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Official Journal of Japan Society for Medical English Education (JASMEE)

第 15 回 日本医学英語教育学会 学術集会 開催案内

　日本医学英語教育学会は 1988 年に第 1 回医学英語教育研究会が開催され，その後，医学英語に関する研究を推進し，医学英語教育の向上を図る目的で学会として発展して参りました。現在では 400 名以上に及ぶ会員を有しております。

　医学英語教育は卒前・卒後・生涯教育として重要であり，医療の国際化，医師国家試験の英語問題導入や医学英語検定試験など，専門職教育の限られた時間でどのように教育を行うかが課題です。学術集会では例年，医療系の英語教育に係わる教員・研究者が参加し研究・事例を報告します。平成 24 年度学術集会は下記により開催します。日本医学教育学会の委員会に起源をもつ本会に是非ご参加いただき，医学英語教育について情報を交換していただければと思います。

記

　学会名：第 15 回医学英語教育学会学術集会

　日　時：平成 24 年 7 月 21 日（土）〜22 日（日）

　会　長：安藤千春（獨協医科大学国際交流室）

　会　場：ホテルグランドヒル市ヶ谷（〒162-0845　東京都新宿区市谷本村町 4-1）

　演題募集：平成 24 年 2 月 1 日 正午〜4 月 20 日 正午

　　　　（医学英語教育の目標・教育方法・評価，学生評価，語学教育と専門教育の統合，実践力教育，医学・看護学・医療系教育における医学英語教育，英語教員による医学英語教育，医学・看護学・医療系教育者による医学英語教育，　医学英語教育におけるシミュレーション教育・ICT 活用 ，教員教育能力開発，医学英語論文校閲，医学論文編集，医学論文作成における倫理 ，医学英語検定試験，その他の医学英語教育に関連する演題）

　＊英語・日本語のどちらでも発表できます。学会ホームページよりご登録ください。

　＊詳細は学会ホームページをご参照ください。

　＊学会ホームページ：http://www.medicalview.co.jp/JASMEE/gakujutu.shtml

問合せ先：日本医学英語教育学会・事務局

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The 15th Annual Conference of the Japan Society for Medical English Education

The Japan Society for Medical English Education (JASMEE) held its first meeting as a 'study group' in 1988. Since then, the society has continued to grow in promoting the development of medical English education, supported by over 400 members.

Medical English education has become a significant part of basic, postgraduate and continuing education. With the globalization of medicine and recent changes, such as the introduction of the Examination of Proficiency in English for Medical Purposes (EPEMP), JASMEE has become active not only within the society itself but has also extended its involvement and responsibilities in ways which contribute to society.

The 15th JASMEE academic meeting will include plenary lectures, oral presentations, poster presentations, symposia and workshops. We welcome submissions on various topics related to medical English education such as: educational methods, assessment, student evaluation, integration of language education and specialized education, medical English for nursing and other healthcare related fields, medical English editing, teaching of medical writing, EPEMP etc.)

Date: July 21 (Saturday) to July 22 (Sunday), 2012

Venue: Hotel Grand Hill Ichigaya

4-1 Ichigaya-hommuracho, Shinjuku-ku, Tokyo 162-0845

President: Chiharu Ando

(Office of International Programs, Dokkyo Medical University)

Abstract submission: abstracts should be submitted online, in either English or Japanese.

Online abstract submission begins: February 1, 2012 (noon)

Deadline for abstract submission: April 20, 2012 (noon)

Registration: Please access the JASMEE homepage for details.

URL: http://www.medicalview.co.jp/JASMEE/gakujutu.shtml

For inquiries, please contact: The JASMEE Secretariat (c/o Medical View, Attn: Mr. Eguchi)

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Journal of Medical English Education

The official journal of the Japan Society for Medical English Education

The Future Language of Medical Writing

Although we prefer to call our trade English for Medical Purposes, the society's name uses the term Medical English. Indeed, Medical English has long been used as the term for the language employed in medical communications. A search of this term on the Internet comes up with a great many sites that promise to teach how to use this language or, offers to edit papers, both for a fee.

At the same time there are moves to free those medical practitioners who wish to publish from the vexation of having to write in a language that they cannot manage. Hence the emergence of publications that will publish anything submitted because they do not wish to judge its value, they would rather let the readers do that, and those that publish without reviewers for similar reasons.

Whether the science involved is valid and credible is one issue, the language is, in many instances, appalling! Is the future of medical writing to become a new version of the Wild West? A rapid shooter that fires magazine after magazine of words onto the electronic page in no particular established order?

Correct language, i.e. the use of the right tense, articles and word-parts, means conveying the intended meaning in a prescribed form. This also means that the reader, with knowledge of the same form, will be able to decipher the code and understand the meaning. A free-for-all kind of language means invariably that the audience for the code that the author chooses to employ narrows substantially. A Thai writer will write using the Roman alphabet and use recognized words but the context will be understood only by other Thais and not always all of those either. Languages that do not employ articles will write without them and those that employ no plurals will write everything in the singular.

Thus a patient's arm (patients' arm or is it arms?) was amputated (or maybe arms was amputated or, perhaps, arms were amputated; then, again, perhaps the arm were amputated); who knows what the doctor had been up to this time round?

A common excuse presented by writers to editors is that 'other professionals in my field will understand it', or do they mean 'misunderstand'? The reality is that there are already quite a few misunderstandings that result from mistakes made during the writing and editing of papers. Readers of papers rarely read them thoroughly rather, they scan them and sometimes only read selected parts, a sure recipe for misunderstandings.

The attempt to free the medical publication world from the constraints of English diction and grammar will result in many publications becoming incomprehensible and, although the writers will get another star on their CV, their research will be lost to the scientific community. Most readers will retire to the safe grounds of a small number of high profile publications leaving a large body of knowledge and research unavailable.

Surely the way forward is to use simple, easy to follow English that will accommodate as many readers as possible without constant need to consult a dictionary. Instead of the proposed linguistic constipation, a constructive flow of ideas and data is needed.

Journal of Medical English Education
Editor–in–Chief

Reuben M. Gerling

日本医学英語教育学会　組織図
Diagram of the Japan Society for Medical English Education

The JASMEE executive decided to adopt a new structure that will feature a number of specialized committees. These committees will help the association to conduct its work throughout the year and not only at the conferences. The new organization will also allow for more members to actively participate in the work of the society.

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                          総 会
                      General Meeting
                            │
                          理 事 会
                      Executive Board
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as of July 11, 2011

[Original Article (Teaching Methods)]

A Proposal Regarding English Education at Schools to Train Paramedics/Medical Technologists in Japan

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Background: English has not always been a required subject at training institutions for medically related professions because it was not included in the national examinations. "Team medical practice", which was devised to overcome the recent shortage of physicians, is a health care delivery system where physicians and paramedics, including medical technologists, complement each other's specialties to provide optimal treatment. Medical technologists need to understand and have a good command of medical terms such as the English abbreviations used by physicians. English education for paramedics may be useful for providing correct treatment, and for treating patients together with other paramedics and nurses. Therefore, paramedics including medical technologists need English for Medical Purposes (EMP). Three years have passed since the medical English terminology curriculum was first introduced at the Kyoto College of Health and Hygiene for paramedics including medical technologists. The results and students' levels of satisfaction with the curriculum are reported.

Methods and Results: This study introduces a trial for practical English education, which has been carried out in our hospital. A curriculum which focuses on English medical terminology was developed, and applied in the classroom. Most of the students showed a high level of satisfaction. A term-end examination of English medical terminology was conducted, and the scores were compared between students using a paper and those using electronic dictionaries, and no significant differences were observed. The grades were also compared between students who were taught by native English-speaking teachers and by Japanese teachers, again showing no significant difference, indicating the distorted views of older Japanese teachers. The younger generation is more comfortable with foreigners than the older generation, and they have grown up surrounded by computing technology such as computer games and mobile phones, revealing that the students are accustomed to using an electronic dictionary. It was also revealed that some students use both types of dictionaries depending on the situation.

Concluding Remarks: These results can be used for the improvement of the EMP curriculum. Japanese instructors may be needed to teach English medical terminology to those students who are uncomfortable with foreign instructors. iPads, iPhones, and smartphones have been introduced in clinical settings due to the impact of Information and Communication Technology (ICT). Students have a good command of electronic dictionaries, suggesting that they may be able to utilize iPads, iPhones, and smartphones in the classroom. Using these tools, the English education curriculum, especially of medical English terminology can be developed further.

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Keywords: Medical technology, English education, Paramedics

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1. Introduction

English has not always been a required subject at training institutions for medically related professions because it was not included in the national examinations.

However, "team medical practice," which was devised to overcome the recent shortage of physicians, requires paramedics to have an ability to understand English.[1,2] Team medical practice is a health care delivery system where physicians and paramedics including nurses, care/social workers, and medical technologists complement each other's skills and cooperate to achieve better results. This is called team medicine, where a group of health care workers with expertise in different areas work together as a team and make clinical observations, on an equal footing with physicians, to provide optimal treatment for patients.[1,2] Medical advances lie behind the growth of such health care delivery systems. Due to the progress of specializations associated with the diversity and complications of diagnostic techniques and treatment, it has become more difficult for a single physician to conduct comprehensive examinations of patients. To provide safe and high-quality medical services, it is essential for physicians and paramedics, including nurses, care/social workers, and medical technologists, to be involved in the process of decision-making while exchanging information and opinions among professionals from diverse disciplines. To achieve this, medical technologists need to understand and have a good command of medical terms such as the English abbreviations used by physicians and other paramedics. In medical technology, manuals for various medical instruments and protocols of reagent kits, which paramedics including medical technologists use, are written in English. Furthermore, Japanese society is aging rapidly. Therefore, if those assisting the physicians in hospital have a fair command of English, they will be able to function better to the benefit of the patients,3 accomplish treatment, and overcome the shortage of physicians.

Japanese medical schools have also developed curricula with an emphasis on English for Medical Purposes (EMP) for doctors[4-6] and paramedics.[7] English learning tools have been improved.[8] They are designed to help students comprehend technical terms,[9] develop the ability to read and write papers,[10,11] practice physician-patient conversations,[9,10,12] deliver presentations,[11] and learn English expressions related to the physical structure and mechanisms of the human body[9,12] as well as illness. The period of curricula varies from four months to a few years, and two or three credits will be awarded in most colleges.[13] On the other hand, 33% of the 55 schools for training paramedics do not implement medical English education, and only "English education and conversation lessons as liberal arts subjects" are provided by the remainder. Therefore, these 55 schools are not assumed to have adopted EMP.[7] At paramedic/medical technologist-training schools, curricula to pass the national examinations for qualifying medical technologists are prepared as below.

In Kyoto, many foreigners consult hospitals where our graduates work. Furthermore, the number of foreign nationals visiting Japan to receive advanced medical treatment has recently risen,[17] increasing the chances of paramedics' coming into contact with foreign patients.

At paramedic/medical technologist-training schools, curricula to pass the national examination for qualifying medical technologists are prepared. They involve not only knowledge acquisition but also practice; thus the time to learn English is limited (**Table 1**). Under such circumstances, it is difficult to acquire an ability to understand to learn medical English and thus to understand the physicians when they use medical English terms. Basic life support (BLS) and the use of an automatic external defibrillator (AED) are more difficult to learn. Most students are weak in English, which may be a principal cause for the difficulty they experience in understanding physicians' words in English. Therefore, the curriculum described in the methods section was developed, especially for English medical terminology.

As health care professionals including paramedics prefer learning medical English to practicing general English skills,[14,15] the curricula allow them to master a cer-

Table 1. Proportions of credits for English education/hours at paramedics/medical technologist-training schools.

Comparison of percentages of units and hours of English education with those of chemistry, clinical analysis, and clinical physiological examination at medical technology schools				
	English education	Chemical analysis	Clinical, Physiological examination	All credits
Number of credits (hours)	4 (115 hr)	10 (330 hr)	10 (315 hr)	115 (3,435 hr)
%	3.5 (3.3)	8.7 (9.6)	8.7 (9.2)	100

tain level of EMP in a limited period.

Three years have passed since the medical English terminology curriculum was first introduced for paramedics including medical technologists. The results and students' levels of satisfaction with the curriculum will be reported. Since it was considered necessary to evaluate the usefulness of the curriculum,[16] the study examined the effectiveness of English language education by native English-speaking teachers and recent advances in information technology on the curriculum.

2. Methods

This program was conducted between April 2008 and July 2011.

2.1. Setting a syllabus for medical English

Students were instructed on how to learn English (reading English in a loud voice, how to read English sentences) and how to write a notebook (**Table 2A**). Currently, an increasing number of foreigners are visiting Japan. In order to help students facilitate communication with foreigners, native English speakers were invited, so that students learned English regarding in-hospital names/routes to help foreign persons visiting a hospital and obtain medical care (**Tables 2B, 2C, and 2D**). Furthermore, foreign visitors were invited to school festivals to promote communication in English. Students who initially hesitated to speak also became familiar with foreign nationals, conversing in English.

In the "Medical English II" (**Table 2B**) and "Introduction to Foreign Language" (**Table 2D**) curricula, lectures were given teaching special terms and medical examination techniques necessary for medical technologists in English. Before these lectures, the students completed medical technology and practice to some extent; they could understand the contents in Japanese. Furthermore, medical technolo-

Table 2. Syllabus for medical English for paramedics including Medical technologists

A. Medical English I

Lesson plan

Item	Frequency	Content explanation
Introduction	1	How to write a notebook, How to learn
Translation into English	14	Reading and careful reading of a textbook, Exercise, Minor test (Words)

Timing: Early phase of the first year

Time required: 30 hours

Type of lesson: Lecture

Number of credits: 1

Contents: In the medical environment, English is an important factor. Students must be accustomed to medical English to be able to collect more information.

B. Medical English II

Lesson plan

Item	Frequency	Content explanation
Terms regarding clinical examinations	10	Urinalysis
		Hematology and Serology
		Chemical analysis
		Bacteriology and Parasitology
		Clinical physiological examination
		Histology
		Immunological test
Medical English abbreviations	5	Disease, Examination-associated matters

C. English Conversation

Lesson plan

Item	Frequency	Content explanation
Introduction	1	Introduction
Lesson for English conversation	14	Abilities
		Time and Date
		Daily Routine
		Location and Moving Things
		Direction
		Personal Information
		Talking about Family
		Likes and Dislikes
		The Future
		The Past
		Describing People
		In a Restaurant

Timing: Early phase of the second year

Time required: 30 hours

Type of lesson: Lecture

Number of credits: 1

Contents: Students must learn so that foreign persons who consult the hospital may receive treatment comfortably.

gists are licensed to perform not only examinations but also blood collection, electrocardiography, ultrasonography, respiratory function tests, and electroencephalography; hence they frequently come into contact with patients. Considering this, students were taught special terms and the medical English necessary for accomplishing examinations in front of patients (**Tables 2C and 2D**).

2.2. Research methods

Since it was time to update the curriculum,[16] the following two points were examined in the classroom of "Medical English II":

1. The effects of medical English classes were compared between native English-speaking and Japanese teachers using the grades of the term-end exams of 52 foreign and 86 Japanese students. After the term-end exam, a questionnaire survey was conducted to evaluate the curriculum of "Medical English II" (**Table 3**). A total of 31 valid responses were obtained.

2. The results of the term-end exams were compared between students using paper and electronic dictionaries (**Table 3**).

3. Results and Discussion

3.1. The usefulness of the curriculum

Most health care specialists are assumed to be more interested in learning medical (EMP) than general English.[14,15] Therefore, "Medical English II" has provided a test for medical terms to examine the ability to communicate with physicians and other health care professionals in English for 3 years. Since three years have passed since the initial introduction, the usefulness of the curriculum was evaluated using a questionnaire (**Table 3**) and end-term exam results. As for the results of the questionnaire, a few contradictory responses were observed (**Table 3**: Question #5) "I feel uncomfortable with foreign teachers" (**Fig 1**) and "I wanted to learn English from native speakers"

Table 3. The list of Questionnaires given to students.

"Medical English II" The classroom questionnaire
Please read each sentence and choose an answer.

1. The classroom of native English-speaking teachers
 a. Do you find it interesting compared to the classroom of Japanese teachers?
  1）Yes　2）I feel more comfortable with Japanese teachers
  3）I find both interesting　4）I find both uninteresting
  5）Other（　　　　　）
 b. Have you become accustomed to foreign instructors?
  1）Yes　2）uncomfortable　3）No　4）No contact

2. Dictionary
 a. Do you use a dictionary?　　　　　Yes　No
 b. Do you use an electronic dictionary?　　Yes　No
 If "Yes", please respond to the following question.
 Which do you prefer, paper or electronic dictionaries?
  1）Paper dictionary　2）Electronic dictionary
  3）Both　4）Depends on the situation
 c. Have you ever used an online dictionary or machine translation?
  1）Yes　2）No
 If "Yes", please respond to the following question.
 （i）Did you get accurate translations in both Japanese-English and English-Japanese dictionaries?
  1）Yes　2）No　3）other（　　　　　　　）
 （ii）Have you ever thought that the translation was "awkward" in Japanese-English or English-Japanese dictionaries?
  1）Yes　2）No　3）other（　　　　　　　）
 （iii）Do you think that native English speakers would understand sentences translated by free online translation?
  1）Yes　2）No　3）other（　　　　　　　）

3. Did the classroom help you acquire medical terminology?
  1）Yes　2）No　3）Not sure
 If "Yes", please describe levels of acquisition and understanding of medical terminology learned in the classroom.
  1）Useful:　2）Somewhat useful　3）Useless

4. A question for those who underwent a test for transfer admission.
 Did the class of Medical English II help you pass the exam for transfer admission?
  1）Yes　2）No　3）Not sure

5. Please state your experience or comments that you wish to make regarding the classroom.

Thank you for your cooperation.

(**Fig 2**).

In a comparison of foreign and Japanese instructors teaching in the class, there was no significant difference in the grades of the students: "Mean score: 79.3, SEM: 1.36, N=52" (foreigners) and "Mean score: 76.6, SEM: 1.33, N=86" (Japanese)[18] (**Fig 3**). The results of a questionnaire show that most students enjoyed the class, which emphasized English terms and conversation used in medical settings, regardless of the nationality of the

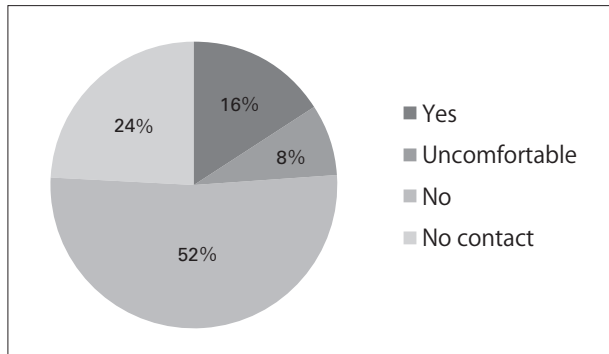**Fig 1. The results of question 1b, "Have you become accustomed to foreign instructors?" (Question 1b).**

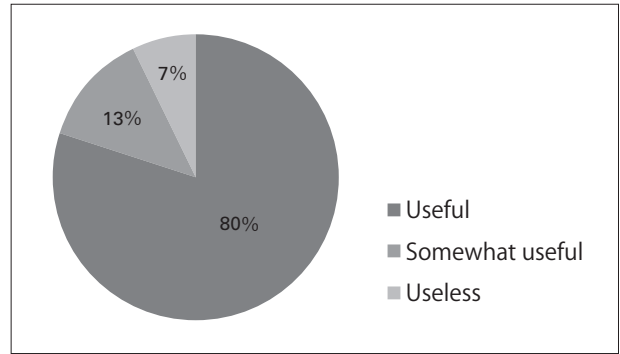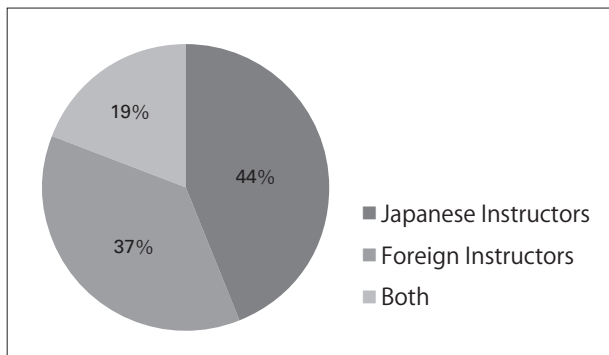**Fig 2. Students' preference of nationality for instructors in the classroom of Medical English II (Question 1a).**

Fig 3. Difference in the grades of students taught by foreign and Japanese instructors

Fig 4. Levels of satisfaction for the classroom of Medical English II (Question 3).

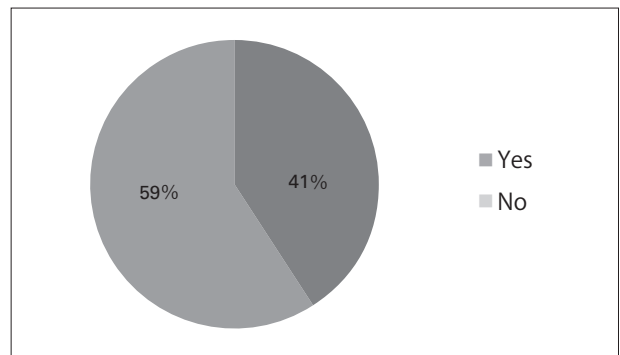**Fig 5. The percentage of students using and not using dictionaries (Question 2a).**
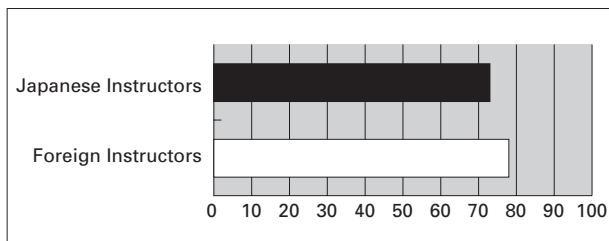
Fig 6. Students' preference for dictionaries (Paper or electronic) (Question 2b, Valid responses: 18).
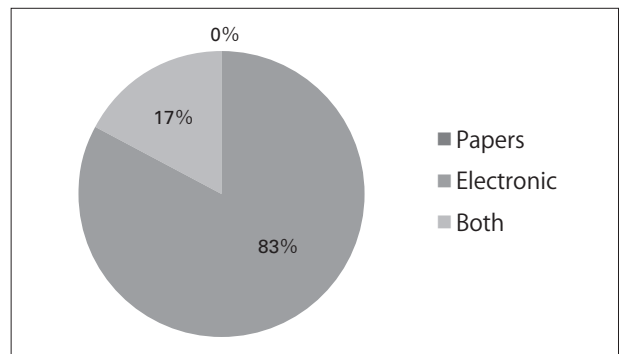
teachers (**Fig 2, Fig 3, Fig 4 and Table 3**). This suggests that online English classes with native speakers may be another possibility for the curriculum. Some students with little experience of interacting with foreign people had difficulty at a school festival or in non-class settings (**Fig 1 and Fig 2**). Thus, until students feel comfortable with foreign instructors, it ought to be possible for students to select either a Japanese or foreign instructor at then start, and the gradually shift to native English instructors.

Since more than half of the students were not accustomed to using a dictionary (**Fig 5 and Table 3**), they were instructed to use (electronic) dictionaries in the class as much as possible. Electronic dictionaries were popular among students because many of them found

them more useful since they had been advised to purchase them during middle school as part of a promotion of ICT-based English language education (**Fig 6**). Some students also used online dictionaries and automatic translation systems, although they did not rely on them entirely (**Fig 6, Fig 7 and Table 3**).

There was no significant difference in grades between the students who used a paper or an electronic dictionary in the Medical English II class (**Fig 8**)[18]: "79.03 points (N=39)" and "78.00 points (N=17)", respectively. Although some older Japanese teachers would only allow the use of a paper dictionary, it was much easier, howev-

Fig 7. Experience of using an online dictionary or machine translation (Question 2c).

Fig 8. Difference in the grades of students who used a paper or electronic dictionary

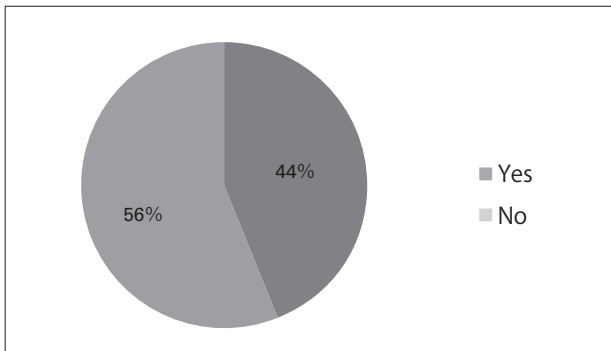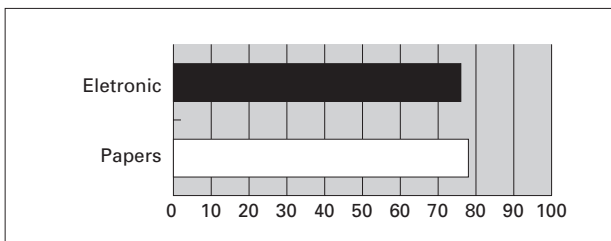er, for the students who have become familiar with personal computers, Fami-Con (family computers), and mobile phones including smartphones to use an electronic one.

Students who had both types and used either of them depending on the situation had better grades, because the paper dictionary contains an extensive list of Japanese words and phrases (**Fig 6**). To help students learn technical terms in histology and other specific fields, it may be necessary to use educational materials, such as skeletal and organ models,[19] or create an enjoyable class by introducing quizzes, in which the students with knowledge of medical terms in both English and Japanese wins. Currently, various apps (OsiriX Mobile,[20] modality Body,[21] dictionary, and Atlas) for the iPad, iPhone, and Android smartphone are used in clinical settings and for remote medicine. However, many easy-to-use medical applications and medical dictionaries are available only in English. Students who are accustomed to using electronic dictionaries may be able to use these applications easily, suggesting they may be able to use iPads, iPhones, and smartphones whenever the curriculum can include these applications. These tools may be applied not only for learning medical English, but also for 3D images of organs and body structures in Anatomy or Physiology classes or for reading electrocardiograms.

This research cannot take into account the state exam-

inations for medical technicians as these are multiple choice with one choice being and English term which is not presented in context.[1,2] On the other hand, some medical technologists may be quite proficient in English as they have attended a Health Science department at a university where the level of English education is so high. The experience of the author of this study regarding English education is limited and the number of students who wish to enter the Department of Health Science at universities is small; however, several students were able to enter national universities in Japan, such as Okayama, Tottori, and Shinshu universities. English exams for transfer admission include basic English, but focus on English medical terms, unlike the national examination for entering universities; therefore, it is essential for students who wish to transfer to understand English medical terminology. In fact, students who passed the transfer exam responded in the questionnaire that this curriculum, particularly "Medical English II", was effective (**Fig 4** and in **Table 3**, question 4, all students responded that they were satisfied with the class).

3.2. English language education before and after graduation

Thus, these curricula may facilitate the acquisition of English proficiency at the university admission level even in students who are weak in English although they have the knowledge necessary for medical technologists. In the future, the curricula and syllabus should be improved so that all students who wish to enter a university are able to pass the examination. Some universities introduced the TOEIC test for students including applicants for international qualification as clinical laboratory technicians, and encourage them to take the test to improve their English skills.[22] The TOEIC test is very effective in increasing their motivation for learning because their English skills are clearly represented as scores. With the aim of promoting health care and medical technologies and experts trained in Japan at a university and international levels, the Japan Society of Medical English Education conducts the Examination of Proficiency in English for Medical Purposes, an examination with four levels from grades I to IV.[23] This examination will be introduced for students to assess their English skills. Training laboratory technicians needs a specialized curriculum because they will be required to read original articles and write papers in English as researchers. Developing practical skills may be a good starting point, e.g., reading and writing e-mails in English.

In addition, an education program to communicate with foreign patients in English in clinical practice should be established. The results of our questionnaire (**Table 3**), tells us what the students learned from the program that would help them interact with foreign medical professionals in clinical settings in the near future (**Fig 1, Fig 2** and **Fig 4**).

The advancement of IT technology has allowed foreign teachers to provide lessons from outside Japan through the Internet, smartphones, and other devices such as the iPad. A variety of learning materials are available on YouTube and other websites. You can view EMP materials for free on the Internet in some universities.[9] Some companies provide schools with learning materials for cloud computing, and one of them has 270,000 subscribers.[24] These online and e-learning materials should be used effectively.[25] With recent marked advances in Information and Communication Technology (ICT), it may be effective to promote online English education focusing on medical terms.

4. Conclusion

These results have the potential to be used for the improvement of the curriculum of EMP.

Role-playing may be an effective way to improve the ability to communicate with patients, physicians, and co-medicals in English.[9] This may also be useful for life-long learners working at clinical settings or research-centered graduate education.

Also, studying abroad is another way to improve English skills because living in an environment where only English is spoken would change one's attitude towards English. English conversation lessons using Skype could be effective for students who are too busy to study abroad or those who cannot do so for economic reasons.[26] Thus, the English learning environment has been changing to suit individual needs.[27]

References

1. MHLW (2010) Ministry of Health, Labour and Welfare, Japan, (http://www.mhlw.go.jp/shingi/2010/03/dl/s0319-9a.pdf)
2. MHLW (2010) Ministry of Health, Labour and Welfare, Japan, http://www.mhlw.go.jp/shingi/2010/05/dl/s0512-6h.pdf
3. JSCG: Straightforward explanatory guidelines of 'chromosome and gene testing' (2009) supported by Longevity Social Welfare Fund, Welfare and Medical Service Agency, Japan
4. Wheeler G. 2011. Examining how native English speakers in Japan view Japanese physicians' bedside manner. *Journal of Medical English Education* **10**(1): 14-19.
5. Yukisige M. 2010. ESP Field Work to Find Solutions for Medical Issues. *Journal of Medical English Education* **9**(1): 39-47. [In Japanese]
6. Jacobs JL. 2010. Medical English at Work: Observations of an American Physician-Educator after Two Years Living in Japan. *Journal of Medical English Education* **9**(1): 5-8.
7. Takagi, S. and Takagi, S. 2008. English education provided in medical colleges. *Journal of Suzuka University of Medical Science* **15**: 41-51. [In Japanese]
8. Wood, D.C. 2011. English textbook preference among Japanese medical students reconsidered: textbook content, testing and student performance as factors. *Journal of Medical English Education* **10**(1) 20-28.
9. DiMC (Department of International Medical Communications, Tokyo Medical University) (http://www.tokyo-med.ac.jp/dimc/emp.html)
10. Oshimi T and Jego E.H. 2011. Nihon University School of Medicine. *Journal of Medical English Education* **10**(3) 106-107.
11. Medical English courses, Center for International Relations, Graduate School of Medicine, Osaka University (http://www.med.osaka-u.ac.jp/pub/cir/home/medical.html)
12. Medical English Laboratory, Kansai Medical University (http://www.kmu.ac.jp/medical/2671t8000000054n.html)
13. Kilpler D, Vogt L and Aramaki H. 2002. A survey of English Education in Japanese Medical Universities. *Journal of Medical English Education* **1**(2): 20-25.
14. Hirano M, Hamahata A, Kennedy NL, Brandt J and Yamada Y. 2010. Student Interviews with American Nurses as a Window into the English Requirements for Shadowing in U.S. Hospitals. *Journal of Medical English Education* **9**(1): 15-24.
15. Sugiyama A. 2010. Medical English-learning Needs of Physical and Occupational Therapy Students. *Journal of Medical English Education* **9**(1): 39-47.
16. Kameoka J, Kawakami K, Miura M, et al. 2011. The curriculum of 20 national schools of health sciences, faculty of medical technology, and postgraduate careers. *Japanese Journal of Medical Technology Education* **3**(2): 74-81. [In Japanese]
17. JNTO: Japan National Tourism Organization, Japan (http://www.mlit.go.jp/kankocho/news03_000015.html)
18. Kohzaki H and Murakami Y. 2007. Faster and easier chromatin immunoprecipitation assay with high sensitivity. *Proteomics* **7**: 10-14.
19. Kondo S. Medical English Education Utilizing Histological Terminology. *Journal of Medical English Education* **9**(1): 30-33.
20. OsiriX Mobile (http://www.osirix-viewer.com/MobileOsiriX-Workflow.pdf)

21. modalityBODY (http://www.modality.com/body/)

22. Hattori, Y. 2011. Introduction of Faculty of health Science, Yamaguchi University, Japan. Japanese *Journal of Medical Technology Education* **3**(1): 46-49. [In Japanese]

23. Examination of Proficiency in English for Medical Purposes (http://www.medicalview.co.jp/JASMEE/epemp/index.shtml)

24. CHIeru.net (http://www.chieru.co.jp/)

25. E-learning, Tokyo Medical and Dental University Library (http://lib.tmd.ac.jp/e-learning/pages/streaming.html)

26. RareJob Inc. (http://www.rarejob.com/)

27. Matsumoto S. 2011. A problem and its scheme for English education in Japan. *Journal of Medical English Education* **10**(1) 35-43.

Poster Presentations in English Language Classes for Second-Year Dental Students

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Poster presentations were used in English language classes for second-year dental students. The rationale is explained, with a description of how classes are organized, taught and assessed. The advantages and disadvantages are discussed and the results of a student survey introduced. The potential for establishing links with other subjects on the curriculum is considered.

1. Introduction

In dental schools in Japan, English is usually taught as part of the general education curriculum in years 1 and 2.[1] Classes usually focus on general English, with emphasis on listening and speaking, and sometimes on reading and writing. In recent years, some schools have included English classes in years 3 and 4, working on case studies and journal articles, as well as developing students' knowledge of dental terminology.[2] This, however, is not the norm and in many cases English language education finishes at the end of the second year.[3]

There are no guidelines provided by the Ministry of Education, Culture, Sports, Science and Technology concerning the content of English language classes or how they should be taught. There are a number of different approaches that can be taken, some of which we consider briefly in the next section.

2. What English Skills do Dental Students Need?

English classes focusing on general language textbooks, with emphasis on listening and speaking fail to meet the needs of dental students. Increasingly, dental students will need to understand technical terms in English and, in later years of study, be able to read case reports and journal articles, as well as comprehend and give both oral and poster presentations. Some students will also need to be able to write abstracts and short papers in English. Since February 2010, the national examination for dentists has included questions on medical and dental terms in Japanese and English. This has focused the attention of students on the need to develop their knowledge of technical vocabulary. Thus, classes, starting with the first year, should focus not only on general English, but also on the above skills.

3. Content Courses and English for Specific Purposes

There is an increased tendency to provide more innovative teaching methods, and some of these have particular application at dental schools. First, content courses: classes that use material from specialist subjects studied in the curriculum or topics chosen according to the students' interests or needs. Since students have a stake in the material, such courses are more effective, as they engage the learners to a greater degree.[4] Second, cours-

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es in English for Specific Purposes (ESP): these courses concentrate on the link between the classroom and real life, and put special emphasis on the relevance of classes to the students' actual needs. One major advantage of an ESP-type approach is that it presents opportunities for effective and useful English programs.[5] The potential of such programs has been noted by the Ministry of Education, Culture, Sports and Technology.[6] It is suggested that ESP classes will become the norm, and not the exception, in university English classes in Japan in the near future.[7]

4. Content Courses Using PowerPoint Presentations

Over a period of 10 years, the authors experimented with a variety of approaches in first and second-year English classes. We started out by using English as a Foreign Language (EFL) textbooks, but found the content did not match students' needs. We moved on to a content-based approach and had students do group presentations on dental topics using PowerPoint. This approach was more successful, generating spontaneous and meaningful exchanges between students, as well as between teachers and students. It also meant that students could increase their dental vocabulary. There were, however, problems. Students divided up the task of creating and delivering a presentation to save time and effort. One student was responsible for the introduction, another for the main body and someone else for the conclusion, which resulted in lack of cohesion. It also meant that the students spoke in English for only a couple of minutes or less, not enough to develop any degree of fluency. Many students read directly from a prepared sheet or from the slides. Since the room was dark, members of the audience did not participate and there were few, if any, questions. The presentation was treated by most groups as a one-off event, and preparation was crammed into a short time. We concluded that there was potential for more meaningful exploitation of the efforts students had expended in preparing the presentations, and that individual poster presentations might be an effective way of doing this.

5. The Rationale for Using Posters

Through giving poster presentations ourselves and helping other members of staff at the university to prepare posters, we realized the potential of individual poster presentations and how they could help to solve some of the problems associated with group oral presentations. Here are reasons why posters presented individually are a good option for English classes.

1. Students choose their own topic and have control over it, the design of the poster and how they present it.
2. Students are responsible for their own presentations and cannot rely on others.
3. Students have to speak in English and are motivated to do so since the topic is of their own choosing.
4. Students repeat their poster presentations several times to different groups of visitors and this promotes confidence and fluency.
5. Compared to PowerPoint presentations, speaking time is substantially increased.
6. Students get valuable practice in answering questions from visitors and giving more information about their topic.
7. Information exchange between visitors and presenters is meaningful, since it involves authentic information.
8. Teachers can interact with students during the preparation and planning of the posters, as well as while they are being presented. This transactional language has substantial value.
9. On presentation days, the focus is on students' communication. Teachers are observers and assessors.
10. The class is student centered.

6. How Classes were Organized and Taught

Classes met once a week for 50 minutes for a total of 14 classes. Of these, eight classes were spent on poster presentations. The first four classes were planning and creating posters, and also practicing the necessary language to present them. The following four classes were presentation days. We had approximately 40 students in our class and each student was required to give one presentation.

In class 1, we showed students examples of posters. These included posters given at conferences by members of staff in other departments. We pointed out the structure of the posters, particularly the title, introduction, main body and conclusion. We also showed posters produced by students in our previous classes. Each student was assigned a day on which to present. Students also spent time, in groups of four, thinking of topics and

titles. For homework, students were asked to decide on a topic and title.

In class 2, a week later, students practiced how to start a poster effectively by explaining the contents and giving an overview of the topic. Students were asked to complete the handout shown below and practice presenting in small groups. At this stage, they were allowed to read from notes made on the handout. However, they were encouraged to adopt a strategy of 'read, look up and speak.' This was useful in giving them confidence. By the end of this class, students were able to introduce the title, topic and contents of their poster.

Handout 1

Good afternoon. Welcome to my poster. Today, I want to talk about (topic: _____). My poster has (number: _____) sections. First, I'll talk about (section topic: _____). Second, I'll focus on (section topic: _____). Third, I'll move on to (section topic: _____). In section four, I'll mention (section topic: _____). I'll finish with a brief conclusion.

In class 3, we explained that posters should have clearly titled sections, and pointed out the importance of linking sections to aid audience understanding. At the same time, we stressed the need to emphasize the main points in each section. The following key sentences were introduced and practiced in class.

Handout 2

How to move between sections
1. Now, I want to move on to section three and talk about (topic).
2. In the next section, I want to introduce (topic).
3. Let's take a look at section four, which is about (topic).

How to focus on the main points in a section
1. The main point is . . .
2. I want to stress that . . .
3. The important thing is . . .

Students practiced presenting the main body of their presentations both in pairs and in small groups. By the end of the class, students were able to move effectively between the sections of their posters. They were also able to introduce the contents of each section and focus on important points.

In class 4, we concentrated on how to conclude a poster and how to invite and handle questions. We prac-

ticed the following sentences, which were on a handout.

Handout 3

I'd like to finish with a brief summary of my poster. Today, I talked about (short summary of topic: _____). First, I focused on (topic: _____) and pointed out that (facts: _____). Second, I told you about (topic: _____). The most important points were as follows: First, _____ Second, _____Third, _____. Finally, I explained _____. Thank you for visiting my poster. Do you have any questions?

At this point, most students were able to combine the language introduced in classes 1 ~ 4 and present their poster with reasonable fluency. However, a small number of students were unable to do this and, when presenting, read from a script. We coached these students individually in class, asking them to run through their posters several times and gave feedback on their weak points. Remedial classes were not offered. About ten percent of students scored poorly when their presentations were assessed. In class 4, we also looked at how to handle questions by practicing these sentences.

Handout 4
1. I'm sorry. I didn't catch your question.
2. I'm sorry. I didn't understand your question.
3. That's a good question.
4. That's a difficult question.
5. Basically, + (short answer).
6. I'm not sure, but I guess that + (short, general answer).
7. Is that okay? / Does that answer your question?

It is also important to teach students the language they need when visiting posters, as they may find posing questions difficult. This point was addressed in class by practicing the following sentences.

Handout 5
1. I have a question about (topic). + question.
2. I'm interested in (point mentioned in the presentation). + question.
3. Could you tell me some more about (topic)?
4. I didn't understand what you said about (topic). Could you explain that again, please?

Classes 5, 6, 7 and 8 were devoted to presentations,

with 10 students giving poster presentations simultaneously. The remaining 30 students formed groups of three, visited each poster, listened to the presentation and asked questions. Visitors were encouraged to concentrate on listening to the presentation and asking questions. They were not required to take notes.

7. A Typical Presentation Day

Once presenters set up their posters, the teacher divides the remaining students into groups of two or three, depending on class size, and assigns each group to a designated poster in the room. It is made clear that each presenter has five minutes to present and that, after that time, a new group will arrive at the poster. Once the above is in place, the session is started. The teacher reminds students when to move on to another poster presentation.

When the class is under way, a teacher assesses the performance of each presenter. We start this process by walking around the room and writing down the name of each presenter and the title of the poster. Once we have a complete list of presenters and topics, we return to the first presenter and listen to several minutes of the presentation. In some cases, we are able to see a presentation in its entirety. If there is any time remaining at the end of the class, we walk around the room again looking at the presentations and checking the scores we have entered on the sheet. In some cases, we make adjustments to students' scores.

8. Evaluating Poster Presentations

Students can score a maximum of 25 points for their poster presentations. The remaining 75 points for the semester are from quizzes, mid-term tests, term tests and class participation and performance. The criteria used to assess the presentations are as follows:

1. The layout of the poster; this includes the title, sections, pictures, graphs and tables.
2. Points are awarded to students who can present their poster without reading from notes or from the poster itself.
3. The key sentences practiced in classes 1-4, and described in section 6, should be used as much as possible.
4. The presenter should make eye contact with visitors to the poster.
5. The presenter should be able to invite and handle questions using the sentences practiced in class.

One way of improving evaluation is to have another assessor. This could be a teacher from the English department or a member of staff from a specialist department. Peer assessment is another useful option. We found that students were happy to evaluate their peers, and had strong views on what were good presentations and what were not. In some cases, we asked students to choose the top five presenters in a group of ten and awarded those presenters extra points.

9. Linking Posters with Other Subjects

Students were generally free to choose their own topics. In some cases, we asked students to work on dental topics such as implants, tooth decay or orthodontics. If students use topics and material from other subjects on the curriculum it has obvious advantages such as reinforcing the subjects being studied and creating a meaningful crossover between English and other subjects. For example, in Community Dentistry, second-year students visit dental clinics to observe treatment of patients and the workings of the clinic. After the visit, students write a report in Japanese. When we heard about this program, we realized that it would be easy to present the contents of the report in English in poster form. Since each of the students had a somewhat different experience during these visits, this could readily form an interactive information exchange activity. Thus, poster presentations have the potential for making links across the curriculum.

10. Results of a Student Survey on Poster Presentations

Since we did not use a textbook and concentrated on poster presentations for over half a semester, the program described here differed from what students had been used to in the past and were experiencing elsewhere in the English curriculum. This caused us some concern. Outwardly, students seemed engaged in preparing posters and presenting them. They also seemed to enjoy visiting other posters, getting new information and talking to presenters. But what did they really think? We wrote a short questionnaire, shown below, to find out what students thought about the class. The questionnaire was administered in class and the results collated and analyzed.

> **Questionnaire**
> 1. Would you like to do more poster presentations?
> 2. Did the poster presentation improve your communication skills?
> 3. What were the good points about posters?
> 4. What were the bad points about posters?

Questions 1 and 2 were multiple-choice and questions 3 and 4 open-ended. In all, 147 students completed the survey and there were 140 satisfactory responses. In reply to question 1, 17 students wanted to do more poster presentations in future English classes, and 87 students thought the time spent on posters in the current semester was sufficient. Of the remaining students, 18 did not want to do any more poster presentations in future English classes, and the rest had no opinion on this point. In reply to question 2, 97 students considered their communications skills had improved, while 10 students thought they had not. Of the remaining students, 33 were undecided if their skills had improved or not. These results are subjective and were not correlated with teachers' impressions of students' improvements in fluency. They are given here to show how students said they felt about the effect of this activity on their communication skills. Here are some representative comments from the answers to question 3 (What are the good points about posters?): We could find out about friends; everyone spoke more than usual; we learned fixed phrases and used them; it was a good opportunity to talk actively; it was fun. The following are examples of answers to question 4 (What are the bad points about posters?): the poster paper was too big to take home; it takes too much time to prepare; some people did not speak English;

some presentations were too noisy; a smaller piece of paper should be allowed.

11. Conclusion

English language classes at universities in Japan are gradually moving away from general English and adopting content and ESP-based approaches. The poster presentation class described in this paper offers the opportunity of creating a student-centered, topic-based class where students learn skills that will help them in their future careers.

References
1. Morse Z and Nakahara S. 2001. English language education in Japanese dental schools. *European Journal of Dental Education* **5**: 168-172.
2. Rodis O, Kariya N, Nishimura M, Matsumura S, and Tamamura R. 2011. Needs analysis: Dental English for Japanese dental students. *The Asian EFL Journal* **55**: 1-20.
3. Langham C. 2008. Approaches to teaching oral presentation skills. *Journal of Medical English Education* **7** (2): 97-103.
4. Crocker J and Bowden M. 2011. Thinking in English: A content-based approach. In: A. Stewart (ed). JALT 2010 Conference Proceedings. Tokyo. JALT: 663-670.
5. Orr T. 1998. ESP for Japanese universities: A guide for intelligent reform. *The Language Teacher* **22** (11): 19-21.
6. Ministry of Education, Culture, Sports, Science and Technology. 2004. Daigaku Kyouiku no Jujitsu [Enrichment of University Education] (www.mext.go.jp/a_menu/koutou/kaikaku/gp. htm, Accessed November 30th, 2011)
7. Evans H and Squires T. 2006. Good practices for ESP programs in Japanese post-secondary institutions. *The Language Teacher* **30** (9): 15-19.

第 14 回日本医学英語教育学会 学術集会 特別講演

「ことばへの気づき」を利用して英語教育を言語教育として再構築する[1]

英語教育の根本的問題を探り，その問題に対する対処するための具体案を「言語教育」の構築という形で略述する。言語教育の中核をなすのが「ことばへの気づき」であり，それについても実例を挙げて説明する。

In this brief article, we will clarify what has been wrong with English education in Japan, and propose "language education" as an alternative. The central notion of proposed language education is "metalinguistic noticing," which we will illustrate with examples.

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はじめに

日本の学校英語教育（以下，とくに強調する必要がある場合を除き，「英語教育」）の歴史は英語教育が社会から期待されている成果をあげていないという批判の歴史と言い換えてもよいほどである。英語教育のあり方については，さまざまな立場からさまざまな提案がなされ，その一部は実際に英語教育政策に反映されているが，社会からの批判に十分に応える状況にはなっていない。

この論考では，英語教育の根本的問題を探り，その問題に対する対処するための具体案を「言語教育」の構築という形で略述する。

筆者は，英語教育を巡る混乱の根本原因はつぎの点にあると考える。[2]

(I) 日本における英語教育は第二言語教育ではなく，外国語教育であることの明確な認識がない。

(II) 英語教育について論じる際，「ことば（language）」という視点が欠けていることが多い。

この認識を出発点とし，この論考ではつぎの点について考える。

(A) 外国語教育としての英語教育に欠かせない要件を明らかにする。

(B) 英語教育を再生させるための具体的提案を行う。

1 外国語教育としての英語教育に欠かせない要件

言語を身につける形態として，おおよそ，つぎの 3 つが区別できる。[3]

(a) 母語として

(b) 狭義の第二言語として

(c) 外国語として

「母語」は，生まれてから一定期間触れていることにより自然に身についた言語のことで，その言語との日常的接触のもと，ほぼ無意識のうちにその獲得が達成される。赤ちゃんの言語獲得がこれにあたる。

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立教大学経済学部を卒業後，東京教育大学文学部に学士入学し，英語学を専攻。卒業後，東京教育大学大学院文学研究科修士課程を修了。マサチューセッツ工科大学（MIT）大学院（言語学・哲学研究科）で，ノーム・チョムスキーのもと博士号を取得。東京言語研究所運営委員長，言語科学会会長なども務めた。現在，日本学術会議連携会員。

専門分野は，言語の認知科学（文法獲得，統語解析，理論脳科学），言語教育，科学教育など。認知科学における言語理論研究の基礎の構築を目指すとともに，言語教育のあり方などについても積極的に発言を行っている。

『講座・言語の科学 言語の獲得と喪失』（岩波書店，編著），『認知心理学 3 言語』（東大出版会，編集），『認知科学への招待—心の研究のおもしろさに迫る』（研究社，共編），『小学校での英語教育は必要か』（慶應義塾大学出版会，編著）等，多くの著書がある。
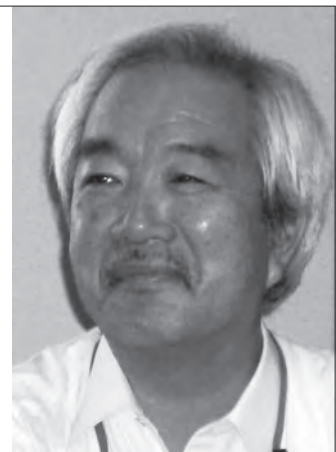
「狭義の第二言語」とは，母語の獲得が始まったのち，その言語との日常的接触がなされ，ほぼ無意識のうちにその獲得が達成された言語を指す。日本語を母語として身につけ始めた子どもが親の仕事の都合で英語圏に移住し，そこで，英語を身につけるケースなどがこれにあたる。

「外国語」とは，学校などで，意図的な教授によって，意識的に学習された言語を指す。多くの日本人にとっての英語学習のケースはこれにあたる。

なお，狭義の第二言語と外国語を併せて「広義の第二言語」と呼ぶことがある。文献などでは，「第二言語」の前に「狭義の」あるいは「広義の」という修飾表現を付さないことが多く，それが混乱の一因となっている。

外国語学習は母語や狭義の第二言語と異なり，対象言語との接触量がきわめて少ないのが一般的である。このため，母語や第二言語の獲得の場合のように，対象言語の触れ合いによって対象言語の知識が自然に（無意識的に）形成されることは期待できない。そこで，外国語教育においては，学習者に対して，対象言語の文法（その言語の仕組みとその働き）について，意図的かつ意識的に教示する必要が生じる。この文法を「学習文法」と呼ぶ。

英語教育がなぜ十分な成果を上げることができないのかに関する議論の中でしばしば持ち出されるのが以下の主張である。これまでの英語教育においてはあまりにも学習英文法の必要が強調され，また，些末な規則まで記憶し，運用の際にもそれらに十分気を配ることを要求されてきた結果，日本人の英語運用はきわめて貧弱な状態に留まることが多かった。

この議論に耳を傾けるべき部分があることは間違いない。学習英文法によって学習者にまず定着させるべきなのは英語の仕組みとその働きの基礎的な部分であり，つぎに，その基礎的な英文法を十分な訓練によって運用に供することができるようにすることが重要である。従来の英語教育がこの点に必ずしもきちんとした注意を払ってきたわけではないという点は認めざるを得ない。

まず，基礎的な英文法の定着について述べる。従来から指摘されてきたように，中学生が英語に躓くのは中学1年生の2学期であることが多い。その理由として，英語に対する初期的興味の消失や長期間の夏休みによる既習事項の忘却などが引き合いに出されることが多いが，筆者は生徒たちが学習英文法を定着させられないからであると考える。

例として，三人称単数現在（「三単現」）の -s について考えよう。周知のように，(1)の walk に付された -s がそれである。

(1) John walks to school every day.

Walk のあとに―s が付くことを理解するためには以下の理解が必要となる。

(2) a. (1)の文の主語は John である
b. John は三人称である。
c. John は単数である。

d. (1)の文の動詞は walk である。
e. walk の時制は現在である。

(2)には「文の主語」「人称」「数」「動詞」「時制」などの文法概念が含まれており，これらが理解できないと，三単現の -s を使えるようにはならない。[4]

筆者の主張は，こうした文法概念は生徒たちの母語である日本語にも共通するものであり，英語学習に先立って，直感がきく母語を利用して，これらの文法概念に習熟しておく必要があるというものである。そして，その習熟のために必要となってくるのが「ことばへの気づき」である。次節では，この点について述べる。

2 「ことばへの気づき」

母語の獲得は大筋，無意識のうちに進んでいくが，その過程で，身につけた母語を意識の対象とすることがある。以下に引用するのは，英語を母語とする7歳児（Claire Gleitman）とその母親（Lila Gleitman）の間でなされた「英語談義」の記録である。

LG: How about this: *Claire loves Claire.*

CG: *Claire loves herself* sounds better.

LG: Would you ever say *Claire loves Claire*?

CG: Well, if there's somebody Claire knows named Claire. I know somebody named Claire and maybe I'm named Claire.

LG: And then you wouldn't say *Claire loves herself?*

CG: No, because if it was another person named Claire—like if it was me and that other Claire I know, and somebody wanted to say that I loved that other Claire they'd say *Claire loves Claire.*

（Gleitman, Gleitman, and Shipley 1972）

このやりとりにおいて，7歳児は自分の母語を意識の対象としているが，このような意識を「メタ言語意識 metalinguistic awareness」と呼び，そのような意識を呼び起こす能力を「メタ言語能力 metalinguistic ability」と呼ぶ。

しかし，子どもは上の例に示された明確なメタ言語意識を発達させる以前から，ことばを客観的対象物として扱うことができることに気づく。たとえば，谷川俊太郎の「かっぱ」という詩を子どもに聞かせ，それについて尋ねるとつぎのような反応が得られる。

(3) TK（3歳2ヵ月，男児）
実験者：おもしろい？
TK：うん。
実験者：どこがおもしろいの？
TK：わからない。

(4) NN（5歳3ヵ月，女児）
実験者：おもしろい？
NN：はい。
実験者：どこがおもしろいの？

NN：「かっぱかっぱらった」なんておかしいよ。「かっぱ」がいっぱい。

⑸　ST（8歳3ヵ月，男児）

実験者：おもしろい？

ST：うん。

実験者：どこがおもしろいの？

ST：ちっちゃい「つ」がたくさんあるから。

⑹　SD（10歳5ヵ月，女児）

実験者：おもしろい？

SD：うん。

実験者：どこがおもしろいの？

SD：おんなじ音が何回も聞こえるから。「かっぱがらっぱをぬすんだ」って言ってもおもしろくないもん。

　上の8歳児，10歳児はすでにメタ言語意識を利用しているが，5歳児はまだその域には達していない。しかし，「どこがおもしろいの？」という問いかけに「わからない」としか応じることができなかった3歳児との間には明確な違いが見られる。筆者はメタ言語意識の萌芽的形態とも言える，このような気づきをも含め，「ことばへの気づき」と称している。

　これまでに統語範疇（品詞）や句構造（階層構造）などについても同様の対面調査を行ってきたが，多くの場合，学齢前の5歳ごろから気づきが始まり，学齢に達する8歳から12歳の間にその気づきがメタ言語意識へと開花していく。

　次節では，ことばへの気づきを中核に据えた言語教育の構想について述べる。

3　言語教育の構想－英語教育再生への提案

　筆者が提案する言語教育の構想はつぎのように図示することができる。
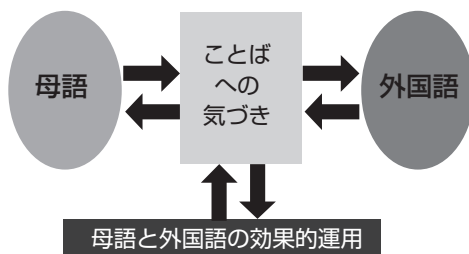
　出発点は左上の矢印である。つまり，母語を利用して，

子どものことばへの気づきを支援する。上で見たように，ことばへの気づきは外部の支援なしにも発達するが，適切な支援を与えることによってその発達を促すことができる。筆者はこの最初の段階を小学校で行うべきだと考えている。それはその時期がことばへの気づきの萌芽的形態からメタ言語意識への移行期にあたるからである。

　なお，最初期に母語を利用するのは直感がきくからである。もちろん，外国語を適宜利用するのは問題ないが，英語だけに限定してしまうのは英語を特別視することにつながる危険性があるので避けるべきであろう。

　中学校では，上で述べたやり方で育成された，ことばへの気づきを利用して外国語教育（現実的には，英語教育）を進める。このやり方をとることによって，第1節で述べた，これまでの英語教育の問題点が克服できる。

　こうして，子どもたちが母語と外国語という2つの視点を手に入れることにより，ことばへの気づきがより豊かになる。豊かに育成されたことばへの気づきは母語と外国語の効果的運用を可能にし，それはことばへの気づき自体をさらに豊かなものにしていく。そして，そのことばへの気づきはたとえば語彙の充実のような形で母語を豊かにする。

　このような段階を経て，母語から始まり，母語に帰っていく循環が形成される。この形成を目指すのが筆者の構想する言語教育である。

　最後に一言加えてこの論考を閉じる。

　第1節でも述べたように，これまでの英語教育では，英文法の知識を十分な訓練によって運用に供することができるようにする努力が欠けていることが多かったことは認めざるを得ない。筆者の構想する言語教育においてもこの点の反省をきちんと反映させるべきであることは明白である。そうした努力の一環として，英語による英語の授業が展開されることも有効である場合もあるだろう。ただ，大切な点はまずは訓練によって定着すべき基本的な英文法をこの節で述べたような手順で身につけさせておくことであり，訓練のための訓練に終わることがあってはなんの意味もないことを強調しておきたい。

参考文献

1.　Benesse 教育研究開発センター . 2009.「第 1 回中学校英語に関する基本調査報告書」http://benesse.jp/berd/center/open/report/chu_eigo/hon/index.html

2.　Gleitman, LR, Gleitman H and Shipley EF. 1972. *Cognition* **1**: 137-164.

[脚注]

1　この論考は，2011 年 7 月 9 日に東京女子医科大学で開催された第 14 回日本医学英語教育学会学術集会における特別講演 "Integrating English Education Into Language Education" の一部の要点を和文でまとめたものである。

2　より根本的には「英語教育の目的についてのきちんとした議論が行われていない」という点があるのだが，今回は紙幅の都合から，その点については直接的には論じない。

3　「おおよそ」と注釈を加えたのは以下の 3 つの区別は便宜的なものであり，現実的には，たとえば，（狭義の）第二言語と外国語の要素を共有する場合も存在するからである。

4　注意しなくてはならないのは，ここで必要とされるのは「文法概念」であって，「文法用語」ではないという点である。筆者は (2) に現れる文法用語を教えるべきだと主張しているのではない。

Series editors:
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Tokyo Medical University

東京医科大学の医学英語教育は，医学分野で必要とされる英語のコミュニケーション能力の習得を目標とし，臓器別学習による語彙・読解力の伸長と医療面接の技能向上に力を入れている。１・２年次では，広く英語力の向上を図る一般英語と共に，基礎的な医学英語の習得を目指し，３・４年次では，日本語での臓器別臨床教育の講義内容に沿って，より臨床・研究の現場に即した医学英語の習得を目標としている。

1. English for Medical Purposes Program (as of December 2011)

Tokyo Medical University has two campuses: the University Campus in Shinjuku at which the students do their first two and a half years of study, and the Nishishinjuku campus located adjacent to the university hospital at which they receive their clinical education. The English courses for the 1st and 2nd year students are organized by the English Department. The courses for the 3rd and 4th year students are coordinated by the Department of International Medical Communications (DIMC). English for Medical Purposes (EMP) courses are required in the first 4 years of the 6-year undergraduate program.

1.1. Building the foundation (EMP 1 and 2)

The 1st-year curriculum consists of 3 courses: Oral, Reading, and EMP 1. Although not all the contents in the Oral and Reading classes are related to medicine, medical-related components, especially the Doctor-Patient Interviews included in the Oral classes, develop students' communication skills in the medical field. EMP 1 together with the general English courses, the Doctor-Patient Interviews and EMP 2 in the 2nd year are designed to build the foundation for the advanced studies in EMP 3 and 4.

1.2. Linking EMP with the clinical courses (EMP 3 and 4)

From the second term of the 3rd year, students move to the Nishishinjuku Campus to begin their clinical studies. EMP 3 and 4 are linked to the organ system-based clinical education. This linking between EMP and the parallel clinical studies program taught in Japanese enables students to develop English skills directly relevant to what they are studying in their clinical courses.

2. Contents of the Courses

2.1. Original teaching material

In both EMP 1 and 2, English translation of the *Tokyo Medical University Hospital News* (information for patients on common diseases) is used as reading texts to introduce students to medical English. Comprehension exercises, anatomical diagrams and terminology focusing on word parts accompany the reading. For the Doctor-Patient Interviews in the 1st-year Oral classes, a variety of material, including original scenarios, is used to build better communication skills with patients. While some teachers prepare a case themselves and have the students act out doctor-patient interviews in accordance with the case, some teachers make the students write their own scenarios in pairs and act them out in front of the class.

The core materials used in EMP 3 and 4 were previously developed with a *Gendai GP* grant from the Ministry of Education, Culture. Sports, Science and Technology in 2004-2008. The first of these, *Clinical Concepts*, consists of 18 modules of tailor-made reading texts written especially for our EMP courses by clinicians at the three Tokyo Medical University hospitals. *Selected Readings* is another set of reading

material used to familiarize students with the introduction sections of authentic research articles chosen from *the New England Journal of Medicine*, provided to TMU at no charge. The core material used for the EMP course referred to as *Medical Interviews* is a set of video recordings of genuine doctor-patient conversations recorded by the University of Leicester with accompanying transcripts and questions developed by DIMC to prepare students to better communicate in real-life situations. The core materials are available on the internet to all interested free of charge (https://www.emp-tmu.net).

2.2. Teaching methods

EMP 1, 3 and 4 are taught in English by six instructors using the same material, and meetings of the teaching staff are held regularly to ensure uniformity and to exchange information concerning perceived effectiveness. In EMP 2 and the Doctor-Patient Interviews in the 1st-year Oral classes, instructors are given the freedom to design the lessons. As EMP 1 and 2 focus on checking comprehension and building basic medical terminology, supplementary material such as priority lists of terms arranged by word parts are made by the teaching staff and provided to ensure acquisition of basic terms. Learning expressions and role-playing using teacher-made scenarios and student-made scenarios are some of the activities in the Doctor-Patient Interviews. Videotaping students' performance and peer evaluation enable students to understand the spectrum and importance of verbal and non-verbal communication with patients.

In EMP 3 and 4, small group activities and presentations form an essential part of the lesson to encourage student output in English. To enhance understanding, supplementary material such as analysis of the text structure and pertinent photographs are presented visually on a big screen. The role of the instructor, however, is not to lecture but to ensure student-centered learning by helping students link what they learn in their clinical classes with the English classes.

In *Medical Interviews* for EMP 3 and 4, supplementary activities and worksheets developed by DIMC are used to highlight the structure and rationale of history taking before students are exposed to the recordings of genuine doctor-patient conversations. With an understanding of the communicative strategies used by doctors, students are better able to focus on the most relevant points in the videos of real-life consultations. Role-playing is an integral part of the lesson and the students are encouraged to make use of the corresponding audiovisual material available on our EMP website.

2.3. Collaboration with the clinicians at our university hospital (EMP 3 and 4)

A special feature which assists in linking EMP to the clinical courses is the interaction with the clinicians. A clinician specializing in the field dealt with in *Clinical Concepts* is present in a monitoring room which is connected to all six classrooms via a 2-way audiovisual system. Each week, 2 to 3 students from each class submit questions related to the reading material in English for correction by the instructors in advance. In class, students rehearse the questions before they ask the clinician their

A clinican answering questions over the 2-way andiovisual system（EMP3 & 4）

questions via the audiovisual system. To ensure accuracy of the clinical content, the clinicians respond in either English or Japanese depending on their comfort level (in 2011 roughly half of the clinicians responded in English). While there may be scope for reconsideration (e.g. language use and eliciting more impromptu questions), the presence of the clinician is a valuable component for our 3rd and 4th year students who have started their clinical studies.

2.4. Assessment

Students are assessed on class participation and exams. For EMP 1, to ensure the acquisition of new concept and terminology of the 1st-year students, quizzes are given after each organ system as well as mid-term exams. For EMP 3, e-learning post-lecture self-assessment quizzes are also given after each class.

3. Class Size and Hours

· **EMP 1:** 20 students/class. 90 minutes × 27 sessions = 40.5 hours/year.

· **Doctor-Patient Interviews (1st year):** 12-18 students/class. 90 minutes × 4-8 sessions (no. of classes vary according to the instructor) = 6-12 hours/year

· **EMP 2:** 20 students/class. 90 minutes × 4-8 sessions (no. of classes vary according to the instructor) = 6-12 hours/year

· **EMP 3:** 20 students/class. 90 minutes × 10 sessions = 15 hours/year

· **EMP 4:** 20 students/class. 90 minutes × 17 sessions = 25.5 hours/year

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St. Luke's College of Nursing

　聖路加看護大学は聖路加国際病院との関連もあり，創立当時から英語教育が重視されてきた。本学の英語教育の目標は，一般英語の確かな基礎力に加えて，医療・看護に関する教材を通してその分野の語彙・表現を習得することで国際的にも対応できる看護師を養成することである。卒業に必要な英語の単位は8～10であり，出欠も看護の専門科目より厳しい。2011年度，カリキュラムを改定し現在は2年生以上の旧カリキュラムと並行して行われている。改定の主な点は，数多く提供されていた一般英語の選択科目を減らし，その代わりに必修科目を少人数のクラスに編成しなおした。提供される英語の授業の半数以上が看護関連の内容を扱っており，基礎力の徹底と専門科目により近い英語に触れるような内容にした。

1. Name, Location, and History

St. Luke's College of Nursing in Chuo-ku, Tokyo was founded in 1920 by Dr. Rudolf B. Teusler, a Christian missionary physician. The aim of Teusler's nursing education program was to provide not only professional training, but also to give nurses social awareness and an appreciation for humanity, society and Christianity. Throughout its 90-year history, the school has endeavored to provide advanced courses in nursing and to raise the general level of nursing practice. In order to realize the vision of its founder and the aims of the college, it has dedicated itself entirely to nursing education, and it, therefore, has a single faculty and a single department—nursing. A Master's program was added in 1980, and a doctoral program in 1988. As well as nurses, the college has provided the nursing profession with many talented leaders and teachers.

2. English Education

The College of Nursing is associated with the one hundred-year-old St. Luke's International Hospital. It has always placed an emphasis on English education. The overall objective of our English education is to help students be prepared in English for their future career in nursing.

Like many universities, most English classes are provided within the framework of the liberal arts. Besides general English, students are required to acquire knowledge of medical/ nursing vocabulary and expressions.

During the first two years students need to have at least two English classes per week. Half of those classes are conducted in English by native English speakers and many Japanese teachers use English as the in-class language as well. Half of the courses deal to some extent with nursing-related content. All classes have fewer than 20 students. Students are required to attend four-fifths of the English classes in order to pass.

In 2011 we implemented a new curriculum for freshmen, so, at present the new curriculum runs parallel to the old one.

3. English Faculty

Full-time tenured positions: 1 Japanese, 1 American
　・Professor (Haruko Hishida)
　・Assistant Professor (Jeffrey Huffman)
Six part-time lecturers:
　・4 Japanese
　・2 native speakers of English

4. Number of Students

First year students: 70
Second, third and fourth year students: 90 each

5. English Curriculum (in transition)

The old curriculum has six required English courses and nine electives. However, upper classmen are not well distributed, which means that not many third or fourth year students take

any English courses. Therefore, in the new curriculum, instead of providing many elective courses, we decided that, in order to promote the acquisition of a better general foundation, it will be good to teach the required courses in smaller classes.

5.1. The current curriculum for first-year students

Eight English credits are required for graduation. Four elective English classes are provided in addition to the six required classes.

Compulsory classes: eight credits all together
1. English I: 90 minutes/week × 30 sessions. 17-18 students
2. English I-S: 90 minutes/week × 15 sessions. 17-18 students
3. English I-W: 90 minutes/week × 15 sessions. 17-18 students
4. English II: 90 minutes/week × 30 sessions. 17-18 students
5. English II-S: 90 minutes/week × 15 sessions. 17-18 students
6. English II-W: 90 minutes/week × 15 sessions.) 17-18 students

Electives: one credit each
1. Elective English I: 90 minutes/week × 15 sessions. Ten students in 2011
2. Elective English II: 90 minutes/week × 15 sessions. Around 10 students
3. Elective English III: 90 minutes/week × 15 sessions. Around 10 students

Electives: two credits
4. Intensive English Seminar abroad: three full weeks. 5-10 students

5.2. The curriculum for the current second, third, and fourth-year students

Ten English credits are required for graduation. In addition to the six required courses mentioned above, students need to take one or two of the nine elective courses below depending on the number of credits they have:

One-credit classes
1. General English: 90 minutes/week × 15 sessions for the first-year
2. English III-A: 90 minutes/week × 15 sessions for the first-year
3. English III-B: 90 minutes/week × 15 sessions for the second-year
4. Reading A: 90 minutes/week × 15 sessions for the second-year
5. Reading B: 90 minutes/week × 15 sessions for the third-year
6. English III-S: 90 minutes/week × 15 sessions for the second-year
7. English III-W: 90 minutes/week × 15 sessions for the third-year

Two-credit classes
8. Cross-cultural communication: 90 minutes/week × 15 sessions for the third-year
9. Intensive English Seminar abroad: three full weeks mainly for the first-year

6. The New Curriculum

First year
- **English I:** Divided into two parts: extensive reading and intensive reading.
  (1) Extensive reading class: to increase the students' confidence in reading in English and gradually improve reading comprehension as well as overall English proficiency in the four skills. Students read extensively and continuously, choosing level-appropriate books from the in-class library.
  (2) Intensive reading class: to acquire basic nursing terms and expressions (Textbook: *Nursing Terms and Expressions Everybody Uses*), and become familiar with reading material related to nursing topics (*Chicken Soup for the Nurse's Soul*).
- **English I-S:** to improve listening and speaking skills with a focus on language related to nursing and the hospital environment (*Nursing English Conversation*).
- **English I-W:** to enhance writing skills: narrative writing, descriptive writing, process writing, expository writing, etc. (*Writing Power*).
- **Elective English I:** to learn the structure of the human body as well as related medical terms.

Students learn how to make a presentation (*Body Machine*) using PowerPoint.

・**Intensive English Seminar abroad:** three weeks of campus life at McGill University in Montreal, Canada. In addition to English language instruction, students improve their real-life communication skills through immersion in an English speaking environment.

Second year

・**English II:** Divided into two parts: general English and English for health care.

⑴ General English: to improve reading skills and vocabulary acquisition (*Breathless, The House on Mango Street*)

⑵ English for health care: to acquire nursing terms and become familiar with nursing and medical topics. (*看護英語読解 15 のポイント*)

・**English II-S:** to develop the students' nursing-oriented English language interactions through a variety of activities. (*Nursing English Conversation, continued*).

・**English II-W:** along with the grammar review, the students write their own autobiography.

・**Elective English II:** in planning

Third year

・**Elective English III:** in planning

7. The old curriculum

Except for the class size, the required classes are basically the same as the ones in the new curriculum. Most of the nine elective classes are for general English, but some include reading nursing topics and English nursing journals.

8. Evaluation

At the end of each semester, students fill out an evaluation form for each class and their responses are made available to everyone on campus.

Though we have not yet had any feedback on our new curriculum which has just started this year, we feel that the aim of having most students acquire a strong general foundation in English is accomplishable.

Since more than half of our courses use textbooks which deal with nursing or medical content, our students should become adequately competent in nursing English.

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From *The Write Stuff*

Now we're old and gray Fernando
Since many years I haven't seen a rifle in your hand
Can you hear the drums Fernando?
Do you still recall the faithful night we crossed the Rio Grande?
I can see it in your eyes
How proud you were to fight for freedom in this land

from "Fernando" (Written by Benny Andersson and Björn Ulvaeus, Performed by ABBA)

Prepositions and Their Role in Abba's Downfall

Neville W. Goodman

Grammar is one thing; but idiom is another.

I took the entrance examination for Manchester Grammar School, a class of higher education—the direct grant school—that has disappeared from the British scene, in 1959 aged 11. There was always a question in the English paper requiring candidates to "write a single sentence composed of parts of speech in the order given." That year, the parts and order were preposition, adjective, common noun, pronoun, verb, proper noun, adverb, and finally adverb. Judging from the other four questions in that section of the paper, about five minutes were allowed to find the eight parts of speech. Magnanimously, the rubric allowed candidates to "Put a dash where you cannot supply a word."

In Britain, the teaching of grammar was largely abandoned in the 60s and 70s, but has since enjoyed a resurgence. The idea that grammar restricts the imaginative use of language—which I always thought a preposterous and lazy argument—has been successfully rebutted, not to encourage prescription in language, but to enable description. The effect of grammar's former abandonment can be judged from my experience with medical students. Between 1983 and 2007, I taught anaesthetics to 25 students a year in small group teaching (the only teaching that is really worthwhile), giving a series of four tutorials to groups of four or five students. Once having gained their confidence, at some time during the third tutorial I would find an excuse to ask them if they knew what a preposition was. The question was always met by embarrassment. Rightly, because half the students had not a clue. Sometimes, one or two in each group would venture that prepositions were little words (which, ignoring underneath and one

or two others, and prepositional phrases, is more or less true); or they would know that, in 'the cat sat on the mat', on was a preposition but without knowing a definition. Fewer than one in ten medical students could tell me that a preposition was a word that related parts of sentences, usually in time and space: at their simplest, as with the cat on the mat, prepositions relate nouns one to another.

So almost all the medical students that I taught would have failed my entrance examination in English at the first word.

Unfortunately, a knowledge of grammar doesn't help much with knowing which preposition to use, because idiom and usage are more important than grammar. How would you explain to Abba that, "Now we're old and grey Fernando, since many years I haven't seen a rifle in your hand" (something a native English speaker would never say) is wrong? [And see note below.]

It would be nice to refer to a set of rules that govern prepositions, but there isn't one. Knowing that using an incorrect preposition is a common error when moving between languages, I looked to French, but it's the same there: the grammar book I found said, exclamation mark included, "The use of French prepositions can be particularly idiomatic and is frequently a source of error amongst English speakers as there are so many faux amis. The foolproof answer is to learn them individually!"

Bearing these comments in mind, here are some words that cause prepositional difficulty.

DIFFERENT: *to, from* or *than*? The verb to *differ* takes *from* (one differs *from* the other), so *different from* is never wrong. Different to is UK usage (30% of the time in writing and 10% in speech [1]), but a good copy editor will change it. Five per cent of the *BMJ*'s *differents* are

followed by *to*. Different *than* is USA usage, but predominantly in speech (30%): different *from* is used 90% of the time in USA writing [1]. Different *than* is useful when the sense is *from what*: this is different *than* I wanted.

COMPARE: *with* or *to*? Comparisons are one *with* another. *Compare to* means *liken to*. As Bill Bryson [2] puts it: " 'He compared London to New York' means that he felt London to be similar to New York. 'He compared London with New York' means that he assessed the two cities' relative merits." Nonetheless, many people use *compare to* wrongly for *compare with*, and the subtlety of *compare* meaning *liken* may go the way of *disinterested* meaning *impartial*. Five per cent of the *BMJ*'s *compares* are followed by *to*, mostly incorrectly. Compare is often used in the compound preposition *in comparison with*, which is unnecessary.

SIMILAR: *with* or *to*? As it says in WikiAnswers: "In the English language, 'similar to' is the customary construction. That's just the way it is." Bill Bryson agrees (see above). However, while *one drug is similar to another, the results are similar with both drugs. Similar as*, apparently an error made by German-speakers, is wrong except when comparing similarities: *They are as similar as we are.*

CONTRAST: *with* or *to*? WikiAnswers advises that "*to* is used when the difference is being emphasized," while the OED [3] records the meaning "exhibit a striking difference on comparison (*with*)." In the *BMJ*, almost all occurrences are *This contrasts with*. The compound preposition exists in both forms, *in contrast to* nearly three times as commonly as *in contrast with*. Both forms can almost always be replaced by *unlike*.

CORRELATES: *with* or *to*? The OED [3] says "*with*, rarely *to*." If you want an example to provide a logical explanation, a taller person is expected to be heavier: weight goes up *with* height.

CONNECT: *with* or *to*? I have never written connect *with*, but *with* is appropriate if connect is used in the sense of associated. I suspect this usage is more likely in business than medicine. *In connection with* is unnecessary.

REPLACE: *with* or *by*? SUBSTITUTE: *with, by* or *for*? You can have hours of fun looking on the internet for answers to all these questions about prepositions. After one such answer, to replace *with* or replace *by*, came the plea, "Still not clear. English being a second language, this is very difficult to understand." Indeed. *Replace* (take the place of) takes either *with* or *by*: we replaced plaster of Paris with/by acrylic. *Substitute* (put in the place of) takes *for*: we substituted acrylic *for* plaster of Paris. The OED [3] records that, more recently, substitute has been used incorrectly for replace, when it could take *with*, but a copy editor should substitute *replace* for *substitute*. I doubt that our second language speaker would be any the wiser.

When *substituted* appears in the *BMJ*, it is usually followed correctly by *for*; when followed by *by* or *with*, *substituted* should have been *replaced*.

RISK: *of, for, to* or *over*? The risk is *to* or *for* the individual *of* the disease *over* a period of time: *the risk to/for women of stroke over ten years*. The choice of *risk to* or *risk for* the individual is possibly a matter of taking the risk or having it imposed: *the risk for me of walking in the hills is less than the risk to Jane of stroke*. I consider that risk *for* the disease (*the risk for stroke*) is wrong, but 7% of BMJ writers use it. I could understand a non-English speaker writing *the risk over stroke in women*; I'm sure they would be understood, but it is incorrect.

INFECT: *with* or *by*? People are infected *with* an organism (influenza virus) but *by* a process (not washing your hands).

DIAGNOSE: *with* or *by*? There is a tendency to use *with* for as *having: he was diagnosed with hypertension*. I think this is as sloppy as using *like* for *as if*, and my objecting to it is probably just as ineffective. Otherwise, diagnose *with* a device (*hypertension is diagnosed with a sphygmomanometer*) but *by* a process (*hypertension is diagnosed by sphygmomanometry*).

TREAT: *with* or *by*? My preference [4] is to treat *with* a drug and *by* a course of action: *with* penicillin, *by* physiotherapy; and always *by* the doctor or *by* the physiotherapist. Treat can also take *as* (he was treated *as* a fool), and *to* (he was treated *to* an ice cream). We are now getting into the realm of the phrasal verb, one of the wonders of the English language, and the reason that *set* has the longest entry of all words in the dictionary.

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References
I used http://wiki.answers.com/ and http://www.bmj.com/search freely.

1. http://alt-usage-english.org/excerpts/fxdiffer.html
2. Bryson B. *Troublesome words*, 3rd ed. London: Penguin, 2002, p39.
3. Oxford English Dictionary Second Edition (CD-ROM, Version 4.0.0.3). Oxford: OUP, 2009.
4. Goodman NW, Edwards MB. *Medical writing: a prescription for clarity*, 3rd ed. Cambridge: CUP, 2006, p126.

Note

An added complication is that prepositions introduce phrases, not clauses. So while *since* is an incorrect preposition in 'he has not held a rifle since many years', in 'he has not held a rifle since he dropped one', *since* is correct but is a conjunction. What confused me was the role of *since* in 'he has not held a rifle since dropping one'. I thought it was here a correct preposition, and I e-mailed Professor David Crystal. He replied that since is a conjunction because *dropping one* is a non-finite *clause*. Without going into the details of our correspondence, part of his answer admitted that "analyses start to get complicated, as the constructions can be analysed in different ways," which encouraged me greatly.

日本医学英語検定試験と責務相反

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　われわれ日本医学英語教育学会では，日本医学英語検定試験（以下，医英検と略す）の運営が一大事業となっているが，会員諸氏には是非とも医英検と責務相反の問題を御理解頂きたいと考え，筆をとらせて頂いた。

　利益相反（Conflict of Interest）という言葉がある。広義の利益相反には，「狭義の利益相反」と「責務相反」の双方が含まれる。責務相反とは，兼業活動により複数の職務遂行責任が存在することにより，本務における判断が損なわれる，本務を怠った状態になっている，またはそのような状態にあると第三者から懸念が表明されかねない事態をいう。[1] さて，ここで一例を挙げる。本年元旦における，某新聞の一面見出しは，「安全委 24 人に 8500 万円，原子力業界から」というものであった。これは，東京電力福島第一原発事故時に，中立的な立場で国や原子力業界を指導する権限を持つ，内閣府原子力安全委員会の委員のうち 24 人が，過去 5 年間に原子力関連の企業や業界団体から計 8500 万円の寄付を受けていたということである。客観的にみても，公平・中立な審査がされるか疑問を抱かれるのは当然であろう。上記の寄付を受けていた委員は，「審査に寄付の影響はない」と答えているそうであるが，このような事実があること自体，すでに信頼性は失われている。明らかに，「第三者から懸念が表明されかねない事態」である。もちろん，このような関係がある人を委員として任命した側にも問題があろう。利益相反に対する認識が甘いと言わざるを得ない。

　医英検は，医学・医療の現場で必要とされる実践的な英語運用能力が総合的に評価される試験である。[2] 2007 年に 3 級及び 4 級に対する 2 回のパイロット試験が行われ，2008 年から正式実施となっている。問題の作成，試験の実施，評価等においては，多くの会員の尽力で支えられている。特に問題作成にあたっては，経験豊富な一部の会員の素案作成に始まり，そして当該委員会の委員複数名による綿密

なブラッシュアップを経ている。その結果，良質の問題が作成・提供されているが，試験の質については科学的にも検証されている。[3-5] これは，本学会が医学英語を用いる現場で活躍している第一線の会員，ならびに教育・研究活動に深く取り組んでいる会員で構成されている故に成し遂げられていることである。

　会員各位におかれては，日々，さまざまな分野において医学英語の教育活動に従事されている。すなわち，大学や専門学校などでの医学英語教育，医学英語の普及や推進に関する研究，セミナーや講演等の演者などである。これらの活動が活発に行われることは，医学英語教育の普及や推進となり，もって，学会の発展に寄与することであり，大いに推奨されるべきことである。しかし，一方で，複数の業務が実施される場合，関連する個人，機関それぞれの利益が衝突することが生じ得る。医英検で最も重要なことは，医英検の透明性を確保し，信頼性を維持することである。これについては，文部科学省による，「検定試験の評価ガイドライン（試案）について」においても以下のように記されている[6]：「適正かつ公正で透明性の高い検定試験を実施するため，…（中略）…関係者の間で共通理解を得ることが重要である」；「試験問題・解答等の秘密性の高い情報が実施前に流出することのないよう…（中略）…，情報管理を徹底する対策を講じることが求められる」。

利益相反という言葉には，実際に弊害が生じていなくとも，弊害が生じているかの如くみられる状況も含まれる。したがって，医英検に多少なりとも関係している方々が，無用な疑いをかけられること，混乱に巻き込まれることは個人ならびに本学会に対しても不名誉なことである。したがって，これらを回避するために以下をお勧めしたい。

- 医英検に直接ならびに間接的に関与している方々が行う教育・講演活動で，医英検の内容に抵触する可能性がある場合は，事前に学会倫理委員会への申請をお願いしたい。なお，日常の教育活動等で，医英検受験を推奨して頂く場合は，これに該当しない。申請においては，当該活動の日時，場所に加え，目的及び簡単な内容を添えて頂く。

- 上記の手続きは，医英検の透明性や信頼性を確保することを目的とする。したがって，申請者の活動を妨げるものではない。

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●学会の委員会等で行われている解析や活動を公表する
際には，別途委員会での取り決めに従うものとする。

これまで学会では，さまざまな側面から検定試験の質や
信頼性の向上に努めてきた。受験者や医学・医療現場で活
動する多くの方の信頼や安心を得るうえで，これらをより
盤石なものにする必要があろう。そして，その結果，医英
検の利用促進と活性化につながると考える。会員諸氏にお
かれては，医英検の信頼性確保のために以上の内容を御留
意頂ければ幸いである。最後に，医英検が，医学英語運用
能力をはかる指標として広く機能すること，そして進学，
就職，昇格などにおいて何らかの付加価値になることを期
待して止まない。

参考文献

1. 厚生労働省. 2008. 厚生労働科学研究における利益相反（Conflict of Interest: COI）の管理に関する指針, 平成20年3月31日科発第0331001号厚生科学課長決定.

2. 日本医学英語教育学会. 2007. 医学英語検定試験3・4級教本, 東京, メジカルビュー社.

3. Hitosugi M, Shimizu M, Barron JP, Ando C, et al. 2009. Analysis of the Result of the First Pilot Examinations for Proficiency in English for Medical Purposes . *Journal of Medical English Education* **8**: 17-20.

4. Hitosugi M, Ando C, Shimizu M, Barron JP, et al. 2009. Improvement of the Quality of the Examination for Proficiency in English for Medical Purposes. *Journal of Medical English Education* **8**: 104-108.

5. Hitosugi M, Hattori S, Kageyama I, Shimizu M and Nishizawa S. 2011. Importance of Subjective Evaluations by Candidates in the Examinations for Proficiency in English for Medical Purposes. *Journal of Medical English Education* **10**: 84-87.

6. 検定試験の評価の在り方に関する有識者会議. 2010. 「検定試験の評価ガイドライン（試案）」について（検討のまとめ）, 東京, 文部科学省.

A Little Mistake Can Go a Long Way

Reuben M. Gerling

A recently published article claimed that 'Beriberi was a very popular disease in Meiji Japan'. It is always nice to learn about the things the Japanese of earlier generations enjoyed most, although why this should be a medical problem is unclear. If something is popular, many people seek it, like drugs or pornography in our day and age. Those who desire to make it into a problem are just out to spoil the fun. However, the word the authors of the paper needed was <u>common</u> as the early 20th century Japanese did not enjoy their daily dose of beriberi rather, their diet did not contain enough vitamin B.

Another writer tells us that, 'It was the aim of this study to <u>critically analyse</u> the outcome of patients with alcoholic cirrhosis transplanted at our centre'. We need, of course, congratulate the authors for critically analyzing the data. Others, I presume do analyze the data as well, but not critically; uncritically, perhaps, or <u>discrtically</u>? The reader will ask what was special about this analysis that it is labeled as 'critical', a word that can have a quite specific clinical meaning, that other analyses do not do.

With the word processor we are on safe grounds as wrong words are underlined, at least when misspelled; e.g. on my word processor the word *discrtically* above is underlined in red whereas the word uncritically is not. Thus, at least when a word is misspelled we can notice it. Using a medical dictionary in association with the word processor allows us to verify words that would normally be underlined for wrong spelling but are medical. When, however, misspelling results in another English word, a spelling checker will not notice it. Thus, in the following sentence, *Myosis of the orbital apex is often fetal* it is the word *myosis* that, being medical, is underlined as not correctly spelled, and will attract the attention of the spelling checker. Yet it is the word *fetal* that is the problem, it should be *fatal*; whereas in the following, *a 57-year-old woman presented with ocular mortality* will pass with flying colours, but, unfortunately it is incorrect and hopefully clinicians will ignore its implications. The woman in question had *ocular motility*.

Most journals will edit the submissions they accept and medical journal publishers, as part of their fleecing practices, charge top fees for editing the works they get (many times already edited at least twice). Yet still some curiosities make it into print (all the examples here are from published articles). Observe the following, for example, from the World Journal of Gastroenterology, *Based on current information it seems mikely that multiple factors, both intra and extracellular, may function together,* it is rather likely that *mikely* should be *likely*.

Medical publications provide a continuous flow of information about the latest findings. Clinicians, in particular, depend on these to update the knowledge they apply to their treatment of patients. The sheer amount of publications means that most articles are scanned (critically?) by the readers rather than read carefully. The danger is, therefore, that small alterations in the vocabulary or expressions will result in false information that can, at times, end in unfortunate mistakes.

編集後記

　新しい編集体制の基で日本医学英語教育学会誌 11 号 1 巻は発行されました。これまで以上の充実した誌面を目指して編集委員が増えました。先号から EMP at Work が新しいシリーズとして始まりました。この記事は各校の医学英語教育の紹介です。他校の医学英語教育を知る機会は多くないので大変楽しみな企画です。毎号 2 校ずつ掲載予定ですが，医科大学 80 校，看護系大学 193 校全ての紹介が終わるには何十年もかかってしまいます。編集委員会の手腕が問われそうです。そのほか，昨年の学術集会で好評を博した大津由紀雄先生の講演論文，教育法についての論文，前置詞の難しさについての *The Write Stuff* 引用論文，医学英語検定試験についてのレターなど興味深い論文・記事満載の一冊となっています。

　学会誌として重要なのは原著論文であります。医学英語教育の中で研究を行い論文にすることはなかなか大変です。しかし毎年の学術集会では様々な研究成果が発表されますので，発表された方は是非論文としてまとめ本誌に投稿いただければと思います。大学教員の研究業績の公開が義務づけられる時代です。学会誌としては発表された論文が広く世界に発信されることも重要です。新たな編集体制で本誌の公開方法についても検討していきたいと思います。会員読者の皆様には，引き続き本誌の発展へのご支援をよろしくお願いいたします。

<div align="right">

日本医学英語教育学会誌
Japanese Editor

吉 岡 俊 正
（東京女子医科大学医学部医学教育学）

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How to submit papers to the *Journal of Medical English Education*

The Journal of Medical English Education welcomes well written, innovative papers on a wide range of subjects that relate to medical English and its teaching.

　Prospective authors should consult first the Guidelines for Authors, which appears on every other issue and are available online at <http://www.medicalview.co.jp/jasmee/index.shtlm> to ascertain that their work conforms to the format approved by the journal. The complete papers can be sent to the editorial offices at <jasmee@medicalview.co.jp>. A submission consent form, available at the end of each issue of the journal, should be completed and signed by the authors and sent by mail to the editorial offices at <The Journal of Medical English Education, Medical View, 2-30 Ichigaya-hommuracho, Shinjuku-ku, Tokyo 162-0845, Japan>. No submission will be published without the receipt of a completed and signed consent form.

Guidelines for Authors Submitting Manuscripts to the *Journal of Medical English Education*

1. Article categories and Journal aims

The *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, research, international medical activities such as reading and writing medical papers, making oral presentations, participating in forums, seminars, symposia, workshops, international conferences and continuing professional education. Categories are Special Article, Original Article (research), Original Article (teaching methods), Short Communication (research), Short Communication (teaching methods), 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 either in English or Japanese.

2.2. The manuscript should be prepared with MS Word.

2.3. Use page layout 25-to-26 lines per A4 page, 12-point typeface of a common font such as Century.

Margins: Left 30 mm; Right 25 mm;

Top 30 mm; Bottom 25 mm.

Maximum length: 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. Authors' names and affiliations: Write the full names in the order agreed upon by the authors, without academic degrees. Use asterisks to designate authors from more than one institution; the asterisk goes after the author's name and after the comma (example: Jun SUZUKI, * Arnold PALMER** and Helen KELLER*). Include full names of the institutions and departments where the research was done, city and prefecture (state and country if outside Japan). If authors are from different institutions, put the appropriate number of asterisks before the institution name. Include the following information for all authors: e-mail address, telephone and fax number (example: *ABC Medical University, English Department, Nanai, Hokkaido; **XYZ Medical University, School of Nursing, Gunma).

3.3. Keywords: Include a maximum of six keywords or short phrases that would help in indexing the article.

3.4. Corresponding author: Write the name of the author (with job title, e.g., Professor, M.D.) who will handle correspondence throughout the editorial process with the university and department affiliation, full address, telephone and fax numbers and e-mail address.

3.5. If part of the paper was presented orally or as a poster at a meeting, put the title of the meeting, sponsoring organization, exact date(s) and the city where the meeting was held at the bottom of the title page.

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. On the same page, state the background in one or two sentences (see 7.3 below), objective of the investigation in one sentence, then describe the methods (study design, study population, protocol) in the past tense; results (main findings or major contribution) in the past tense; and finally the conclusions (or recommendations) in the present tense. Be concrete and avoid stating merely, "... was investigated" or "This paper describes ...."

5. English

5.1. Use either American or British English, but do not mix the two.

5.2. Indent the first line of each new paragraph.

5.3. Abbreviations should be kept to a minimum and spelled out at first mention, giving the full term first, followed by the abbreviation in parentheses.

Example: *English as a foreign language (EFL)*. In both humanities and natural science, e.g. (for example) and i.e. (that is, namely) are preceded and followed by a comma. Standard metric units (mm, cm, µL, L, mg) can be used without definition but must be accompanied by a numeral; symbols and metric units do not take a period. Common units such as sec, min, h (units of time do not use the plural form) are used only in combination with a numeral.

Example: The test was 80 min long. But not *"The test took several min."* Abbreviations that can be confused with an existing word, such as in. for inch, require a period.

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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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).

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