct diagnosis be made? In such a case, would the hospital be at risk of lawsuit if the wrong treatment were administered? How can English teachers help bridge the communication gap between host-country physician and international patient?

One of the articles in this issue of the *Journal* tackles the enormous communication gap between healthcare providers in Japan and international patients who come to the Japanese hospital for help. Because of the language barrier, many of those patients are neither able to explain their maladies nor to understand what the doctors and nurses are saying to them. The author of this paper asks two primary questions:

- (1) How do the healthcare providers outside Japan communicate with patients who do not speak the language of the doctor in the host country?
- (2) What can Japan do to train competent interpreters for the healthcare setting?

Interestingly, this author, who is a Medical Doctor in Japan, did not ask, “Can Japan train competent interpreters for the healthcare setting.” Instead, he went straight to the course of action: “What can Japan do to train competent interpreters for the healthcare setting?” The author does a good job of tying together what has been done in one country with what he believes needs to be done in Japan. In opening himself up to this demanding field, he also found a rigid code of ethics for healthcare interpreters and a robust set of work ahead.

Coincidentally, a paper in the Short Communication department also talks about the need for specialized **training** in medical communications. Is not that the type of ground described by the author setting out to help close the gap between physician and patient who do not speak a common language? It is exciting to see one paper allied closely with another, where dedicated authors are treading on nearby territory. While dealing with expertise in a number of the services provided by medical communications scholars, this short communication fixes the compass in the direction of **training**. This coincidence between two papers leads us to suspect that in the months ahead we will see some collaborative action directed to the mapping of that terrain that links the improvement of international patient communication with improved healthcare itself.

#### A second coincidence

Which English study motivates the students more effectively—English related to their future work or that related to entertainment, such as to catch the lyrics of songs and the dialogue in movies? A second coincidence which helped shape this issue of the *Journal* deals with that sort of question. Three articles hover around a single topic as well as similar methodology, namely, student perception of Medical English education, as approached and caught by survey.



The first of these is an original article demonstrating the inseparability of student motivation and teaching results. Through questionnaires, the authors of that paper delved into multiple perspectives to find out to what extent the student attitudes condition the students' own study behavior and, hence, determine their learning. The questionnaire is shown in a bilingual table for the benefit of international readers and others interested in the English. The aim of the work was to see whether the students study English to help them prepare for their future medical work, to pursue their cultural and/or educational interests, or to help them with a hobby-like interest (e.g., enjoyment of foreign movies or the lyrics of foreign music).

In the Student Department, one article, for which the first author was a fifth-year student at the time of writing, displays a series of graphs that show how both the underclassmen and upperclassmen in English classes at his university responded to a questionnaire. The aim of the questionnaire was to clarify how the students feel about having classes in Medical English and about when Medical English classes ought to be offered during the six-year curriculum.

Also appearing in the Student Department is a short summary of a questionnaire the WJEMA students gave to the E.S.S./WJEMA in the 17 universities that have a WJEMA:

Do you want Medical English classes?

What type of skills would you like to be taught in Medical English class?

In what year of university should the Medical English classes be offered?

All of this boils down to one major point, i.e., that, in all three articles, these are the voices of students themselves. Every teacher has at some point grappled with such questions as those asked on the questionnaires. And now as if by providence, three articles appear boldly together in a single issue of the *Journal*—new voices aching to speak out. And the message they articulate is loud and clear. These articles in the *Journal* have opened new empirical windows, and we can get at least a glimpse of what can be—and perhaps what ought to be—studied seriously.

The research informants in the *Journal* this time include professional teachers, a medical doctor, and undergraduate students. The editors invite feedback from readers and solicit papers on either new or continuing research.

**Nell Kennedy,**

Editor-in-Chief

## Editor's Perspective (2)

### Transition

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With this issue of the *Journal*, three elements appear for the first time: continuous pagination, an Index, and a callout. These are little things, but each is a mighty part of an extensive process that goes on behind the scenes. Little things like these play an important role in nurturing the scholarly activity of the authors and showcasing their work.

#### **Continuous pagination**

In most real journals, whether producing as many as 52 issues a year or as few as 2, each succeeding issue within the same year, i.e., the same volume, starts with the next page number where the previous issue left off. *Journal of Medical English Education* has often been referred to as the Conference Proceedings of JASMEE rather than as the *Journal*. Continuous pagination is a transitional step toward moving from a Proceedings image to a real *Journal*, and possibly even an international journal someday out there in the future of JASMEE.

#### **Index**

The Index in the back of the issue you are reading now lists all papers published during the first five years in the life of the *Journal*. This is intended for the benefit of new members who may have missed out on early issues and also for the convenience of all who would like a bird's-eye view of the directions and range the research has taken.

One question that has surfaced already is whether the next Index will be five years from now—in short, whether the Index this time sets the precedent for when the next Index might be expected. For a *Journal* just out of infancy and well on its way to early adolescence, however, it seems prudent not to hem up those lengths just yet. Allowing for growing pains and flexibility, a span of every two years or maybe even three years may be more realistic. The pivotal question is how many, if not whether, new manuscripts will actually be prepared and submitted to the *Journal*.

#### **A callout**

What is a callout? A callout is an attention-getting layout technique, such as what we often see in *Scientific American Mind*, the *Herald Tribune* and other print media where a key sentence within the article has also been displayed in larger font surrounded by margins of white space as if boxed in by white somewhere in the midst of the article. Although a callout can admittedly work as if bating the hook to catch readers, the technique is useful not only for calling attention to a key point but also for enhancing the readability of an article that does not have tables or figures to help break up the long page of text that might otherwise look gray and uninviting. The first

callout in the history of our *Journal* appears in the opening article and in the Student Department of Vol. 5 No. 2.

For the benefit of future editors, I would caution that too much of a good thing tends to reduce its goodness. One to four callouts should be enough in any article. Generally, medical journals that come out every week do not need a callout as much as, say, a social science journal that comes out twice a year. In *Journal of Medical English Education*, an occasional callout can be a friendly tool of communication among author, reader, and editor.

The previous issue of the *Journal* introduced a new set of Guidelines for Authors, Editor's Perspective, and a regular feature called Continuing Professional Education. Together with those additions, now the continuous pagination per volume, the periodic Index, and an occasional callout are all part of an effort to take the *Journal* forward and display the work of the authors in a readable format that readers can easily follow with some consistency in where they might expect to find the authors' research territory, rationale behind the research, their research objective, the methodology, main results, and conclusion (generalizations).

Should any JASMEE member or other readers of the *Journal* have requests, advice, or questions, we welcome your comments.

#### **Acknowledgments**

We extend our deep appreciation to each and every JASMEE member who was called upon to review one or more manuscripts for Volume 5 of the *Journal*. On behalf of the authors of those papers that made it into print in the two issues of this volume, we thank you for your insightful comments, recommendations, and sacrificial efforts in meeting the deadlines and at the same time treating each paper with the care and respect it deserves. Without the generosity and dedication of the reviewers, the *Journal* could not operate.

In addition, we are truly grateful to members of the Editorial Advisory Board for responding promptly and thoughtfully to our various questions that arose from time to time, even on the spur of the moment. We also owe much to the staff at Medical View Co. for their cooperation and support, and particularly to Mr. Junji Eguchi for going with us the second mile.

Finally, we appreciate the favorable and encouraging remarks received from readers in regard to the first appearance of Continuing Professional Education and in regard to the articles themselves, which those readers said they truly enjoyed. Hats off to the authors.

**Nell Kennedy**, Editor-in-Chief

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# Guidelines for Training Healthcare Interpreters in Japan

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**Background and Objective.** Continued increase in the international population in Japan has resulted in language and cultural differences that have created ever-expanding needs for interpreting services in healthcare settings. Little has been done, however, toward meeting this need. The objective of the present study was to find out what is being done in the way of establishing interpreting services in healthcare settings in countries other than Japan.

**Methods.** The sources consulted include organizations in English-speaking countries where well-established healthcare interpreting services are provided for those with limited English communicative ability.

**Results.** Particularly in the United States and Australia, widely accepted views were found regarding what constitutes the basic skills of the healthcare interpreter.

**Conclusion.** In the interest of both the international patient and the healthcare professional, it is of paramount importance to establish a national framework that promotes competent healthcare interpreting. The service must include standards for the provision of the interpreter services, a solid national training program, and a certification system. From the outset, the specialized skills of the interpreter have to be defined and a workable outline needs to be drawn up for a training system in Japan.

*J Med Eng Educ* (2006) 5(2): 79–87

**Keywords:** healthcare interpreter, healthcare interpreting, interpreter training, interpreter certification, medical interpreter qualifications, international patient

## INTRODUCTION

The international population in Japan has been increasing considerably for several decades. As such, language and cultural differences have become causes for great concern, as increasing numbers of international residents and visitors must depend on the healthcare services that Japanese medical institutions provide. If Japan ever hopes to realize the potential benefits of establishing a social structure which is user-friendly to the international patients and their families, the medical services being provided for those with limited proficiency in the Japanese language need to be scrutinized for their quality and effectiveness in meeting the needs of the patients.

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Recently, innovative programs in several regions of Japan have started offering language interpreting in healthcare settings. National standards for the training procedures, however, are essentially non-existent.

In the United States, many individual states as well as local groups have established their own healthcare interpreting services and guidelines to help meet the need for communication between the healthcare professionals and the various ethnic patients who are not proficient enough in English to explain their maladies or to understand what the doctors and nurses are saying to them. Some hospitals developed interpreting services as the result of a lawsuit, a critical patient-care incident, or a genuine interest in improving the services of the hospital.<sup>1</sup> On the state level, the California Healthcare Interpreters Association (CHIA) was founded in 1996 by a group of interpreters and interpreter service managers from key hospitals in the San Francisco Bay Area and the Los Angeles region.<sup>1,2</sup> Those workers recognized the need to collaborate in order to facilitate the training of quality healthcare interpreters, as well as the need for establishing healthcare interpreting as a profession. In addition to the work being done on the state level, the National Council on Interpreting in Health Care is active-

ly involved in the research and development of a series of working papers including national guidelines for the training of medical interpreters.<sup>3</sup>

In Australia, the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) is an advisory body involved in training interpreters in a wide number of fields.<sup>4</sup> The NAATI, owned by the Commonwealth, State, and Territory Governments of Australia, provides not only consultancy services but also accreditation and recognition of individual interpreters who meet the NAATI standards and who are available for work. The NAATI sets standards and advises on the role and conduct of interpreters in various settings, one of which is medicine, and they conduct interpreter accreditation tests in Australia and New Zealand.<sup>4,5</sup> In addition, the Australian Institute of Interpreters and Translators Inc. provides a wide range of workshops in various fields.<sup>6</sup>

By studying the healthcare interpreting models at work in English-speaking countries, healthcare providers in Japan might take steps toward setting up a standardized training plan and bring about a workable solution to the growing need for language interpretation in the medical settings in Japan. The aim of this research was primarily to find out about healthcare interpreting services that are in operation in the United States, a country which has become home to thousands of immigrants from around the world who require medical care but do not necessarily speak English. In the light of information gathered from such models, the paper may provide a working framework in which healthcare providers and language educators might conduct further research and discussion on concrete steps toward establishing a national system for training medical interpreters in Japan.

## METHODS

I visited several leaders of the (U.S.) National Council on Interpreting in Health Care (NCIHC) and read extensively from the wide array of materials that have been developed in the United States and Australia. The present study centers primarily on the *California Standards for Healthcare Interpreters*.<sup>1,2</sup> With permission of the California Healthcare Interpreters Association (CHIA), I have compiled the article as a concise working model

from which we might gain valuable insight. In addition, the study draws from the *Working Papers* Series of the National Council on Interpreting in Health Care (NCIHC), which in large part is an outgrowth of collaboration with the California association and an expansion of similar work going on in a number of other states.<sup>3</sup>

## RESULTS AND DISCUSSION

As an overview, this report includes three components: (1) the context of healthcare interpreting, (2) qualifications of the healthcare interpreter, and (3) certification.

### 1. Context of healthcare interpreting

To clarify the field of healthcare interpreting, first the California group (CHIA) as well as the national group (NCIHC) defined their meaning of healthcare interpreting and of the healthcare interpreter, thus establishing consistent boundaries and terminology.<sup>1-3</sup> Second, they described the types of interpreters, or would-be interpreters, who become available; third, the roles of the healthcare interpreter; and fourth, the training programs.

#### 1.1 Definitions

In defining the terminology for language interpreting services on behalf of patients with limited English proficiency, those who wrote the guidelines collaborated with workers from the community level to the national level and collected terms and definitions from many sources.<sup>1-3,7,8</sup>

#### (1) Healthcare interpreting

In the United States, the National Council on Interpreting in Healthcare defines *healthcare interpreting* as “interpreting that takes place in healthcare settings of any sort, including doctors’ offices, clinics, hospitals, home health visits, mental health clinics, and public health presentations. Typically the setting is an interview between a healthcare provider (doctor, nurse, lab technician) and a patient (or the patient and one or more family members).”<sup>3,7</sup>

#### (2) The healthcare interpreter

The California Healthcare Interpreters Association defines *the healthcare interpreter* according to four criteria: one who (a) has been trained in healthcare interpret-

**Language and cultural differences have become causes for great concern, as increasing numbers of international residents and visitors must depend on the healthcare services that Japanese medical institutions provide.**

ing, (b) adheres to the professional code of ethics and protocol of healthcare interpreters, (c) is knowledgeable about medical terminology, and (d) can render communication accurately and completely from one language to another.”<sup>1,2</sup>

These criteria raise at least two important questions. First, if one is to be trained in healthcare interpreting, what exactly constitutes the training? Second, what duties are spelled out in the professional code of ethics and protocol of the healthcare interpreters? Before finding the answers, first, we look at the models of interpreters available in order to see the gap between the actual situation and the ideal as set down by these definitions

## 1.2 Models

A wide range of interpreter types was found, and the currently existing models fell into six categories: no available interpreter, the chance interpreter, a bilingual member of the hospital staff, a remote interpreter, a bilingual provider, and the professional on-site interpreter.<sup>7,8</sup>

### (1) No available interpreter

Providing no interpreter was an unacceptable approach but frighteningly common, according to the Cross Cultural Healthcare Program.<sup>9</sup> Trying to provide healthcare across a language and cultural barrier with no assistance was described as practically guaranteeing poor quality healthcare to the individuals who do not speak the language of the host country.<sup>3</sup>

### (2) Chance interpreter

A chance interpreter, also called an “ad hoc interpreter” or “lay interpreter,” is a person who is not trained in medical interpreting but who is called upon to interpret. This person is often a family member interpreting for parents, a bilingual staff member pulled away from other duties to interpret, or a self-declared bilingual person in a hospital waiting room who volunteers to interpret.<sup>1-3</sup>

These chance interpreters invariably have no training as interpreters and are unlikely to be able to provide accurate or even sufficiently useful interpretation. Chance interpreters have been found to edit, add, change the message, and end up taking control of the interaction between patient and provider instead of facilitating it.<sup>1-3</sup>

**Some hospitals in the United States developed interpreting services as the result of a lawsuit, a critical patient-care incident, or a genuine interest in improving the services of the hospital.**

### (3) Bilingual support-staff

Untrained bilingual staff members are not much better than the chance interpreter. The staff members also tend to edit, add to, and change the message.<sup>1-3</sup> Unless their language proficiency is tested, it may be discovered that they do not have the language skills necessary to interpret. Even if their proficiency level is high enough, they may feel frustrated when they are repeatedly taken away from their regular jobs to interpret. To solve such problems, the healthcare setting may need to screen the language skills of the staff member and also to set up a more formal system whereby the services of the bilingual staff member could be recognized and the staff member called upon as a credited member of the support team.

### (4) Remote interpreter

“Remote interpreting” is provided by an interpreter who is not in the presence of the speakers, such as interpreting by telephone or by video-conferencing. In healthcare settings, the doctor and the patient are normally in

the same room, but the interpreter can also be called upon to serve individuals who are connected to each other electronically.

Advantages of remote interpreting include on-demand access in a wide array of languages. These services are especially useful in emergency and for uncommon languages. The expense of installing such a system, however, may be a concern. More-

over, professional interpreters who are proficient in this model generally expect higher remuneration than most on-site interpreters.

In Japan, the Association of Medical Doctors of Asia (AMDA) International Medical Information Center is a major organization providing multilingual remote interpreting services.<sup>10</sup>

### (5) Bilingual provider

The ideal model for providing language service is a trained healthcare provider who happens to be bilingual and bicultural. It is difficult, however, to find healthcare providers proficient in all the languages a medical center might need. Moreover, this model does not serve the language needs of the patient outside the medical interview, such as at the pharmacy, at radiology, or at the reception desk.



### (6) Professional on-site interpreter

The most reliable and reasonable approach is to use professional on-site interpreters. Some institutions hire full-time staff interpreters, whereas others have contracts with interpreters who are paid only for the time they interpret. Other institutions, such as a travel-insurance company in New Zealand, have contracts with language agencies whereby travelers who require healthcare interpreting can obtain the service as part of their travel insurance.<sup>5</sup>

In Japan, demand for on-site interpreters who have competent professional skills has been on the rise.<sup>10,11</sup>

### 1.3 Roles of the healthcare interpreter

The fundamental purpose of healthcare interpreting is to facilitate communication between two parties who do not speak the same language and do not share the same culture. Obstacles to cross-cultural communication include not only language complexity and differences in cultural norms but also organizational or systemic barriers facing the international patient. Healthcare interpreters serving under those circumstances have been described in California as taking on from one to four roles, i.e., the message converter, message clarifier, culture clarifier, and patient advocate.<sup>1,2</sup>

#### (1) Message converter

In this role, interpreters are expected to convert the meaning of all the messages from one language to another, without additions, deletions, or changes in meaning.

#### (2) Message clarifier

In the role of message clarifier, the interpreter identifies possible words that could lead to misunderstanding. When the interpreter notices such an expression, it often becomes appropriate to interrupt the communication and alert the parties that there are signs of confusion, or to ask the speaker to describe the word or concept in a simpler way. The interpreter may need to initiate and explore ways to help the two parties in describing the concept by analogy.

#### (3) Culture clarifier

The role of culture clarifier goes beyond word clarification. When there is evidence that any of the parties may be confused by cultural differences, the interpreter

needs to interrupt the communication process, identify the cultural concerns that could be impeding mutual understanding, and help each party explain the cultural concept. When requested, the interpreter needs to explain cultural customs and the patient's commonly held beliefs with respect to health. An interpreter must, at times, also educate the patient on the biomedical concepts of the host country.

#### (4) Patient advocate

Patients with limited language proficiency find it difficult to claim their right to the same level of care as that provided to the native speakers. In this situation, the interpreter is often the only person in a position to recognize a problem and act as advocate on behalf of the patient. In a sense, the healthcare interpreter has a duty to care. Experts in the field of healthcare interpreting, however, disagree on the extent of advocacy that interpreters should provide. This is the subject of an ongoing national dialogue in the countries where medical interpreting services are offered. So, this active supporting role remains an optional role for each healthcare interpreter.

### 1.4 Healthcare interpreter training programs

The training models that currently exist in the United States fall into one of five categories:<sup>1-3,12</sup>

#### (1) Academic training programs

Academic training programs can offer certification, including a Bachelor of Arts or Master of Arts degree, but only a small percentage of colleges and universities offer interpreter training of any sort, especially for healthcare interpreting. In Australia, the National Accreditation Authority for Translators and Interpreters (NAATI) has not accredited any academic programs in healthcare interpreting.<sup>4</sup>

#### (2) Bilingual healthcare employee training programs

Some healthcare institutions offer training programs for their bilingual employees. These employees are familiar with the specific healthcare settings, but this training program has the same drawbacks as those associated with "the role of the bilingual support staff model" [section 1.2(3) on the preceding page].

**Some institutions hire full-time staff interpreters, whereas others have contracts with interpreters who are paid only for the time they interpret.**

### (3) Community training programs

Community organizations train the bilinguals living in the community. Such organizations maintain close ties with the medical facilities and have a better understanding of the healthcare system than the other training programs, but relevant topics in the field may be omitted, and teaching ability and experience of the trainers vary widely.

### (4) Intensive training programs

Most of these courses serve as a basic introduction or an intermediate training course designed for the new and experienced interpreters, respectively.

### (5) Agency training programs

Certain agencies provide training for their interpreters, but the programs vary widely in their approach to training and testing.

## 2. Healthcare interpreter qualifications

In the assessment of an interpreter's qualifications for playing all the roles of healthcare interpreting effectively, the interpreter is expected to demonstrate special skills and to have a certain degree of charisma for the job. In determining whether a candidate is qualified to serve as a healthcare interpreter, a number of components are taken into consideration, such as the candidate's (1) basic language ability, (2) ethics, (3) integrity, (4) knowledge of healthcare terminology, (5) written translation ability, (6) cultural understanding, (7) familiarity with the doctor examination protocol, (8) ability to handle the interpreting session, and (9) personal health.<sup>1,2,13</sup>

### 2.1 Demonstrate basic language ability

The most basic skill that an interpreter must have is competence in speaking and in understanding the two languages to be interpreted. In the media of exchange, this skill is a prerequisite for anyone wishing to serve as an interpreter, so demonstrating the will to raise one's oral language proficiency level is the first step for each candidate.

### 2.2 Adhere to the code of ethics

Healthcare interpreters may expect to face difficult ethical dilemmas. A code of ethics is a set of principles, or values, which governs the conduct of healthcare interpreters and provides guidelines for making judgments about what is acceptable and desirable behavior in a given context or in a particular relationship. In the U.S., a

number of healthcare interpreter associations have adopted the eight-point code of ethics outlined below:<sup>1,2,14</sup>

#### (1) Keep all information confidential

The interpreters shall treat as confidential all information learned in the performance of their professional duties in all situations except when the government mandates the disclosure of information in specific situations such as child abuse, abuse of the elderly, or a person threatening harm to himself, herself, or others.

#### (2) Be accurate and complete

The interpreter shall render the message faithfully, conveying the content and spirit of the original message while taking into consideration its cultural context.

#### (3) Be impartial

The interpreter shall maintain impartiality and shall not counsel, advise or project personal biases or beliefs. The interpreter shall suspend no judgment and make no personal comment on the content of the communication.

#### (4) Maintain professional composure

The interpreter shall maintain the boundaries of the professional role, refraining from personal involvement.

#### (5) Continue professional development

The interpreters shall strive continually to further their knowledge and skills, actively engaging in ongoing professional development activities.

#### (6) Be culturally competent

The interpreters shall develop awareness of their own and other cultures in order to promote cross-cultural understanding.

#### (7) Respect all parties

The interpreter shall strive to support mutually respectful interaction among all parties.

#### (8) Exercise professional integrity

The interpreter shall demonstrate professionalism and personal integrity.

## 2.3 Keep abreast of healthcare terminology

Healthcare interpreters shall be familiar with healthcare terminology. Here are two suggestions for effective study.<sup>1-3,7,8</sup>

(1) Use layman's terms, not jargon

In learning medical terminology, anyone aspiring to do medical interpreting needs to learn the terms orally and to be well acquainted with the everyday usage, not jargon. The healthcare providers try to avoid using difficult-to-understand technical vocabulary to explain the tests or treatments, and the patients also use everyday expressions to describe their symptoms. It is, therefore, necessary for interpreters to be fluent in the use of the everyday expressions in both languages.

(2) Learn the context of the terminology

Unless the interpreters understand the context of the terminology, they cannot find the appropriate word for it in another language. For example, if interpreters cannot recognize the difference between "heart disease" and "heart attack" because of a lack of knowledge of medical terminology, they could cause undue worry and confusion in the patient during the interpreting session. So, the context of the terminology is as important as the meaning of the words themselves.

#### 2.4 Expect a little written translation

Basically, healthcare interpreting requires only oral skills. In the healthcare setting, however, information is not always presented in the spoken form. Therefore, the interpreter (one who speaks the meaning) may be required to translate written messages into spoken messages or to translate short passages of written text into written form in another language. As an interpreter is not necessarily qualified as a translator (one who writes the meaning), the interpreter's responsibility for providing written text is strictly limited to brief instructions, and if necessary, interpreters shall request that a qualified translator be brought in to provide the proper translating services.<sup>7</sup>

#### 2.5 Become familiar with general cultural issues

This refers to the ability to anticipate and recognize possible misunderstandings that could arise from the differing cultural assumptions and expectations of providers and patients and to respond to such issues appropriately. So, insight into cultural nuances in the communities of the host country and of the country of origin is of utmost importance.

#### 2.6 Be aware of cultural issues related to healthcare

Cultural misunderstanding arises also from diversity

that exists within the biomedical culture itself. Interpreters need to take heed particularly on four points:

(1) The culture of medicine and of biomedical issues

It is important to understand or know about the similarities and differences between the biomedical culture of the host country and that of the patient's own culture.

(2) The various areas of healthcare

Having a broad perspective and an open mind regarding different healthcare service areas is helpful to the interpreter.

(3) The two healthcare systems

The interpreter has to be familiar with the healthcare systems in both the host country and the country of the patient's origin.

(4) Medical procedure differences

If possible, the interpreter needs to be aware of the differences in the healthcare procedures between the host country and the country of the patient's origin. Otherwise, at least accept that such differences exist.

#### 2.7 Know the protocol of the medical interview

To be a good examination-room interpreter, the interpreter ought to be extensively acquainted with the medical interview protocol, such as history taking procedures and the physical examination.

#### 2.8 Develop skills for handling the interpreting session

Integrated interpreting skills refer to the full complement of skills that a competent interpreter calls upon to ensure the accuracy and completeness of each message. In addition to the central skill of oral language conversion, there are other skills that a competent interpreter needs during each session (a "session" refers to the encounter between the doctor and the patient).<sup>1-3,7</sup>

(1) Pre-session skills

Before the session begins, the interpreter establishes the basic guidelines:

- a. State that he (or she) will maintain the confidentiality of the session.
- b. Inform the parties of the elements necessary for a smoothly interpreted session:
  - The requirement for the interpreter to interpret everything,

- The importance of direct communication,
- The need to pause for interpreting,
- The need to intervene for clarification.

(2) In-session skills

During the session, the interpreter facilitates communication to support the patient/provider relationship:

- a. Position the parties so as to encourage direct communication.
- b. Remind the parties to talk directly to each other.
- c. Use the first person (“I”) as the standard form of interpreting to enhance direct communication.
- d. Manage the smooth flow of communication.
- e. Intervene for clarification when the interpreter does not fully understand the terminology or the message.

(3) Post-session skills

To provide closure to the session, the interpreter takes measures to:

- a. Inquire about any questions or concerns the parties may have for each other.
- b. Facilitate the scheduling of follow-up appointments.
- c. Document the provision of the interpreting service, as required by the policies of the respective organization.
- d. Debrief the healthcare providers or the interpreter’s supervisor, when appropriate, about any concerns arising from the session.

**Use the first person “I” as the standard form of interpreting to enhance direct communication.**

**2.9 Health and well-being of the interpreter**

Following the interpreted session, it is important for interpreters to recognize and address their need to recover from an emotional and stressful session. One or more of five steps may be taken.<sup>1,2</sup>

- (1) Acknowledge that healthcare interpreting is hard work.
- (2) Understand the patient’s responses in a “loss” situation.
- (3) Understand the healthcare provider’s way of thinking.
- (4) Work as a team.
- (5) Offer a workshop.

**3. Certification**

**3.1 The purpose of certification**

In Japan, there has been a growing desire among com-

munities to establish closer ties with others in the field of healthcare interpreting, with the goal of establishing national standards, training programs, and certification.<sup>11</sup> Such multi-regional efforts would provide valuable experience with different approaches to certification, which could eventually contribute to the development of a national standard operating procedure.

Certification has different merits to different people.<sup>9</sup> Some people see certification as a way to guarantee quality interpretation to healthcare providers and patients. Many institutions see it as a way to avoid legal liability. Some interpreters, however, see it as a way to establish a skilled elite, who can then compete for higher wages; and still others see it as a way to establish some standards in an emerging profession. The Cross Cultural Healthcare Program sees certification as the major step toward professionalism. “We could argue,” they say, “that

higher pay, language screening, basic training, and accessible continuing education would do more to guarantee good interpreting than certification. However, certification,” they conclude, “may be the avenue to raise institutional awareness that ‘a bilin-

gual doth not an interpreter make’ and just this step would be key in moving medical interpreting forward as a profession.”<sup>14</sup>

Generally, certification links testing with employability, in that only certified interpreters would be permitted to do the work. So, this approach could backfire for those seeking to certify in order to guarantee high quality service to populations of limited Japanese proficiency. If too few interpreters were certified in certain language groups, those communities and the healthcare providers that serve them might find themselves with no interpreter at all.

I would like to emphasize that the primary purpose of certification would be to provide high quality healthcare interpreters to serve on behalf of the patients with limited language proficiency, and not necessarily to guarantee job security of the interpreter.

**3.2 Problems related to certification**

While there have been suggestions that national certification might be in order, we actually know little about what works in the certification of healthcare interpreters to institute a national program. We face the following problems in developing a certification system.<sup>11</sup>

(1) What to test

What exactly do we test? What constitutes a minimum standard?

(2) How to test

How should we test the candidates? Should we test them on paper or should the test be oral? Real-time, oral testing may more accurately reflect the candidate's competency. Real-time testing, however, is time consuming and expensive. How do we devise a process that is both accurate and cost-efficient?

(3) The language to be tested

What languages should be tested? Do we test in only the most common language, such as English? How many languages do we include? Which languages? What happens to the interpreters in other languages? Is there any equivalent process for them? Can the same testing methods be used with every language group?

(4) Test cost

Who will pay for the test? Who will pay for developing a certification process? It is unforeseeable that the cost could be absorbed by the internationals who require the interpreting services. Then, can we just pass the cost on to the interpreters? How much to charge? How much can community interpreters be expected to pay for their certification, when they may be earning only a minimal fee or interpreting only infrequently?

### 3.3 Establishing the training criteria

In order to address inconsistencies in the training curricula, national standards for the training of professional healthcare interpreters must be developed. Criteria need to be developed which detail the critical components, or elements, of training that will lead to well-prepared interpreters, in terms of both knowledge and skills. To develop an adequate training program, it is necessary to establish the components that ought to make up the training standards and to agree on what actions are necessary for creating the training protocol.

(1) Recommended components of the training guidelines<sup>12</sup>

- a. Language screening
- b. Content of the training
- c. Length of the training
- d. Skill practice
- e. Language practice

- f. Post-test of basic competency preparing for the mission
- g. Trainer qualifications

(2) Recommended actions for creating the training guidelines<sup>12</sup>

- a. Organize an association of healthcare interpreting with expertise in the healthcare setting as well as in cross-cultural communication.
- b. Design a national survey to evaluate the training programs once they get going.
- c. Analyze the results of the survey and identify key issues.
- d. Organize national focus groups of trainers to discuss the key issues.
- e. Draft a set of guidelines for developing a standardized healthcare interpreter training program.

## Conclusion

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Results of this study show that concerted efforts are being made in the United States to provide clear-cut guidelines for interpreters in healthcare settings. The guidelines have grown out of a real need at some hospital or small community, and the same need multiplied across the country has inspired research collaboration and rigid evaluation of the training programs and delineation of the roles an interpreter might reasonably be expected to fulfill.

One of the purposes of the present study was to raise questions that may need to be addressed in Japan. For example, if medical interpreting is to become a profession, who will pay the interpreters? The hospital? The international patient? The patient's insurance? Although this article is based on the studies by healthcare interpreting associations outside Japan, the firsthand experiences of those interpreters, doctors, nurses, and managers of hospital interpreting services abroad provide valuable resource material for healthcare and language professionals in Japan. From this digest, two principles that emerge are especially important to the consideration of such work: (1) healthcare interpreting requires specialized professional skills, and (2) it is necessary to establish a national framework that promotes competent healthcare interpreting. The national framework would include standards for the provision of interpreter services, a solid national training program, and a certification system. To make medical interpreting services pos-



sible in this country, it is essential for us to sponsor a national dialogue on the issues involved and to develop further research, particularly on how to go about recruiting and training candidates to become competent medical interpreters.

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# 医学生の英語学習動機

## English-Learning Motivational Orientations of Medical Students in Japan

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**Background and Objective.** Without a clear understanding of the students' motives behind learning English in Japan, teachers often impose their own objectives on the course or presume their students' motivational orientations are the same as those reported in Canada and the United States. The present study was made to clarify the Japanese medical students' motivational orientations behind studying English.

**Methods.** A questionnaire was given to 160 underclassmen enrolled in English classes in two medical universities in Japan. Twelve possible motivations were evaluated in three categories, i.e., hobby-related, cultural (educational), and career-related.

**Results.** Career-related motivation (e.g., communicating with patients, reading medical journals) was found to be more important to the students than hobby-related motivation (e.g., traveling abroad, understanding foreign movies), which in turn was more important than that related to cultural, or educational, opportunities (e.g., understanding other cultures, improving language abilities). The students who considered the learning of English to be troublesome tended to have lower scores in all three categories examined.

**Conclusion.** These results show that most underclassmen in medical university prefer to learn English that is oriented to their future work as medical healthcare professionals. Given that the learner's motivation plays a paramount role in learning achievement, this finding suggests that early exposure to English for medical purposes would enhance the learning of English considerably among medical students in Japan. These results have pedagogical bearing on curriculum planning, materials development, course content, and teaching approach.

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**Keywords:** motivational orientations, career-related English, English-learning incentives, English for medical purposes

### Introduction

意識的にせよ無意識的にせよ、私たちは「何のために学習するのか」という目的や理由を持っているはずである。そのような目的・理由の性質如何で、学習者は目の前の学習課題にやる気を持ったり失ったりする。一方、教師は学習者の意欲を刺激する形で彼らを学習へと方向づけようとする。

この「やる気」や「意欲」と言われているものは、教育心理学では一般的に動機づけと呼ばれており、学習行動や教授行動の出発点となる最も基本的な概念である。

外国語学習における動機づけに関する研究は、カナダやアメリカを中心にほぼ40年に亘って行われている。外国語の学習動機の分類や構造化が多くの研究者によって試みられており、実用志向(仕事や生活に生かす)と統合志向(多くの人と知り合う)が2つの主要な要因であるとされる一方、学校のカリキュラム(必修科目か選択科目か)や学習者の民族性(親戚がその言語を使用しているか)を重視する見方もある。<sup>1,2</sup> 外国語習得においては、統合志向の学習者の方が実用志向の学習者よりもよい結果を生むとされている。<sup>1</sup>

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日本における外国語の学習動機に関する研究には、学習動機と英語能力との関係を調査したものが多く、これらの研究は、カナダやアメリカにおける研究をモデルとし、学生の実用志向・統合志向の程度と英語の成績との関係を調査する傾向にある。<sup>3,4</sup>

もともと実用志向・統合志向という概念は、カナダにおける英語を母語とするフランス語学習者やアメリカにおける英語を母語とするスペイン語学習者を対象として作られたものであるが、カナダにおいてはフランス語のコミュニケーション能力獲得が社会的・日常的に要請される傾向が強く、アメリカにおいてもスペイン語を日常的に使用する多くのコミュニティが存在している。英語能力が日常的に要請される傾向が低い日本人の英語学習動機は、カナダ人・アメリカ人の外国語学習動機とは質的に異なるはずであり、さらに医学生には彼ら特有の学習動機も存在するはずである。本研究の目的は、日本人医学生の英語学習動機を調査することであるが、従来の研究のように、カナダやアメリカの調査結果をそのまま日本人学生に応用するという方法は採らない。

日本人特有の学習動機を探る試みとしては、市川が学習動機を以下の6種類に分類している：<sup>5</sup> (1) 充実志向(学習自体が面白い)、(2) 訓練志向(知力をきたえるため)、(3) 実用志向(仕事や生活に生かす)、(4) 関係志向(他者につられて)、(5) 自尊志向(プライドや競争心から)、および(6) 報酬志向(報酬を得る手段として)。市川は更にこれらを学習内容の重要性と学習の功利性という2つの要因により構造化している。<sup>5</sup> 英語の学習に関して言えば、通常の日本の大学での学習は、学生にしてみると「テストがあるから(報酬志向や自尊志向)」という動機になりがちであり、教師側からは「教養を身につけて欲しい(訓練志向)」ということが多くいわれる。これらは、英語自体に既に強い興味を持って学習している学生以外には、主体的な学習意欲を喚起させる動機とは言い難い。教師には英語学習の意義や必要性が学習者に感じられるような学習環境を設定することが求められている。<sup>5</sup>

本研究は、医学生の英語学習動機を明らかにすることにより、医学生に英語学習の意義や必要性を感じさせるためのヒントを得ることを目的とする。医学生が英語学習をどのように生かしたいと考えているかが当面の関心事であるため、被験者からの回答をそのまま収集・整理するボトムアップ的なアプローチは採用しない(既存研究に散見される「単位を取るため」、「みんながやっているので何となく」、「他人に負けたくないから」といった動機が明らかにされても、英語学習の意義や必要性に対する示唆は得られないと判断した)。今回の調査では、医学生が英語の知識・技能を生かし得る分野として、趣味(例：海外旅行に役立てる)、教養(例：異文化に対する認識を深める)および仕事(例：外国人の患者とコミュニケーションがとれるようにする)の3分野を設定し、それぞれの分野に対する医学生の志向性の

程度を明らかにしたい。

同時に本研究では、上記3分野に対する志向性が英語の学習行動とどのような関係を持つのかを検討する。英語をどう学習したらよいかかわからない、あるいはなかなか学習する気になれない等の理由により学習行動が起りにくい学生に接することがあるが、そのような学生は、英語学習の意義や必要性をどのように捉えているのであろうか(あるいは、そのような認識はそもそも希薄なのであろうか)。また、英語の学習に意欲的な学生には特徴的な学習動機が存在するのであろうか。このような問題の検討を通して、医学生の英語学習意欲喚起の方策を探りたい。

## 方法・Methods

### 1. 対象者および調査時期( Study Population )

2004年6月、中部圏および北陸圏の大学の医学生160名(女性72名、男性85名、性別無回答3名)に対し、質問紙による調査を英語の講義時間中に実施した。被験者はすべて必修科目として英語を受講している。なお、現在、全国の医学部において英語科目の1年次配当への傾斜が強まっており、大学英語に対する動機づけを入学直後から図ることの重要性が指摘されている。<sup>6</sup> この観点から、本研究では1年次生のみを調査の対象とした。

### 2. 質問紙( Questionnaire )

#### 2.1 英語学習動機

英語の知識・技能を生かし得る分野として、「趣味」、「教養」および「仕事」の3分野を設定し、各分野に4項目ずつ、計12項目を用意した(表1)。被験者には、英語の学習をどの分野で役立てたいと考えているのかについて、中間点を廃した6件法で回答を求めた。

#### 2.2 英語学習行動

塩谷による「英語の学習能力の欠如・学習意欲の欠如に関する尺度」を用いた(表2)。この尺度は、学習能力欠如の得点が高いほど、英語の学習方法がわからないという評価を表し、学習意欲欠如の得点が高いほど、英語の学習に対する身体的精神的負担が大きいという評価を表す。<sup>7</sup> 回答は6件法で求めた。

### 3. 分析( Analysis )

英語学習動機の各項目について平均値と標準偏差を算出した。項目間の差の検定にはTukeyのHSDテストを、男女間の差の検定には対応のない $t$ 検定をそれぞれ使用した。英語学習動機と英語学習行動との関係はPearsonの相関係数で示した。

## 結果・考察( Results and Discussion )

分析結果を表 3 に示す。若干の例外はあるものの、仕事分野の項目(3, 6, 9, 12)が上位、趣味分野の項目(2, 5, 8, 11)が中位、教養分野の項目(1, 4, 7, 10)が下位という、極めて明瞭な結果となった。分野毎の平均値は、仕事( $\alpha = 0.84$ )が 18.71, 趣味( $\alpha = 0.74$ )が 17.48, 教養( $\alpha = 0.80$ )が 14.28 であり、それぞれの差は 5% 水準で有意であった。なお、項目 2, 8, 10, 11 において、女性の平均値が男性を有意に上回った。

仕事分野における志向性では、すべての項目が 4.6 以上の高得点を示しており、医学生が「仕事で使える英語」に対するニーズの高さが窺える。医学文献の読解や外国人患者の対応に役立つ英語への志向性の高さは、筆者も事前にある程度は予想していたが、報告書・論文作成や研究発表に役立つ英語に対して同程度の志向性が示されたことは注目すべきであろう。医学英語教育関係者には、高学年における医学専門教育に連動した英語教育の必要性について検討することが望まれよう。

趣味分野の英語に対する志向性が、軒並み仕事分野より低かったことも予想外の結果であった(今回の被験者が医学をまだ専門的に学んでいない 1 年次生であったため、筆者は、海外旅行に役立つ英語が最上位に来ると予想していた)。ただし、上位 6 項目の平均値に有意差は無く、外国人との交流や海外旅行に役立つ英語に対する志向性は、仕事に役立つ英語と同程度に高いと理解すべきであろう。なお、今回の調査結果から、医学を専門的に学ぶ以前の学生に対しても、教材を文学作品や各種エッセイ、映画等を題材としたものに限るのではなく、医学に関連した基礎的な教材を使用して early exposure を

表 1. 英語学習動機(質問項目)。

Table 1. Questionnaire on student motivations for learning English.

Question No.	Question	Motivational Category
1.	異なった文化に対する認識を深める To deepen appreciation for different cultures	教養 Culture
2.	海外旅行の時に役立てる To use English in overseas travel	趣味 Hobby
3.	仕事で外国人の患者さんとコミュニケーションをとる時に役立てる To communicate with foreign patients	仕事 Work
4.	言葉の構造や規則についての知識を深める To improve linguistic knowledge (vocabulary, grammar, etc)	教養 Culture
5.	外国の小説やエッセイ、雑誌などを読むことに役立てる To enjoy foreign novels, essays, magazines	趣味 Hobby
6.	仕事で外国の文献(医学書・医学専門誌)を読む時に役立てる To read foreign documents such as medical books and medical journals	仕事 Work
7.	より広い見地から物事を考える力をつける To broaden my point of view and sharpen my thinking and perspective	教養 Culture
8.	映画のセリフや外国の曲の歌詞を理解することに役立てる To understand foreign movies and the lyrics of foreign music	趣味 Hobby
9.	仕事で報告書や論文を英語で書く時に役立てる To write reports and research papers in English	仕事 Work
10.	言葉を理解したり表現したりする力を伸ばす To increase understanding of vocabulary and expression	教養 Culture
11.	外国人と交流する時に役立てる To have good encounters with international persons	趣味 Hobby
12.	仕事で研究発表を英語で行う時に役立てる To make research presentations in English	仕事 Work

表 2. 英語の学習能力の欠如・学習意欲の欠如(質問項目)。

Table 2. Questionnaire on lack of English study skills and lack of motivation to study English.

Question No.	Question	Category
1.	英語の勉強の方法がわかっている (R) I understand how to study English	学習能力 Skills
2.	英語の勉強はそれほどイヤではない (R) Studying English is not so unpleasant	学習意欲 Motivation
3.	どう勉強したら英語の授業についていけるのかわからない I don't know how to keep up in English class	学習能力 Skills
4.	英語の勉強をするのは苦にならない (R) I don't mind studying English	学習意欲 Motivation
5.	英語のいろいろな勉強方法を知っている (R) I know various methods of studying English	学習能力 Skills
6.	英語の勉強をしていてもすぐに気がちる My mind wanders quickly when I start studying English	学習意欲 Motivation
7.	英語の勉強のしかたがよくわからない I am really not sure how to study English	学習能力 Skills
8.	英語の勉強を続けるのはたいへんだ It is hard for me to continue studying English	学習意欲 Motivation
9.	自分の英語勉強法がある (R) I have my own way of studying English	学習能力 Skills
10.	英語の勉強をするのはめんどろである It is such a pain to study English	学習意欲 Motivation
11.	あまり英語の勉強方法を知らない I don't know many methods of studying English	学習能力 Skills
12.	なかなか英語の勉強をする気にならない It is difficult to motivate myself to study English	学習意欲 Motivation
13.	英語の勉強のすすめかたがわかっている (R) I know how to proceed with my English study	学習能力 Skills
14.	どう勉強したら英語の理解がすすむのかわからない I don't know how to improve my English	学習能力 Skills
15.	気楽に英語の勉強をはじめられる (R) It is easy for me to start studying English	学習意欲 Motivation
16.	英語の勉強のくふうのしかたがわかっている (R) I know how to devise methods of studying English	学習能力 Skills



図ることが有効であることが見て取れよう。

教養分野の項目は悉く下位に位置付けられたが、1項目を除けばすべて3.5以上の得点を得ており、医学生が英語の学習を通じて表現力や思考力を高めたり、異文化に対する認識を深めたいと考えていることが窺える。「仕事で使える英語」を教えることの重要性は明らかであるが、英語教員には、英語を単なる道具として機械的に教えるのではなく、学生に自己表現をさせたり、ある課題について深く考えさせる、あるいは英語表現の文化的側面について注意を喚起させるといった内容を含んだ授業を行うことが望まれよう。

英語学習動機と英語学習行動との関係では、学習能力の欠如・学習意欲の欠如とともにすべての項目で負の相関が確認された。これは、英語の学習方法がわからない者や英語の学習に負担を感じている者は、仕事・趣味・教養いずれの分野においても英語学習の意義を見出せない傾向にあることを示している。この傾向は項目5および10で顕著であり、英語の学習行動が起こりにくい学生は、趣味で英語を読んだり、授業で英語の運用能力を高めようとする意識が特に希薄であることが窺える。

今回の調査により、医学生が英語学習を主に仕事分野で生かしたいと考えていること、および英語学習に問題を抱えている学生は英語学習の意義や必要性に対する認識が希薄であることが明らかになった。学生に主体的な意欲を持って学習させる方策の探求は教育心理学における大きな課題であるが、医学生に対しては、英語学習の成果が将来の仕事にどのように生かされるのかを明示することが、英語学習意欲の喚起に有効な手段であると言うことができよう。今後の研究では、実際の英語授業に対する学生の反応を分析することで、英語学習動機に影響を与える要因を実証的に明らかにしていきたい。

17.	わりとすぐに英語の勉強が手につくほうである (R) It is easy to motivate myself to study English	学習意欲 Motivation
18.	どう勉強したら英語の成績があがるのかわからない I don't know how to make better grades in English class	学習能力 Skills
19.	英語の勉強になかなかとりかかれない It is difficult for me to start studying English	学習意欲 Motivation
20.	英語の勉強に集中しやすい (R) It is easy for me to concentrate on studying English	学習意欲 Motivation

(R): 反転項目 (reverse-coded items) を示す。

表3. 英語学習動機(平均値・標準偏差・英語学習行動との相関)。

Table 3. Motivational orientations in the order of the students' values.

項目・Motivational Orientation	平均値	標準偏差	能力欠如	意欲欠如
No. As described on the questionnaire	mean	SD	Lack of Skills	Lack of Motivation
11. 外国人との交流 Have contact with international people	4.82 <sup>a</sup>	1.20	-0.30**	-0.44**
6. 医学文献読解 Read medical literature	4.81 <sup>ab</sup>	1.04	-0.23**	-0.29**
9. 報告書・論文作成 Write reports or research papers	4.64 <sup>abc</sup>	1.17	-0.31**	-0.31**
3. 外国人患者対応 Communicate with foreign patients	4.64 <sup>abcd</sup>	1.10	-0.30**	-0.37**
12. 研究発表 Make research presentations	4.61 <sup>abcde</sup>	1.13	-0.18*	-0.23**
2. 海外旅行 Travel overseas	4.56 <sup>abcdef</sup>	1.22	-0.22**	-0.32**
8. 外国映画・歌詞の理解 Understand foreign movies and songs	4.16 <sup>efg</sup>	1.34	-0.20*	-0.25**
10. 言葉の理解・表現力の訓練 Understand vocabulary and expression	3.94 <sup>gh</sup>	1.42	-0.36**	-0.48**
5. 小説・エッセイ読解 Read English novels, essays	3.93 <sup>ghi</sup>	1.35	-0.37**	-0.42**
1. 異文化理解 Appreciate cross-cultural differences	3.81 <sup>ghij</sup>	1.38	-0.22**	-0.28**
7. 幅広い思考力の涵養 Broaden perspective	3.59 <sup>hij</sup>	1.42	-0.30**	-0.32**
4. 言葉の構造・規則の理解 Improve linguistic knowledge	2.94	1.32	-0.12	-0.22**

SD: standard deviation

<sup>a-j</sup>: 平均値に有意差がない場合、同じ英字が付記されている (Tukey HSD test)

\*P < 0.05, \*\*P < 0.01 (Pearson's correlations)

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# Medical Communications

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Effective communication in international medicine is becoming increasingly important, and the roles played by language and communication specialists in medicine are becoming increasingly wider. Nevertheless, no consensus exists on exactly what the field of "medical communications" entails. This paper sets out to present an overview of the field of medical communications, what its most pressing needs are, and how they can be solved. The main issue is the lack of qualified medical communicators. To solve this issue, we need to not only educate and recruit medical communicators, but also raise the overall social status of medical communicators and establish medical communications as a truly academic field.

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## Introduction

There is no consensus on what the field of "medical communications" involves as it covers a wide variety of specialties and involves professionals with great diversity in backgrounds and expertise.

The interests of medical communicators are served by different professional organizations, each catering to the specific needs of their target area. However, the needs of the entire field of medical communications are not addressed in a sufficiently integrated and catholic manner. The most pressing issues are the need to educate and recruit medical communicators and raise the overall social status of the field.

This paper sets out to present an overview of the field of medical communications, to explore possible solutions to address the needs of the field as a whole, and to suggest what the Japan Society for Medical English Education (JASMEE)<sup>11</sup> can do.

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## 1. The medical communicator

What is a medical communicator? No clear definition of this fairly new concept exists. In fact, there seems to be no definite agreement even on the roles of more conventional and well-established titles, such as those of the journal editor. An interesting discussion took place on this subject some time ago on the mailing list of the European Association of Science Editors (EASE).<sup>4</sup> Someone posted a query on the roles of the "journal technical editor," which elicited quite a number of replies, but there seemed to be no consensus. For example, someone wrote: "Editorial titles and job descriptions are a minefield—there is no guarantee of consistency between one publisher and another, or one journal and another." Another post read: "I agree with others that there is little standardization in how a technical editor is called: copy editor, scientific editor and peer reviewer have all been used regarding my work!" The discussion went on to the roles of the author's editor, manuscript editor, copy editor, ghost writer and medical writer, but without consensus. It appears reasonable to say that all of these titles are part of the larger field of medical communications, but what exactly this field entails is not clear.

So how does one become a medical communicator? Certainly not the way one becomes a lawyer or a doctor. There are no undergraduate or graduate programs in medical communications, and no national examinations that one can take to qualify as a medical communicator. Instead, medical communicators come from various

backgrounds with different levels of experience and knowledge. One of the authors (RB), for example, became involved in freelance translation while studying Japanese linguistics at the graduate school of a Japanese university. First doing “general” translation, he soon felt the need to specialize. After having tried legal translation for a while, he gradually received more and more requests in the medical field, and through self-study, soon found himself specializing in medical translation. It was not long before he also started receiving requests for editing of biomedical papers, and for helping doctors prepare for oral presentations at international meetings, which led to his involvement in medical English education, or English for medical purposes (EMP). Every medical communicator probably has a unique personal history and background.

## 2. Overview of the field of medical communications

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Then what is the field of medical communications? In this section an overview of the field will be presented from different perspectives.

We can look at the field of medical communications from the perspective of services offered. These include translation, editing, interpreting, education, consulting, transcription etcetera. Of these, consulting is a lesser known service offered by medical communicators, but can be extremely important. For example, at the editorial board meeting of an English language journal published by a Japanese medical society, a medical communicator may be required to give appropriate advice on the ethical aspects of publication, such as the criteria for acceptable secondary publication as defined in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals.<sup>6</sup>

In terms of subject matter, we can divide the field into two main categories: a pharmaceutical and a medical component. Although these are two very distinct fields requiring different skills and knowledge, the difference is not always clear-cut. For example, many “medical writers” work with regulatory documents involved in drug development and approval. It could be argued that this would more correctly be referred to as “pharmaceutical writing.” The American Medical Writers Association (AMWA)<sup>1</sup> website states that “The more than 5,000 members from around the world include a variety of biomedical communicators: administrators, advertisers, audiovisual producers, authors’ editors, college and uni-

versity professors, journal editors, pharmaceutical writers, editors, and managers, public relations specialists, publishers, reporters, researchers, scriptwriters, statisticians, and translators.” In other words, all of these are “medical writers” or “biomedical communicators.”

Medical communications services can be categorized depending on the direction of the flow of information. For example, a medical communications center at an institution may be involved in the inward flow of information, for the purpose of information gathering. Alternatively, it may be involved in the outward flow of information, for the purpose of disseminating the research results of the institution in the international literature or at international conferences.

We can also divide the field on the basis of target language: writing, translation, editing etcetera into English or into Japanese or any other language. In some cases, the target language can make a significant difference in the income and status of the service provider. For example, in Japan, translation into Japanese is generally paid markedly less than translation into English.

The field can also be divided from the perspective of who the target audience is. If the service is targeted at professionals, the contents are specialized and the language used is technical. Such services include, for example, editing and translation of research papers and the writing of regulatory documents. If, on the other hand, the service is targeted at the general public, the contents are more general and the language used must be easy to understand by lay persons. These services include the writing of newspaper, magazine, and web-based health information, and the translation of pamphlets for patients. Finally, we can look at the field of medical communications from the perspective of the service provider’s affiliation. The medical communicator may have an in-house position, work for an agency, or work on a freelance basis. The employer or client may be a journal, a university, a pharmaceutical company, a publishing company etcetera.

As this overview illustrates, the field of medical communications is a vastly diverse field requiring a great variety of skills, knowledge and expertise.

## 3. Professional organizations in the field of medical communications

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In a field so diverse and varied, it seems almost impossible for a single professional organization to cover all the needs of all medical communicators. In this section



we will attempt to give an overview of various organizations which cover different aspects of medical communications.

To the best of our knowledge, at present the only societies that focus on medical English education are JAS-MEE<sup>11</sup> and the International Society for English for Medical Purposes (ISEMP),<sup>8</sup> a new society which is currently being established.

Some professional organizations focus on scientific editing, such as the European Association of Science Editors (EASE)<sup>4</sup> and the Council of Science Editors (CSE; previously Council of Biology Editors).<sup>2</sup>

Others focus specifically on medical editing, such as the World Association of Medical Editors (WAME),<sup>17</sup> or on medical translation, such as the Medical Interpreters and Translators Association (MITA).<sup>12</sup>

Some organizations focus on pharmaceutical document writing, such as the Union of Japanese Scientists and Engineers (JUSE)<sup>15</sup> and the Drug Information Association (DIA).<sup>3</sup>

Others focus on translation in general, such as the Japan Association of Translators (JAT)<sup>9</sup> and the International Japanese/English Translation Conference (IJET),<sup>7</sup> or on a combination of writing, editing and translation, such as the Society of Writers, Editors, and Translators (SWET).<sup>13</sup>

Some organizations, however, attempt to cover the entire spectrum of services under the medical communications umbrella. In Japan, this role is taken on by the Japan Medical and Scientific Communicators Association (JMCA),<sup>10</sup> which was modeled on AMWA<sup>1</sup> and the European Medical Writers Association (EMWA).<sup>5</sup>

## 4. Needs in the field of medical communications

### 4.1 Need for education

The most urgent need in the field of medical communications is the need for formal programs to educate qualified medical communicators. The lack of formal programs, such as undergraduate or graduate degrees in medical communications, or even university-level elective courses in medical communications, has resulted in mainly two types of medical communicators: those with a language background and those with a medical background. Both language skills and medical knowledge are essential for a qualified medical communicator, and one of these is usually acquired through self-study. Different backgrounds require different educational approaches.

Those with a liberal arts background may have strong language and communication skills but may lack sufficient knowledge of scientific principles and methods and the principles of scientific publishing, while those with a science background may need to further develop their language and communication skills.

The first step toward formal university-level education in medical communications is to establish electives in English to Japanese medical translation in English departments of regular, non-medical universities. Students are interested in the practical aspects of English. In addition to English for business, which is already common, English for law and English for Medical Purposes (EMP) should be made available to students on an elective basis at regular universities.

By the same token, there should be modules available in medical schools teaching the wide range of medical communications. Private medical schools or independent medical faculties are often forced to graduate virtually any student who has been accepted into the school. However, not every eighteen-year-old who enters medical school is suited for the medical profession. It would give such schools more flexibility if they had components other than purely medical courses, such as hospital administration, biomedical engineering, medical social work, counseling, and various aspects of medical communications. The schools could accept an excess number of students in the first year, and at the end of the second year evaluate them by aptitude testing and review of academic results to decide who goes on to complete the medical degree. Those who are not found suitable to pursue a medical career could be offered an alternative career choice.

These courses could also be made available as continuing medical education to previous graduates who may want to develop their writing or reading ability, or even as a hobby to broaden their enjoyment of the wide range of medical communications.

Continuing education of medical communicators could be provided by different professional organizations in the form of seminars in the specific areas they cover. For example, JAS-MEE could provide courses for teachers of EMP along the lines of the courses offered at the University of Edinburgh Summer Course Teaching English for Medicine.<sup>16</sup>

There is also a need to educate physicians and researchers in the field of medical communications. One aspect of this is the education of physicians and researchers on writing papers for publication in the inter-

national literature. At the Tokyo Medical University International Medical Communications Center (TMU-IMCC),<sup>14</sup> we believe that editing can be used as a form of education. We encourage authors to write in English instead of having their manuscripts translated, in order to give the authors practice in writing in English. We edit on paper, so that the author needs to go over the changes and incorporate them into the manuscript, thus hopefully learning from their mistakes. We also provide advice and consultation through direct contact with the author. Another aspect of physician education is physician-patient communication. Physicians need to be taught how to explain medical terminology in lay language to patients. They need to be taught skills in communicating with patients, some of whom may have only limited English ability. Education of physicians on the publication of research and on physician-patient communication is yet another area in which the medical communicator, in particular as a staff member of a center such as the TMU-IMCC,<sup>14</sup> can play an important role.

#### 4.2 Need for protection of the rights of medical communicators

The social status of translators and other language professionals in Japan is low, considering the high level of skill and expertise required, in particular in the medical field. As a result, the rights of medical communicators are generally not well protected. For example, it is still rare for a translator's name to appear on the cover of a publication, although it should be essential for the translator's contribution to be recognized professionally. In the case of editing of biomedical research articles, we likewise believe that it is essential that the editor's name appear at least in the acknowledgments section.

In return for the recognition of their contribution, medical communicators must take responsibility for their work. Recognizing the medical communicator's contribution ultimately results not only in a higher social status for the individual, but the increased responsibility also has the effect of raising the level of the entire field.

The protection of intellectual property and copyright is a difficult issue in the field of medical communications. While the author's intellectual property is clearly defined and well established, the translator's intellectual property is not.

Unfair payment schemes are another issue that needs to be solved. Some medical translation agencies base their translation rates on the degree of repetition in a text, or on character counts excluding punctuation

marks, ignoring the fact that the choice of a punctuation mark can make a huge difference in meaning. Furthermore, agencies essentially hide their translators, in many cases doing a disservice.

Professional organizations representing the interests of medical communicators in various specialties need to consider what they can do to promote the rights of medical communicators, and raise not only the social status, but also the standards of quality of the field.

### 5. Toward an academic field of medical communications

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In conclusion, the field of medical communications has not been well defined yet. It covers a wide variety of specialties, and although many of these are covered individually by different professional organizations, there is little interaction and cooperation among the different organizations. The need to educate and recruit medical communicators is not sufficiently addressed. The social status of medical communicators needs to be raised, in order to attract more people to the field and raise the overall level of quality.

Now an attempt is being made to establish an international society for the teaching of EMP. Perhaps either a new organization or one of the preexisting societies should be used to promote the international recognition of the role of medical communicators and investigate ways of establishing the field of medical communications as a truly academic field.

We would like to propose that JASMEE<sup>11</sup> consider establishing a committee on how EMP can be propagated in non-medical schools, and how EMP programs can be developed to cover not only medical vocabulary but also teach the wide range of aspects of medical communications as electives or alternative career choices for those enrolling in medical school.

Further study of this vast field is needed, including a more detailed comparison of the specific needs for medical communications in different countries, in order to establish strategies for further development of the field.

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## Short Communication

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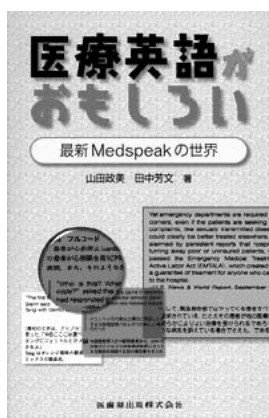
講義録 医学英語 III 専門英語の理解と実践

Textbook of English for Medical Purposes, Volume III: Principles and Practice of Scientific English

日本医学英語教育学会(編), J. Patrick Barron(担当編集委員)

B5判, 272頁, 定価2,625円(5%税込), 2006年6月刊行, メジカルビュー社

英語での診療・学会発表・論文執筆を最終到達目標として, 医師・医療関係者に求められる英語力を総合的・体系的に学ぶために企画された, 日本で初めての医学英語教科書。本書はその第3段階(上級編)として, 本書では, 医師に求められる英語力の3大要素(問診, 口頭発表, 論文執筆)について, その基本的考え方と実際のやり方について総合的に学ぶ。

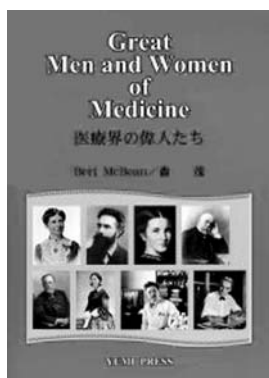


医療英語がおもしろい 最新 Medspeakの世界

山田政美, 田中芳文(著)

新書判, 498頁, 定価2,940円(5%税込), 2006年4月刊行, 医歯薬出版

医師たちが何気なく使う言葉づかいの中から, 医療用英語と医療文化のおもしろさを伝える“読む言葉の情報書”。専門語, 新語, 医学や病院俗語, 医療器具名・商品名などの固有名詞, 諺や格言, 引用句, キャッチフレーズなど, 医学辞典では拾いきれない情報が満載。



医療界の偉人たち Great Men and Women of Medicine

Bert McBean, 森 茂(著)

B5判, 64頁, 定価1,785円(5%税込), 2006年4月刊行, 鷹書房弓プレス

コッホ, キュリー, レントゲン, そしてピロリ菌を発見しノーベル賞を受賞したバリー・マールシャルなど, 19世紀から今日にかけて医学に多大な貢献をした14人を取り上げた。各章で一人約350語程度の簡潔な文章で人物を紹介し, リスニング, 語彙, 読解のエクササイズと簡単な年表をつけた。医学生, 看護学生のリーディング教材に適している。(カセットテープ・CDあり)



ポケット版 カルテ用語辞典 第4版

大井静雄(編著)

新書判, 595頁, 定価2,100円(5%税込), 2006年4月刊行, 照林社

スタッフ間や患者さんとの情報共有に欠かせない医療用語の統合的辞典, 時代の要請に応じて大幅に改定増補。臨床でよく使われる医学用語を精選し, 実際のカルテ判読に役立つよう, 診療科別に体系的に整理。2色刷で見やすく, 図解も豊富で, 略語辞典としても使える実用的な辞典。

In the Student Department, the First Author must be a student at the time of writing; teachers or others may be co-authors.

## 医学英語に対する医学生の意識調査 Student Attitudes toward Medical English as Shown by Questionnaire

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**Objective:** We conducted questionnaires among all the students, years 1 to 6, at Tokyo Medical University to clarify student attitudes toward Medical English.

**Methods:** The questionnaires were administered anonymously during a lecture time between July and October, 2004.

**Results:** A total of 602 students completed the questionnaires. [Underclassmen, years 1–6.] The students across the six academic levels had a positive attitude toward English education but felt that their English ability had declined somewhat since taking the university entrance examination. Few of the students had been exposed to English naturally and most of them had not gone to English conversation school. The students appeared to have studied English more seriously in high school than in medical school. The majority felt that English for Medical Purposes was necessary for them and essential to the medical curriculum. About half of all the students had an ambition to study and work abroad after they graduate. [Upperclassmen, year 3 or higher.] In the 3rd year or higher, more than half the students thought it best to start the study of English for Medical Purposes from the 1st year. The reason they wished to start the study from the 1st year was that through their later classes and practical experience they had come to realize the importance of English for Medical Purposes.

**Conclusion:** If upper-year students tell the 1st and 2nd-year students about the importance of English for Medical Purposes, it may make the lower-year students have a serious attitude towards Medical English education.

*J Med Eng Educ (2006) 5(2): 99–106*

**Keywords:** anonymous questionnaires, years 1–6, English ability change, EMP importance, senior–junior encouragement

### 序文

現在、東京医科大学において医学英語教育は第1学年時に1年間、第2学年時に3週間、第3学年時の後期に必修科目として行われているが、2年前までは第3学年時に1年間必修科目として行われていた。2004年から臨床研修医

制度のマッチング・システムが開始され、臨床研修医の採用試験において医学論文の読解などを採用の判定基準とする病院もあるため、学生の医学英語に対する意識は向上してきているように感じるものがしばしばある。今回の医学英語に対する学生の意識調査では、学生生活および授業や実習などを通して、学生がどのように医学英語を捉え、取り組んでいるかを各学年別に調査した。

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### 方法

アンケートは2004年の7月から10月にかけて実施し、第1学年と第3学年は医学英語の授業中に、第2学年は一般英語の授業中、第4学年は出席率の高い授業の終了後、



第5・第6学年はほぼ学年全員が出席する学年会議の終了後に無記名方式で行った。その結果、第1学年では111名、第2学年では107名、第3学年では99名、第4学年では95名、第5学年では105名、第6学年では85名、計602名の回答を得ることができた。

## 結果

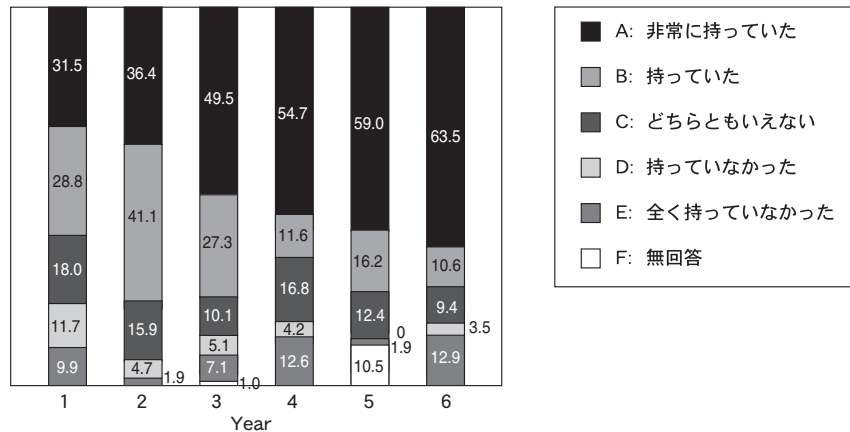
### 第1学年

大学に入学して間もないながらも、5割以上の学生が医学英語に興味を持っていると回答している(Q1, A+B)。しかし、他学年と比べると、医学英語に対する興味は全6学年中で最も低く、医学英語学習は実用的でないと感じている学生の割合も、18.0%(Q3, A+B)と最も高い。また、大学における医学英語教育および一般英語教育に対して不満だと答えた学生の割合も、77.5%(Q4, D+E), 70.2%(Q5, D+E)と、全6学年中で最も高い。これらは前述の「多くの学生は英語教育に興味を持っている」という記述に反するようだが、学生が英語教育に対して求める基準が高いためか、もしくは他学年と比べ、まだ大多数の学生が真剣に医学英語に取り組む必要性に迫られていないからとも考えられる。

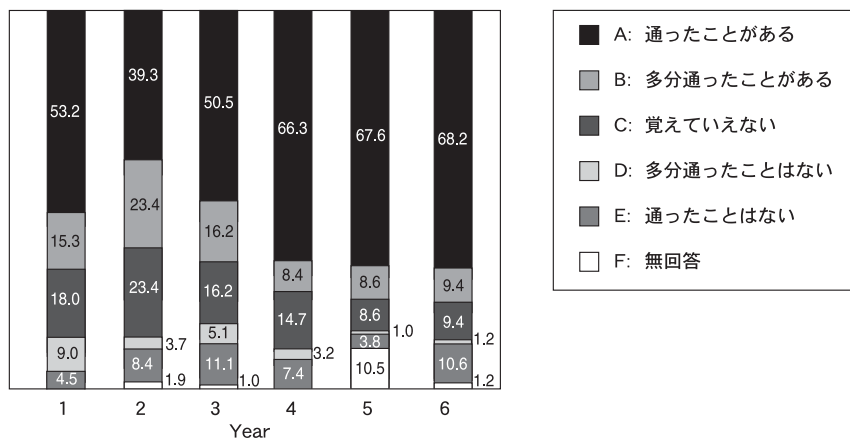
日常生活で英語に接する機会があると答えた学生の割合は、11.7%(Q6, A+B)と全6学年中最も低く、これは、英語力の低下を自覚している学生の割合が59.4%(Q8, A+B)と、入学してから1年も経っていないことを考慮すると高い割合を示していることと関連していると考えられる。しかし、英会話学校に通うなど、英語に接する機会を増やすために具体的に行動している学生の割合は4.5%(Q7, A+B)と低いのが現状である。

高校までの教育課程で、もっと

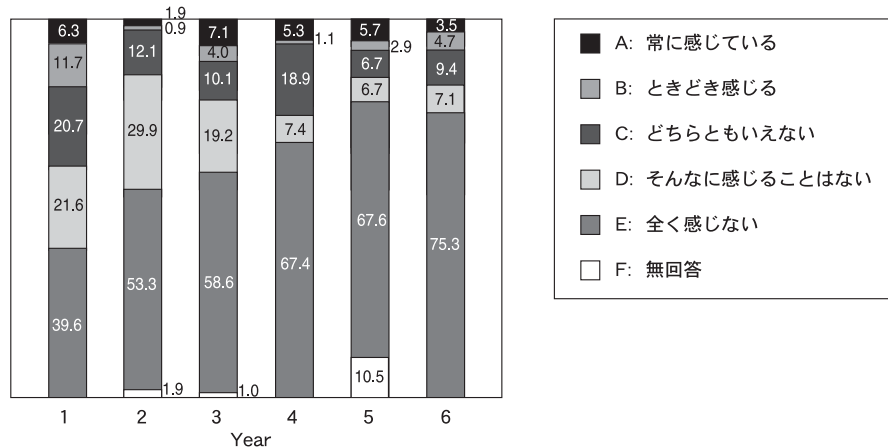
Q1 現在、医学英語に対して興味を持っている。



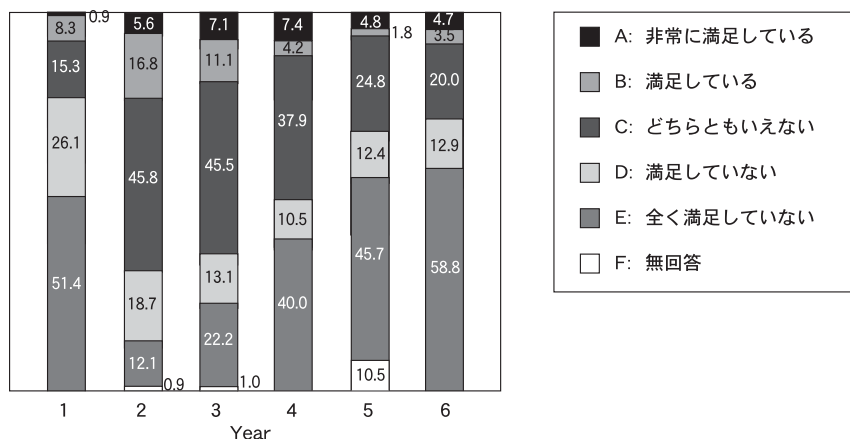
Q2 自分の英語における能力に不安を感じている。



Q3 医学英語を学習することは、あまり実用的ではないと感じている。



Q4 本校における医学英語教育に満足している。





英語に接する機会があれば良かったと感じている学生の割合は50.4%(Q10, A+B)で、英語に対して興味を持っていたと答えた学生の割合も49.5%(Q10, A+B)と、いずれも約半数を占めている。また、過去に英会話学校に通い英語に接する機会があったと答えた学生の割合も36.0%(Q11, A+B)であり、現在英会話学校に通っている学生の割合が4.5%にすぎないことを考えると、かなり高いと言える。これは、高校までの生活では時間に比較的余裕があり、また大学受験勉強の一環としても英語学習に時間を費やせていたということであろう。

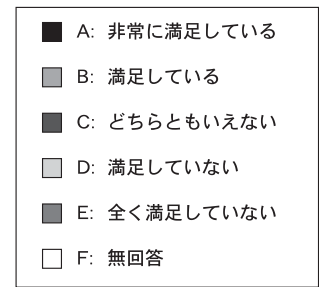
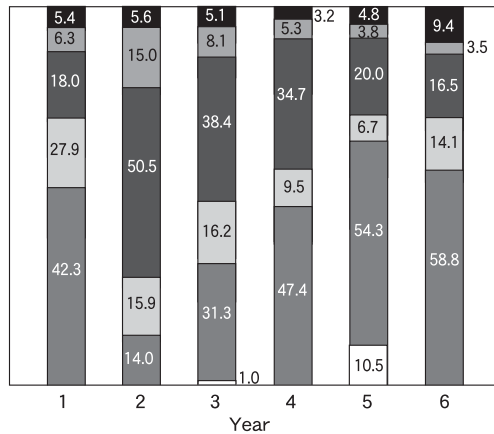
第1学年の授業の大半は基礎科目であり、授業や実習などで医学英語の必要性を感じる学生の割合は36.9%(Q12, A+B)と、6学年中で最も低い。

将来、留学や医学英語に接する環境で働くことを考えている学生の割合は43.2%(Q14, A+B)であり、医学英語を学習することは自分のためになると考えている学生の割合は63.0%(Q15, A+B)と過半数を超えているが、それでも6学年全体では最も低く、また第1学年から医学英語学習を始めてほしいと望む学生の割合も、34.2%(Q16, A+B)と、6学年全体では最も低い割合を示している。

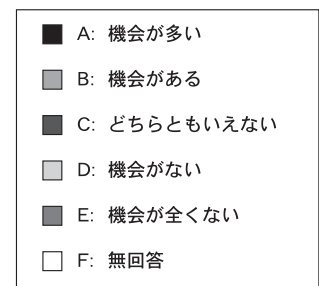
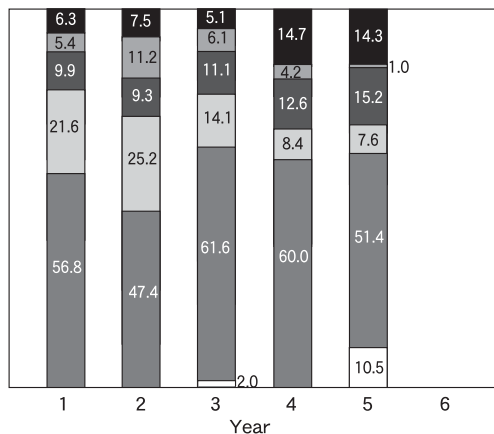
## 第2学年

現在医学英語に対して興味を持っている学生の割合は77.5%(Q1, A+B)と第1学年よりも高く、第2学年になり授業や実習の中に臨床系の科目が増えてきたことと関連があると思われる。自分の英語能力に不安を感じている学生の割合は62.7%(Q2, A+B)と過半数を超えており、学生の大半の83.2%(Q3, A+B)が医学英語を学習することは実用であると感じている。このように、第2学年でも英語教育に対する意識の高さを見る

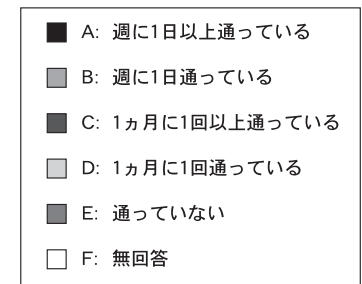
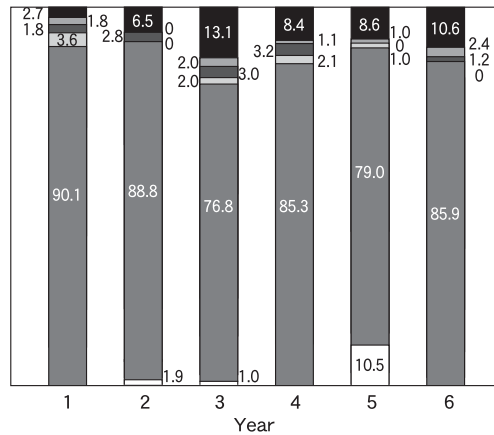
### Q5 本校における一般英語教育に満足している。



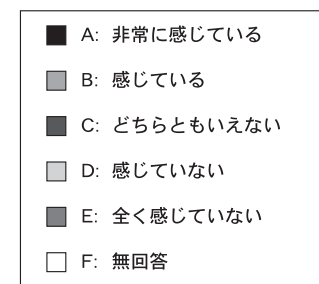
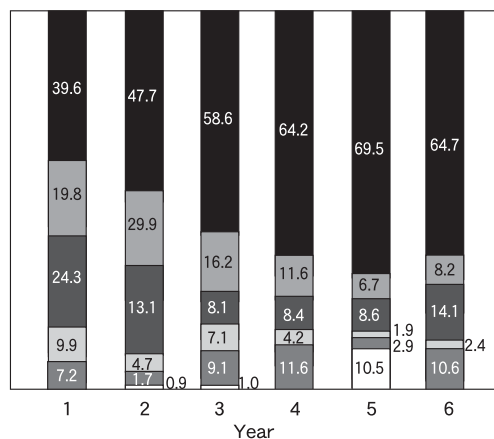
### Q6 日常生活の中で英語に接する機会がある。



### Q7 現在、英会話学校などに通っている。



### Q8 英語に対する自分の能力の低下を感じている。



ことができる。

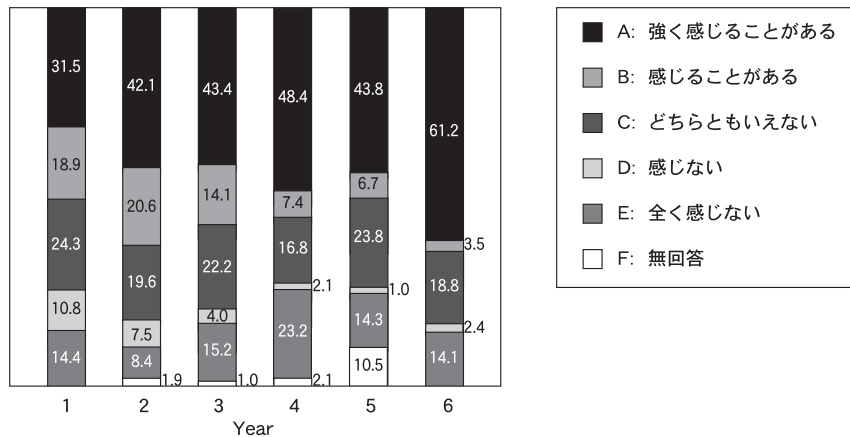
本校における医学英語教育、一般英語教育に対する学生の満足度の割合を見てみると、どちらともいえないと答えた学生の割合は45.8%, 50.5% (Q4・5のC)と全6学年の中で最も高く、約過半数を占めている。両方に対して満足していないと答えた学生の割合は、第1学年と比較すると77.5%から30.8%, 70.2%から29.9% (Q4・5のD + E)と著しく減少していることが目をひく。英語教育に対する満足度に関しては、どちらともいえないと答えた学生の割合の増加は、満足していないと答えた学生の割合の減少によってもたらされたものであると考えられる。

日常生活の中で英語に接する機会があると答えた学生の割合は18.7% (Q6, A + B)と、第1学年の11.7%よりも若干高いが、現在英会話学校に通っている学生の割合は6.5%と低い (Q7, A + B)。これは、本校において学生が部活動に費やす時間の長さとの関係があるかもしれない。本校の学生の大半は部活動に参加しており、特に運動部に所属する学生の多くは部活動に費やす時間が長い。また、自分の英語能力の低下を感じている学生の割合は、全6学年中77.6% (Q8, A + B)と、最も高い。

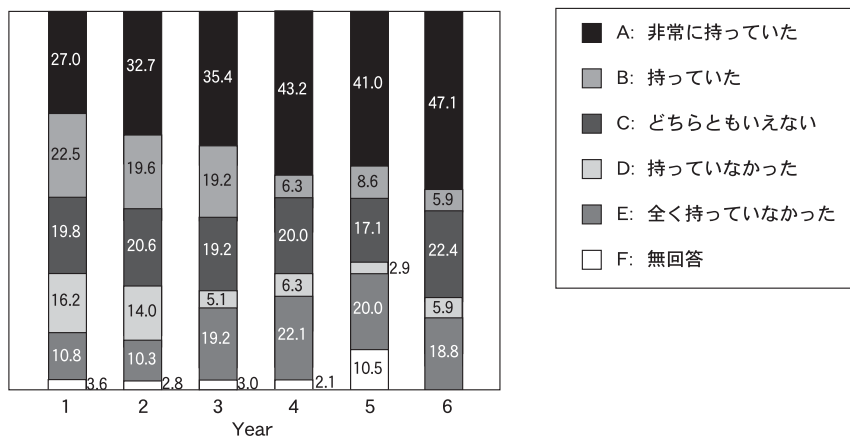
英語学習への取り組み方を過去と現在で比較してみると、以前の方が英語学習に積極的に取り組んでいたという学生の割合の方が高く、ほぼ第1学年と同様の傾向を見ることができる (Q10・11)。やはり、部活動などにより英語学習に当てる時間が減少していることに関連があるのだろう。

注目すべきは、授業や実習で医学英語の必要性を感じたと答えた学生の割合である。第1学年の36.9%と比べ、75.7% (Q12,

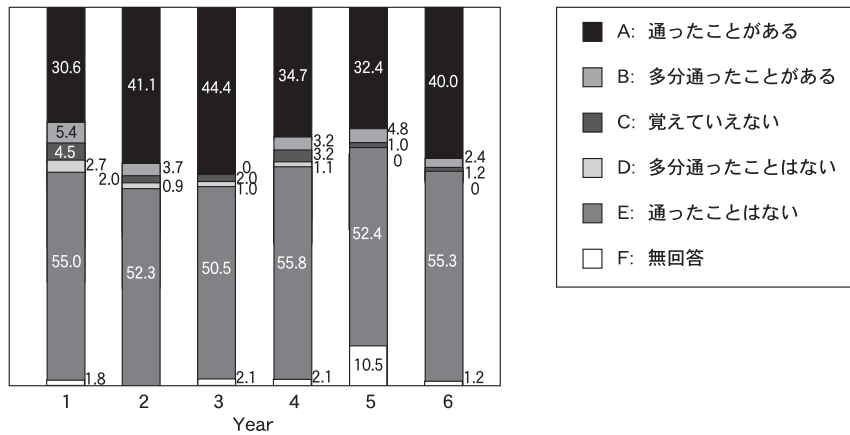
Q9 高校までの教育課程で、もっと英語教育に接する機会があればよかったと感じることがある。



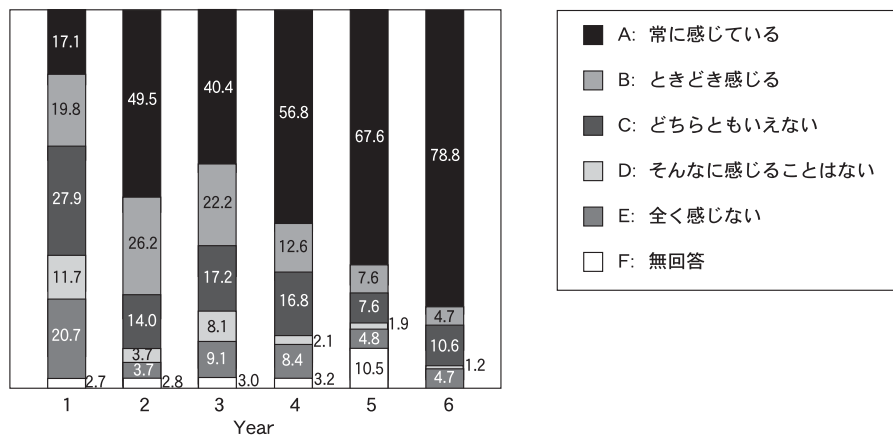
Q10 高校までの教育課程において、英語教育に興味を持っていた。



Q11 過去に英会話学校に通ったことがある。



Q12 授業や実習などで医学英語の必要性を感じたことがある。



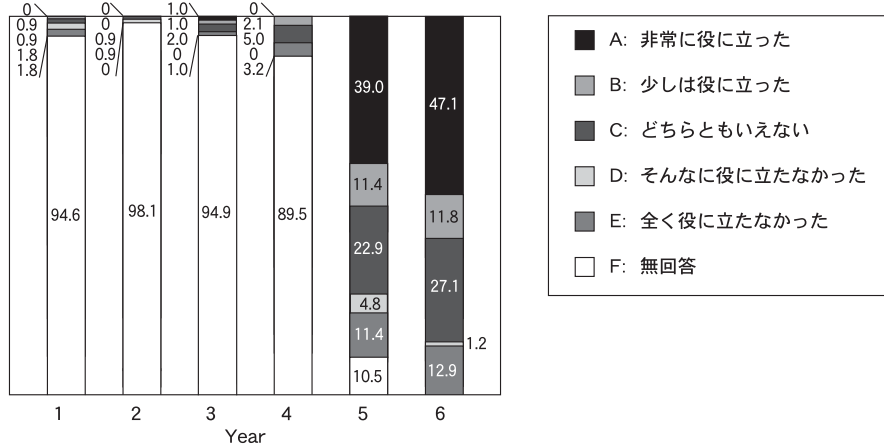
A + B)と著しく増加している。このことは、第2学年で生理学など医学にかかわる科目を学習する機会が増えたことなどが、医学英語に対する意識の上昇につながったということが考えられる。

将来、留学や医学英語に接する環境で働くことを考えている学生の割合と、医学英語を学習することは自分のためになると感じている学生の割合も、それぞれ59.7% (Q14, A + B), 86.9% (Q15, A + B)と、全6学年の中で一番高い割合を示している。このことは、上記の考察に加えQ1のグラフを含めて考えても、第2学年が医学英語に強い関心を持っているということができ。また、第1学年から医学英語学習を始めてほしいと望む学生の割合は、42.0% (Q16, A + B)と第1学年の34.2%よりも増加している。注目すべき点は、Q16においてどちらともいえないと答えた学生の割合が、35.5% (Q16, C)と全6学年の中で最も高いことである。これは、第2学年の学生が過去1年間を冷静に振り返り自己分析した結果であると言えるのではないだろうか。

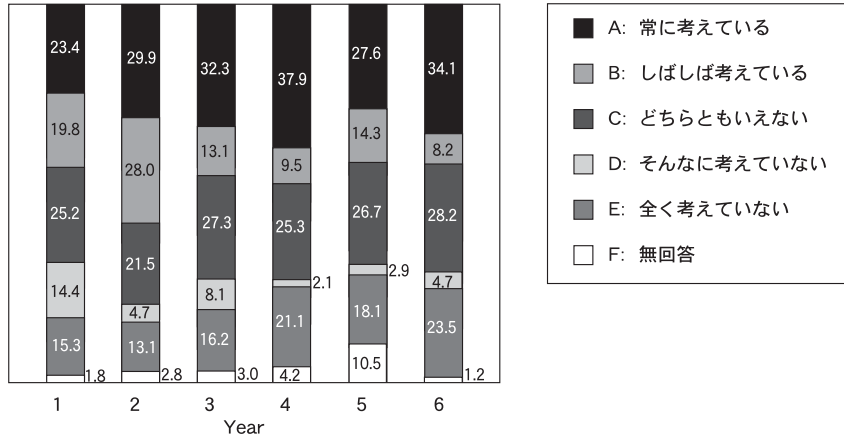
### 第3学年

本校では、第3学年から授業で本格的に臨床医学系の科目を扱うようになるということもあり、現在医学英語に対して興味を持っている学生の割合は、86.8% (Q1, A + B)と第1・2学年と比べ上昇しており、医学英語を学習することはあまり実用的でないと感じてい

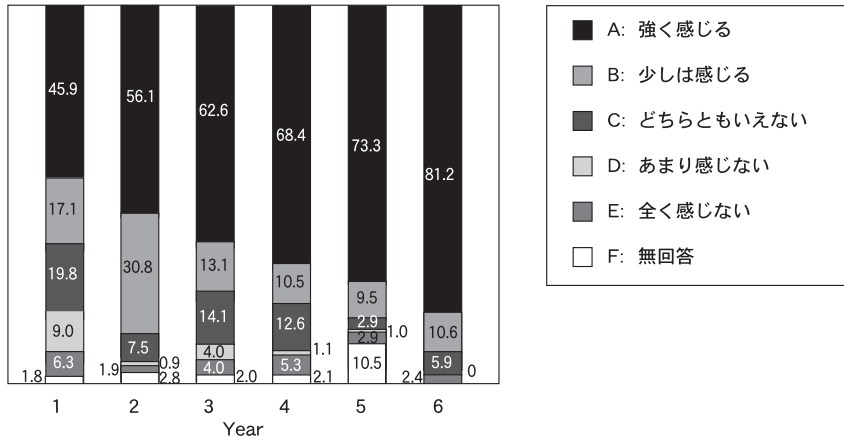
Q13 5・6年時の病院実習 (BSL)において、3年時に学んだ医学英語が役に立った。



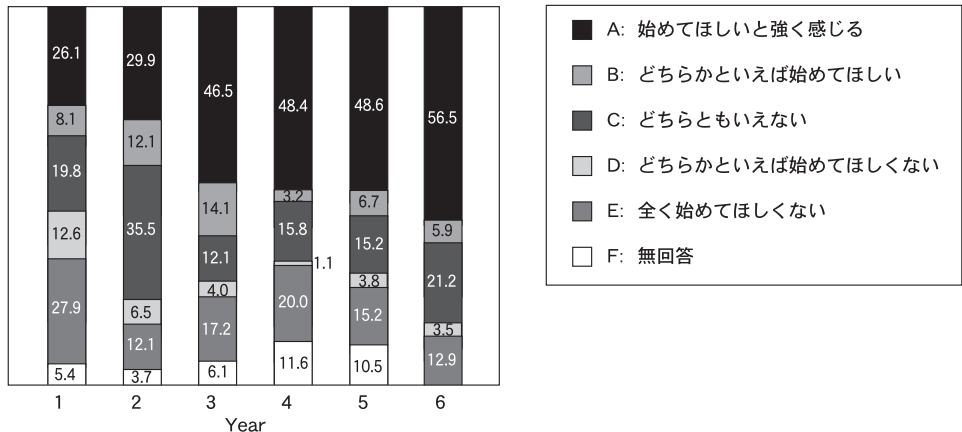
Q14 将来、留学や医学英語に接する環境で働くことを考えている。



Q15 医学英語を学習することは自分のためになると感じている。



Q16 第1学年から医学英語学習を始めてほしい。



る学生の割合も、11.1%(Q3, A + B)と第1・2学年に比べ減少している。また、自分の英語における能力に不安を感じている学生の割合は66.7%(Q2, A + B)と第1・2学年と同様過半数を超える。

本校における医学英語教育に満足しているかという質問に対しては、第2学年と同様にどちらともいえないと答えた学生の割合が45.5%(Q4, C)と質問に対する答えの中で最も高く、満足している学生の割合は18.2%(Q4, A + B)と満足していない学生の割合35.3%(Q4, D + E)よりも低い。また、本校における一般英語教育に対して満足しているかという質問に関しては、医学英語に対しての満足度とほぼ同様の傾向を見ることができるが、医学英語に対しての満足度と比較すると、満足していると答えた学生の割合は18.2%から13.2%(Q5, A + B)と減少し、満足していないと答えた学生の割合が35.3%から47.5%(Q5, D + E)へと増加している。第1・2学年においては、満足していると答えた学生の割合は一般英語教育に対してのほうが高いが、第3学年では医学英語教育に対しての満足度の方が高くなっている。このことは、第1・2学年で学んだ医学英語教育の成果を、第3学年で実感していると言えるのではないだろうか。

日常生活で英語に接する機会があると答えた学生の割合は、11.2%(Q6, A + B)と第1・2学年と同様に低く、現在英会話学校に通っていると答えた学生の割合も、15.1%(Q7, A + B)と低い。これは全6学年の中では一番高い。このことは少数でも英語教育の重要性を実感し行動に移した学生がいると解釈することもできる。ただし、英語に対する自分の能力の低下を感じている学生の割合は、74.8%(Q8, A + B)と第1・2学年と同様高い。

高校までの教育課程で、もっと英語教育に接する機会があれば良かったと感じることがあると答えた学生の割合は57.5%(Q9, A + B)と、第1・2学年と同様に過半数を超えている。高校までの教育課程において、英語教育に興味を持っていたと答えた学生の割合も54.6%(Q10, A + B)と高い。ここで、Q1で「現在医学英語に興味を持っている」と答えた学生の割合と比較すると、86.8%から54.6%へと著しく減少しており、現在の医学英語教育に対する関心の高さを伺うことができる。また、過去に英会話学校に通ったことがあると答えた学生の割合は44.0%(Q11, A + B)で、現在英会話学校に通っていると答えた学生の割合15.1%よりも高い。このことは、高校までの教育課程においては、英語教育に対して積極的に取り組んでいた学生が多いということができる。

授業や実習などで医学英語の必要性を感じたことがあると答えた学生の割合は、62.6%(Q12, A + B)と第2学年と同様高い。やはり、医学部の教育課程に医学英語教育は必要不可欠であると言えることができるだろう。

将来、留学や医学英語に接する環境で働くことを考えている学生の割合は45.4%(Q14, A + B)であり、これと医学

英語を学習することは自分のためになると感じている学生の割合75.7%(Q15, A + B)は関連があると言えるだろう。両者の割合に差があるのは、現段階では具体的な将来像は描けていないということだろうか。また、第1学年から医学英語学習を始めてほしいと答えた学生の割合は60.6%(Q16, A + B)であり、第1・2学年の34.2%、42.0%と比べ著しく増加している。

#### 第4学年

現在医学英語に対して興味を持っている学生の割合は66.3%(Q1, A + B)と高く、医学英語を学習することは、あまり実用的ではないと感じている学生の割合も6.4%(Q3, A + B)と低い。このことは、本校で第4学年からほとんどの授業科目が臨床医学系となり、学生も第5学年から始まるBedside Learning (BSL)を意識し始めることと関係しているであろう。また、自分の英語における能力に不安を感じている学生の割合も、74.7%(Q2, A + B)と高い割合を示す。

医学英語教育、一般英語教育に対する満足度に関しては、第2学年以降と同様の傾向を第4学年でも認めることができる。本校における医学英語教育に満足していないと答えた学生の割合は、第2・3・4学年で順に30.8%、35.3%、50.5%(Q4, D + E)と増加しており、同様に一般英語教育についても29.9%、49.5%、56.9%(Q5, D + E)と増加している。これについては、本校における英語教育のよし悪しというよりも、学年が上がるにつれて英語教育の重要性を学生が認識するようになり、現在の自分の英語能力に不安を感じていることの表れとして解釈することもできる。

第1・2・3学年と同様に、日常生活で英語に接する機会があると答えた学生の割合は18.9%(Q6, A + B)と低く、現在英会話学校などに通っていると答えた学生の割合も9.5%(Q7, A + B)と低い。これは、第4学年が部活動の中心となる学年で、アルバイトなどに費やす時間も含めると、概して英語と触れ合う機会を持つことが時間的に厳しい難しいということが考えられる。また、自分の英語能力の低下を感じている学生の割合も75.7%(Q8, A + B)と高い。第1・2・3学年と同様に、第4学年でも自分の英語能力の低下を感じている学生の割合は75.8%と高いが、能力向上のために英会話学校に通うなど具体的な対策を取っている学生の割合は低い。学生の中には、時間的な制約があって英語能力を磨くための行動を起こせないことに対して、もどかしさを感じている者も多いのではないだろうか。

高校までの教育課程で、もっと英語教育に接する機会があればよかったと感じると答えた学生の割合は、55.8%(Q9, A + B)と過半数を超えており、「高校までの教育課程では英語教育に興味を持っていた」と答えた学生の割合も49.5%(Q10, A + B)と約半数を占める。また過去に英会話学校に通ったことがあると答えた学生の割合は37.9%(Q11, A + B)と、現在英会話学校などに通っていると答えた学生の割合



9.5%よりも高く、少なくとも過去においては英語能力向上のため何らかの行動を取っていたとすることができる。

第4学年においても、授業や実習などで医学英語の必要性を感じたことがあると答えた学生の割合は69.4%(Q12, A+B)と高く、この傾向はBSLを経験した第5・6学年において強くなる可能性がある。

将来、留学や医学英語に接する環境で働くことを考えていると答えた学生の割合は47.4%(Q14, A+B)で、医学英語を学習することは自分のためになると感じていると答えた学生の割合は78.9%(Q15, A+B)と高い。また、51.6%(Q16, A+B)の学生が第1学年から医学英語学習を始めてほしいと答えている。

### 第5学年

本校では第5学年で、1年間のBSLを体験する。このことが、学生の医学英語に対する意識にどのように影響するのだろうか。現在医学英語に興味を持っていると答えた学生の割合と、医学英語を学習することは実用的であると答えた学生の割合は、それぞれ75.2%(Q1, A+B), 74.3%(Q3, D+E)と全6学年中最も高い割合を示し、自分の英語能力に不安を感じていると答えた学生の割合も、76.3%(Q2, A+B)と全学年の中で最も高い。やはりBSLを通して学生は医学英語の重要性と、自分の英語能力に不足を感じていると分かる。

第5学年においても、本校の医学英語教育、一般英語教育に満足していると答えた学生の割合は低く、逆に満足していないと答えた学生の割合は58.1%(Q4, D+E), 61.0%(Q5, D+E)と第2学年から徐々に増加している。このことは、BSLを通して自分の英語能力不足を実感したことが英語教育に対する不満につながったと考えることもできる。

英語に対する自分の能力の低下を感じている学生の割合も76.2%(Q8, A+B)と、全6学年中で最も高い割合を示すのだが、現在英会話学校に通っていると答えた学生の割合は9.6%(Q7, A+B)と低い。英語学習が英会話学校に通うことだけではないのは言うまでもないが、日常生活の中で英語に接する機会があると答えた学生の割合も15.3%(Q6, A+B)と低く、英語学習に時間をかけられる学生が少ないことを如実に表している。

高校までの教育課程で、もっと英語教育に接する時間があれば良かったと感じることがある学生の割合は50.5%(Q9, A+B)、興味を持っていたと答えた学生の割合は46.9%(Q10, A+B)と約半数を占め、過去に英会話学校に通ったことがあると答えた学生の割合は37.2%(Q11, A+B)であり、第1～4学年と同様の傾向を示す。

授業や実習などで医学英語の必要性を感じたことがあると答えた学生の割合は75.2%(Q12, A+B)と、第4学年よりも増加している。また、第5学年時のBSLで3年時に学んだ医学英語が役に立ったと答えた学生は約半数の50.4%(Q13, A+B)を占め、どちらともいえないと答えた学生

22.9%(Q13, C)や、役に立たなかったと答えた学生16.2%(Q13, D+E)よりも高い割合を示している。やはり学年があがるにつれて、臨床医学では医学英語学習が不可欠だと認識する学生が増えてきているということだろう。

BSLを経験している第5学年では、41.9%(Q14, A+B)の学生が将来留学や医学英語に接する環境で働くことを考えている。また、医学英語を学習することは自分のためになると感じている学生の割合は82.8%(Q15, A+B)と、第4学年よりも増加しており、第1学年から医学英語学習を始めてほしいと答えている学生は55.3%(Q16, A+B)である。

### 第6学年

第6学年は本校において最終学年であり、学生は卒業試験や国家試験の準備に追われる。そのような生活を送る中で学生は医学英語をどのように捉えているのであろうか。

現在医学英語に興味をもっといと答えた学生の割合は74.1%(Q1, A+B)と高く、自分の英語能力に不安を感じていると答えた学生も77.6%(Q2, A+B)と高い割合を示している。また、医学英語を学習することはあまり実用的ではないと感じているかという質問に対して否定的な答えを示した学生の割合は、全6学年中最も高い82.4%(Q3, D+E)であった。このことは、卒業試験や国家試験の準備のために学習に追われる学生も医学英語の重要性を感じていることを表している。

本校における医学英語教育に満足していると答えた学生の割合は、8.2%(Q4, A+B)と低く、逆に満足していないと答えた学生の割合は、71.7%(Q4, D+E)と全6学年中で最も高い割合を示した。また、本校における一般英語教育に満足していると答えた学生の割合も12.9%(Q5, A+B)と低く、満足していないと答えた学生の割合は70.6%(Q5, D+E)と全6学年中最も高い割合を示している。このことは、来年医師になろうとしている学生のうち77.6%が、Q2の「自分の英語能力に不安を感じている」という質問に対し、肯定的な答えを示したことと、関連があると思われる。

日常生活で英語に接する機会があると答えた学生の割合は、18.8%(Q6, A+B)と低く、現在英会話学校に通っていると答えた学生の割合も、13.0%(Q7, A+B)と低い。やはり、英語教育に時間を費やすことは難しいのだろうと考えられる。自分の英語能力の低下を感じていると答えた学生の割合は72.9%(Q8, A+B)と高く、やはりこのことがQ4・5の満足度の低さと関係していると考えることができる。

高校までの教育課程において、もっと英語教育に接する機会があれば良かったと感じると答えた学生の割合は、64.7%(Q9, A+B)と全6学年中で最も高く、興味を持っていたと答えた学生の割合は、53.0%(Q10, A+B)である。また、42.4%(Q11, A+B)の学生が過去に英会話学校に通ったことがあると答えており、Q7の現在英会話学校などに通っていると答えた学生13.0%よりも高い割合を示す。第6

学年では、試験勉強が生活の中心となり、英会話学校に通う時間のある学生はあまりいないのだろう。

授業や実習などで医学英語の必要性を感じたことがあると答えた学生の割合は、83.5% (Q12, A + B) と全6学年中最も高く、第5・6学年時のBSLで3年時に学んだ医学英語が役に立ったと答えた学生の割合は、58.9% (Q13, A + B) と第5学年よりも高い割合を示している。

将来、留学や医学英語に接する環境で働くことを考えている学生の割合は43.2% (Q14, A + B) であり、91.8% (Q15, A + B) の学生が医学英語を学習することは自分のためになると感じている。これは、全6学年中で最も高い割合を示しており、後輩達へ医学英語の重要性を説いているように感じられる。また、第1学年から医学英語学習を始めてほしいと62.4% (Q16, A + B) の学生が答えている。

## 考察

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第1学年では、大学に入学してから間もないので、将来においての自分の進路などはまだ暗中模索の状態ではあるが、英語教育に対して積極的に取り組んでいこうとする姿

勢が窺えた。

第2学年は、英語教育に対して意識が高く、第1学年と比較すると将来においての自分の進路などについてしっかりと考えるようになってきている傾向が見られる。

第3学年の英語教育に対する傾向では、臨床医学系科目の開始に伴い医学英語の重要性を感じる学生の割合が増加しており、それが第1学年から医学英語学習を始めたいと答えた学生の割合の増加に反映されている。

第4学年では、部活動やアルバイトなどで忙しい学生生活を送りながらも、英語教育に前向きに取り組もうとする姿勢を見ることができる。

第5学年は、BSLを通じて医学英語の重要性を感じた学生が多く、やはり実際の臨床医学の現場では医学英語の学習が必要不可欠であると言える。

第6学年の傾向としては、卒業試験や国家試験の準備に追われる学生でさえも、医学英語の重要性を感じており、やはり医学部の学生にとって医学英語学習は大学生活の中だけではなく、将来に繋がるものであると考えることができる。



# Present Situation of Medical English Education from Students' Point of View

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The theme of today's presentation is "The present situation of Medical English education from the students' point of view." We took questionnaires to the 17 universities that make up the membership of the West Japan English Medical Association (WJEMA). The questionnaires were about Medical English education at the university. Of course, we think every teacher is working very hard to improve Medical English education every day. So, in this presentation we will tell the results of the questionnaire and the students' wishes for Medical English education. We asked 17 Medical E.S.S. clubs and got 12 replies.

## Is Medical English education necessary

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Question 1 was, "Do you think Medical English education is necessary for us?" All 12 of the responding universities answered "Necessary." It is natural for members of E.S.S. to answer that Medical English education is necessary for us. But on the questionnaire we also asked the reasons. These answers show that the students recognize the importance of Medical English and that they want to study Medical English more in university classes.

## How long is English offered

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Another question was, "How long do students have English class in your university?" As for the foundation course, all universities had class for one year or one year-and-a-half. However, as for Medical English, many universities had only one year of class in the lower years, such as the second or third year. Moreover, two universities had no class of Medical English at all during the six years. On the other hand, a few universities had Medical English classes for two or three years, including even the higher grades, such as the fourth or fifth year. The number of Medical English classes was greatly different from school to school.

About the term of Medical English class, we got comments from the questionnaires. Some students recommended that classes of Medical English should be started in the first year because first-year students are enthusiastic about studying. Others said that Medical English class should be continuous throughout the six years. Students realize the importance of Medical English for the first time when they reach the higher grades. Maybe they regret that they could not study enough Medical English. But we cannot go back to the past. So for today's underclassmen, we hope Medical English class can be enriched in quality and quantity even if that is in the elective course.

**We students think  
Medical English class  
should be continued at  
least three years.**

## What is the content of Medical English

Next we will show the actual content of Medical English classes in the universities. In the first and second years, the main content of the course is basic study of Medical English through discussion, listening and speaking, or lecture on Medical English terms. In the third to the fifth year, we study more advanced Medical English by translating the textbook or reading medical papers. In one of the universities, the students can get training in giving an oral presentation or writing the medical chart in English. In that university the teachers put importance on teaching Medical English for clinical practice.

About content of English class, many students answered that it is very useful to memorize basic medical words, but that on the other hand there are only a few classes to learn Medical English pronunciation. As for other opinions, some said that the content of Medical English classes is difficult. And others said that Medical English class should link to other medical subjects.

## How about extracurricular English

Only a few colleges have a class of Medical English for a long term. So we students work very hard by ourselves in the E.S.S. or WJEMA activities. I would like to talk about (a) what we get from E.S.S. and from WJEMA, (b) support from university for learning English and, last, (c) the demands of students to teachers about Medical English education. This information is based on the questionnaires given to students in Medical E.S.S. about their wishes for Medical English education in university, and we got 27 answers.

### 1. E.S.S. and WJEMA

In Q1, we asked about what ability they obtained through their E.S.S. activities. The students said that they got a positive attitude toward speaking English, or communication ability to express their own opinions without a long hesitation period. It is difficult to get these abilities in lecture-style class. So E.S.S. activities cover such gaps, I think. It is the same in the WJEMA activities. In WJEMA, we have many conferences and a lot of competition. In the ordinary class, it is rare that students experience Speech contests, Debating matches, or Oral

presentations about medicine. WJEMA was established in 1971, by Professor Shizuo Oi, when he was in his fifth year at Kobe University School of Medicine. Since then, for over 30 years, WJEMA has been continuing its activities very positively by highly motivated students for improving their own skills in English.

The purpose of WJEMA is to improve our English skills, including communication skills and English for medical professions. Moreover, we can cultivate friendships with each other. This is very important for us, as we will work in the same profession in the future. As you know, Japanese university students can read or write English very well but they are poor at speaking English

or at giving an oral presentation. Freshmen in WJEMA are the same. However, WJEMA activities are very effective for students trying to improve English skills step by step.

Here are some of our activities. First, freshmen compete in the WJEMA speech contest in the summer. Many of them have never spoken in front of an audience. By taking

part in the speech contest, they get used to speaking English in front of an audience. In addition, students have debating matches. That helps them come to be able to speak fluently without any manuscripts. Upperclassmen begin to read medical paper for their future. They read a lot of papers to prepare for the Basic Medical Conference (BMC). Basic Medical Conference is a presentation competition. The students make a presentation just like at a real international medical conference. By taking part in the various activities of WJEMA, students who could not speak English become able to make a presentation in English.

WJEMA today extends over not only the Kansai area but to Kyushu and Shikoku. Therefore, through WJEMA activities we can understand E.S.S. activities of other universities. We can raise each other's motivation for studying. That's what only we can do and it is a very precious opportunity, I think. However, there is a limit in student's activities. So we need support from the university. And our activities would become more active by increasing Medical English classes.

### 2. University support

At present there is not enough support from university for studying English. There is little chance to study abroad and to learn English from teachers who are native

**In one of the universities,  
the students can get  
training in giving an oral  
presentation or  
writing the medical chart  
in English.**

speakers of English. As the student voice, we hope the universities give us more chances to study abroad and provide us more materials and teachers to guide our study of Medical English. If the universities give us more support, we can study English and medicine more and more. This is the actual voice of students who get support from their university. In that university, students go abroad by support from the university. They said that by studying abroad they could change the stance for studying English. In addition, they could get a broader view of medicine by observing the medical system in the other country. As a result, they were much activated for studying both English and medicine by studying abroad. And these experiences will lead to international doctors in the future.

### 3. Medical English education

On the point about Medical English class, now I will introduce what the students want. English is language, and language exists for communication. So we hope (1) we can get more classes for studying and practicing communication skills. On the other hand, (2) we need professional Medical English for our future. So it would help us if you could please set up the classes for teaching how to read medical papers and how to make presentations in the conferences such as those that JASMEE has. You may think these two hopes are contradictory. But the problem is that the duration of Medical English class is short. So we students think Medical English class should be continued at least three years. This would make it possible to study many skills of English, appropriate for each school year.

As a progressive opinion, we also want to say that medical class and the examination should be done in English. This opinion is very difficult to realize soon, but it's very happy for us that you know this is the actual voice of the students. If such Medical English education were to be realized, the role of E.S.S. and WJEMA would become more and more important. And we could continue our activities more and more actively.

## Conclusion

Finally, I would like to summarize for you the four points we found through these questionnaires. First, that there are wide differences in Medical English education among the universities. This leads to the differences in Medical English ability among the students. So to narrow this difference, a standard curriculum and enough number of teachers are needed. Second, the term of Medical English class is short. We can learn only a little basic Medical English in the short term. To learn more advanced Medical English such as presentation skills, we need long-term, uniform and continuous courses in Medical English. Third, the class content is important. As I said before, students want classes on making presentations or speaking for our own future work. So we believe it is necessary to set up more of such classes as these in

**As the student voice, we hope the universities give us more chances to study abroad and provide us more materials and teachers to guide our study of Medical English.**

the curriculum. Fourth, support from university is necessary. At present, support from university is very little. If there is support from schools, we students could more actively study medicine and English. We recommend that the universities find a way to give the students sufficient support, such as providing the opportunity to study abroad.

From now on, in the international society the importance of English becomes greater and greater. To play an active role in the world, we need to learn Medical English as much as possible in our student life. Today I told you the students' actual voice for changing of Medical English education. I hope this presentation becomes one of the turning points in Medical English education.

# *Kamikakushi* and a Mysterious World Revisited

Tai Sakuma

Third-year student, Kyoto Prefectural University of Medicine

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Have you ever heard of the mysterious phenomenon called *Kamikakushi*? A child playing with friends, all of a sudden disappears in a very short moment. People look for him, but they can never find him. Finally, they give up looking for him, thinking he has been snatched away by the gods and taken to another world. They call this mysterious phenomenon *Kamikakushi*.

Personally, I don't believe in *Kamikakushi* as such because most disappearances today can be explained scientifically. When someone disappeared, why did people then attribute it to *Kamikakushi*? Why did they think the gods took him into another world? What was *Kamikakushi* to the people?

In olden days, when *Kamikakushi* was believed to be true, people thought the gods lived in such places as forests or mountains where nobody had yet ventured. Time passed differently than it does in our world. So there have been lots of legends created all over Japan, like Urashima Taro, where a person is spirited away and adapts himself to the time system of the other world. When he comes back he finds out, to his surprise, hundreds of years have passed since he was taken away.

Having learned and being influenced by these legends, the whole society strongly believed in another world. You may think *Kamikakushi* is a deplorable belief because it kidnaps a lot of innocent children. But when I think of this word, I imagine that it is not entirely so. Why?

One book that strongly influenced my thinking was 「神隠し～異界からのいざない～」. It was written by Professor Komatsu Kazuhiko, a famous anthropologist at the International Research Center for Japanese Studies, who has many scholarly works on Japanese folklore and leg-

ends. In the book, he says that most of the people who disappeared were children and young women.

For the women, maybe, they wanted to escape from a severe world because their social rank was very low. Another world might have been a happier world for them. Also, in those days, due to poverty and other reasons, many people had to abandon some of their children. Some of those children were killed and others were sold by their relatives. Nevertheless, the parents still preferred to believe that gods took their lovely children to another world. This is because by doing so, they could believe their kids were still living with gods in another world. And that may be one way in which *Kamikakushi* functions positively.

So, what is the true meaning of *Kamikakushi*? Professor Komatsu came to the conclusion that *Kamikakushi* is a kind of social device. It can change our perception of the fate of the people who disappeared into something less hopeless. And it does so by introducing another world between our world and the world of the dead.

Today, we may still need a social device such as *Kamikakushi*.

After introduction of the western social system to Japan, we came to depend almost completely on a more scientific way of thinking. Now we live without the other world in our minds, looking at only reality. But can we endure living in a world which is full of information and which doesn't allow much room for wonder or imagination?

Last year I came to Tokyo. But I didn't visit the central district. I visited the old parts of Tokyo, where people continue to live and communicate in a way that is not often witnessed in our contemporary world. Among the tall buildings, there was the old district of Tokyo. I had imagined Tokyo to be a completely fast-paced international city, but in fact, this old district remains almost like another world, though it seems to be one that is rapidly on the verge of disappearing.

Now Tokyo gets bigger and bigger, building more and

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This speech was delivered at the 7th annual JASMEE Academic Conference in July, 2004, Tokyo, where it was also printed in the conference Program. The speech is reproduced here for the benefit of Journal readers who may have been unable to attend the conference.

more skyscrapers, and losing more and more old towns. Likewise, we seem to be removing another world completely from this city and eventually from our minds. However, we may be growing tired of looking only at reality all the time. And that may be why many books and movies of another world sell well.

It's certainly important for us to see the real world, but it's also important to have a rich imaginative ability to cope well with various problems. I believe that *Kamikakushi* is an expression of this ability to imagine and this phenomenon itself allows us the opportunity to keep this ability alive.

Even though I will keep my eyes focused on reality, I still want to keep another world in my mind.

## Healthcare Interpreting

*J Med Eng Edu* (2006) 5(2): 112–117

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I. In each question, choose the one answer that is reflected by this article in the Journal.\*

Circle A or B. 例 A.  B.  C.  D.

1. If we had enough healthcare interpreters trained in English and Japanese, \_\_\_\_\_ for healthcare interpreters in Japan.  
A. that would not take care of the present need  
B. that would take care of the present need  
C. that would take care of future needs
2. According to the interpreting services abroad, \_\_\_\_\_ make the best healthcare interpreters.  
A. the patient's family members who are bilingual and bicultural  
B. medical professionals who are bilingual and bicultural  
C. hospital office workers who are bilingual
3. After the interpreting session is finished, \_\_\_\_\_ the patient's family to clear up whatever questions they may have.  
A. the conscientious interpreter should arrange to meet  
B. the conscientious interpreter should not arrange to meet
4. Generally, a remote interpreter is accurate and available almost any time, but \_\_\_\_\_ .  
A. is an electronic device that cannot sense the feelings of the patient  
B. is a person who is not in the room with the patient
5. If healthcare interpreting becomes a profession, it is highly probable that \_\_\_\_\_ .  
A. employability would be linked with certification, or licensure  
B. employability would not be linked with certification, or licensure
6. The writer of this article seems to believe that it is of paramount importance to \_\_\_\_\_ in Japan.  
A. establish local standards  
B. establish national standards

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\*Oshimi T. 2006. Guidelines for Training Healthcare Interpreters in Japan. *J Med Eng Educ* 5(2): 79–87.



7. During the session, if the male Japanese doctor says to a native-English-speaking patient, “背骨を診ますから , そちらの診察台の上につつ伏せに寝てください,” the trained healthcare interpreter would say to the patient, “ \_\_\_\_\_ ”
- He said he is going to examine your spine now, so could you just lie face down on that examining table there please.
  - The doctor is going to examine your spine now, so he would like to have you lie face down on that examining table over there please.
  - I'm going to examine your spine now, so could you just lie face down on that examining table over there please.
8. During the session, if the female international patient says to the Japanese doctor, “My left knee hurts,” the interpreter would say to the doctor, “ \_\_\_\_\_ ”
- 左の膝が痛いそうです。
  - 左の膝が痛いと言っています。
  - 彼女の左の膝が痛いです。
  - 左の膝が痛いです。
9. Of the six interpreter models found in the U.S., the one that is especially useful in an emergency and for uncommon languages is the \_\_\_\_\_ .
- ad hoc interpreter
  - remote interpreter
  - bilingual provider
  - professional on-site interpreter
10. A set of principles that helps one to judge what is acceptable behavior and that governs the conduct of the healthcare interpreter is known as \_\_\_\_\_ .
- a code of ethics
  - a legal code
  - confidentiality
  - a skilled elite
11. Healthcare interpreting is intended primarily as a way to \_\_\_\_\_ .
- improve the medical services for patients with limited proficiency in the language of the doctor's host country
  - make new job opportunities for language experts
  - get the medical doctors more involved in the patients' well being
  - allow the layperson to see what really goes on inside the hospital

**II. Write one word from this article that would keep the meaning of the underlined word or phrase or be appropriate to use where the line is blank, and also fit into the sentence grammatically.**

1. Healthcare providers, interpreters and other citizens (1) worked together on this research in the U.S. to establish guidelines for the services.

(1) \_\_\_\_\_

2-4. The trained interpreter uses (2) straightforward interpretation during the session, not indirect interpretation.

In other words, when working with a Japanese doctor and an English-speaking patient, the interpreter would use the (3) \_\_\_\_\_-person pronoun "(4) \_\_\_\_\_," to convey the doctor's message to the patient.

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

5. In the U.S., the influx of thousands of refugees and other (5) persons who came as permanent residents has prompted the need for reliable interpreting services in hospitals around the country. In certain hospitals, a (6) litigation proceeding also prompted efforts to (7) furnish, supply better communication between the health-care professionals and the patients with limited English (8) ability or skill.

(5) \_\_\_\_\_

(6) \_\_\_\_\_

(7) \_\_\_\_\_

(8) \_\_\_\_\_

**III. Match the verbs in the box, as used in this article, with the meaning on the left (each is to be used one time only).**

- \_\_\_\_\_ 1. to evaluate
- \_\_\_\_\_ 2. to foresee, to feel or sense beforehand
- \_\_\_\_\_ 3. to make clear
- \_\_\_\_\_ 4. to give, bring about, or cause
- \_\_\_\_\_ 5. to write, or draw up, a preliminary version
- \_\_\_\_\_ 6. to join in an intellectual effort
- \_\_\_\_\_ 7. to follow closely, stick to, without deviation
- \_\_\_\_\_ 8. to inspect critically, to examine or observe with great care
- \_\_\_\_\_ 9. to put forward for consideration or question, to bring out
- \_\_\_\_\_ 10. to propose, create, bring to the public **for the first time**
- \_\_\_\_\_ 11. to make up the elements or parts
- \_\_\_\_\_ 12. to examine systematically in order to determine suitability
- \_\_\_\_\_ 13. to turn into another, exchange, the meaning of the message from one  
language to another
- \_\_\_\_\_ 14. to break in on a discourse, intervene
- \_\_\_\_\_ 15. to speak the meaning
- \_\_\_\_\_ 16. to write the meaning
- \_\_\_\_\_ 17. to certify, or authorize, as meeting a prescribed standard
- \_\_\_\_\_ 18. to keep
- \_\_\_\_\_ 19. to notify, to warn, of a trouble spot
- \_\_\_\_\_ 20. to instruct someone not to reveal the confidential information they heard

- |                |
|----------------|
| A. accredit    |
| B. adhere to   |
| C. alert       |
| D. anticipate  |
| E. assess      |
| F. clarify     |
| G. collaborate |
| H. constitute  |
| I. convert     |
| J. debrief     |
| K. draft       |
| L. interpret   |
| M. interrupt   |
| N. introduce   |
| O. maintain    |
| P. raise       |
| Q. render      |
| R. screen      |
| S. scrutinize  |
| T. translate   |

**WHERE TO GET THE ANSWERS**

Answers may be seen at the bottom of page 117.

## QUESTION-AND-ANSWER:

**Q1. What does “a loss situation” mean in section 2.9(2) of this paper?**

**ANSWER.** This is when the person the interpreter is working with has just faced (a) a death in the family, such as that of a child, husband/or wife, a parent, or a sibling; or perhaps the person’s friend or some other loved one such as a favorite aunt, uncle, or cousin has died recently. Another type of “loss situation” is (b) when the patient—possibly even a young patient—has lost a limb, such as an arm or a leg, due to accident or disease; or has suddenly lost his or her eyesight; or the person is a woman who has been informed that she has cancer and is advised to have mastectomy.

A “loss” might even be outside the realm of the hospital. For example, (c) the patient’s beloved companion animal, such as a long-time pet dog or cat, has recently died and the person is still grieving over that loss. A similar type of loss occurs (d) when a senior citizen moves into a nursing home and has to give up not only the house and neighbors but also has to give away his or her pet because no pets are allowed there. A fifth type of loss might be (e) the loss of a mate or a child as a result of divorce. Depending on the individual case, any of these types of loss can be devastating.

**Q2. What should the interpreter do when working with a person in “a loss situation”?**

**ANSWER.** This is an important question. Perhaps one of our readers might investigate this problem and write a research paper for the *Journal of Medical English Education*. The paper could be helpful to students either of medicine or of nurse-care. Apparently, the important thing for the healthcare interpreter is simply to accept that in the given situation the person’s sad face or grief is a normal part of dealing with loss. When talking with friends and relatives of the person who has just faced a loss, counselors working in this field often advise that one of the worst things they could do is to try to stop the person from grieving. Grief, they explain, is one of the stages the person needs to go through in order to bounce back in the days and weeks ahead. Another no-no is for people to say, “I understand,” when in reality they have not gone through the same experience and, even if they had, these words tend to fall on deaf ears and carry more of a negative impact than a positive effect, no matter how well intentioned.

According to this article on healthcare interpreting, the interpreter is advised to serve simply as a caring, professional interpreter, and not attempt to become the person’s self-appointed counselor.

*Continuing Professional Education* was prepared by the Editor-in-Chief of the Journal and is based on the original article by Takayuki Oshimi, M.D., Asahikawa

**OBJECTIVES**

*Continuing Professional Education* is a regular feature in the *Journal of Medical English Education*, beginning with Vol. 5 No. 1. The program is designed for the enjoyment of teachers of English for medical purposes and for healthcare professionals who would like to challenge themselves on purposeful, current English usage and reading. The primary objective is enjoyment. The second objective is to highlight the key points of at least one of the papers appearing in English in the *Journal*, thus illuminating a pathway for active readers to get more out of the *Journal*. The third objective is to offer even a small bit of *continuing professional education* for any teachers who may at times grow weary of the simple levels of English they have to use repeatedly for undergraduate students from week to week.

In future issues of the *Journal*, the *Continuing Professional Education* corner may take a different approach, such as question-and-answer, or situational English problems. The Editors invite your feedback.

**Answers to Continuing Professional Education (Pages 112–115)**

I.	1-A; 2-B; 3-B; 4-B; 5-A; 6-B; 7-C; 8-D; 9-B; 10-A; 11-A
II.	(1) collaborated (2) direct (3) first (4) I (5) immigrants (6) lawsuit (7) provide (8) proficiency
III.	1-E; 2-D; 3-F; 4-Q; 5-K; 6-G; 7-B; 8-S; 9-P; 10-N; 11-H; 12-R; 13-I; 14-M; 15-L; 16-T; 17-A; 18-O; 19-C; 20-J



## Index of Articles from Vol. 1 No. 1 (2000) to Vol. 5 No. 2 (2006)

Author(s)	Title	Language	Date, Vol.(No.)	Category
Article, Short Communication, Symposium, Guest Lecture				
<b>A</b>				
Hajime Abe	医療現場における英語使用の実態調査と英語教育・学習への応用：会話コーパスを中心として	日本語	July 2001. 2(1): 5-15	Guest Lecture【特集：第4回学術集会】
Chuichi Aizawa	Case Presentation に関する英語表現力涵養の試み	日本語	July 2000. 1(1): 70-73	原著論文
Chiharu Ando	医学用語の操作方法	日本語	July 2001. 2(1): 71-74	原著論文
<b>B</b>				
Raoul Breugelmans, Keiko Yamamoto, Yoshimichi Matsunaga, J. Patrick Barron	Preparations for Japanese Medical Students Participating in Clinical Electives Abroad	English	Dec. 2002. 3(2): 18-23	【特集：医師・医療関係者のための臨床留学ガイド】
Raoul Breugelmans, J. Patrick Barron, Keiko Yamamoto	Introduction of English to the National Medical Licensing Examination	English	Aug. 2004. 5(1): 12-16	Symposium: 医師国家試験への英語の導入を考える【特集：第7回学術集会】
Raoul Breugelmans, Natsumi Rajesh, J. Patrick Barron	Medical Communications	English	June 2006.* 5(2): 92-96	Short communication
<b>G</b>				
Reuben M. Gerling	Intergrating the English Classes with the Medical Curriculum	English	Aug. 2004. 5(1): 21-24	原著論文
<b>H</b>				
Kazuko Hamanishi	教養教育課程に於ける医学英語の導入：語彙と医療会話の教育指導	日本語	July 2001. 2(1): 24	Symposium: 医学基礎英語の指導【特集：第4回学術集会】
Osamu Hanaoka	Discourse Analysis of a Medical News Report: A Pedagogical Suggestion for Learners of English for Medical Purposes	English	Dec. 2001. 2(2): 31-37	原著論文
Kenji Hirama	USMLE 受験のための教育プログラム	日本語	Dec. 2002. 3(2): 31-35	【特集：医師・医療関係者のための臨床留学ガイド】
Koji Hirose	Decontextualized Teaching Methods Concerning Technical Terms in Dental Hygiene Courses	English	July 2000. 1(1): 59-63	原著論文
Haruko Hishida	Oral Presentation への導入	日本語	Aug. 2002. 3(1): 51-52	Symposium: 医学英語を効果的に教育するには【特集：第5回学術集会】
Haruko Hishida, Mitsuko Hirano	Web サイト上のホームページを利用した看護英語教材・Teaching Material Using Web Site Information on Nursing	日本語	Dec. 2003. 4(2): 41-44	原著論文
Haruko Hishida, Toshio Oki	卒業後の医学英語使用の実態：卒後 9,16,19 年間の医師の医学英語使用状況(浜松医科大学の場合)・The Realities of the Use of Medical English: A Survey of the H.U.S.M. Graduates in 1981,1984, and 1991	日本語	Dec. 2000. 1(2): 49-53	原著論文
Paul Hollister	Medical Interview Skills and Techniques in English	English	Aug. 2002. 3(1): 39-43 53-57	Symposium: 医学英語を効果的に教育するには【特集：第5回学術集会】
Christopher Holmes	The New Medical English Requirement at Hongo, the University of Tokyo's Faculty of Medicine	English	Aug. 2002. 3(1): 48-50 53-57	Symposium: 医学英語を効果的に教育するには【特集：第5回学術集会】

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Author(s)	Title	Language	Date, Vol.(No.)	Category
<b>I</b>				
Masanori Ito	The Health Insurance System in Japan	English	Dec. 2003. 4(2): 16-20	Guest Lecture 【特集：第6回学術集会】
Maki Inoue, Toshiya Sato, Kazuyuku Kanda	コミュニケーションから見た国内看護事情の改善の 必要性	日本語	Aug. 2004. 5(1): 55-62	原著論文
<b>K</b>				
Masanori Kameda	科学言語としての医学英語	日本語	Aug. 2002. 3(1): 29-30, 38	Symposium: 医学英語とは何か：コンセンサスを得るために【特集：第5回学術集会】
Eiko Kawagoe	医学部，看護学部における ESP 教育の一考察・ ESP for Students Majoring in the Medicine and Science of Nursing	日本語	July 2001. 2(1): 75-80	原著論文
Eiko Kawagoe	英語教育の実態について	日本語	Aug. 2003. 4(1): 23-26	Symposium: 4年制看護教育における英語教育の現状と問題点【特集：第6回学術集会】
Nell Kennedy	Awkward English in Scientific Papers Reflects the Learner Needs of Medical Students in Japan	English	July 2000. 1(1): 30-35	原著論文
Nell L. Kennedy	Systematic English Textbooks for Introductory Students of Medicine in Japan	English	Aug. 2002. 3(1): 33-38	Symposium: 医学英語とは何か：コンセンサスを得るために【特集：第5回学術集会】
Nell L. Kennedy	A Needs Analysis: Verbiage in Borderline Manuscripts and Its Pedagogical Implications	English	Aug. 2003. 4(2): 25-33	原著論文
Nell L. Kennedy	Materials Development: Eight Simple Teaching Units on Verbiage Derived from Discourse Analysis of Borderline Manuscripts	English	Aug. 2003. 4(2): 34-40	原著論文
Takeshi Kihara	医療ドラマ ER 翻訳苦労話	日本語	Dec. 2000. 1(2): 5-11	Guest Lecture 【特集：第3回学術集会】
Midori Kimura	ハワイ大学短期研修(看護学部) ESP 教育の一環としての取り組み方：実践報告	日本語	Aug. 2003. 4(1): 37-41	原著論文
Eizo Kinoshita	A Medical English Class in Cooperation with All Faculty	English	Dec. 2002. 3(1): 61-64	原著論文
Eizo Kinoshita	Motivated English Study: In Liaison with the National Medical Practitioners Qualifying Examination	English	July 2000. 1(1): 57-58	原著論文
Eizo Kinoshita	慣用語句の基準としてのマンガ・Cartoon as a Criterion for Teaching Idiomatic Expressions	日本語	Aug. 2003. 4(1): 42-48	原著論文
David Kipler	Writing an Effective Personal Statement	English	Dec. 2002. 3(2): 36-39	【特集：医師・医療関係者のための臨床留学ガイド】
David Kipler, Lisa Vogt, Nakahisa Aramaki	A Survey of English Education in Japanese Medical Universities	English	Dec. 2000. 1(2): 20-25	Symposium 【特集：第3回学術集会】
Shigeaki Kobayashi	効果的な英文抄録の書き方	日本語	July 2001. 2(1): 29-34	Symposium: うまい医学英語論文の書き方【特集：第4回学術集会】
Shinji Kondo, Hironobu Naiki	福井大学医学部における医学英語と医学・看護学の 統合的一貫教育：平成16年度「現代的教育ニーズ 取組支援プログラム」採択事業	日本語	Aug. 2003. 4(2): 45-48	原著論文
Shinji Kondo, Yang Ying-Ling	医学生 of the English Learning Motivational Orientations of Medical Students	日本語	June 2006.* 5(2): 88-91	原著論文

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<b>M</b>				
Kei Matsueda	うまい本文の書き方	日本語	July 2001. 2(1): 34-42	Symposium: うまい医学英語論文の書き方【特集：第4回学術集会】
Hideaki Motegi	ディベートを応用した医学英語教育試論 A Practical Study of Ways to Incorporate Debate into Medical English Education	日本語	July 2000. 1(1): 50-56	原著論文
Masumi Muramatsu	医学者の英語に、深みと温かみを	日本語	Dec. 2003. 4(2): 5-15	Guest Lecture【特集：第6回学術集会】
<b>N</b>				
Hisashi Naito	World Wide Web を応用した読解演習：医学英語への導入	日本語	July 2000. 1(1): 46-49	原著論文
Reiko Nakamura, Ruri Ashida	Importance of Humanistic Studies for Future Health Care Professionals	English	Aug. 2004. 5(1): 25-32	原著論文
Yoko Nakasu, Yoshinari Aimi, Masayuki Takahashi, Shozo Fujino, Reiko Aiura, Kikuko Imamoto, Kihachirou Horiike	医学英語教育ボランティア活動の報告 Starting a Working Group for Medical English Education	日本語	July 2000. 1(1): 36-38	原著論文
Kazuko Narusawa	英語カリキュラムの現状分析	日本語	Aug. 2003. 4(1): 26-28	Symposium: 4年制看護教育における英語教育の現状と問題点【特集：第6回学術集会】
Yasutomo Nasu Hideki Matsui	岡山大学における医学英語教育について：医学系教官参加による試み	日本語	Aug. 2002. 3(1): 44-48 53-57	Symposium: 医学英語を効果的に教育するには【特集：第5回学術集会】
Tsukimaro Nishimura	医学論文における「垣根ことば」の機能と英語教育への応用・ Functions of 'Hedges' in Medical Research Articles and Their Implication for English Education	日本語	July 2001. 2(1): 61-64	原著論文
<b>O</b>				
Hiroshi Ohtake	医学英語の計量分析・ An Evidence-Based Lexical Analysis of Medical English	日本語	Dec. 2000. 1(2): 40-48	原著論文
Hiroshi Ohtake, Brian Morren	Collocational Deviation Involving <i>possibility/probability</i> in English Abstracts by Japanese Medical Researchers	English	Aug. 2004. 5(1): 33-44	原著論文
Sachiko Ohtaki	米国診療コミュニケーションの英語： Family Medicine 20 症例言語分析	日本語	Dec. 2002. 3(2): 55-60	原著論文
Sachiko Ohtaki	スキーマ重視の医学英語導入教育	日本語	July 2001. 2(1): 23-26	Symposium: 医学基礎英語の指導【特集：第4回学術集会】
Shizuo Oi	論文を書く医師となれ！ 臨床研究と医学論文のまとめ方	日本語	Dec. 2001. 2(2): 7-27	特別講義
Minoru Oishi	医療は国際化しており、医師国家試験の一部を英語で出題すべきである・ Japanese National Medical Licensing Examination: Now Is the Time to Add Even a Mini-Section in English—In the Interest of World Health Care	日本語	Aug. 2004. 5(1): 9-11	Symposium: 医師国家試験への英語の導入を考える【特集：第7回学術集会】
Minoru Oishi	米国で臨床医として働くには	日本語	Dec. 2002. 3(2): 7-10	【特集：医師・医療関係者のための臨床留学ガイド】
Toshio Oki, Haruko Hishida	医学論文原稿に見られる英語動詞誤用の文法的分析・ A Grammatical Analysis of Misuse of Some Verbs in Medical Papers	日本語	July 2001. 2(1): 55-60	原著論文

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Masao Okazaki	Learning to Write Well in Medical English: Problems and Suggestions	English	Aug. 2003. 4(1): 5-20	Guest Lecture【特集：第6回学術集会】
Yasuko Onjoji	看護における英語の Needs Analysis	日本語	Aug. 2003. 4(1): 22-23	Symposium: 4年制看護教育における英語教育の現状と問題点【特集：第6回学術集会】
Takayuki Oshimi	Guidelines for Training Healthcare Interpreters in Japan	English	June 2006.* 5(2): 79-87	原著論文
P				
Mark Petersen	英語論文に見られるロジックと表現の正確さ・ Logic and Accuracy of Expression in English Writing	English	Aug. 2002. 3(1): 18-28	Guest Lecture【特集：第5回学術集会】
R				
Yoko Randeru (Haruta)	通訳ガイドの現場から	日本語	Dec. 2000. 1(2): 12-19	Guest Lecture【特集：第3回学術集会】
S				
Tsutomu Saji	国外の医療施設を目指している若人へ： 国際人との異文化コミュニケーションの準備	日本語	Dec. 2002. 3(2): 5-6	【特集：医師・医療関係者のための臨床留学ガイド】
Tsutomu Saji, J. Patrick Barron, Sadako Yoshizawa, Yasuhiro Yoshii, Kuriko Nakamura, Yasushi Kenmotsu, Yasuhiro Norisue	留学のための準備と研修の実際	日本語	Dec. 2002. 3(2): 40-50	Round-table discussion 【特集：医師・医療関係者のための臨床留学ガイド】
Shigeru Sasajima	ESP的アプローチによる医学英語の指導・ ESP Classroom at Medical School: Writing a Research Paper and Making an Oral Presentation in English	日本語	July 2000. 1(1): 41-45	原著論文
Nobuo Sato	医学部初年次生のための Writing 教育	日本語	July 2001. 2(1): 25	Symposium: 医学基礎英語の指導【特集：第4回学術集会】
Kenmei Shimizu	二種類のトピック・センテンス・Two Types of Topic Sentence	日本語	Aug. 2003. 4(1): 49-52	原著論文
Masako Shimizu	語彙学習と教養教育を加味した Reading 指導	日本語	July 2001. 2(1): 23-24	Symposium: 医学基礎英語の指導【特集：第4回学術集会】
Etsuko Soeda	米国における看護資格を目指した留学準備	日本語	Dec. 2002. 3(2): 24-30	【特集：医師・医療関係者のための臨床留学ガイド】
Kenji Sonoda	English Expressions in Nursing Articles	English	July 2001. 2(1): 65-70	原著論文
Katsuo Sugita	医学英語教育に関するいくつかのコメント	日本語	Aug. 2002. 3(1): 30-33	Symposium: 医学英語とは何か：コンセンサスを得るために【特集：第5回学術集会】
T				
Masayuki Takahashi, Shozo Fujino, Yoko Nakasu, Yoshinari Aimi, Mariko Omatsu, Masakazu Haneda, Reiko Aiura, Kihachirou Horiike	模擬国際学会の試み・Virtual International Scientific Session	日本語	July 2000. 1(1): 39-40	原著論文

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Yoshifumi Tanaka	医療ドラマ <i>ER</i> に見る米国の医療語と文化・ Medspeak and American Culture in <i>ER</i>	日本語	Dec. 2000. 1(2): 59-62	原著論文
Yoshifumi Tanaka	現代アメリカ英語文化における医療語・ Medspeak in Present-Day American English and Culture	日本語	Dec. 2002. 3(1): 76-80	原著論文
Junko Tashiro	看護のグローバル化と英語教育への期待：看護大学 教員の立場から	日本語	Aug. 2003. 4(1): 28-30	Symposium: 4年制看護 教育における英語教育 の現状と問題点【特集： 第6回学術集会】
Hideyuki Taura	医学部における英語リスニング力の現状とスキーマ 導入効果	日本語	Dec. 2000. 1(2): 54-58	原著論文
Hideyuki Taura	コンピューターソフトウェア導入による医学英語教育 への効果：事例報告	日本語	Dec. 2002. 3(1): 65-75	原著論文
Hideyuki Taura, Amanda Taura	リスニング力と速読力の養成およびスキル転移を 目指した授業実践報告：看護学生対象のDVD映画 利用授業を通しての事例研究・ Report on an English Speed-Reading Course with Possible Transfer of Reading Skills onto Listening Skills: A Classroom Trial on Nursing Students Using DVD Movies	日本語	Aug. 2004. 5(1): 45-54	原著論文
Katsuaki Tougo	生命(いのち)を育むことば：語学と医学の接点を求めて	日本語	Aug. 2002. 3(1): 7-17	Guest Lecture【特集： 第5回学術集会】
Adam Tucker	Language Learner Methods: Needs Analysis and the Medical Diagnosis	English	Dec. 2000. 1(2): 63-68	原著論文
<b>U</b>				
Kenichi Uemura	効果的なタイトルの付け方	日本語	July 2001. 2(1): 27-29	Symposium: うまい医 学英語論文の書き方 【特集：第4回学術集 会】
<b>W</b>				
Vilmos Warta	Significance of Teaching English for Medical Purposes	English	July 2001. 2(1): 16-22	Guest Lecture【特集： 第4回学術集会】
Yoko Watanabe, Rikuo Hayashi	医学論文英語抄録のジャンル分析：国際専門誌と国内 専門誌の修辭的比較・ Genre Analysis on English Abstracts of Medical Research Articles: A Comparative Rhetoric between an International and a Domestic Journal	日本語	Dec. 2001. 2(2): 38-42	原著論文
<b>Y</b>				
Satoshi Yoshida	医療系英文頻出基本動詞表現習得のための試み・ A Method for Mastering the Usage of Basic Verbs in Medical English	日本語	July 2000. 1(1): 64-69	原著論文
Satoshi Yoshida	文系出身医学部英語教員の「医学」へのアプローチ	日本語	July 2001. 2(1): 46-50	寄稿・ Informal review of reference materials for Medical English teachers
Materials Department (software companies, publishers, other)				
株式会社アルク ネットアカデミー編集部	ネットワークを使った医学英語実習： オンライン学習システム ALC NetAcademy	日本語	Dec. 2002. 3(2): 11-17	【特集：医師・医療関係 者のための臨床留学ガ イド】
Continuing Professional Education				
Nell L. Kennedy (Editor) with Hiroshi Ohtake	Using <i>possibility/probability</i> in medical research	English	Aug. 2004. 5(1): 64-65, 67	Regular feature
Nell L. Kennedy (Editor) with Takayuki Oshimi	Healthcare Interpreting	English	June 2006.* 5(2): 112-117	Regular feature

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<b>Student Department: Original research article, original oral presentation, short communication</b>				
In the Student Department, the First Author must be a student at the time of writing; teachers or others may be co-authors.				
注意： Before contributing to the Journal, students are advised to see Guidelines for Authors, Section 10, Student Submissions (p. 73 in this issue).				
Shintaro Doi	WJEMA の沿革・活動状況	日本語	July 2000. 1(1): 74-75	Short communication
Tsuyoshi Inoguchi	西日本医科歯科薬科学性 E.S.S.連盟( WJEMA )通信	日本語	July 2001. 2(1): 51-53	Short communication
Nao Kanazawa, J. Patrick Barron, Raoul Breugelmans, Keiko Yamamoto	医学英語に対する医学生の意識調査・ Student Attitudes toward Medical English as Shown by Questionnaire	日本語	June 2006.* 5(2): 99-106	原著論文
Nobuyuki Yamamoto, Mitsuko Noutomi, Megu Yamaguchi, Kazuki Fujioka, Yorie Fukumitsu, Tai Sakukma	Present Situation of Medical English Education from Students' Point of View	English	June 2006.* 5(2): 107-109	Original Oral presentation 【第7回学術集会】
<b>Student Department: WJEMA Speech, Debate, Basic Medical Conference (BMC)</b>				
WJEMA: 西日本医科歯科薬科学学生 E.S.S.連盟・ West Japan ESS Medical-students Association				
Miho Aratani	Two Women	English	Dec. 2000. 1(2): 26-27	Speech contest winner 【特集：第3回学術集会】
Takashi Kawahara, Yuichi Yamaga, Hidaka Yokota	ディベート部門の発表について・ Resolved that: Tobacco should be prohibited	English	Dec. 2000. 1(2): 27-30	Debate contest winner 【特集：第3回学術集会】
Y. Mineharu, N. Inoguchi, K. Gotoh, S. Tahara M. Ito, N. Tanikaze M.N. Fujisaki, D. Tanaka, E. Nakano, D. Takekoshi, M. Nishino, T. Wataya	Significance of Integrin $\alpha_v\beta_3$ in Angiogenesis: Basic Medical Conference (BMC) に関して	English	Dec. 2000. 1(2): 30-35	BMC contest winner 【特集：第3回学術集会】
Tai Sakuma	<i>Kamikakushi</i> and a Mysterious World Revisited	English	June 2006.* 5(2): 110-111	Speech contest winner 【第7回学術集会】
Daisuke Takei	WJEMA 招待講演： Dose "pure love" exist?	English	July 2000. 1(1): 76	Speech contest winner 【第2回学術集会】
Noriko Yamamoto, Junya Kanda	WJEMA 招待講演： ディベート部門の発表について・ Resolved: That Japan should abolish the death penalty	English	July 2000. 1(1): 77-80	Debate contest winner 【第2回学術集会】
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Shizuo Oi, Editor	医学生への段階的医学英語教育と若い世代の自主性の目覚め	日本語	July 2001. 2(1): 84	編集後記
Shizuo Oi, Editor	編集後記	日本語	Dec. 2001. 2(2): 48	編集後記
Shizuo Oi, Editor	編集後記	日本語	Aug. 2002. 3(1): 84	編集後記
Shizuo Oi, Editor	編集後記	日本語	Dec. 2002. 3(2): 64	編集後記
<b>Editor's Perspective</b>				
Nell L. Kennedy, Editor	Empowering Tomorrow's Health Care Professionals by Meeting the Needs of Today's Students	English	Aug. 2004. 5(1): 7	Editor's Perspective
Nell L. Kennedy, Editor	Does Improved Communication Mean Improved Treatment?	English	June 2006.* 5(2): 74-75	Editor's Perspective (1)
Nell L. Kennedy, Editor Haruko Hishida, Assoc Editor	Transition	English	June 2006.* 5(2): 76-77	Editor's Perspective (2)

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**開催案内**  
**医療英語セミナー**  
**「医療英語って何？」**  
～医療に関する英語を学ぼう！～

とき：2006年7月1日(土)  
ところ：旭川医科大学看護棟  
[http://www.asahikawa-med.ac.jp/map\\_access.html](http://www.asahikawa-med.ac.jp/map_access.html)

目的：「医療英語を知る。お互いを知る。」

「**医療英語**」というキーワードを共通語とした立場の異なる方々(医師, 看護師, 学生, 医療通訳者, 医療翻訳者, 論文校閲者, 外国人市民, そして日本人市民等)が**お互いの立場や考え方を理解し, 「医療英語に関する専門職」の全体像を把握**することを目的とします。

内容：参加者の方に以下の4つを提供します

**知識** (医療英語に関わる様々な職種の概要を知る)

**体験** (ワークショップを通して医療通訳, 医療翻訳, 論文校閲を体験する)

**交流** (ワークショップと交流会を通して, 異なる立場の者と交流する)

**教材** (様々な教材を持ち帰り, 今後の学習に役立てる)

主催：医療英語セミナー実行委員会(旭川医科大学, 日本英語医療通訳協会(J.E.), 旭川市国際交流委員会)

共催：旭川市医師会, 旭川市歯科医師会, 旭川薬剤師会, 北海道病院薬剤師会

後援：日本医学英語教育学会(JASMEE), 医療通訳翻訳協会(MITA)

対象：医師, 看護師等の医療従事者 / 医大生, 看護学生 / 医療通訳者 / 医療翻訳者 / その他医療英語に関心のある方

参加者定員：150名(定員になり次第申込は終了致します。)

参加者内訳：医療関係者50名, 学生(医大生 / 看護学生等)60名, その他50名

参加費 資料費, 弁当費含む) 一般：2500円

日本英語医療通訳協会会員：1500円

交流会費用：参加する方は別途1000円がかかります。

配布物：参加者の方に以下の4つを配布します。

**講義資料** (基調講演及びワークショップで用いる講義資料)

**教材情報** (医療英語の学習教材や医療英語関連ウェブサイトに関する情報)

**認定証** (旭川医科大学英語科, AIC, J.E.の連名で認定証を交付致します。)

お申込方法：右頁の申し込み用紙にご記入の上, eメール, またはFaxにてお申し込み下さい。

**プログラム**

午前の部：10:00 ~ 11:50

1. 主催者挨拶：10:00 ~ 10:20

2. 基調講演：10:20 ~ 11:50

演題：「医療英語コミュニケーションの世界：医療英語に関するさまざまな専門職」

内容：医療英語コミュニケーション(医療英語に関わる様々な専門職)の概要を説明します。

講師：R. ブルーヘルマンズ(東京医科大学国際医学情報センター助教授)

対象：セミナー参加者全員

場所：大講義室

**内容(予定)**

- ・医療英語コミュニケーションの概要を提示します。
- ・医学論文のスタイルに関する情報を提示します。
- ・質の高い校閲を受ける(校閲者を見つける)ための情報を提示します。
- ・医療翻訳者, 医療校閲者, 医療通訳者になるための方法(もしくはそれに準ずる情報)を提示します。
- ・「医療英語コミュニケーション」へのニーズがどれくらいあるものなのかを提示します。

昼食：11:50 ~ 13:00(弁当を配布します。)

午後の部：13:00 ~ 17:00

3. ワークショップ

ワークショップ1：医療通訳ワークショップ

「患者さんのための英語通訳にチャレンジ！」

13:00 ~ 14:30 / 14:45 ~ 16:30

内容：前半：「医療通訳の基本」

後半：「医療通訳の体験」

講師：押味貴之(医師 / 日本英語医療通訳協会(J.E.)理事)

E.H. ジューゴ(旭川医科大学英語科非常勤講師 / J.E.理事)

対象：医師, 看護師, 学生, 看護学生, 医療通訳者, その他医療通訳に関心のある方

場所：講義室A

**内容(予定)**

- ・医療通訳者の役割を理解し, 体験してもらいます。
- ・医療通訳者になるための方法(もしくはそれに準ずる情報)を提示します。
- ・医療通訳のニーズがどれくらいあるものなのかを提示します。
- ・医療通訳者のセルフケアや, 医療通訳を支援する組織に関する情報を提示します。
- ・外国人患者への対応方法(英語の学習法や異文化理解の重要性等)を提示し, 体験してもらいます。
- ・外国人医療に関する情報(どのような問題があるのか等)を提示します。
- ・外国人患者がどのように医療機関にアクセスしていいのかという情報を提示します。

ワークショップ 2 : 医療翻訳ワークショップ  
 13:00 ~ 14:30 / 14:45 ~ 16:30  
 内容 : 前半 : 「医学英語論文のスタイル / 医療翻訳の要点」  
 後半 : 「医療翻訳体験」  
 講師 : R. ブルーヘルマンズ(東京医科大学国際医学情報センター  
 助教授)  
 内藤 永(旭川医科大学英語科助教授)  
 対象 : 医師, 医大生, 医療翻訳者, その他論文校閲や医療翻  
 訳に興味のある方  
 場所 : 大講義室

**内容(予定)**

- ・ 医学論文のスタイルに関する基礎知識を提示します。
- ・ 医療校閲者, editor, 医療翻訳者になるための方法(もしくはそれに準ずる情報)を提示します。
- ・ 実際の医療校閲や医療翻訳の仕事の様子を提示します。
- ・ 実際に校閲や翻訳を体験してもらいます。
- ・ 体験を通して職業として確立させるために必要な知識・スキルを提示します。
- ・ 実務に役立つ情報(教材や関係団体の情報等)を提示します。

**4. 閉会式 : 16:40 ~ 17:00**  
 内容 : 閉会の辞と今後の医療英語コミュニケーションについて  
 場所 : 大講義室

**5. 交流会 : 17:00 ~ 18:00**  
 費用 : 1000 円  
 食事 / 飲み物 : 軽食(サンドイッチ等をご用意させていただきます。)  
 場所 : 交流会用に別室を用意します

氏名 : Name	
住所 : Address	
電話番号 : Phone Number	
メールアドレス : E-mail Address	
職業 : Occupation	
希望するワークショップ : Workshop	医療通訳 : <i>Medical Interpretation</i> ( ) 医療翻訳 : <i>Medical Translation</i> ( ) *( <input checked="" type="checkbox"/> )を記入して下さい。Check ( <input checked="" type="checkbox"/> ) for your Workshop.
興味のあるトピック : Topics you are interested in	医学論文の書き方: <i>Medical Publication</i> ( ) 医学論文の校閲: <i>Medical Editing</i> ( ) 医療通訳 : <i>Medical Interpretation</i> ( ) 外国人医療 : <i>Health Care for Internationals</i> ( ) 医療翻訳 : <i>Medical Translation</i> ( ) その他: <i>Other</i>
セミナーに期待するもの : Expectations for the seminar	
交流会参加の有無 : Join the mailing list	参加する : Yes ( ) 参加しない : No ( )
上記申し込み用紙にご記入の上, 下記までメールまたは Fax にてお申し込み下さい。 Please fax or e-mail this form to the Asahikawa City Hall International Committee	
旭川市国際交流委員会 International Committee Fax Number: <b>0166-23-4924</b> メールアドレス send e-mail here : <b>aic1_kokusai@city.asahikawa.hokkaido.jp</b> もしくは or here <b>aic2_kokusai@city.asahikawa.hokkaido.jp</b>	

## 会 告

### 第9回 日本医学英語教育学会 総会

会 期：2006年7月15・16日(土・日)

会 場：ウェルシティ金沢(石川厚生年金会館)(金沢市石引4-17-1, TEL 076-222-0011, URL: [http://www.kjp.or.jp/hp\\_22/](http://www.kjp.or.jp/hp_22/))

会 長：大瀧祥子(金沢医科大学)

#### 【主なプログラム】

特別講演：コーパスの医学英語教育への貢献：PERC Corpus プロジェクトを中心に

演者：投野由紀夫氏(明海大学外国語学部英米学科教授)

招待講演：The current situation of English for medical purposes in China

演者：Bai Yongquan (Xi'an Jiaotong University 教授)

シンポジウムⅠ：米国留学準備教育

座長：元雄良治(金沢医科大学教授)

シンポジウムⅡ：医学英語学習能力の開発

座長：吉岡俊正(東京女子医科大学医学教育学教授)

問合せ先：日本医学英語教育学会事務局

〒162 0845 東京都新宿区市谷本村町2-30 メジカルビュー社内

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## 日本医学英語教育学会

Japan Society for Medical English Education

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1. 入会申込書に所定の事項をご記入のうえ、下記の提出先へお送りください。

ホームページでの入会申し込みも可能です(<http://www.medicalview.co.jp/JASMEE/index.shtml>)

2. 郵便振替口座に年会費を振り込んでください。

平成18年度年会費：一般 ¥7,000, 学生 ¥1,000

入会申込書の受領ならびに年会費振込の確認をもって、入会手続きの完了とします。

学生会員の年会費には会誌の購読料が含まれませんのでご注意ください。

学生会員で会誌購入をご希望の場合は個別にお申し込みいただくことになります(1部2,000円)。

入会申込書類 請求・提出先：〒162 0845 新宿区市谷本村町2-30 メジカルビュー社内

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# 投稿申請書

## Consent of Submission

受付番号 \_\_\_\_\_

(コピー可)

下記の論文を日本医学英語教育学会誌 *Journal of Medical English Education* に投稿します。なお、他誌への類似論文の投稿はいたしません。また、採用された場合、本論文の著作権が日本医学英語教育学会に帰属することに同意いたします。

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申請日 (Date of submission) \_\_\_\_\_

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