

Journal of

# Medical English Education

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## 第16回日本医学英語教育学会 The 16th JASMEE Academic Meeting 学術集会プログラム・抄録集

会期 / Dates

2013年7月20・21日(土・日)

会長 / President

伊藤昌徳 / Masanori Ito

順天堂大学医学部附属浦安病院 脳神経外科  
Department of Neurosurgery, Juntendo University Urayasu Hospital

会場 / Venue

東京ベイ舞浜ホテル クラブリゾート  
Tokyo Bay Maihama Hotel Club Resort

〒279-0031 千葉県浦安市舞浜1-7  
1-7 Maihama, Urayasu, Chiba 279-0031, Japan

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1-7 Maihama, Urayasu, Chiba 279-0031, Japan

# Journal of Medical English Education

The official journal of the Japan Society for Medical English Education

[jasmee@medicalview.co.jp](mailto:jasmee@medicalview.co.jp)

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# 会長挨拶

第16回日本医学英語教育学会の開催にあたり、ご挨拶させて頂く機会を得ましたことを誠に光栄に存じます。7月20・21日の2日間にわたり、シンポジウム、特別講演、教育講演、一般演題すべて一会場で行います。学会場のホテルは千葉県浦安市 Tokyo Disney Resort 内にあります。ご家族連れでの参加大歓迎です。多数の皆様の参加をお待ちしております。

7月20日(土)午後の「シンポジウム：医療現場からの医学英語に何を期待するか」では医学英語(EMP)の需要側と供給側の立場から4人の演者に講演して頂きます。医学部学生(undergraduate medical students)が医師(graduates)さらに専門医になるにつれ医学英語の必要度が急速に増すのですが、このことを卒業前の学生に認識させることはむずかしいと多くの学会員の皆さんは感じておられると思います。医療の現場において、医学英語の必要性、医学英語教育に何を期待するのかについて大変重要な論点を討論します。

「特別講演」は岡山大学脳神経外科教授の伊達 勲 先生に「日本脳神経外科同時通訳団の活動と研修会の意義：医学英語教育の面から」をお願いしました。脳神経外科関係の国内学会では当然日本語で発表が行われますが、多数の外国人の招待演者が聴衆としても参加しています。しかし、日本人演者の日本語講演は理解できないので質問することもできず、ディスカッションにも参加できません。そこで、日本脳神経外科同時通訳団のメンバーが交代でブースに入り、レシーバーをつけた外国人に向かって日本人演者の日本語を英語に同時通訳を行うことにより、外国人が質疑応答に参加でき、より積極的な学術貢献を可能としています。日本脳神経外科同時通訳団は30年の歴史と毎年選抜を重ねた約70名のメンバーを有し、夏期研修会は、若手脳神経外科医にとっては英語での口演発表のスキル向上の訓練の場です。西澤理事長、演者の伊達先生、そして私も、発足当時より植村研一教授の厳しいトレーニングを受け、その経験が現在も大変役に立っています。また、同時通訳を行える中堅・ベテラン脳神経外科医にとっては同時通訳能力をさらに磨く場でもあります。脳外同通訳研修会が医学英語教育に果たしてきたユニークな役割について講演していただきます。Non-native speakerの私達は意識して英語の文を作らなければなりません。非母国語英語話者の“英語のspeaking”では自分で言おうとする事を自分の脳で日本語で考え、自分の脳で英語に置き換え英語で「発話」します。“日→英の同時通訳”では、他人の日本語を自分の脳で聞き自分の脳で英語に置き換え、構文を瞬時に考え英語で発話します。このアナロジーは同時通訳訓練が英語speaking能力アップに大いに役に立つことを説明するものと考えます。

懇親会“JASMEE Gala Party 2013”は学術学会場の隣の会場で行います。順天堂大学医学部学生のジャズ部の諸君によるJAZZ生演奏を楽しみながら、医学英語教育について熱く意見交換を交わしていただければ幸いです。

7月21日(日)午後の「教育講演」は「医学英語教育とICT(情報通信技術)」について東京大学のChristopher Holmes先生と日本大学の大石 実先生とに、各々総論的そして各論的教育講演をお願いしました。シンポジウムとして公募したのですが、本学会会員にはIT活用の達人はまだ少ないためか、抄録の応募はありませんでした。教育講演を聞いてIT活用の実際を学んで頂ければ幸いです。

教育講演に引き続き「シンポジウム：米国医師資格試験USMLE受験に向けての医学英語教育」および「USMLE情報セッション」を行います。外国人医学部卒業生(IMGs)が米国で卒業臨床教育を受けるにはUSMLEを受験してECFMG(Educational Commission for Foreign Medical Graduates)資格をとり、研修プログラムのマッチングに合格するというステップを踏みます。ECFMG資格取得者が如何に留学先を探すかをサポートする“N Program”について特別にお願いした西本慶治先生に講演して頂きます。

私は40年前に受験しECFMG資格もっていますが、USMLE、ECFMGに関しては、元来日本人の受験者数は少なく、最近さらに減少傾向にあり、かなり注目度が薄れてきていると感じていました。ところが、医学教育認証制度に関して2010年9月、全国医学部にショッキングなニュースが駆け巡りました。ECFMGが申請条件として「2023年以降は国際的な認証評価を受けている医学部出身者に限る」との通告を全世界に発信したのです。医学教育の「2023年問題」「黒船来襲」とよばれ、平成24年度文部科学省大学改革推進委託事業による「国際基準に対応した医学教育認証制度の確立」が採択され、医学教育認証評価制度確立に向けた研究が5年計画で開始されました。2010年のECFMGの発信が日本の医学教育認証評価制度の制定を促進した形になり、急遽全国の医学部においてECFMGに対する注目度が高まり、これを機に全国の医学部に国際化プロジェクトの促進、医学英語教育の見直しなどの機運が高まっています。本シンポジウムとICTセッションに学生、若手医師の参加を募ります。多くの学生が参加し、医学英語習得の大きな目標、モチベーションのひとつであるUSMLE受験、ECFMG資格取得に興味を持つ学生、医師が増えることを期待したいと思っております。

本学術集会開催にあたり、江口潤司氏はじめ本学会事務局の皆様と協賛していただいた各社の皆様に深甚なる謝意を表します。

第16回日本医学英語教育学会学術集会

会長 伊藤 昌徳

(順天堂大学医学部附属浦安病院 脳神経外科)

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# Greetings from the President

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It is my great pleasure to serve as president of the 16th Academic Meeting of the Japan Society of Medical English Education. The venue is Tokyo Bay Maihama Hotel Club Resort, Tokyo Disney Resort, Maihama, Urayasu. I hope all JASMEE members will attend and bring their families along.

We have plenary sessions, symposia, a special lecture and educational lectures.

In the first symposium, **“Catering to the Expectations of Medical Professionals”**, we will have a discussion of some crucial issues: “what do Japanese clinicians expect from Medical English Education?”. The significance of learning English for Medical Purposes does not seem to be fully recognized by the undergraduate medical students. They become increasingly aware of its significance as they proceed from undergraduate students to residents and specialists.

The Special lecture entitled **“Activities of Simultaneous Interpreters’ Group in Neurosurgery and Significance of Training Course: from the viewpoint of medical English education”** will be given by Professor Isao Date, Department of Neurosurgery Okayama University. The Simultaneous Interpreters’ Group of the Japanese Neurosurgical Society was founded by Professor Kenichi Uemura 30 years ago and has 70 members who have been cumulatively selected every year. In the domestic medical meetings, participants who are Non-Japanese Speakers cannot understand the presentation and discussion in Japanese. Through the simultaneous translation by the members of the group, the foreign guest speakers can understand the presentation and become able to ask questions to Japanese presenters. The activities and educational course of the simultaneous translation group have played a peculiar important role in the improvement in English competences among Japanese Neurosurgeons.

Professors Christopher Holmes and Minoru Oishi will talk on **“Effective utilization of ICT (Information and Communication Technology) in EMP Education”**. With the increase in the use of smartphones and tablets world wide, their use has also blossomed among the medical community. There is a growing category of medically related application that clearly suggests that physicians are interested to using apps to assist in clinical decision-making and specialty educational references in the US. A recent survey for smartphone apps among residents in UC San Diego revealed a greater than 88% use of smartphones with 68% using their devices for medically related apps. In contrast, it seems that the effective use of ICT in Medical English Education among members of JASMEE lags a little behind the US medical community. As we had no submission of abstracts for planned symposium on effective use of ICT in EMP, we switched from symposium to educational lectures.

In the last day afternoon, we will hold **the USMLE (the United States Medical Licensing Examination) session and the USMLE Information Session**. Medical students, residents and young physicians are encouraged to participate in these sessions. An ECFMG (Educational Commission for Foreign Medical Graduates) Certification is a requirement for IMGs (international medical graduates) who wish to enter such programs. ECFMG Certification is also one of the eligibility requirements for IMGs to take Step 3 of the three-step USMLE (United States Medical Licensing Examination).

Japanese ECFMG recipients following USMLE pass were 73 (0.7%) of the 9791 certified physicians in 2011. This number of certification is less than Nepal, the Philippines, China and India. A very limited number of people seem interested in taking the USMLE examination in our country. I almost forgot the days when I prepared for and passed the ECFMG examination 40 years ago. In September 2010, ECFMG announced that, effective in 2023, physicians applying for ECFMG Certification will be required to graduate from an accredited medical school. The medical school must be accredited through a formal process that uses criteria comparable to those established by the Liaison Committee on Medical Education (LCME) or other globally accepted criteria, such as those put forth by the World Federation for Medical Education (WFME). This announcement prompted Japanese medical schools to establish an accreditation system in medical education. As a result, many in the medical profession have started to pay attention to the ECFMG, and started to take a fresh look at medical English education. Thus, it seems timely to hold the USMLE session.

**“JASMEE Gala Party 2013”** will be held at the same hotel from 6:40 in the evening on July 20. It will be a time for all to exchange ideas about medical English education in a relaxed, informal atmosphere. Enjoy the Jazz played by the medical students of the Jazz Club of Juntendo University Faculty of Medicine. I am looking forward to seeing you at Tokyo Disney Resort, Urayasu City.

**Masanori Ito, M.D.**

Department of Neurosurgery,  
Juntendo University Urayasu Hospital  
President

The 16th Academic Meeting of the JASMEE

# ご案内 General Information

## 1 会期 / Dates

2013年7月20日(土)～21日(日) Saturday, July 20 & Sunday, July 21, 2013

## 2 会場 / Venue

東京ベイ舞浜ホテル クラブリゾート Tokyo Bay Maihama Hotel Club Resort  
〒279-0031 千葉県浦安市舞浜1-7 1-7 Maihama, Urayasu, Chiba 279-0031  
TEL: 047-355-2411 (代表) TEL: 047-355-2411

## 3 受付 / Registration

- ・参加登録, 演者登録, 新入会・年会費, 懇親会の申込・お支払い等は, すべて1階ホワイエの「受付」で行います。  
Registration (attendants, speakers, membership fees and reception) are accepted at the registration desk in the foyer of the 1st floor.
- ・受付開始時刻は 7月20日(土) 9:00, 7月21日(日) 9:00 です。  
The registration desk will open at 9:00 am on both days.

## 4 参加登録 / Registration Fees

- ・参加費は一般会員 7,000 円, 学生会員 3,000 円, 非会員 8,000 円です。  
\* 2日目のみご参加の場合は, 非会員 5,000 円, 研修医・学生 1,000 円となります。  
Registration fees: members 7,000 yen, student members 3,000 yen, non-members 8,000 yen.  
For the 2nd day only: non-members 5,000 yen, and residents/students 1,000 yen.
- ・会期中は必ず参加証をおつけください。  
Attendance ID must be displayed during the meeting.

## 5 入会申込・年会費納入 / Membership Application, Membership Fees

- ・参加登録時に「新入会・年会費受付」にて行ってください。  
New membership applications are accepted at the registration desk.
- ・平成25年度の年会費は 9,000 円(年3回発行の学会誌購読料を含む)です。  
学生会員の場合の年会費は 1,000 円(学会誌購読料を含まない)です。  
Membership fees for 2013 are 9,000 yen, including subscription fees for 3 issues of the journal.  
Membership fees for student members are 1,000 yen, not including the journal.

## 6 会場内の呼び出し / Paging Service

- ・会場内での呼び出しおよび緊急連絡は受付までご連絡ください。  
Please ask the registration clerk for the paging of an attendant, or other urgent calling.

## 7 コーヒーサービス, レストラン / Coffee Service, Restaurants

- ・会期中, 1階ホワイエではコーヒーサービスがございます。
- ・ホテル内の喫茶・レストランの営業時間は下記の通りです。  
3F コーヒーハウス「ラベニュー」 Coffee House "L'Avenue" 6:30~10:00/11:30~14:30/17:30~23:30  
カジュアルレストラン「ファランドール」 Casual Restaurant "Farandole" 17:30~21:30  
日本料理「行庵」 Japanese Restaurant "Gyoan" 11:30~14:30/17:30~21:30  
フードコート「ベンジャミンガーデン」 Food Court "Benjamin Garden" 6:30~9:30/11:30~22:30  
12F フレンチレストラン「シュールラメール」 French Restaurant "Sur La Mer" 17:00~23:30

## 8 関連会議日程 / Meeting Schedule

日本医学英語検定試験制度委員会 EPEMP steering committee meeting	7月19日(金) 16:00~18:00	1階「真珠」
理事会 board meeting	7月19日(金) 18:00~20:00	1階「真珠」
評議員会 councilors' meeting	7月20日(土) 10:00~10:30	1階「インペリアルホール / エメラルド」
総会 general assembly	7月20日(土) 18:00~18:30	1階「インペリアルホール / エメラルド」
学会誌編集委員会 editorial board meeting	7月21日(日) 12:00~13:00	1階「真珠」

## 9 懇親会 / Reception

- ・懇親会は7月20日(土)の18:30より, 1階「インペリアルホール / サファイア」にて開催いたします。  
The reception will be held at the Imperial Hall/Sapphire, starting at 18:30 on Saturday, July 10.  
参加費は6,000円です。 The participation fee is 6,000 yen.

## 10 展示会場 / Exhibition

- ・(株)医学書院, (株)ネリーズ, 株式会社メジカルビュー社から協賛をいただき開催しております。会期中は, 1階ホワイエを展示会場として, 協賛各社の展示を行います。ぜひお立ち寄りください。

## 11 第17回日本医学英語教育学会 学術集会のご案内 / The 17th JASMEE Conference, 2014

- ・会期 2014年7月19, 20日(予定)
- ・会場 北里大学薬学部(予定) Kitasato University School of Pharmacy
- ・会長 西村 月満(北里大学) Tsukimaro Nishimura (Kitasato University)

## 12 第18回日本医学英語教育学会 学術集会のご案内 / The 18th JASMEE Conference, 2015

- ・会期 2015年7月15, 16日(予定)
- ・会場 岡山コンベンションセンター(予定) Okayama Convention Center
- ・会長 伊達 勲(岡山大学) Isao Date (Okayama University)

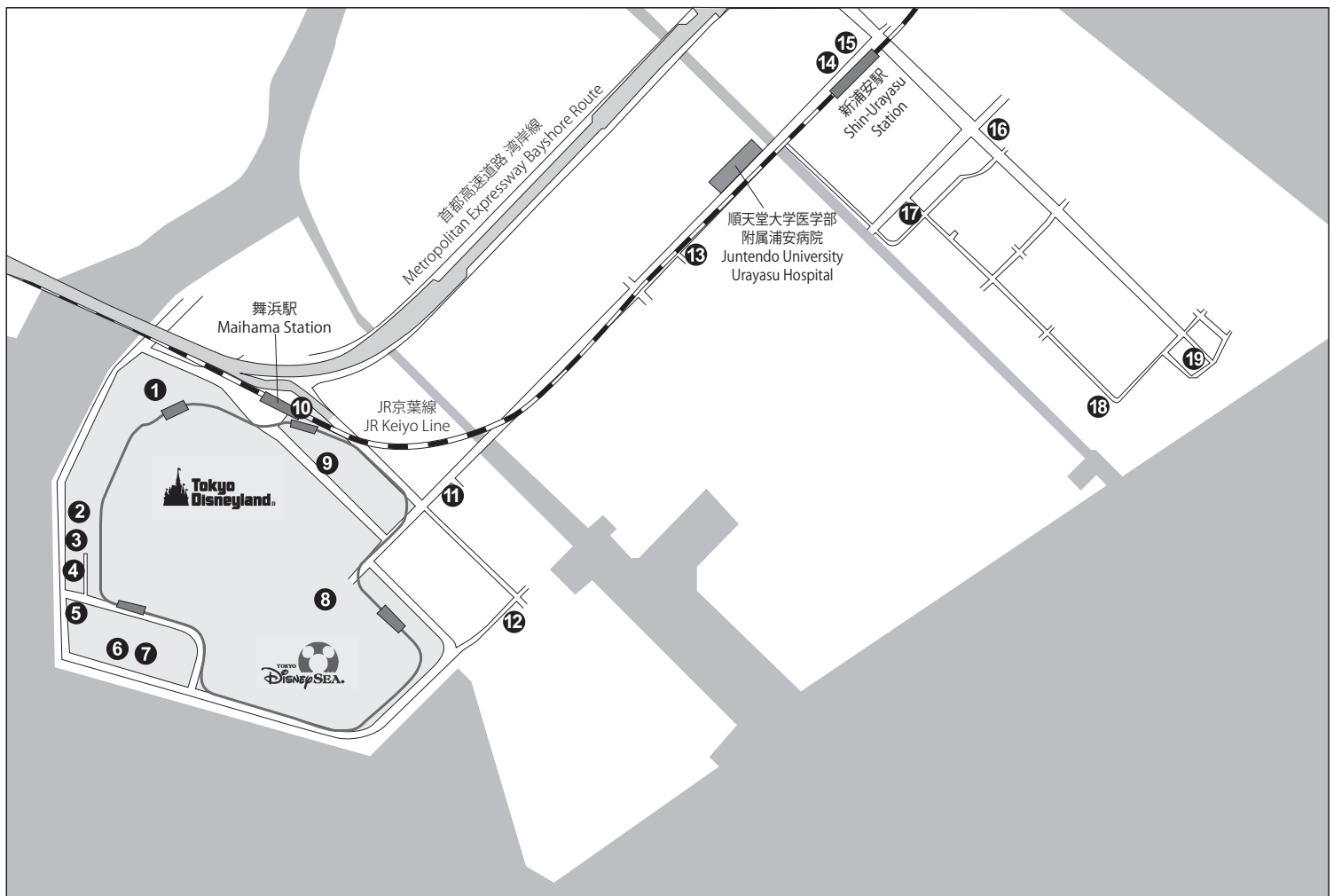


## 講演規定 / Instructions to Speakers

- ・ 演者は発表予定時刻の 30 分前までに「受付」で演者登録をお済ませください。
- ・ 演者登録後、発表予定時刻の 10 分前までに発表会場の「次演者席」へご着席ください。
  - [1] 口演時間は 15 分、討論時間は演者の交代を含めて 5 分です（時間厳守をお願いします）。  
14 分に予告ベル 1 回、15 分に終了ベル 2 回でお知らせします。
  - [2] 発表はすべて液晶プロジェクターを用いた PowerPoint でお願いいたします。  
会場で使用できるコンピュータの OS は Windows 7（アプリケーションは PowerPoint 2010）です。  
Macintosh の使用をご希望の方は事前にご相談ください。  
発表者はファイルに「発表者氏名」を明記のうえ、7 月 10 日（水）までに学会用メールアドレス（[jasmee@medicalview.co.jp](mailto:jasmee@medicalview.co.jp)）に添付ファイルとして送付してください。  
またバックアップ用として、当日 USB メモリースティックでもご持参いただくことをお勧めいたします。  
PC の持ち込みによる発表はお控えください。  
いただきました発表データは、学会終了後に責任をもって消去いたします。
  - [3] ハンドアウトを使用して発表される場合は、事前に各自でフォトコピーを 100 部をご用意ください。  
演者登録の際、必ずコピーを受付の係員にお渡しください。
  - [4] 発表を取り消される場合は、事前にお知らせ下さい。  
ご質問などございましたらご遠慮なくメール（[jasmee@medicalview.co.jp](mailto:jasmee@medicalview.co.jp)）あるいは電話（03-5228-2274）でご連絡ください。
  - [5] 学会当日に急遽、発表を取り消される場合は、発表予定時刻の 1 時間前までに「受付」にお知らせください。
- ・ 質問・発言を希望される方はその場で挙手をお願いします。係の者がマイクを持って参りますので、マイクを持ってお話しください。
- ・ 発言は座長の指名順とし、発言の前には所属・氏名を名乗ってください。
  
- ・ Speakers are asked to come up to the reception desk at least 30 minutes before their presentation time.
- ・ Speakers are asked to enter the presentation room at least 10 minutes before their presentation time.
  - [1] Every presentation will be 15 minutes long with 5 minutes of discussion. A bell will ring once at 14 minutes, and twice at 15 minutes.
  - [2] Presentation slides should be in PowerPoint 2010 format, OS Windows 7. Speakers wishing to use a Macintosh please contact the secretariat in advance.  
Speakers are asked to send their PowerPoint slides to the secretariat ([jasmee@medicalview.co.jp](mailto:jasmee@medicalview.co.jp)) by Wednesday, July 10.  
Speakers should also bring the files on an USB memory stick as a backup.  
All presentation files will be deleted from the conference computer after the meeting.
  - [3] Speakers wishing to use handouts should submit 100 copies to the reception desk.
  - [4] Cancellation requests should be submitted to the secretariat in advance.  
For inquiries please send an e-mail ([jasmee@medicalview.co.jp](mailto:jasmee@medicalview.co.jp)) or phone (03-5228-2274) .
  - [5] Cancellation on the day shall be announced by the reception desk at least 1 hour before the presentation time.
- ・ The audience are asked to raise a hand before asking questions or remarks.
- ・ Speakers at discussions will be announced by the chairperson, and are asked to give their names and affiliation before making their statements.

# 宿泊のご案内 / Accomodation

番号	ホテル名	宿泊料金 (2名)	URL
①	東京ディズニーランドホテル Tokyo Disneyland Hotel	¥ 39,000~	<a href="http://www.disneyhotels.jp/tdh/index.html">http://www.disneyhotels.jp/tdh/index.html</a>
②	サンルートプラザ東京 Sun Route Plaza Tokyo	¥ 9,500~	<a href="http://www.sunroute-plaza-tokyo.co.jp/">http://www.sunroute-plaza-tokyo.co.jp/</a>
③	東京ベイ舞浜ホテル Tokyo Bay Maihama Hotel	¥ 13,600~	<a href="http://maihamahotel.jp/">http://maihamahotel.jp/</a>
④	東京ベイ舞浜ホテル クラブリゾート Tokyo Bay Maihama Hotel Club Resort	¥ 10,900~	<a href="http://www.tbm-clubresort.jp/">http://www.tbm-clubresort.jp/</a>
⑤	ヒルトン東京ベイ Hilton Tokyo Bay	¥ 18,200~	<a href="http://www.hiltontokyobay.jp/">http://www.hiltontokyobay.jp/</a>
⑥	ホテルオークラ東京ベイ Hotel Okura Tokyo Bay	¥ 12,800~	<a href="http://www.okuratokyobay.net/">http://www.okuratokyobay.net/</a>
⑦	シェラトン・グランデ・トーキョーベイ・ホテル Sheraton Grande Tokyo Bay Hotel	¥ 14,250~	<a href="http://www.sheratontokyobay.co.jp/">http://www.sheratontokyobay.co.jp/</a>
⑧	東京ディズニーシー・ホテルミラコスタ Tokyo Disney Sea Hotel Miracosta	¥ 35,000~	<a href="http://www.disneyhotels.jp/dhm/index.html">http://www.disneyhotels.jp/dhm/index.html</a>
⑨	ディズニーアンバサダーホテル Disney Ambassador Hotel	¥ 35,000~	<a href="http://www.disneyhotels.jp/dah/">http://www.disneyhotels.jp/dah/</a>
⑩	ホテル ドリームゲート舞浜 Hotel Dream Gate Maihama	¥ 10,000~	<a href="http://www.hdgm.jp/">http://www.hdgm.jp/</a>
⑪	ホテル マイステイズ舞浜 Hotel My Stays Maihama	¥ 8,200~	<a href="http://www.flexstay.net/location/maihama/">http://www.flexstay.net/location/maihama/</a>
⑫	スパ&ホテル 舞浜ユーラシア Spa & Hotel Maihama Eurasia	¥ 8,700~	<a href="http://www.my-spa.jp/">http://www.my-spa.jp/</a>
⑬	フレックステイイン新浦安 Flex Stay Inn Shin-Urayasu (旧:ウィークリーマンション新浦安)	¥ 5,800~	<a href="http://www.flexstay.jp/location/shinurayasu/">http://www.flexstay.jp/location/shinurayasu/</a>
⑭	浦安ブライトンホテル Urayasu Brighton Hotel	¥ 12,000~	<a href="http://www.brightonhotels.co.jp/urayasu/">http://www.brightonhotels.co.jp/urayasu/</a>
⑮	オリエンタルホテル東京ベイ Oriental Hotel Tokyo Bay	¥ 8,000~	<a href="http://www.oriental-hotel.co.jp/">http://www.oriental-hotel.co.jp/</a>
⑯	ホテル エミオン東京ベイ Hotel Emion Tokyo Bay	¥ 10,500~	<a href="http://www.hotel-emion.jp/">http://www.hotel-emion.jp/</a>
⑰	マイステイズ新浦安 My Stays Shin-Urayasu	¥ 6,300~	<a href="http://www.flexstay.net/location/shinurayasu/">http://www.flexstay.net/location/shinurayasu/</a>
⑱	三井ガーデンホテル プラナ東京ベイ Mitsui Garden Hotel Prana Tokyo Bay	¥ 9,600~	<a href="http://www.gardenhotels.co.jp/pranatokyoabay/">http://www.gardenhotels.co.jp/pranatokyoabay/</a>
⑲	パーム&ファウンテン テラスホテル Palm & Fountain Terrace Hotel	¥ 10,000~	<a href="http://www.palmandfountainterracehotel.com/index.html">http://www.palmandfountainterracehotel.com/index.html</a>



# 交通のご案内 / Transportation

## [会場 / Venue]

東京ベイ舞浜ホテルクラブリゾート

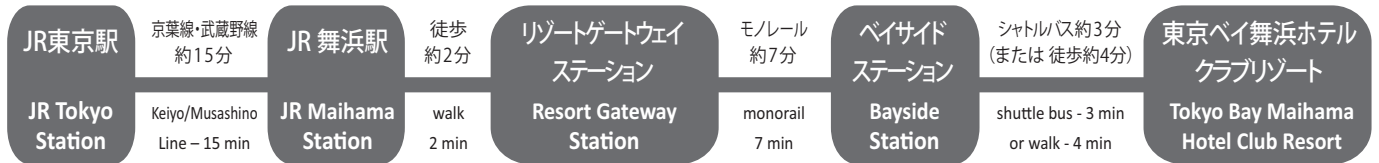
Tokyo Bay Maihama Hotel Club Resort

〒279-0031 千葉県浦安市舞浜1-7

1-7 Maihama, Urayasu, Chiba 279-0031

Phone 047-355-2411

## [東京駅から / From Tokyo Station]

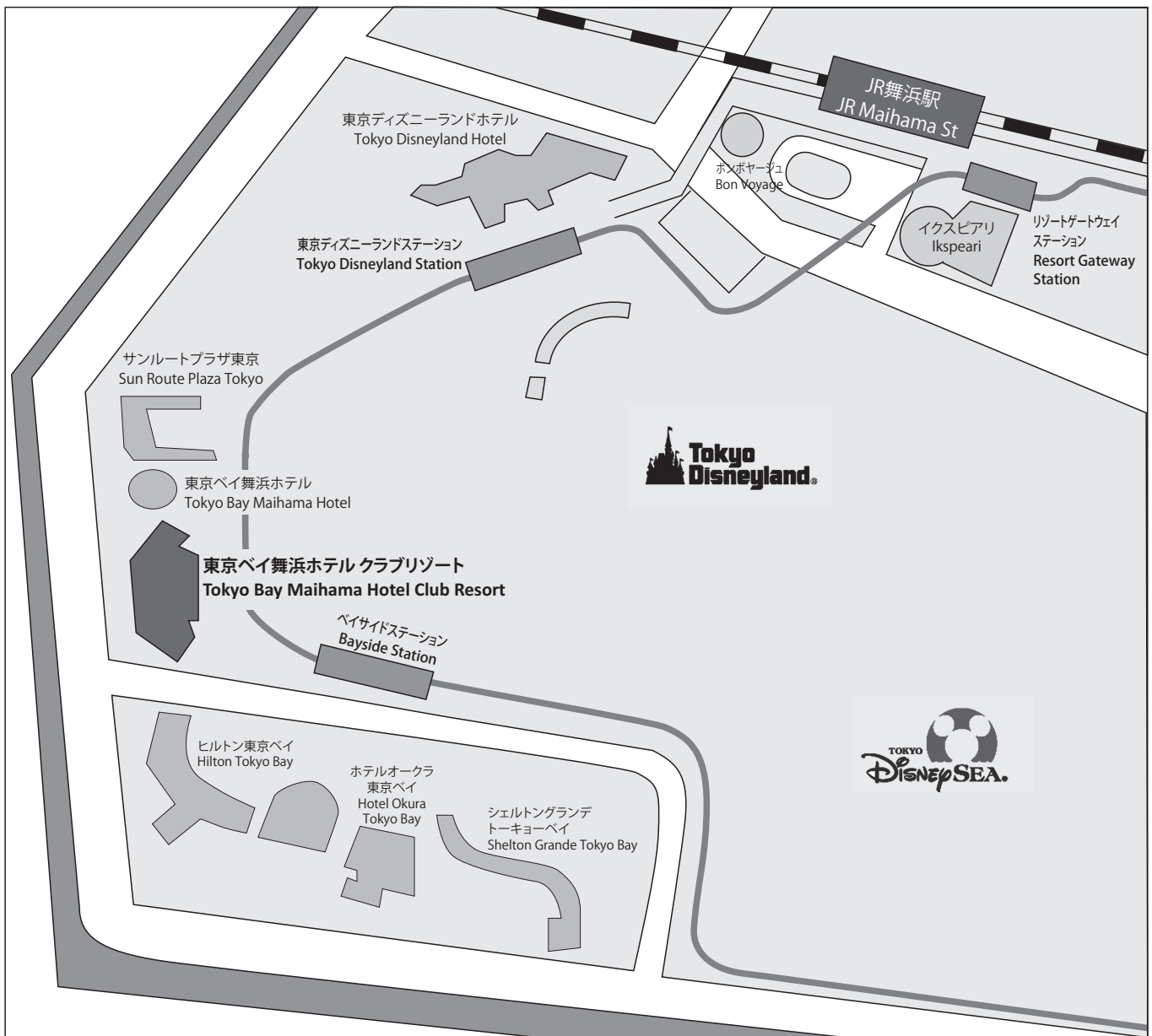


## [羽田空港から / From Haneda Airport]

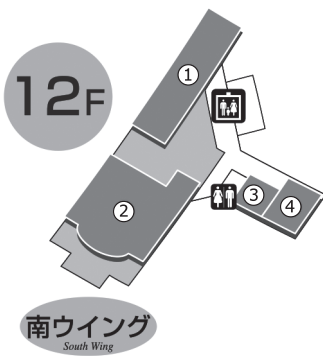
東京ディズニーリゾート地区行きの「リムジンバス」にご乗車いただき、「東京ベイ舞浜ホテルクラブリゾート」でお降りください。

Please take a limousine bus for "Tokyo Disney Resort" and get off at "Tokyo Bay Maihama Hotel Club Resort."

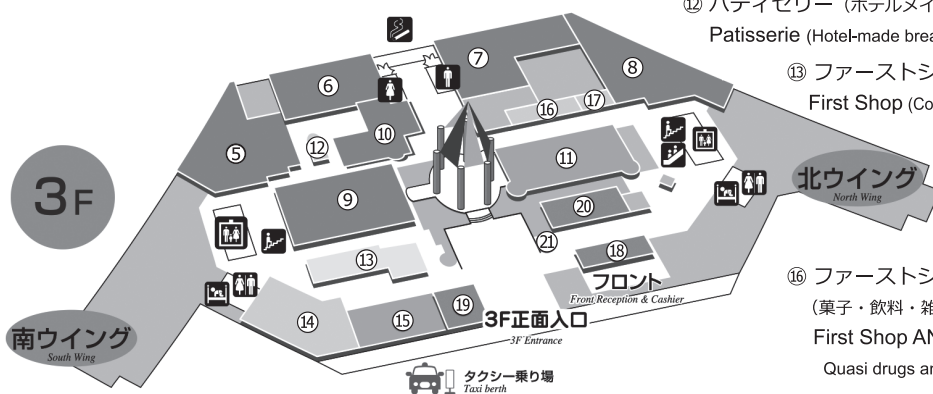
所要時間: 45~50分 / Approximately 45-50 minutes



# 会場案内図 / Venue



- ① フレンチレストラン「シュール ラメール」 French Restaurant "Sur La Mer"
- ② スカイラウンジ「ジュアン」 Sky Lounge "Juan"
- ③ フレンチレストラン/個室「ラベンター」 French Restaurant/Private Dining "Lavender"
- ④ フレンチレストラン/個室「ローズ」 French Restaurant/Private Dining "Rose"



⑫ パティセリー (ホテルメイドパン&ケーキ)  
Patisserie (Hotel-made breads and cakes)

⑬ ファーストショップ (菓子・飲料・雑貨・衣類)  
First Shop (Confectionery, Beverages, Sundries and Clothing)

⑭ ディズニーファンタジー  
Disney Fantasy (Disney Goods)

⑮ Venus舞浜店 (ウェディングドレスサロン)  
Venus Maihama Store (Costume Salon)

⑯ ファーストショップANNEX  
(菓子・飲料・雑貨・医薬部外品・ベビー用品)  
First Shop ANNEX (Confectionery, Beverages, Sundries,  
Quasi drugs and Baby things)

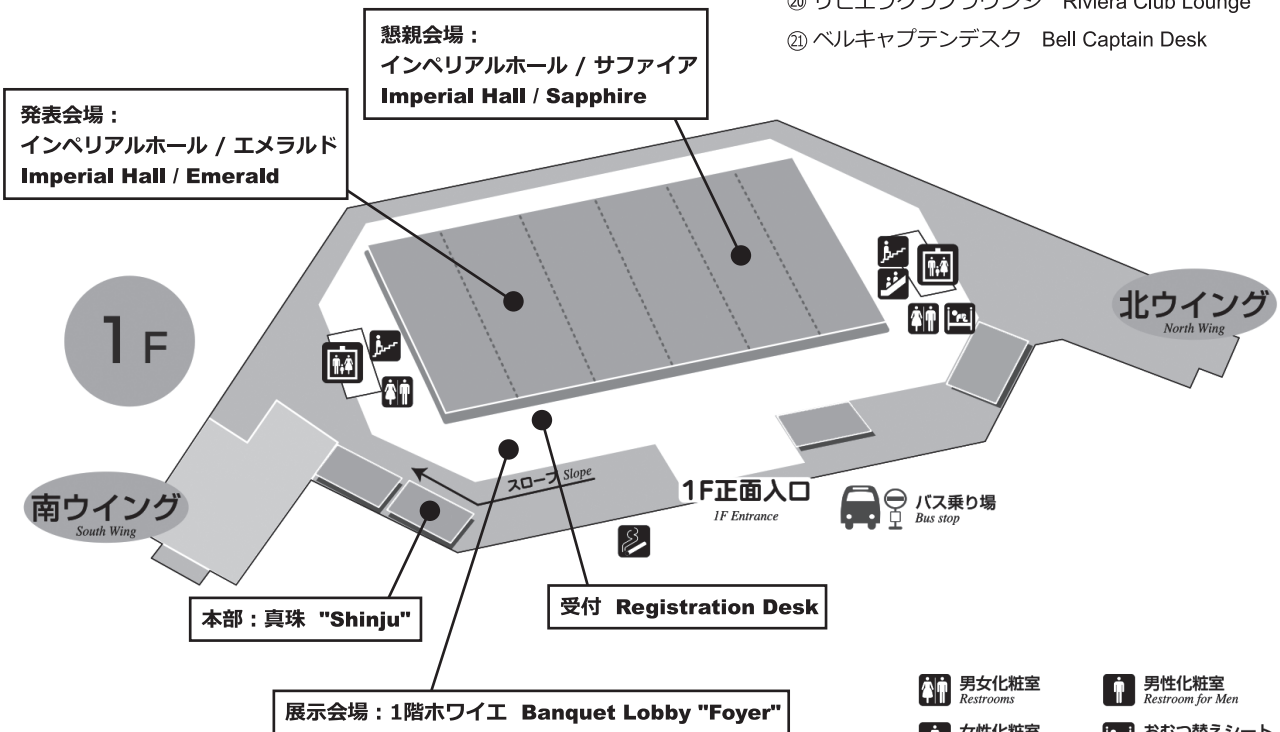
⑰ ファースト花壇 First Kadan (Florist)

⑱ フロント Front Reception & Cashier

⑲ ロビークローク Lobby Cloak

⑳ リビエラクラブラウンジ Riviera Club Lounge

㉑ ベルキャプテンデスク Bell Captain Desk



男女化粧室  
Restrooms

女性化粧室  
Restroom for Women

エレベーター  
Elevator

階段  
Stairs

男性化粧室  
Restroom for Men

おむつ替えシート  
Diaper changing station

エスカレーター  
Escalator

喫煙所  
Smoking area



# プログラム

7月20日（土）第1日目プログラム

7月21日（日）第2日目プログラム

発表会場 (1階インペリアルホール/エメラルド)  
Presentation Room (Imperial Hall / Emerald, 1F)

展示会場  
(1階ホワイトエ)  
Exhibition Room  
(Foyer, 1F)

9

10

1000  
評議会 Councilors' meeting

1030  
開会挨拶 Opening remarks

1040  
【一般演題1】医療英語教育/ライティング指導  
EMP Education for Paramedical Workers & Written English Training  
座長: 小島多香子 Takako Kojima (東京医科大学), Eric Hajime Jego (日本大学医学部)  
1. 診療放射線技師の現場における英語ニーズ分析 藤枝美穂 Miho Fujieda (京都医療科学大学)  
2. A Proposal Regarding English Education at Schools to Train Paramedics/Medical Technologists in Japan  
神崎秀嗣 Hidetsugu Kohzaki (京都大学ウイルス研究所細胞生物)  
3. English Teachers Editing Scientific Abstracts While Thinking Aloud Ian Willey (香川大学)  
4. DOCENDO DISCIMUS (We Learn by Teaching) Christopher Holmes (東京大学医学部)

11

12

1200

13

1300  
【シンポジウム1】医療現場は医学英語教育に何を期待するか Catering to the Expectations of Medical Professionals  
座長: 吉岡俊正 Toshimasa Yoshioka (東京女子医科大学), Reuben M. Gerling (日本大学医学部)  
1. What the Clinical Faculty Expects from Medical English Education: The Chairman of Neurosurgery's Viewpoint  
伊達 勲 Isao Date (岡山大学医学部脳神経外科)  
2. Medical English Education in the Dental Sector 影山幾男 Ikuo Kageyama (日本歯科大学新潟生命歯学部解剖学第1講座)  
3. What Kind of Physician Will Finally be Raised through Medical English Education?  
福沢嘉孝 Yoshitaka Fukuzawa (愛知医科大学医学部医学教育センター)  
4. EMP in the Undergraduate Curriculum: An English Teacher's Perspective James Hobbs (岩手医科大学)

14

1430

15

1440  
【一般演題2】実践的医学英語教育 Practical EMP Education  
座長: 福沢嘉孝 Yoshitaka Fukuzawa (愛知医科大学), Christopher Holmes (東京大学医学部)  
1. Providing Authentic Experiences to Develop Medical Interviewing Skills — Well-trained English-speaking Simulated Patients (SPs) Available for All Universities 芦田ルリ Ruri Ashida (東京医科大学), Christine D. Kuramoto (浜松医科大学)  
2. Experiences in Designing and Teaching a Short Course on Performing Abdominal Ultrasound  
高橋綾子 Ayako Taketomi-Takahashi, 対馬義人 (群馬大学医学部医学科放射線診断核医学講座)  
3. Creating Custom Materials for a Clinical Medicine English Class Alan Hauk (東邦大学医学部医学科英語学研究室)

1540

16

1550  
【一般演題3】医療英会話 Clinical Conversation  
座長: 芦田ルリ Ruri Ashida (東京医科大学), Christine Kuramoto (浜松医科大学)  
1. Genre Awareness and Discourse Competence of Japanese Medical Students in a Diagnosis Task in English  
カーク美佳 Mika Kirk (医系専門予備校メディカルラボ広島校/エリザベト音楽大学)  
2. What Can Japanese Medical Education Offer in Order to Promote Medicine for Foreign Patients?  
玉巻欣子 Kinko Tamamaki (神戸薬科大学), 西尾久英 (神戸大学大学院医学研究科)  
3. Using Japanese Medical Drama in EMP Classes 大下晴美 Harumi Oshita, Sean Chidlow (大分大学医学部)

1650

17

1700  
【特別講演】日本脳神経外科同時通訳団の活動と研修会の意義: 医学英語教育の面から  
Activities of Simultaneous Interpreters' Group in Neurosurgery and Significance of Training Course:  
From the Viewpoint of Medical English Education  
座長: 植村研一 Kenichi Uemura (松戸市病院事業総長)  
演者: 伊達 勲 Isao Date (日本医学英語教育学会副理事長, 岡山大学大学院脳神経外科教授)

18

1800  
総会・植村研一賞授賞式  
General assembly and the Kenichi Uemura award ceremony

1830  
1840  
懇親会 (1階 インペリアルホール/サファイア)  
Reception (Imperial Hall / Sapphire, 1F)

2030

1000  
展示  
1800

発表会場 (1階インペリアルホール/エメラルド)  
Presentation Room (Imperial Hall / Emerald, 1F)

展示会場  
(1階ホワイトエ)  
Exhibition Room  
(Foyer, 1F)

9

10

950  
【一般演題4】語学教育と医学教育の協働 Collaboration of Language Teachers and Medical Specialists  
座長：押味貴之 Takayuki Oshimi (日本大学医学部), James Thomas (慶應義塾大学医学部)  
1. 医学教育と語学教育の協働にむけて 鈴木光代 Mitsuyo Suzuki, 遠藤美香 (東京女子医科大学)  
2. Assessing US Medical Residents' Background Knowledge: A Model for Collaboration Between Language Teachers and Medical Specialists William Rozycki (会津大学)  
3. Skills Lab English: Ongoing Adventures in Teaching Medical Skills Through English James Hobbs (岩手医科大学)

11

1100  
【一般演題5】口頭発表・発音訓練 Training in Oral Presentation and Pronunciation  
座長：鈴木光代 Mitsuyo Suzuki (東京女子医科大学), James Hobbs (岩手医科大学)  
1. Japanese Doctors' English Perceptions and Performance at International Conferences: A Pathology, Diagnosis, and Treatment Michael Guest (宮崎大学医学部)  
2. 医学英語教育の基礎段階における音声学習の必要性—発音訓練の実施例 高橋和子 Kazuko Takahashi (順天堂大学医学部, 神奈川県立保健福祉大学), 高桑光徳 (明治学院大学教養教育センター), Raoul Breugelmanns (東京医科大学医学教育学講座)  
3. Cinderella Goes to the Ball, Competence Comes to the EMP Class Najma Janjua (香川保健医療大学)

12

13

1300  
【教育講演】医学英語教育とICT(情報通信技術) ICT (Information and Communication Technology) in EMP Education  
座長：伊藤昌徳 Masanori Ito (順天堂大学医学部附属浦安病院)  
1. ITの明暗 A Meditation on Information Technology's Light and Dark Sides Christopher Holes (東京大学医学部国際交流室)  
2. 医学英語教育におけるICT(情報通信技術)の有効活用法 Utilization of ICT (Information and Communication Technology) in EMP Education 大石 実 Minoru Oishi (日本大学医学部神経内科)

14

1410  
【シンポジウム2】米国医師資格試験 (USMLE) 受験に向けての医学英語教育 EMP Education for Passing USMLE  
座長：佐地 勉 Tsutomu Saji (東邦大学大森医療センター)  
1. Preparing Japanese Physicians and Medical Students for the United States Medical Licensing Examination Step 2 Clinical Skills Component Daniel Salcedo<sup>1</sup>, 押味貴之 Takayuki Oshimi<sup>1</sup>, Eric Hajime Jego<sup>1</sup>, James Thomas<sup>2</sup>, Jeanette Dennisson<sup>1</sup> (<sup>1</sup>日本大学医学部医学教育企画・推進室, <sup>2</sup>慶應義塾大学医学部クリニカルリサーチセンター)  
2. Supporting Physicians and Medical Students in Japan During Preparation for the United States Medical Licensing Examination Step 1 and Step 2 Clinical Knowledge Components Daniel Salcedo<sup>1</sup>, 押味貴之 Takayuki Oshimi<sup>1</sup>, Eric Hajime Jego<sup>1</sup>, James Thomas<sup>2</sup>, Jeanette Dennisson<sup>1</sup> (<sup>1</sup>日本大学医学部医学教育企画・推進室, <sup>2</sup>慶應義塾大学医学部クリニカルリサーチセンター)  
3. USMLE: 日本人医師受験のために 入交重雄 Shigeo Irimajiri (りんくう総合医療センター)  
4. アメリカ臨床留学に求められる英語力—「N Program」23年の経験から— 西元慶治 Keiji Nishimoto (医療法人社団つるかめ会)

15

16

1550  
【USMLE対策セッション】受験者と教育者が知っておかなければならない基礎知識  
USMLE Information Session: Understanding the USMLE from the Japanese Perspective  
Daniel Salcedo<sup>1</sup>, 押味貴之 Takayuki Oshimi<sup>1</sup>, Eric Hajime Jego<sup>1</sup>, James Thomas<sup>2</sup>, Jeanette Dennisson<sup>1</sup>  
(<sup>1</sup>日本大学医学部医学教育企画・推進室, <sup>2</sup>慶應義塾大学医学部クリニカルリサーチセンター)

17

1720  
1730  
閉会挨拶 Closing remarks

18

1000  
展示  
1600





# 7月20日(土)

## 【特別講演】

日本脳神経外科同時通訳団の活動と研修会の意義：  
医学英語教育の面から Activities of Simultaneous  
Interpreters' Group in Neurosurgery and  
Significance of Training Course : From the  
Viewpoint of Medical English Education ... 18

## 【シンポジウム／Symposium】

医療現場は医学英語教育に何を期待するか  
Catering to the Expectation of Medical  
Professionals ..... 19

## 【一般演題 1 / Free Paper Session 1】

医療英語教育／ライティング指導  
EMP Education for Paramedical Workers &  
Written English Training ..... 25

## 【一般演題 2 / Free Paper Session 2】

実践的医学英語教育  
Practical EMP Education ..... 26

## 【一般演題 3 / Free Paper Session 3】

医療英会話 Clinical Conversation ..... 27

【特別講演】

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医学英語教育の面から  
Activities of Simultaneous Interpreters' Group in  
Neurosurgery and Significance of Training Course:  
From the Viewpoint of Medical English Education

演者

伊達 勲

(日本医学英語教育学会 副理事長, 岡山大学大学院脳神経外科 教授)

**Isao Date, M.D., Ph.D.**

(Vice President of JASMEE; Professor and Chairman, Department of Neurological Surgery,  
Okayama University Graduate School)

座長

植村研一

(松戸市病院事業 総長)

日本脳神経外科同時通訳団は、日本医学英語教育学会の名誉理事長である、植村研一先生が設立されたユニークな団体で、日本脳神経外科学会や日本脳神経外科コンgresの補佐組織として、30年以上にわたって、学会の外国人講演者に対する貢献のみならず、医学英語教育の面からも脳神経外科医の英語能力の向上に寄与してきた。演者は、2003年よりこの組織の団長を仰せつかり、約70名のメンバーとともに活動を続けてきた。毎年開催される夏期研修会は、若手脳神経外科医(若手医師、若手研究者と置き換えられる)を対象とする、英語での口演発表のスキルをいかに向上させるかの訓練の場であり、また、同時通訳を行える中堅・ベテラン脳神経外科医(中堅・ベテラン医師と置き換えられる)の、同時通訳能力をさらに磨く重要な場である。この夏期研修会の内容を紹介することは、医学英語教育に携わる本学会の参加者にとって有益なものと思われる。

研修会は2日間開催され、若手脳神経外科医による英語プレゼンテーション(臨床あるいは基礎研究の内容)が行われる「日本脳神経外科国際学会フォーラム(JNEF)」と、脳神経外科の subspecialty である、脳腫瘍・脳血管障害・脳の基礎研究などの日本語のプレゼンテーションを、日本語から英語に同時通訳をする「同時通訳トレーニング」から構成される。JNEFでは、各発表毎に、英語自体の発音、文法、抄録の書き方に加えて、スライドの作成方法についてもシニアメンバーからコメントがなされ、若手の英語能力向上に役立つ。「同時通訳トレーニング」では、本格的なブースとヘッドセットを使っての訓練がなされ、これもシニアメンバーから個々の参加者への指導が行われる。さらに、例年、植村研一先生による「同時通訳のコツ」のプレゼンテーションと若手への指導があり、参加者は2日間にわたって、休む暇なく英語を話す・聞くを繰り返すことになる。

これらの活動により、日本の脳神経外科医には英語自体、あるいは医学英語教育に興味を持つ者が多い。本学会の評議員・理事にも脳神経外科医が多く、また医学英語教育に関する著書を持つ脳神経外科医が多いのは、これらの活動によるところが大きい。

本講演では、歴史的なことも含めて同時通訳団の活動を紹介し、研修会がいかに医学英語教育の面から有用であるかについて、研修会のビデオなどもまじえながらお話ししたい。脳神経外科医以外の医師、英語教師の先生方にも今後の参考になれば幸甚である。

【シンポジウム 1】

医療現場は医学英語教育に何を期待するか  
Catering to the Expectation of Medical Professionals

**Chairs:**

**Toshimasa Yoshioka, MD, PhD**

Chancellor, Tokyo Women's Medical University

Associate Editor in Chief: The JASMEE Journal

**Reuben M. Gerling**

Medical writer/editor

Professor, Medical English Education, Nihon University School of Medicine (ret.)

Editor in Chief: The JASMEE Journal

**Discussants:**

**Isao Date, MD, PhD**

Professor and Chairman, Department of Neurological Surgery,

Okayama University Graduate School

**Ikuo Kageyama, DDS, PhD**

Professor and Chairman, Department of Anatomy, The Nippon Dental University

**Yoshitaka Fukuzawa, MD, PhD**

Professor, Medical Education Center, Aichi Medical University

**James Hobbs**

Associate Professor, Center for Liberal Arts and sciences, Iwate Medical University

## Introduction

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English for medical purposes (EMP) is recognized as an important ingredient in the making of a modern proficient doctor. An increasing number of medical schools now have medical English lecturers and more lecturers and resources are being devoted to the aim of improving the students' ability.

The structure of academic institutions is based on semi-independent isolation in which most lecturers are provided with a general target without much access to the material and methods of other departments. For the lecturers involved in basic skills this can prove particularly difficult as they may not be aware of the end product and how it is being utilized. Thus, the medical English lecturer may wish to stress conversational skills whereas the clinician may insist that young doctors engage in reading-translation.

This symposium was initiated by the editors of the journal with the aim of starting an ongoing dialogue between the language teachers and the clinicians, both of whom are members of JASMEE. The first discussants will explain their views of what is needed in EMP and the final one will talk about what he, as an EMP lecturer is able to deliver.

The audience is invited to join the discussion that will follow with comments, views and ideas.

**The presentations will be followed by a discussion with questions and comments from the audience**

The whole symposium will be recorded and published in the journal. Readers of the journal are invited to send in comments by e-mail. These comments will be printed in the following issues of the journal.

**Please note:**

Members of JASMEE who wish to see the galley proofs of their contribution before it is published are asked to fill in the appropriate form. Forms will be available at the reception desk.

The symposium will be photographed and the photos published in the journal. Please fill in the consent form that will allow us to publish your picture. These forms will also be available at the reception desk.

# 1. What the Clinical Faculty Expects from Medical English Education: The Chairman of Neurosurgery's Viewpoint

Isao Date

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The roles of the chairman of the neurosurgical department are:

1. Education of future medical doctors
2. Training young neurosurgeons to become competent specialists

My presentation will explain my views regarding the role of medical English education in achieving these goals.

## 1. Medical English education for medical students

Most important is the building of a strong English vocabulary for medical terminology such as disease names and therapeutic methods. Although at the time of entrance examination most medical students can read and write English, in medical school they learn most of their medical terminology in Japanese. Because they are not familiar with English medical terms, young medical doctors read papers very slowly. Throughout the year medical students have clinical exercises in each field of medicine for one or two weeks. During these periods, I always urge our students to master at least the English names of the diseases and therapies. If the national exam will adopt more English medical terms, the medical students will learn more of the vocabulary they need to know.

For medical students who wish to study abroad in the future, training in listening and speaking is required and needs to include conversational English.

## 2. Medical English education for neurosurgeons

To be familiar with the cutting edge of basic research and clinical neurosurgery information in English is crucial. The information provided by Japanese medical journals is late compared with the latest advances. In neurosurgery, two important journals, *The Journal of Neurosurgery* and *Neurosurgery*, provide the most up to date neurosurgical information. In our department, every week 6 to 8 young neurosurgeons summarize English papers in 10 minute each and make presentations, which is a good training. To make presentations at the international meeting is of course important for young neurosurgeons, and I also urge them to write English papers based upon their presentations at these meetings. For this purpose, it is necessary for them to learn the necessary phrases for presentation and memorize them in order to be able to write their English papers faster.

## 2. Medical English Education in the Dental Sector

Ikuo Kageyama

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Western medicine and science were introduced to Japan from Europe in 1868 when the Meiji government took office; however, there was no dental education at that time. Japanese dental education started in the private sector, when Dr. Kisai Takayama recognized the need and established the Tokyo Dental College, the first dental school in Japan, in 1890. After WWII, Japan was occupied by the United States until 1952. As a result, American medicine and dentistry were introduced. The number of dental schools increased to meet the needs of patients. Currently, there are twenty-nine dental schools in Japan; eleven are governmental, one is a local public institution, and seventeen are private.

The education of medical English, in dental schools has been lagging far behind the medical schools. As of May 1st 2012, there were 321 foreign undergraduate and postgraduate dental students, including researchers. However, only five dental schools implemented postgraduate dental education course in English. In this symposium, the present conditions and progressive educational modification measures leading to the implementation of medical English education in Japanese dental schools will be presented.

### 3. What Kind of Physician Will Finally be Raised through Medical English Education?

Yoshitaka Fukuzawa

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#### 1. Background of the new trends in medical education

Since 2008 the needs of the patients in medical care have drastically changed, so that 1) the professionalism of physicians (better knowledge, highly developed skills, acquisition of the appropriate attitudes as well as mature humanity, patient-centered medical team work, communication skills, highly developed ethical concepts) is more important than before. 2) Starting in 2010 the certified evaluation and accreditation within the American medical education (following the World Federation for Medical Education (WFME) announcement that the international accreditation issues that will be applied from 2023) will bring about new trends in the internationalization of medical educational environment.

#### 2. Future directions in EMP in Japan (considering the medical education at Aichi Medical University (AMU))

Provided that the professionalism of physicians is maintained, Japan will be a winner in the international competition for better medical education. For this purpose, the only solution is to achieve still further developments is nurturing clinical perspectives from early on, increasing the motivation of physicians, heightening the level of consciousness, and modifying behavior. behaving the right motivation is the key to increase the pre- and postgraduate, as well as lifetime clinical competence. In this context, I would like to use medical education at AMU as an example to show a large gateway that may influence future developments. First, for the establishment of an environment for a medical education capable of withstanding the impact of globalization (globalization of medical education) the evaluation criteria of the WFME encompass the following 9 areas (including 36 subcategories). 1) Mission and objective of medical universities, 2) educational program, 3) student evaluation, 4) students, 5) teachers, 6) educational resources, 7) program evaluation, 8) management, 9) continuous improvement. Unless we take these basic criteria into consideration and our universities make considerable efforts at globalization and determinedly proceed with this globalization, we are at risk of developing the Galapagos syndrome. In this context, for the ultra short-term, AMU started to introduce in April 2013 for first year students the 'Introduction to medical personnel' program, based on considerations of the medical educational model and core curriculum revised in March 2011. Moreover, practice of clinical inference (application of the SIU type DxR Clinician systems) started to be introduced to fourth year students. For short and intermediate terms 1) establishment of evidence based medicine (EBM) education, 2) outcome evaluation (including competence), 3) complete establishment of clinical clerkship (approximately 1.5 to 2 years), 4) increasing the teaching personnel involved in medical education, etc. are urgent issues regarding modifications of the program. Currently, the intermediate to long-term medical education is discussed by the review meeting.

I would be glad, if the attendants of this symposium would join in a discussion with me on how medical English education can be immediately adapted to suit the needs of medical personnel among these new trends in medical education described above.



## 4. EMP in the Undergraduate Curriculum: An English Teacher's Perspective

James Hobbs

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What do Japanese doctors need English for? Most English teachers working in medical schools identify areas such as technical vocabulary, skills for reading and writing specialist medical texts, skills for interacting with English-speaking patients and other medical professionals, and conference presentation skills. However, each of these is a wide area that can only be explored to a limited degree at the undergraduate level. In other words, identifying doctors' English needs is just the first step: Once we go about actually creating an EMP programme, deciding specific syllabus content, and choosing or devising a context-appropriate teaching methodology, many choices must be made, and most likely many obstacles will be encountered. Space for English in the medical school curriculum is often limited, and teachers often have little or no control over class size, the range of students' English ability within a group, or the distribution of English classes across the 6-year curriculum. Factors such as these are often overlooked, but can place significant constraints on what is possible. Moreover, we may have a clear idea of what we want to teach, but find ourselves unable to teach it effectively without the direct support and involvement of medical professionals, or unable to find other like-minded and suitably-qualified language teachers to share the teaching burden. For the English teacher, then, the issue is not just what doctors need, but also what is possible: What can be taught effectively to your students, in your teaching context, considering the time and resources available, and the constraints in place?

## 1 診療放射線技師の現場における 英語ニーズ分析

10:40~11:00 藤枝美穂 Miho Fujieda (京都医療科学大学)

教育カリキュラム開発におけるニーズ分析の重要性はESPにおいて極めて重要である。ニーズ分析の情報源としてWest (1994) は、教師が認識するニーズ、学習者が認識するニーズ、職場やスポンサーが認識するニーズの3つを挙げているが、本研究では、職場、すなわち目標状況の分析に焦点を当てる。

医療分野ではこれまで、医師(菱田・大木, 2001)、看護師・保健師(長坂・野呂瀬・内田・武田, 2005)、薬剤師(山田, 2009)など、現役の医療従事者を対象とした英語の使用実態およびニーズに関する意識調査結果が報告されており、職種や経験年数、勤務施設の性格などによる違いが指摘されているが、診療放射線技師に特化した調査はみあたらない。本発表では、2013年1月~3月に実施した、卒業生を中心とする診療放射線技師270名から回収したアンケート結果を報告する。

英語の使用実態に関しては現場を想定した18項目についてその頻度を、仕事と英語の関わりに関しては17の項目についての意識を問う質問紙を作成した。以下は項目例である。

使用実態: 「外国人患者に検査や治療について英語で説明・指示する」、「英語で書かれた撮影依頼(オーダーリング)を読む」、「学会発表の資料を英語で作成する」

仕事と英語の関わり: 「英語ができれば仕事にプラスになる」、「今後、英語は仕事上ますます必要になる」、「仕事上、自分の英語力に不安を感じる」  
全体的な結果として、使用実態については、研究活動に関わる英語使用は非常に限られているが、日常レベルでは医療従事者間の会話中に英語の専門用語が使用され、医療機器の操作時に英語表記のメッセージを読む必要があるなど、専門用語や医療語彙学習の必要性を示唆する結果が得られた。仕事と英語とのかわりについては、他の職種と同様、英語の必要性や将来性を意識した回答結果となった。さらに技師経験年数や勤務施設の種別等の属性による違いについても分析を試みて報告する予定である。

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

11:00~11:20 神崎秀嗣 Hidetsugu Kohzaki  
(京都大学ウイルス研究所細胞生物)

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 lack of physicians, requires paramedics' ability to understand English. English education for paramedics may be useful for providing correct treatment, overcoming the lack of physicians, and treating patients together with several types of paramedics and nurses cooperatively. Therefore, paramedics including medical technologists need English for Medical Purposes (EMP).

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. As the results, 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 or electronic dictionary, showing no significant difference. The scores were also compared between students who were taught by native English-speaking teachers and 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. These results should be used for the improvement of the curriculum.

(1) Kohzaki H: J Med Engl Educ 2012;11:7-14.

## 3 English Teachers Editing Scientific Abstracts While Thinking Aloud

11:20~11:40 Ian Willey (香川大学)

**Background:** Japanese researchers in medical fields are often required by journals to obtain "native checks" for English-language manuscripts; these researchers may then consult English-teaching colleagues without medical training. However, English teachers may experience difficulties when editing scientific texts (Benfield & Feak, 2006).

**Objective:** This study-in-progress examined the thought processes of English teachers editing scientific abstracts, in order to identify specific difficulties faced by these teachers as well as strategies that they employ to overcome difficulties.

**Method:** Five English teachers employed at Japanese universities, with a high degree of editing experience, participated in this study. Participants edited two English abstracts written by Japanese researchers in the fields of medicine and engineering, following a think-aloud protocol and audio-recording their thoughts while editing. Post-task interviews were conducted to clarify findings from think-aloud sessions. Revised abstracts and transcripts were analyzed qualitatively.

**Results:** Preliminary findings indicate that scientific editing is a task involving much uncertainty, even for experienced English-teaching editors. Technical terminology as well as usage of non-technical words posed the greatest difficulty to participants. Participants attempted to deal with uncertainty by conducting Internet or other searches, indicating a need to consult with the abstracts' authors, making tentative revisions, or declining to make revisions.

**Conclusion:** English teachers without scientific or medical training experience much uncertainty when editing scientific texts, even when they have editing experience. In order to reduce the burden that editing imposes upon teachers and improve the quality of their revisions, authors' involvement in the editing process is essential.

## 4 DOCENDO DISCIMUS (We Learn by Teaching)

11:40~12:00 Christopher Holmes (東京大学医学部)

At the end of every Medical English class, I have my students write a free-style essay on a sheet titled "What I Learned In Class Today"; I correct this writing exercise, make a photocopy, and return it to them at the next class. Students are advised to revise it, type it out, and resubmit it; copies of these writing exercises in my archive number in the tens of thousands.

The "WILICT" sheet, as I call it, provides quality feedback on class activities and solid proof of students' presence, participation, and comprehension — but this can be done only in relatively small classes.

In the process of correcting these mini-essays by over 1,000 students for over a decade, I've noticed certain patterns of spelling and grammatical errors. Interestingly, these patterns reveal as much about Japanese grammar as they do about strengths or failings of the Japanese education system (and of my teaching!). Certain errors that I initially regarded as common misspellings, for example, turned out to be written evidence of poor aural comprehension: many students apparently could not distinguish "pose" from "pause", or "this" from "these", for instance, due to poor pronunciation (which is caused by poor teaching). But my talk will not belabor the obvious importance of correct pronunciation and spelling and other basics.

Instead, it will focus on what the non-native-speaker of Japanese can learn about Japanese grammar from Japanese students' English writing mistakes and suggest applications of these findings to writing training programs.

**1 Providing Authentic Experiences to Develop Medical Interviewing Skills – Well-trained English-speaking Simulated Patients (SPs) Available for All Universities**14:40~15:00 芦田ルリ Ruri Ashida (東京医科大学),  
Christine D. Kuramoto (浜松医科大学総合人間科学講座・英語)

**Introduction:** According to the Immigration Bureau of Japan, there were 2,038,159 foreigners registered in Japan in 2012. The background of foreigners vary, however, English is most commonly used as the language for communication. Many medical schools have introduced English medical interviewing into their curriculum. English communication skills will help cultivate doctors who can both care for English speakers in Japan and practice globally. However, students often practice these through role-playing with peers, and very few schools have involved English-speaking SPs. To train students to use English for communication, we need to give students actual experiences with well-trained English-speaking SPs.

**Summary of work:** In 2009 at Kyushu University and in 2011 at Tokyo Medical University (TMU), students performed medical interviews with English-speaking SPs. The SPs were recruited from educators and friends we knew. Students struggled to communicate with the SPs and were motivated to study further. We decided to train a group of English-speaking SPs who are permanent residents of Japan. These SPs can be maintained and sent to universities throughout Japan. So far, our trained SPs have performed medical interviews with feedback at TMU and University of Tokyo. Akita University also utilized our SPs to do an OSCE in English for their first-year students.

**Proposal:** Trained SPs should be involved to provide more authentic experiences for developing students' English interviewing skills. Our SPs are available for your universities. We would like you to make use of this valuable resource.

**2 Experiences in Designing and Teaching a Short Course on Performing Abdominal Ultrasound**15:00~15:20 高橋綾子 Ayako Taketomi-Takahashi,  
対馬義人 (群馬大学医学部医学科放射線診断核医学講座)

This presentation describes our experiences in designing and conducting a short course on performing abdominal ultrasound examination in English. The course was designed for interested PGY1 and PGY2 doctors in Gunma University Hospital and consisted of 2 sections. The first section was in a lecture format and explained (in English) the physical properties of ultrasound, its clinical applications, relevant anatomy of the abdomen, and the steps necessary in performing an ultrasound examination. The second section was in a hands-on/ role-playing format. Participants took turns playing the role of the sonographer and an English-speaking patient, and practiced performing an ultrasound examination of the upper abdomen while giving patient instructions in English. The first time, this course was held in a single evening and took about 3 hours. Participants commented that they found reviewing principles of ultrasound and relevant anatomy in English challenging but interesting. They also appreciated the chance to practice abdominal ultrasound examinations under supervision using high-end units. However, they also stated they would have liked to spend more time on the second half of the course. Using this feedback, future courses were held over two evenings. The first evening consisted of lectures and the second evening consisted of a quiz reviewing the material presented during the first evening, and the ultrasound examination role-playing. We found that ultrasound, in addition to being a very useful clinical examination tool, could be used to review both medical knowledge and English.

**3 Creating Custom Materials for a Clinical Medicine English class**

15:20~15:40 Alan Hauk (東邦大学医学部医学科英語学研究室)

Finding appropriate materials to use in a medical English course can often be a difficult task. Many of the medical English materials that are available are either very basic or are meant to be used by students who plan to practice medicine in an English speaking country. Japanese students who want to study clinical medicine in English are often limited to regular English-language medical textbooks. When Toho University School of Medicine began its clinical medicine English course in 2011, the original plan was to use *Cecil Essentials of Medicine* as the course textbook. This soon proved impractical because of the difficulties of adapting this textbook to the classroom environment and because it was beyond the English ability of many of the students. No suitable medical English textbooks at the appropriate level could be found that covered the required topics; therefore, it was decided that the English department would have to make its own medical English materials. This presentation describes the process used to create custom medical English texts. This involved studying source materials such as *Harrison's Principles of Internal Medicine* and *Cecil Essentials of Medicine*, consulting with the university clinicians when necessary, and synthesizing the information into short texts that were simpler and easier to understand but mimicked the style of regular medical texts. Using this approach did entail some pitfalls, though. The presentation concludes that this was a valuable experience that provided enough benefit to be worth the time and energy required.

**1 Genre Awareness and Discourse Competence of Japanese Medical Students in a Diagnosis Task in English**

15:50~16:10 カーク美佳 Mika Kirk (医系専門予備校メディカルラボ広島校/エリザベト音楽大学)

The relation between English for Medical Purposes (EMP) categorized in English Specific Purposes (ESP) and English for General Purposes (EGP) are identified in Continuum of ELT course types (Dudley-Evans & John 1998) and has been applied (Tajino 2004, Terauchi 2010). The aim of this study is to research about medical students on their competence to paraphrase from medical terminology to general. The research questions (RQ) are examined;

RQ1: Can medical students modify their form, contexts and terminology to a particular hearer, who is a non-Japanese patient, in English, with awareness in the genre of Speaking channel/Spoken style?

RQ2: If they could, how do they change them and what are the characteristics in the view of linguistics?

The participants of this research are 18 Japanese, 3rd year medical students of the national university. I conduct the research with an open-ended questionnaire on paper, setting doctor-patient conversations. Each text has been analyzed by qualitative coding (Sato 1990). The conclusions are that medical students are aware of the genre, doctor-patient conversations, as the higher frequency of person in the contexts. A half of them also paraphrased 'hepar' to 'liver', which is another aspect of their consciousness to patients. Counting on narrative mood is one of the indicators on how they change the context in relation to the patients. One of the traits in the medical students' texts is if-conditionals, mostly employed to express negative prospects, though if-conditionals are epistemic, encouraging in actual doctor-patient conversations.

**3 Using Japanese Medical Drama in EMP Classes**

16:30~16:50 大下晴美 Harumi Oshita, Sean Chidlow (大分大学医学部)

Learning medical vocabulary is essential to every medical student's language acquisition development. However, the term, "medical English," is general and signifies everything from "myocardial infarction" to "heart attack." Teachers, therefore, must consider the specific genre of medical English to be taught when deciding on their classroom materials and pedagogical methods. This presentation focuses on a class that was designed to improve students' use of conversational medical collocations. The students commonly made mistakes such as, "he is having a coma" and "the doctor goes rounds." To help students learn correct medical terms, a Japanese medical television drama was used as the instructional medium. The participants in this study were 97 fourth-year medical students. They were divided into two groups: the control group (48 students) took input-oriented lessons, reading novels and making a poster presentation; the experimental group (49 students) took output-oriented lessons, dubbing a Japanese medical drama in English. Five lessons (7.5 hours) were allotted for this study. All participants wrote two compositions, one before and one after the classes. The results of these 3-minute writing sessions were used as the data to investigate the effects of the educational intervention. In this presentation I will discuss the results of the compositions as well as the results of a questionnaire, which reveals that the Japanese television drama motivated students to learn medical English, and that Japanese medical dramas have potential in EMP classes as materials to deepen students' communicative ability.

**2 What Can Japanese Medical Education Offer in Order to Promote Medicine for Foreign Patients?**

16:10~16:30 玉巻欣子 Kinko Tamamaki (神戸薬科大学), 西尾久英 (神戸大学大学院医学研究科)

Some Japanese doctors are willing to see foreign patients, but others are reluctant to do so. In this study, we attempted to clarify the factors that encourage Japanese doctors to see foreign patients and discuss the educational prospect. We conducted a questionnaire survey among medical doctors in Kobe City, Japan. We distributed questionnaire to 172 doctors and received 139 responses. There was a significant correlation between the frequency of seeing foreign patients and having the experience of studying abroad ( $p < 0.05$ ). There was also a significant correlation between having the experience of studying abroad and the doctors' self-evaluations of their English ability ( $p < 0.05$ ). These data suggested that the experience of living abroad was one of the determinants of the doctors' greater confidence and willingness to see foreign patients. In the Japanese medical education curriculum, therefore, it would be necessary to offer alternatives to studying abroad in order to promote medicine for foreign patients.



# 7月21日(日)

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## 【一般演題5 / Free Paper Session 5】

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【教育講演】

医学英語教育とICT (情報通信技術)

ICT (Information and Communication Technology) in EMP Education

1. ITの明暗

A Meditation on Information Technology's Light and Dark Sides

演者

Christopher Holmes

(Assistant Professor, University of Tokyo Faculty of Medicine)

座長

伊藤昌徳

(順天堂大学医学部附属浦安病院)

Despite the many obvious merits of talking dictionaries, email, and cheap and virtually instantaneous access to vast amounts of information from anywhere on our planet, no technology imposes itself without trade-offs, just as no drug is without side effects. And no technology can solve all our problems.

Personally, I find nuts-and-bolts approaches to the problems frequently encountered in the classroom more interesting than ivory tower theorizing, but this time I'll use a more conceptual approach and try to describe The Big Picture of Information Technology in our field, to wit the problems germane to the teaching of English to medical students in Japan. (I'll even use a few words of Japanese...)

I'm concerned that so little has been done to attack the most serious problems in our teaching and our education system; I suspect that IT does little or nothing to fix what's wrong, and may even distract us from more important issues.

My talk will focus on what I see as the limitations and hazards of IT. To begin with, telecommunications is a poor substitute for real communication. We medical English teachers are teaching a language, not just facts. Language embodies a culture and is a means of communication between human beings. It starts with sounds and includes gestures. Will IT correct mispronunciation? Will it teach students to point, and to make eye contact when they speak? Is the high-resolution touchscreen a "surrogate other", better than talking to real people?

Before we yield to the allure of high-tech eye candy (iCandy?), we should reflect on our real needs and responsibilities.

## 【教育講演】

# 医学英語教育と ICT (情報通信技術)

## ICT (Information and Communication Technology) in EMP Education

### 2. 医学英語教育における ICT の有効活用法 Utilization of ICT in EMP Education

演者

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ICT (Information and Communication Technology) の進歩は目覚ましく、この科学技術進歩を取り入れた教育は e-learning として注目されている。インターネットを利用することにより、在宅での学習や遠隔教育も可能になり、図書館などの開館時間の制約を受けずに学習資源を活用できる。大英博物館の学習資源が、世界中でインターネットにより活用できるようになっている。常時ネットワークに接続できるモバイル通信端末があれば、場所や時間の制約を受けずに学習できる。ICT の特性 (時間的・空間的制約を超える、双方向性を有する、カスタマイズを容易にする) を活かせば、これまでの一斉指導に加え、学生一人一人の能力や特性に応じた個別学習、学生同士が教え合い学び合う共働学習を推進することが可能になる。情報通信ネットワーク利用上の問題点としては、セキュリティ対策の確立が困難、ウイルス感染に不安、運用・管理の人材の不足、障害時の復旧作業が困難、などがある。

世界に向けて大学の講座を無料でインターネット配信する大規模公開オンライン講座 (Massive Open Online Course, MOOC, ムーク) には、コーセラ (Coursera), エドエックス (edX), ユーダシティ (Udacity), フューチャーラーン (Futurelearn), アイチューンズ大学 (iTunes U) などがある。この中で最大の iTunes U はアップルが提供しており、パソコン, iPad, iPhone などで利用できる。スタンフォード大学, エール大学, オックスフォード大学などの教育機関から 2,500 以上の公開コースが、無料で提供されている。日本の大学でも東京大学, 京都大学, 慶応義塾大学, 早稲田大学などが iTunes U に参加しており、参加していない大学の教師も個人で参加できる。参加した教師はビデオ, オーディオ, プレゼンテーション, 配布資料, クイズ, 独自の教材をアップロードしたり, 投稿, 通知, 課題を通じて, 講座を受講しているすべての人と直接コミュニケーションをとることもできる。学生はビデオやオーディオの講義を再生したり, 講義の進行に合わせてメモをとることができる。本を読んだり, プレゼンテーションを見ることもでき, 講座の全課題リストを確認して, 終わったものにチェックマークを付けていくこともできる。教師がメッセージを送ったり, 新しい課題を作成すると, 学生にはそれを知らせるプッシュ通知が届く。iTunes U に関しては下記を参照するとよい。

<http://www.apple.com/jp/education/itunes-u/>





【シンポジウム 2】

米国医師資格試験 (USMLE) 受験に向けての医学英語教育  
EMP Education for Passing USMLE

座長

佐地 勉

(東邦大学医療センター大森病院小児科主任教授)

**Chair:**

**Tsutomu Saji, MD, PhD**

Professor and Chair, Department of Pediatrics,

Toho University Omori Medical Center

**Discussants:**

**Daniel Salcedo<sup>1</sup>, Takayuki Oshimi<sup>1</sup>, Eric Hajime Jego<sup>1</sup>,**

**James Thomas<sup>2</sup>, and Jeanette Dennisson<sup>1</sup>**

<sup>1</sup> Nihon University School of Medicine Division of Medical Education

Planning and Development,

<sup>2</sup> Keio University School of Medicine Clinical Research Center

入交重雄

(りんくう総合医療センター)

**Shigeo Irimajiri**

Rinku General Medical Center

西元慶治

(医療法人社団つるかめ会 理事長)

**Keiji Nishimoto**

Chairman, Medical Corporation Tsurukamekai

# 1. Preparing Japanese Physicians and Medical Students for the United States Medical Licensing Examination Step 2 Clinical Skills Component

Daniel Salcedo<sup>1</sup>, Takayuki Oshimi<sup>1</sup>, Eric Hajime Jago<sup>1</sup>, James Thomas<sup>2</sup>, and Jeanette Dennisson<sup>1</sup>

<sup>1</sup> Nihon University School of Medicine Division of Medical Education Planning and Development,

<sup>2</sup> Keio University School of Medicine Clinical Research Center

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For Japanese candidates, the Step 2 Clinical Skills (CS) component remains one of the biggest challenges. The data show that non-US graduates have consistently lower pass-rates than their US counterparts. The CS component involves direct interaction with English speaking simulated patients in a mock clinical setting. Due to a complex set of linguistic, cultural, and technical (medical) differences many Japanese candidates tend to underperform during the United States Medical Licensing Examination Step 2 CS encounters.

A series of barriers that negatively impact test performance have been identified after coaching more than 100 physicians and medical students over the past 6 years. Methods specifically designed to overcome these barriers have been developed and applied. A summary of these barriers and the methods to overcome them will be presented during this session.

## 2. Supporting Physicians and Medical Students in Japan During Preparation for the United States Medical Licensing Examination Step 1 and Step 2 Clinical Knowledge Components

Daniel Salcedo<sup>1</sup>, Takayuki Oshimi<sup>1</sup>, Eric Hajime Jago<sup>1</sup>, James Thomas<sup>2</sup>, and Jeanette Dennisson<sup>1</sup>

<sup>1</sup> Nihon University School of Medicine Division of Medical Education Planning and Development,

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The United States Medical Licensing Examination (USMLE) requires arduous preparation in order to successfully pass all its components. The immense amount of information and wide diversity of resources available for the examination can be overwhelming and confusing for doctors and medical students alike. Moreover, practical guidance on best practices for Japanese candidates is limited. It is also a significant challenge for educators to be able to provide adequate guidance and support during USMLE preparation. This presentation describes simple, direct, and effective ways for educators to help physicians and medical students better prepare for the USMLE Step 1 and Step 2 Clinical Knowledge components.

### 3. USMLE : 日本人医師受験のために

入交重雄

(りんくう総合医療センター)

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USMLE (United States Medical Licensing Examination) は米国医師国家試験である。この試験は Step 1 (基礎医学), Step 2 CK (Clinical Knowledge : 臨床知識), Step 2 CS (Clinical Skills : 臨床技能) および Step 3 (総合的医療知識と実践) から構成される。日本の医学部卒業生が USMLE に合格するためには日米の医療と医師国家試験の相違点の熟知を含めて念入りな準備が不可欠である。

英語に関しては特に一般的に日本人が不得手なりスニング力とスピーキング力が Step 2 CS には必要である。これらの能力向上のためには、独学、書物、インターネットなどの利用のみでは困難であり、医療の場面で実際に英語を用いてコミュニケーションをとる機会が必要である。

基礎医学、臨床医学に関する知識は日米間で大きな相違はない。しかし、多民族国家であり広大な米国には、特定の人種や地域に偏在しわれわれ日本人医師が日本国内では診察する機会のない疾患があり出題される。また米国での疫学統計、倫理的問題についても留意が必要である。

Step 2 CS は日本の医学部で近年施行されている OSCE と基本的には同様の趣旨の試験である。しかし日本人が外国語である英語を用い制限時間内に米国流の挨拶、問診、診察、説明、診療記事の記載を行うためには準備が欠かせない。米国での臨床研修やエクスターンを体験することが可能ならば理想的である。また、米国での臨床経験のある医師の指導、講習会、書籍、オンライン情報などの活用も有用である。

#### 4. アメリカ臨床留学に求められる英語力—「N Program」23年の経験から—

西元慶治

(医療法人社団つるかめ会 理事長)

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「N Program」は、1989年に東京海上日動保険（株）が創業110年記念事業として、New YorkのBeth Israel Medical Centerにいくばくかの寄付を行い、提携したことから始まりました。ひとことで言うならば、民間によるアメリカ臨床医学留学支援制度です。

アメリカへの臨床医学留学で最も苦勞するのは実はレジデントとしてのポジションを確保することです。N Programではこの入り口に当たるレジデンシー応募に際して支援を行うものであり、1991年に第1期生を送り出してから今年派遣する23期生7名の内科医師を数えると、累計157名になります。(特別会員数名を含む。)

その23年の経験から、日系レジデントに共通の多くの長所(勤勉, 誠実, 忍耐など)と欠点(英語力, コミュニケーション力)について考察し、アメリカ臨床留学に求められる英語力について私見を述べさせていただきます。

## 【USMLE 対策セッション】

受験者と教育者が知っておかなければならない基礎知識

USMLE Information Session:

Understanding the USMLE from the Japanese Perspective

### Speakers:

**Daniel Salcedo<sup>1</sup>, 押味貴之 Takayuki Oshimi<sup>1</sup>, Eric Hajime Jago<sup>1</sup>,**

**James Thomas<sup>2</sup>, and Jeanette Dennisson<sup>1</sup>**

<sup>1</sup> 日本大学医学部医学教育企画・推進室 (Nihon University School of Medicine Division of Medical Education Planning and Development),

<sup>2</sup> 慶應義塾大学医学部クリニカルリサーチセンター (Keio University School of Medicine Clinical Research Center)

This informative session is about the United States Medical Licensing Examination (USMLE) for Japanese doctors and medical students planning to take the USMLE as well as for medical educators interested in supporting candidates during their preparation.

The session will include general information, such as examination format, statistics for non-US graduates, and contents for each part of the USMLE (Step 1, Step 2 Clinical Knowledge, Step 2 Clinical Skills and Step 3). We will also include a live demonstration of a Step 2 Clinical Skills encounter, as well as useful advice regarding specific test preparation plans and study material recommendations.

### Objectives

Providing a comprehensive description of the USMLE and its components

Identifying problematic areas for the Japanese test taker

Discussing test preparation strategies

Introducing useful books, activities and online resources for USMLE preparation





**1 医学教育と語学教育の協働にむけて**

9:50~10:10 鈴木光代 Mitsuyo Suzuki, 遠藤美香 (東京女子医科大学)

2011年度より東京女子医科大学で始動した新しいカリキュラムでは、英語は「国際コミュニケーション」という名称の下、1年生4年生までの縦断科目として実施されている。その中で、我々英語教員は、2年生から4年生までの3年間で医学英語を段階的に学習するカリキュラムを展開し、ESPを念頭に専門科目とのコラボレーションを取り入れている。ここでは、昨年度2年生を対象に実施した医学英語の授業で他の科目をどのように取り入れたか、どのような成果があったかを紹介する。

2年生108名を対象に「基本的・医学的表現技術」という科目の中で、「英語の医学論文入門」の授業を2コマ実施した。この「基本的・医学的表現技術」では、「医学研究に関する講義と演習を通じて、医学情報を文書で正しく伝える能力を養うこと」を目標として、英語の授業が実施される以前に、日本語で研究の発案から論文発表までの一連の過程を理解し、学会発表の抄録、症例報告などから研究論文の種類と構成について10コマ、数名の基礎医学系の先生方より講義が行われた。各先生方は各専門分野で実際に使用された資料を用いてのものだった。英語の授業では、それらの内容を理解したうえで、英語の医学雑誌からの論文を学習資料として利用した。

授業の形態としては、英語教員と医学系の教員による短い講義を挟みながら、学生たちには4名1グループで演習させて、最後にフィードバックをするという形をとった。2年生ということで、英語の論文は初めてという学生が大半を占めるので、この段階では、英語の表現に注目させることに焦点を絞った。そして、表やグラフの読み方は、医学系の先生に説明をいただいた。

本発表では、授業後に行った学生の自己評価の中で明らかになった英文論文に対する関心、疑問点も紹介し、今後の授業の内容充実のためのアイデアを検討する。

**2 Assessing US Medical Residents' Background Knowledge: A Model for Collaboration Between Language Teachers and Medical Specialists**

10:10~10:30 William Rozycki (会津大学)

This presentation describes a multi-year collaboration between language teachers and medical educators that led to a new tool for assessment of cultural knowledge in a Family Practice residency program in the United States. The tool, called the Interpersonal Communication Assessment, was jointly developed by a language training center and by medical educators in Family Practice and Internal Medicine at a major university medical center.

The increasing level of collaboration between language trainers and health care professionals, which led to research and development of the assessment tool, will be described. The process resulted both in an increased knowledge of medicine on the part of the language trainers, and in an expanded awareness by medical educators about the cultural and linguistic challenges that foreign medical graduates face in American specialist residency programs. In addition, the collaborative project produced a novel tool for medical residency assessment that has received national attention in the United States.

Though this model of collaboration in the US may not be completely transferable to the Japanese context, it is likely that some aspects can usefully inform cross-disciplinary collaboration here in Japan.

**3 Skills Lab English: Ongoing Adventures in Teaching Medical Skills Through English**

10:30~10:50 James Hobbs (岩手医科大学)

At JASMEE 2012 I introduced Skills Lab English, an extracurricular course in which small groups of highly-motivated medical students are taught practical skills in an English-only setting. The activities covered range from measuring blood pressure and performing CPR to giving oral case presentations in English. Crucial to the success of the sessions is the participation of and close collaboration between a language teacher and a medical specialist. In this presentation I will describe an attempt to adopt this approach in a structured course within the official curriculum. A 7-week Skills Lab English course was offered within the First-year Seminar programme, a programme conceived to help first-year students develop study skills through cooperative learning in a small-group setting. After a preliminary matching/orientation session, seven students were accepted and attended all seven sessions. At the end of the course the students gave English presentations to an audience of teachers and students, demonstrating how to use an AED and perform CPR, how to measure blood pressure, and how to perform endotracheal intubation. The results show not only the potential for teaching medical content through English, but also that this approach can be successfully implemented with students who still lack specialist medical knowledge. Moreover, the need to provide a clear overview of the course and to plan a series of lessons in advance proved useful for refining and improving course content.

1

**Japanese Doctors' English Perceptions and Performance at International Conferences: A Pathology, Diagnosis, and Treatment**

11:00~11:20 Michael Guest (宮崎大学医学部英語)

One of the most widely given reasons for doctors in Japan to maintain or upgrade their English skills is that they are expected to both attend and actively participate in international conferences. Naturally, this necessitates the use of English. This first part of this presentation will disclose those aspects of English-language presentations, poster sessions, and international conference symposia/discussion group participation that create the greatest degree of anxiety for Japanese doctors, and their stated reasons for this anxiety. The data is based upon a survey of doctors conducted at the University of Miyazaki Hospital, as well as follow-up interviews with six of these doctors. The results showed that dynamic, open-ended exchanges, such as question-and-answer sessions, created the greatest degree of anxiety, and that the cause of this was not so much a fear of criticism, or a lack of confidence in their own research, but rather of not adequately understanding their interlocutor and thus appearing non-professional. The second section will focus upon initial observations of Japanese doctors' actual performance in English at medical conferences carried out by the researcher/presenter with a focus upon the problematic use of discourse signals to adequately convey the intended content. Finally, the presenter will explain the pedagogical implications for both doctors and medical students, with a particular emphasis upon a deeper analysis of the common weak points (diagnosis), their causes (pathology), and suggestions as to how to address these for improved future performance (treatment).

3

**Cinderella Goes to the Ball, Competence Comes to the EMP Class**

11:40~12:00 Najma Janjua (香川保健医療大学)

In the English language teaching (ELT) literature, pronunciation has been referred to as "the Cinderella" who "never got to go to the ball." The analogy refers to an often low level of emphasis placed on teaching pronunciation in ELT classroom. Pronunciation is not integrated in most ELT curricula, and reluctance by teachers to teach, and uneasiness by students to learn this important skill are well-known. Yet, pronunciation is crucial beyond doubt for comprehensible communication, particularly in the healthcare domain where it can be a matter of life and death. This presentation focuses on pronunciation difficulties in Japanese learners of English for medical purposes (EMP) and describes the development and testing of a pronunciation practice guide (PPG) designed to overcome the obstacles involved. Most pronunciation problems in Japanese learners of English are attributed to L1 interference originating in katakana portion of the Japanese language. The PPG aims at minimizing this interference by developing students' ability to distinguish between the Japanese and English ways of pronunciation of English words. Testing the PPG in 51 nursing and medical technology majors at a Japanese university showed significant improvement in their pronunciation before (18%) and after (82%) the use of the guide ( $p < 0.00001$ ). Results of a survey on the use of PPG showed that students found it intelligible and practical and felt confident and happy after using it. The study concludes that when Cinderella goes to the ball, that is, when pronunciation is taught effectively, communicative competence and confidence can come to the EMP class.

2

**医学英語教育の基礎段階における音声学習の必要性—発音訓練の実施例**

11:20~11:40 高橋和子 Kazuko Takahashi (順天堂大学医学部、神奈川県立保健福祉大学), 高梁光徳 (明治学院大学教養教育センター), Raoul Breugelmans (東京医科大学医学教育学講座)

グローバル化が進む現代では、医科、看護、医療系大学における医学英語教育のさらなる充実が求められており、様々な大学で日々カリキュラムの改善がなされている。学生が修得することが望ましい英語力のひとつが、国際学会で研究成果を発表できる「話す力」である。しかし、日本の高校までの英語教育では、「話す力」を伸ばすために有効である英語音声の学習がないがしろにされがちである。中学校の英語指導要領からは「発音記号の学習」の項目が消え、多くの者が十分な発音訓練を受けないまま大学生となる。そのため日常会話で使われる基本的な単語、さらに医学用語を正しく発音できないことがしばしば見受けられ、これがコミュニケーションを妨げる一因ともなっている。

そこで本発表で私達は、発音訓練の実施例を報告し、医学英語教育の基礎における英語音声教育の必要性を提言する。

医学部2年生、保健福祉学部1年生を対象に、英語発音訓練を行なった。特に日本人にとって発音することが難しい音については、正しい音を認識し発音できるようになるまで練習を実施した。授業内で学生同士助け合う機会を設けることが、発音できない学生ができる学生からコツを学ぶ、また発音があやふやであった学生が正しい発音を定着させるのに有効であった。ほぼ全ての学生において発音の改善が見られ、発音記号を読めるようになった。この発音訓練で得た能力は、その後の医学英語の学習において、読むことが難しいような医学用語の発音を自ら調べ、正しく発音するために役立つと考えられる。また、この能力は英語を「聞く力」を伸ばす際に有用である。医学英語教育の基礎段階において発音訓練に特化した時間を設けることが望ましいと考えられる。



## 第9回 Kenichi Uemura Award (植村研一賞) 授賞式

【受賞者】 Alan M. Hauk

Alan Hauk is an associate professor in the Department of English at Toho University School of Medicine. He came to Japan in 1987 as part of the JET Program, teaching English in Ehime prefecture. Two years later, he moved to Tokyo and taught in various universities. He also supervised the Continuing Education Department at Kanda Institute of Foreign Languages for twelve years. He joined Toho University in 2008 as an assistant professor teaching general English. When the university added medical English to its curriculum in 2011, he was given the task of designing and coordinating the new program. In the first year, medical English was taught to the third year students, who were divided into five groups taught by five teachers for 28 hours over the course of the year. In 2012, the medical English program was expanded to cover the second and fourth years for a total of 66 hours of instruction. In June of 2011, Mr. Hauk was made interim head of the Department of English, and in April of 2012 he was chosen to be the official head of the department and was also promoted to associate professor. He currently teaches general English classes in the first through fourth years at Toho University in addition to coordinating the English department. His goal is to help Toho University become a leader in medical English education in Japan.



7月20日(土) 植村研一賞授賞式

### Creating a New Medical English Program

Alan M. Hauk (東邦大学医学部医学科英語学研究室)

This presentation describes the problems and successes that the English department at Toho University School of Medicine experienced while creating a new clinical medicine English program for our third year students. The topics of these classes were chosen to mirror what the students were learning in their regular clinical medicine classes, while the teaching materials were created within the department in consultation with the clinical medicine professors. One of the first problems we faced in creating this program was how to design lessons that could be taught by teachers with little or no background in medical English. We initially decided to conduct the classes using a tutorial style in which students would research the assigned topics and make small group presentations. This method was

found to have some limitations, though, and in the second semester we switched to a reading and comprehension teaching style that gave more satisfactory results. Another problem was maintaining consistency between classes, which we resolved by rotating the teachers each class. We assessed the status of this program through teacher debriefings, direct observation of classes, and student questionnaires given at the beginning, middle, and end of the year. This allowed us to update and improve the program throughout the year. The lessons we learned while conducting this program are now being incorporated into our new three-year medical English program, covering the second through fourth years, which began in April 2012.

# 日本医学英語教育学会 学術集会一覧

回	会長	開催期日	開催会場
第1回	植村研一	1998年7月11, 12日	アクトシティ浜松コンgresセンター
第2回	小林充尚	1999年8月9, 10日	日本教育会館
第3回	平松慶博	2000年7月8, 9日	こまばエミナース
第4回	大木俊夫	2001年8月4, 5日	こまばエミナース
第5回	清水雅子	2002年8月3, 4日	川崎医療福祉大学
第6回	小林茂昭	2003年7月12, 13日	こまばエミナース
第7回	大野典也	2004年7月10, 11日	東京慈恵会医科大学
第8回	西澤 茂	2005年7月9, 10日	こまばエミナース
第9回	大瀧祥子	2006年7月15, 16日	ウェルシティ金沢 (石川厚生年金会館)
第10回	大石 実	2007年7月14, 15日	メトロポリタンプラザ
第11回	佐地 勉	2008年7月12, 13日	笹川記念会館
第12回	亀田政則	2009年7月18, 19日	福島県立医科大学
第13回	菱田治子	2010年7月3, 4日	聖路加看護大学
第14回	吉岡俊正	2011年7月9, 10日	東京女子医科大学
第15回	安藤千春	2012年7月21, 22日	ホテルグランドヒル市ヶ谷
第16回	伊藤昌徳	2013年7月20, 21日	東京ベイ舞浜ホテルクラブリゾート
第17回	西村月満	2014年7月19, 20日(予定)	北里大学薬学部 (予定)
第18回	伊達 勲	2015年7月15, 16日(予定)	岡山コンベンションセンター (予定)

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