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ISSN 1883-0951

Journal of

Medical English Education

第18回日本医学英語教育学会 The 18th JASMEE Academic Meeting 学術集会プログラム・抄録集

会期 *Dates*

2015年7月18・19日 (土・日)

会長 *President*

伊達 勲 **Isao Date**
岡山大学大学院
Okayama University Medical School

会場 *Venue*

岡山コンベンションセンター
Okayama Convention Center
〒700-0024 岡山県岡山市北区駅元町14-1
14-1 Ekimoto-machi, Kita-ku, Okayama 700-0024

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14-1 Ekimoto-machi, Kita-ku, Okayama 700-0024

Journal of Medical English Education

The official journal of the Japan Society for Medical English Education

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会長挨拶

第18回日本医学英語教育学会を岡山で開催できることを大変光栄に存じます。過去5年間連続で東京での開催でしたが、久々に地方開催の学術集会を楽しんで頂けますよう、準備を進めています。2015年7月18日(土)、19日(日)の両日、岡山駅に隣接する岡山コンベンションセンターでの開催です。駅から会場まで3分ほどで、しかも雨に濡れることなくたどり着けるので、大変便利です。ただ、翌20日(月)も休日で3連休となるので、ホテルを早めに確保くださいますようお願い申し上げます。

今回もシンポジウムや教育講演を予定しています。1日目夕刻に、シンポジウム「病院に外国人患者を受け入れるために」を行います。グローバル化が叫ばれる中、日本のどこの病院でも外国人患者の受診が増えています。医師だけでなく、看護師や放射線技師、臨床検査技師なども医学英語を勉強する機会が増えました。外国人患者受け入れ医療機関認証制度、実際に外国人患者を受け入れている病院の実情、そして、外国人患者の診察に役立つ英語のお話を伺います。

教育講演を3題お願いしています。

医学関係の学会の国際化の流れが本格化しています。日本医学放射線学会では抄録はすべて英語、プレゼンテーションも英語を推奨、という試みを数年前から行っています。昨年の日本医学放射線学会の学会長をされた金澤 右先生から学会としての取り組みを伺います。

韓国 Yonsei 大学の Gi-Eun Oh 先生は韓国での医学英語教育の経験をお話しくくださいます。彼女独自の視点からの医学英語教育のカリキュラムの作り方についてお話しく下さる予定です。

岡山大学の木股敬裕先生にミャンマーの医学教育と岡山大学との医学交流について教えて頂きます。岡山大学ではグローバル化の一環としてミャンマーとの医師同士の交流が盛んです。ミャンマーは英語ですべての医学教育が行われています。岡山から多くの医師が最先端医療の指導のためにミャンマーをしばしば訪れていますが、木股先生はその先頭に立っていらっしゃいます。

JASMEE の重要な活動状況を皆さんに知っていただくため、JASMEE now & in the future を本年も企画しています。日本医学英語検定試験(医英検)については、第1回以来の多数の受験者を得た3級および4級の現状報告、そして本年から開始される1級の報告を行います。年に2回行っている医学英語論文セミナーについては、現状、そしてこれから始まる clinical seminar の目指すところを報告します。医学英語教育ガイドラインは、昨年討議していただいた内容を含め最終版ができあがりました。その報告を当日することになっています。

ワークショップでは、世界標準を遵守した医学英語教育を行う上で皆さんがキーポイントと考えている問題をピックアップし討議します。会場の机配置を途中で変えながら行う予定で押味貴之先生が計画をしてくださっています。

今年は一般演題が29演題と増え、スケジュールは非常にタイトになりました。暑い時期ではありますが、皆様にとって有意義な2日間になりますことを祈念申し上げます。また、翌日の休日を利用して、後樂園、岡山城、倉敷美観地区などの観光を楽しまれてはいかがでしょうか。

皆様に岡山でお目にかかりますことを楽しみにしております。

第18回日本医学英語教育学会学術集会

会長 伊達 勲

(岡山大学大学院 脳神経外科)

Greetings from the President

It is a great pleasure for me to host the 18th Academic Meeting of the Japan Society for Medical English Education in Okayama. These annual JASMEE meetings have been held in the Tokyo area for five consecutive years, so we hope that all participants will enjoy this opportunity to visit Okayama. The meeting will be held at Okayama Convention Center on July 18th and 19th, 2015. Located within three minutes' walk of JR Okayama Station, this is a very convenient venue. However, we recommend that you reserve your accommodation as soon as possible, because the meeting will be held during a three-day weekend and hotels are likely to be booked up early.

JASMEE Okayama 2015 features three special educational lectures and a symposium entitled **How can we prepare ourselves to accept growing numbers of international patients at our hospitals?** This is a fitting topic in this age of globalization, when increasing numbers of foreign patients are visiting hospitals in Japan. Not only doctors but all staff involved in providing medical care need to improve their English skills to cope with this situation. The topics to be discussed in the symposium are Japan Medical Service Accreditation for International Patients (JMIP), activities at hospitals treating many international patients, and helpful English expressions.

We have invited three speakers to deliver **educational lectures**. The first is Professor Susumu Kanazawa, President of last year's Annual Meeting of the Japan Radiological Society, who will talk about how that academic society has been dealing with the accelerating **internationalization of medical conferences**. The Japan Radiological Society requires that all abstracts be written in English and recommends that presentations be given in English at its meetings.

The second invited speaker is Dr. Gi-Eun Oh, a medical interpreter and English teacher from Yonsei University, who will talk about **medical English education in Korea**. She will focus on how to design a curriculum based on Pierre Bourdieu's social theory of "Habitus."

Professor Yoshihiro Kimata of Okayama University, our third invited speaker, will talk about **medical education in Myanmar**, which is given entirely in English. He will also discuss **Okayama University's medical exchange programs with Myanmar**, which see many doctors paying frequent visits to that country to introduce Japan's cutting-edge medical techniques. Professor Kimata is the leader of these programs.

The **JASMEE now & in the future** sessions will focus on some of the important activities of our Society. In addition to presenting an English writing and clinical seminar, we will report on the current status of and outlook for EPEMP Levels 1 to 4, and on guidelines for medical English education.

Dr. Takayuki Oshimi of Nihon University will give a workshop entitled **Discussion of top issues in EMP education**. This will be an interactive session focusing on "What?" "Who?" and "How?"

We have received 29 abstracts of presentations on general topics, so the meeting schedule will be very tight. Nevertheless, if you can find time, I recommend that you visit Korakuen Garden, Okayama Castle, and the Kurashiki Bikan historical quarter. I wish you all an enjoyable and fruitful two days in Okayama, even though it is likely to be rather hot!

We look forward to seeing you all in Okayama.

Isao Date, M.D.

Department of Neurological Surgery, Okayama University Medical School
President, The 18th Academic Meeting of JASMEE

ご案内 General information

会期 Dates

2015年7月18日(土)・19日(日)

Saturday, July 18 & Sunday, July 19, 2015

会場 Venue

岡山コンベンションセンター

Okayama Convention Center

〒700-0024 岡山県岡山市北区駅元町14-1

14-1 Ekimoto-machi, Kita-ku, Okayama 700-0024

TEL: 086-214-1000(代表)

Phone: 086-214-1000

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3階ホワイエの「受付」で行います。
All participants should register on arrival at the registration desk in the foyer on the 3rd floor.
Attendance fees will be collected from those who have not paid in advance.
Applications to attend the Saturday evening reception will also be accepted.
- ・受付開始時刻は両日ともに午前8時です。
The registration desk will open at 08:00 on both days.

参加登録 Attendance 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。
Attendance 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, residents/students 1,000 yen
- ・会期中は必ず参加証をおつけください。
Attendance ID badges must be worn at all times during the Meeting.

入会申込・年会費納入 Membership applications, 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。
Those wishing to apply for JASMEE membership or pay outstanding annual membership fees may do so at the registration desk.
- ・平成27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。
学生会員の年会費は1,000円(学会誌購読料を含まない)です。
The membership fee for 2015 is 9,000 yen (includes 3 issues of the *Journal of Medical English Education*).
The membership fee for student members is 1,000 yen (Journal subscription not included).

会場内の呼び出し Paging services

- ・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 visit the registration desk for paging services or other urgent matters.

コーヒーサービス, ランチ Coffee service, Lunch

- ・会期中, 展示会場(3階ホワイエ)ではコーヒーサービスがごさいます。

Coffee is available in the exhibition space in the foyer on the 3rd floor.

- ・学会期間中, スケジュールがタイトで, 昼食時間が40分です。外食する時間がありませんので, 2日間とも主催者側でランチを用意いたします。(無料)

The crowded timetable for this year's Meeting allows only 40 minutes for lunch each day. Lunch will be served free of charge to all participants on both days.

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17日(金)16:00 - 18:00	3階 302-2会議室 Room 302-2 (3rd floor)
理事会 Board meeting	7月17日(金)18:00 - 20:00	3階 302-2会議室 Room 302-2 (3rd floor)
評議員会 Councilors' meeting	7月18日(土)09:00 - 09:30	3階 コンベンションホール西 Convention Hall West (3rd floor)
総会 General assembly	7月18日(土)09:30 - 10:00	3階 コンベンションホール西 Convention Hall West (3rd floor)
医英検問題作成小委員会 EPEMP text editing subcommittee meeting	7月18日(土)12:15 - 12:55	3階 302-2会議室 Room 302-2 (3rd floor)
学会誌編集委員会 Editorial board meeting	7月19日(日)11:40 - 12:20	3階 302-2会議室 Room 302-2 (3rd floor)

懇親会 Reception

- ・懇親会は7月18日(土)の19:00より, 3階「コンベンションホール東」にて開催いたします。参加費は6,000円です。

A reception will be held in Convention Hall East on the 3rd floor (19:00, Saturday, July 18). The attendance fee is 6,000 yen (payable in advance at the reception desk).

展示会場 Exhibits

- ・マグローヒル・エデュケーション, (株)ネリーズ, (株)アルク, (株)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, 3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。Please visit the exhibits of our sponsors (McGraw-Hill Education, Nellies, ALC Press Inc., and Medical View) in the foyer on the 3rd floor.

第19回 日本医学英語教育学会 学術集会のご案内 The 19th JASMEE Academic Meeting, 2016

- ・会期: 2016年7月16・17日 Dates: July 16 and 17, 2016
- ・会場: 慶應義塾大学 日吉キャンパス Venue: Hiyoshi Campus, Keio University
- ・会長: Timothy Minton(慶應義塾大学医学部) President: Timothy Minton (Keio University School of Medicine)

第20回 日本医学英語教育学会 学術集会のご案内 The 20th JASMEE Academic Meeting, 2017

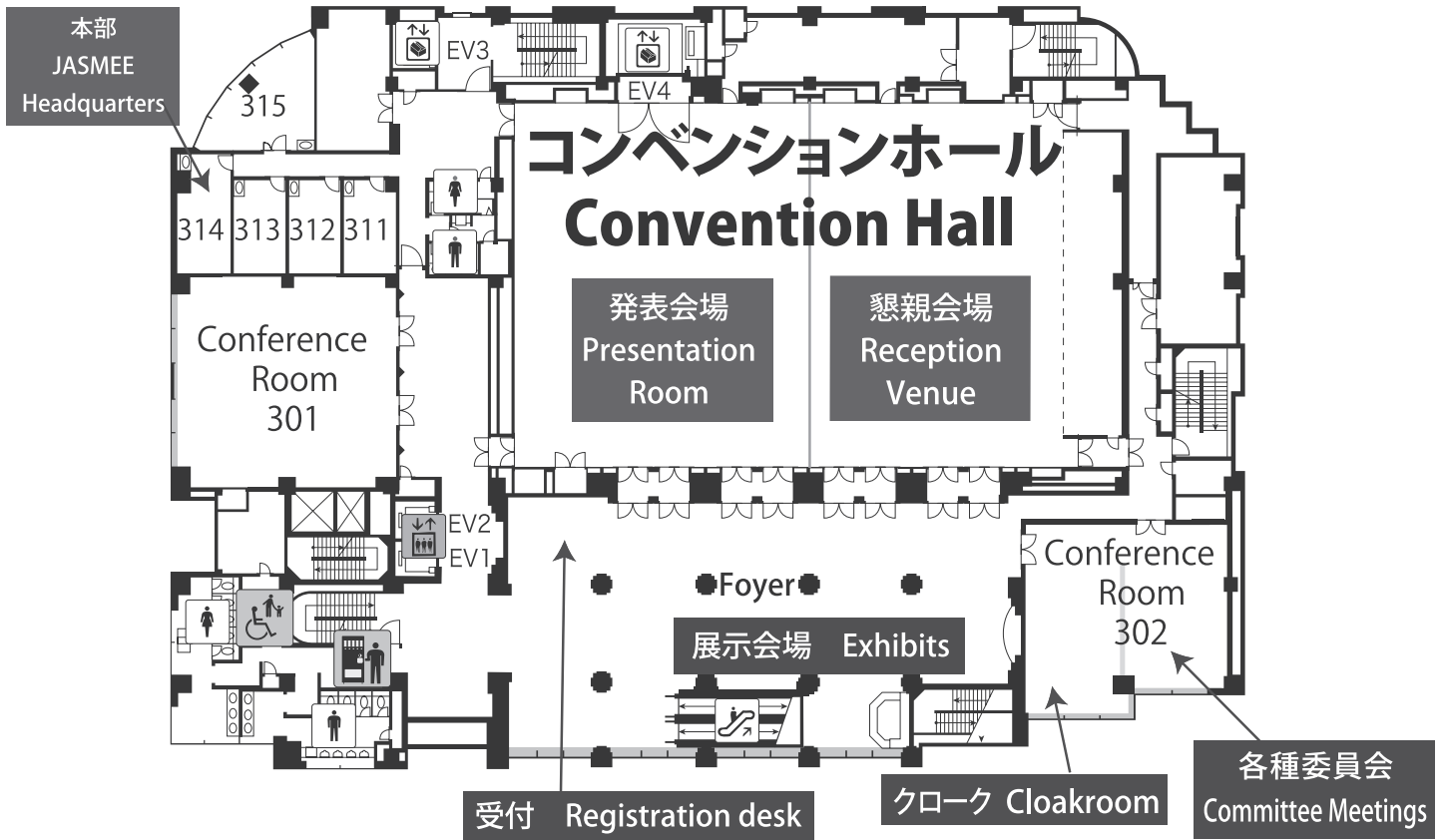
- ・会期: 2017年7月(予定) Date: July, 2017
- ・会場: 愛知医科大学(予定) Venue: Aichi Medical University (Nagakute City, Aichi)
- ・会長: 福沢嘉孝(愛知医科大学) President: Yoshitaka Fukuzawa (Aichi Medical University)

講演規定 Instructions to speakers

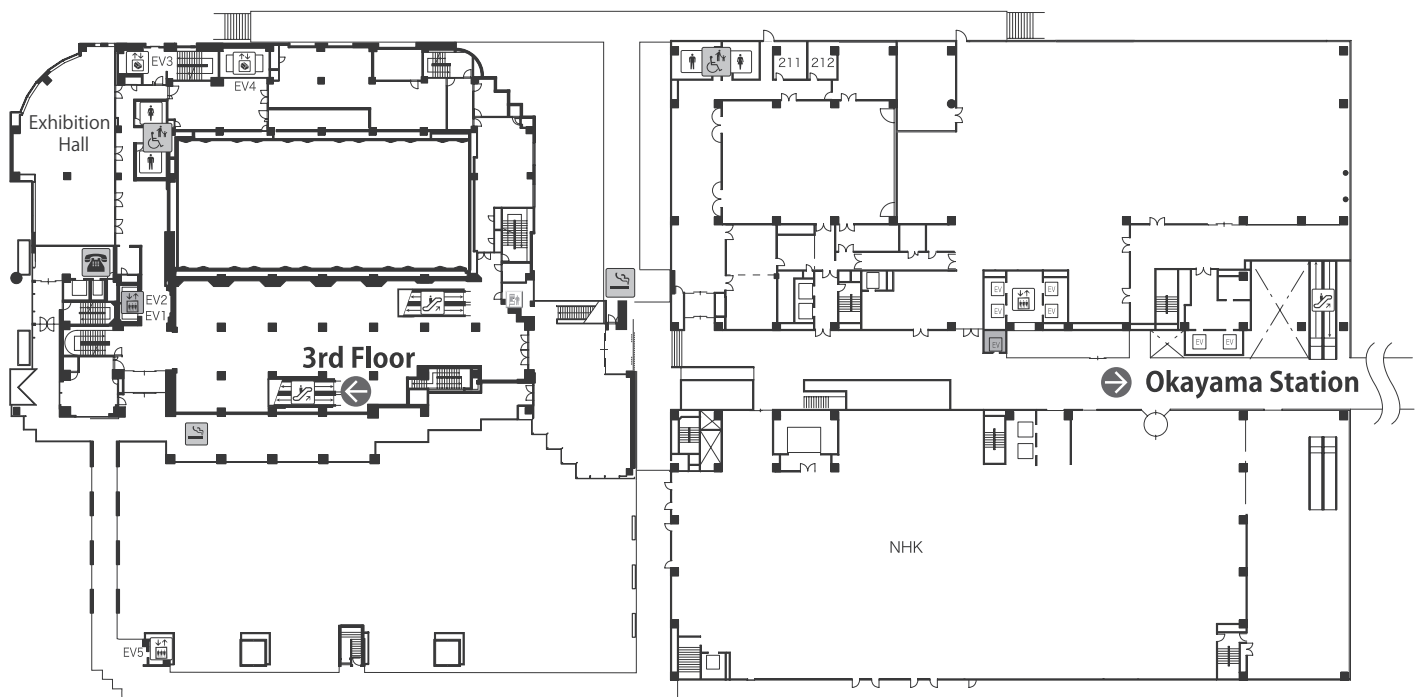
- ・ 演者は発表予定時刻の30分前までに「受付」で演者登録をお済ませください。
 - ・ 演者登録後,発表予定時刻の10分前までに発表会場の「次演者席」へご着席ください。
 - [1] 口演時間は15分, 討論時間は演者の交代を含めて5分です(時間厳守をお願いします)。14分に予告ベル1回, 15分に終了ベル2回でお知らせします。
 - [2] 発表は原則として液晶プロジェクターを用いたPowerPointをお願いいたします。会場で使用できるコンピュータのOSはWindows 7, アプリケーションはPowerPoint 2010です。Macintoshの使用をご希望の方は,ご自身で持参してください。
 - [3] 発表者はファイル名に「発表者氏名」を明記のうえ, 7月8日(水)までに学会用メールアドレス (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メモリー等でご持参いただくことをお勧めいたします。なお, お預かりした発表データは, 学会終了後に責任をもって消去いたします。
 - [4] 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 photocopy を100部ご用意ください。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。
 - [5] 発表を取り消される場合は, 事前にお知らせ下さい。またご質問などございましたら, ご遠慮なくメール (jasmee@medicalview.co.jp) あるいは電話 (03-5228-2274) でお問合せください。
 - [6] 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, 会場備え付けのマイクの前でお待ちください。
 - ・ 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 register at the reception desk at least 30 minutes before their scheduled presentation time, and to take up their assigned seating in the auditorium at least 10 minutes before the presentation begins.
 - [1] Each presentation will be allotted 15 minutes, with an additional 5 minutes for questions. A bell will be rung 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 are requested to bring and use their own PC.
 - [3] Speakers are asked to send their PowerPoint slides to the secretariat by Wednesday, July 8 (jasmee@medicalview.co.jp). Speakers should also bring backup files on a USB memory stick. All presentation files will be deleted from the conference computer after the meeting.
 - [4] Speakers wishing to use handouts should provide the reception desk staff with 100 copies when they register 30 minutes before their presentation is scheduled to begin.
 - [5] The secretariat should be notified as far in advance as possible if a speaker wishes to cancel his/her presentation (email: jasmee@medicalview.co.jp, phone: 03-5228-2274).
 - [6] Cancellations on the day should be announced to the reception desk staff at least 1 hour before the presentation is due to begin.
 - ・ Members of the audience who wish to ask questions during the 5-minute question time are requested to stand at the microphones placed in the aisles. Those selected by the chairperson should give their name and affiliation before asking their question. Questions should be short and to the point.

会場案内図 Venue

3F



2F



交通のご案内 Transportation

【会場 Venue】

岡山コンベンションセンター

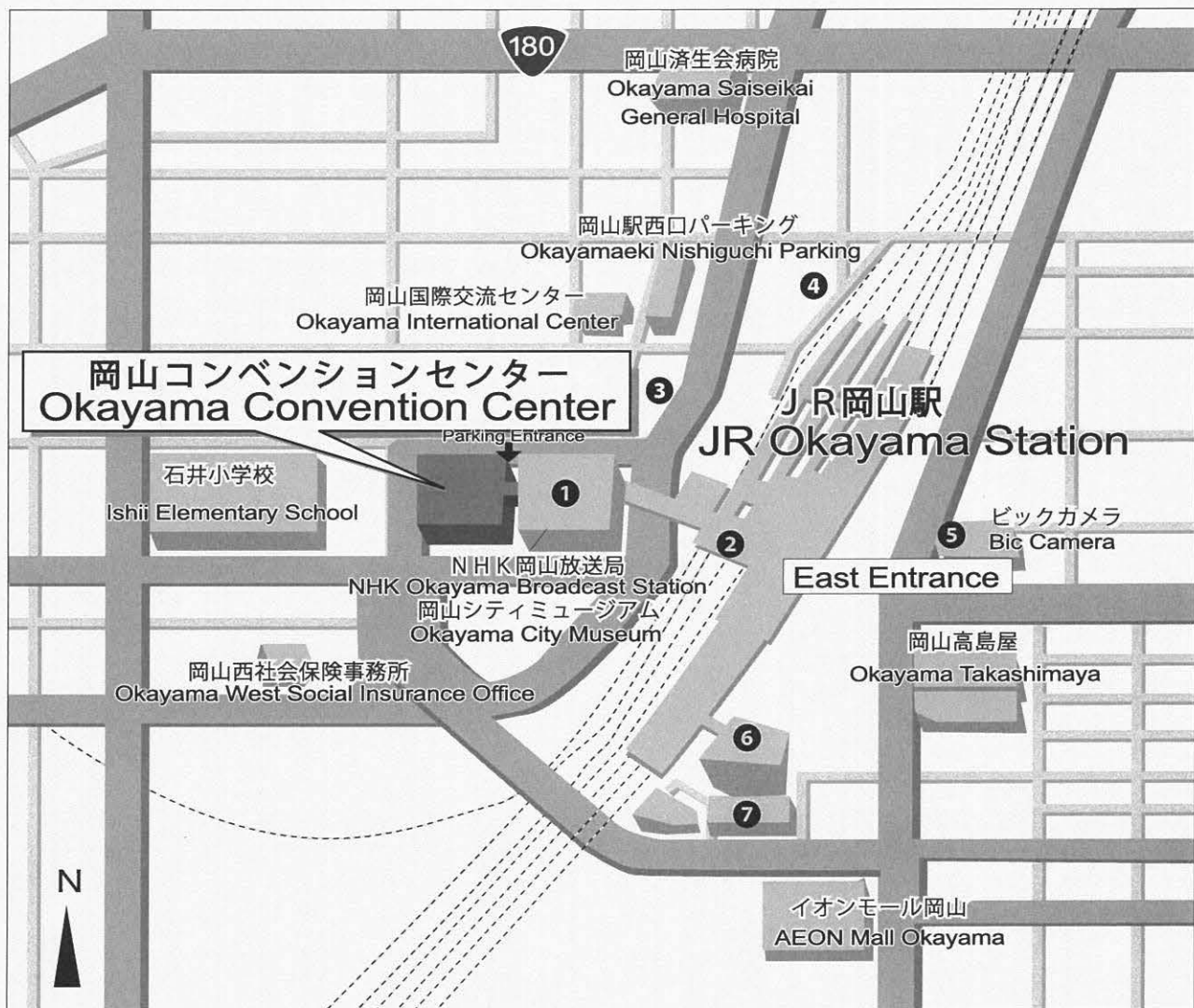
〒700 - 0024 岡山市北区駅元町 14 - 1
Phone 086 - 214 - 1000

Okayama Convention Center

14-1 Ekimoto-machi, Kita-ku, Okayama 700-0024, Japan
Phone: +81-86-214-1000

- J Rでお越しの方 (By JR train) Approx. 3 minutes' walk from the central ticket gate of JR Okayama Station
岡山駅中央改札口から徒歩約3分
- お車でお越しの方 (By car) Approx. 30 minutes from Okayama Airport, approx. 20 minutes from Okayama I. C.
岡山空港から約30分 岡山I.Cから約20分
- 飛行機でお越しの方 (By airplane)
岡山空港から岡山駅行のバスをご利用 Please take a bus bound for Okayama Station at Okayama Airport. The trip from the airport to Okayama Station takes about 40 minutes (30 minutes in the case of a non-stop bus).
約40分 (ノンストップバス約30分)

会場周辺図 Area Map



宿泊のご案内 Accommodations

- | | |
|---|---|
| ① 岡山全日空ホテル Okayama ANA Hotel | http://www.anahotel-okayama.com/ |
| ② ヴィアイン岡山 Via Inn Okayama | http://okayama.viainn.com/ |
| ③ 東横イン岡山西口広場 Toyoko Inn Okayama Eki Nishiguchi Hiroba | http://www.toyoko-inn.com/hotel/00167/ |
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| ⑤ ダイワロイネットホテル岡山駅前 Daiwa Roynet Hotel Okayama Ekimae | http://www.daiwaroynet.jp/okayamaekimae/ |
| ⑥ ホテルグランヴィア岡山 Hotel Granvia Okayama | http://granvia-oka.co.jp/ |
| ⑦ 三井ガーデンホテル岡山 Mitsui Garden Hotel Okayama | http://www.gardenhotels.co.jp/okayama/ |



Timetables

9

900
930
評議員会

10

1000
1005
総会
開会挨拶

11

1005
General topics 1: ライティング指導 / 専門用語学習
座長:小島多香子(東京医科大学), Alan Hauk (東邦大学医学部)
1. 画像診断医学領域における論文執筆 藤岡和美(日本大学医学部), 大石 実(伊豆東部総合病院)
2. 専門用語の学習における辞書の重要性について スミス山下朋子(大阪薬科大学), 他
3. Development and evaluation of mobile learning quizzes for building a medical vocabulary 岩田 淳(島根大学医学部), 他
4. Cloud-based vocabulary delivery and study using Quizlet Kenneth John Slater (愛知医科大学)
5. Why telling students to avoid the passive voice in medical writing is ill-advised and unhelpful Timothy Minton (慶應義塾大学医学部)

12

1145
1215
Educational lecture 1: 日本医学放射線学会の国際化の取り組み
演者:金澤 右(岡山大学大学院)
座長:西澤 茂(産業医科大学)

13

1255
General topics 2: 医学英語教育プログラム (1) / 医療通訳 (1)
座長:芦田ルリ(東京慈恵会医科大学), Christine Kuramoto (浜松医科大学)
1. Making custom course materials for first-year medical students James Hobbs (岩手医科大学)
2. An active learning programme designed for first-year Japanese medical students to discuss health care issues in English James Thomas (慶應義塾大学医学部), 他
3. Managing EMP discourse: Thinking like a professional Michael Guest (宮崎大学医学部)
4. Introducing medical English education at a graduate school Najma Janjua (香川県立保健医療大学)
5. 非英語圏出身の患者に対する医療通訳の課題 竹迫和美, 宮脇千華 (International Medical Interpreters Association [IMIA])

14

1435
Educational lecture 2: Designing a medical English curriculum with Pierre Bourdieu's social theory "Habitus"
演者:Gi-Eun Oh (Gieun Oh's Medical Interpreting Training Center, Yonsei University Wonju College of Medicine)
座長:Timothy Minton (慶應義塾大学医学部)

15

1505
General topics 3: 医療面接 / 米国医師国家試験 / OSCE
座長:平野美津子(聖隷クリストファー大学), Raoul Breugelmanns (東京医科大学)
1. Challenges faced by Japanese medical students preparing for USMLE Step 2 CS Exam Sabina Mahmood (岡山大学医学部), 他
2. An extracurricular monthly seminar for advanced history taking skills 押味貴之(日本大学医学部), 他
3. English medical interview workshop using international students as standardized patients: initial experiences 高橋綾子, 対馬義人(群馬大学医学部)
4. Accreditation is coming, ready or not! Christopher Holmes (東京大学医学部)
5. Expectations for the continued use of English-speaking simulated patients in medical education—different years, different objectives, and different approaches 芦田ルリ(東京慈恵会医科大学), Christine Kuramoto (浜松医科大学)
6. Assessment of history-taking performances in an English camp 山森孝彦(愛知医科大学), 他

16

17

1705
1740
JASMEE now & in the future 1: 日本医学英語検定試験:施設受験, 3・4級および1・2級試験の実施状況
演者:伊達 勲(岡山大学), 木下裕介(中村記念病院), 一杉正仁(滋賀医科大学), 伊藤昌徳(順天堂大学浦安病院)
座長:伊達 勲(岡山大学医学部)

18

1740
Symposium: 病院に外国人患者を受け入れるために
座長:伊達 勲(岡山大学医学部)
1. 外国人患者受入れ医療機関認証制度 (JMIP) について 石井雅典(一般財団法人 日本医療教育財団)
2. 外国人に優しい病院:りんくう総合医療センター(大阪府)の現状 入交重雄(りんくう総合医療センター)
3. LJP(日本語のうまく話せない)外国人旅行患者へのおもてなし診療態勢にむけて 竹中勝信(高山赤十字病院), 他
4. Useful expressions for communicating with English-speaking patients James Thomas (慶應義塾大学医学部)

19

1900
3階 コンベンションホール東
第11回 植村研一賞 授賞式
懇親会

展示

1000

1700

9	900	Councilors' Meeting	Exhibits
	930	General Assembly	
10	1000	Opening remarks	
	1005	General topics 1: Written English training / Technical vocabulary building Chairs: Takako Kojima (Tokyo Medical University), Alan Hauk (Toho University School of Medicine)	
		1. Writing research papers in the field of diagnostic imaging [in Japanese] Kazumi Fujioka (Nihon University School of Medicine), Minoru Oishi (Izu Tobu General Hospital)	
11		2. The importance of dictionaries in learning technical terms [in Japanese] Tomoko Yamashita-Smith (Osaka University of Pharmaceutical Sciences), et al	
		3. Development and evaluation of mobile learning quizzes for building a medical vocabulary Jun Iwata (Shimane University Faculty of Medicine), et al	
		4. Cloud-based vocabulary delivery and study using Quizlet Kenneth John Slater (Aichi Medical University)	
		5. Why telling students to avoid the passive voice in medical writing is ill-advised and unhelpful Timothy Minton (Keio University School of Medicine)	
12	1145	Educational lecture 1: The Japan Radiological Society's response to globalization [in Japanese] Speaker: Susumu Kanazawa (Okayama University Medical School) Chair: Shigeru Nishizawa (University of Occupational and Environmental Health, Japan)	
	1215		
13	1255	General topics 2: Learning programs for EMP education (1) / Medical interpretation (1) Chairs: Ruri Ashida (The Jikei University School of Medicine), Christine Kuramoto (Hamamatsu Medical University)	
		1. Making custom course materials for first-year medical students James Hobbs (Iwate Medical University)	
		2. An active learning programme designed for first-year Japanese medical students to discuss health care issues in English James Thomas (Keio University School of Medicine), et al	
14		3. Managing EMP discourse: Thinking like a professional Michael Guest (Faculty of Medicine, University of Miyazaki)	
		4. Introducing medical English education at a graduate school Najma Janjua (Kagawa Prefectural University of Health Sciences)	
		5. Issues to be addressed in medical interpreting for patients from non-English-speaking countries [in Japanese] Kazumi Takesako, Chika Miyawaki (International Medical Interpreters Association [IMIA])	
15	1435	Educational lecture 2: Designing a medical English curriculum with Pierre Bourdieu's social theory "Habitus" Speaker: Gi-Eun Oh (Gieun Oh's Medical Interpreting Training Center; Yonsei University Wonju College of Medicine) Chair: Timothy Minton (Keio University School of Medicine)	
	1505	General topics 3: Medical interviews / USMLE / OSCE Chairs: Mitsuko Hirano (Seirei Christopher University), Raoul Breugelmanns (Tokyo Medical University)	
		1. Challenges faced by Japanese medical students preparing for USMLE Step 2 CS Exam Sabina Mahmood (Okayama University Graduate School of Medicine), et al	
16		2. An extracurricular monthly seminar for advanced history taking skills Takayuki Oshimi (Nihon University School of Medicine), et al	
		3. English medical interview workshop using international students as standardized patients: initial experiences Ayako Taketomi-Takahashi, Yoshito Tsushima (Gunma University Graduate School of Medicine)	
		4. Accreditation is coming, ready or not! Christopher Holmes (Faculty of Medicine, The University of Tokyo)	
		5. Expectations for the continued use of English-speaking simulated patients in medical education—different years, different objectives, and different approaches Ruri Ashida (The Jikei University School of Medicine), Christine Kuramoto (Hamamatsu Medical University)	
		6. Assessment of history-taking performances in an English camp Takahiko Yamamori (Aichi Medical University), et al	
17	1705	JASMEE now & in the future 1: EPEMP at local testing sites and current status of levels 3/4 and 1/2 examinations [in Japanese] Speakers: Isao Date (Okayama University Medical School), Yusuke Kinoshita (Nakamura Memorial Hospital), Masahito Hitosugi (Shiga University of Medical Science), Masanori Ito (Juntendo University Urayasu Hospital) Chair: Isao Date (Okayama University Medical School)	
	1740	Symposium: How can we prepare ourselves to accept growing numbers of international patients at our hospitals? Chair: Isao Date (Okayama University Medical School)	
18		1. Japan Medical Services Accreditation for International Patients (JMIP) [in Japanese] Masanori Ishii (Japan Medical Education Foundation)	
		2. A foreign patient-friendly medical center: Rinku General Medical Center, Osaka, Japan [in Japanese] Shigeo Irimajiri (Rinku General Medical Center)	
		3. Preparing to provide hospitable medical services in Takayama for patients with limited Japanese proficiency [in Japanese] Katsunobu Takenaka (Takayama Red Cross Hospital), et al	
		4. Useful expressions for communicating with English-speaking patients James Thomas (Keio University School of Medicine)	
19	1900	Convention Hall East, 3F The 11th Kenichi Uemura Award ceremony Reception	

Presentation room (Convention Hall West, 3F)

Exhibits
(Foyer, 3F)

9	830	<p>General topics 4: Medical interpretation (2) / EMP education Chairs: Shigeo Irimajiri (Rinku General Medical Center), Christopher Holmes (Faculty of Medicine, The University of Tokyo)</p> <ol style="list-style-type: none"> 1. What the future holds for Japanese health-care interpreters in the global age [in Japanese] Shinobu Hattori (Fujita Health University) 2. Undergraduate students' motivations to study English for medical purposes Sayaka Kamio (Kyorin University School of Medicine) 3. Volunteer work in a hospital school as a means to professional development for the EMP instructor Thomas Mayers (University of Tsukuba) 4. Medical students' participation in EMP curriculum development: Report on a workshop at the 10th International Skillslab Symposium 2015 Daisy E. Rotzoll (Faculty of Medicine, University of Leipzig, LernKlinik Leipzig), et al 5. Nursing communication sessions with English-speaking simulated patients for Japanese student nurses Mitsuko Hirano (Seirei Christopher University), et al
10	1010	<p>Workshop: Discussing key issues in English for medical purposes education Facilitators: Takayuki Oshimi*, Eric Hajime Jego*, James Thomas** (*Nihon University School of Medicine, **Keio University School of Medicine)</p>
11	1140	
12	1220	<p>General topics 5: Learning programs for EMP education (2) Chairs: Yoshiharu Motoo (Kanazawa Medical University), Kinko Tamamaki (Kobe Pharmaceutical University)</p> <ol style="list-style-type: none"> 1. Evolution of an English Morning Conference Ian Willey (Kagawa University) 2. Medical English course for nurses: searching for success Alexander Zaboronok (University of Tsukuba Hospital), et al 3. Self and peer evaluation in ESP education: A case study of an introductory ESP course on rehabilitation [in Japanese] Yoko Atsumi (Seirei Christopher University) 4. Engaging students in their studies and getting them to ask questions in class Bukasa Kalubi, Junji Terao (Tokushima University)
13	1340	<p>JASMEE now & in the future 2: Implementation status of the JASMEE seminars Speaker: Clive Langham (Nihon University School of Dentistry) Chair: Reuben Gerling (Medical writer/editor)</p>
14	1400	<p>Educational lecture 3: Medical support to Myanmar in the age of globalization [in Japanese] Speaker: Yoshihiro Kimata (Okayama University Graduate School of Medicine) Chair: Masanori Ito (Juntendo University Urayasu Hospital)</p>
15	1430	<p>General topics 6: Learning programs for EMP education (3) Chairs: Ikuo Kageyama (Nippon Dental University), James Hobbs (Iwate Medical University)</p> <ol style="list-style-type: none"> 1. Content and Language Integrated Learning in a medical university context: 6 years of learning Chad Lewis Godfrey (Saitama Medical University) 2. Supporting English language studies and international exchange through E-clinics provided by the English Language Support Center, Faculty of Medicine, Shimane University Yuri Ajiki (Faculty of Medicine, Shimane University), et al 3. Motivating motivation: Uncovering the potential benefits of a competency-based medical English program Alberto Gayle (Mie University Graduate School of Medicine) 4. Improving doctor-patient communication in extracurricular activities Yoshiko Yamada (Faculty of Medicine, Tokushima University), et al
16	1550	<p>JASMEE now & in the future 3: Preparation of medical English education guidelines in accordance with the medical education global standards (the final report) [in Japanese] Speakers: JASMEE Guidelines Committee Yoshitaka Fukuzawa (Chair, Aichi Medical University Hospital), et al Chair: Yoshitaka Fukuzawa (Aichi Medical University Hospital)</p>
17	1650 1655	<p>Closing remarks</p>

Exhibits

900

1600

7月18日(土)

Saturday, July 18

Educational lecture 1:

日本医学放射線学会の国際化の取り組み The Japan Radiological Society's response to globalization..... 18

Educational lecture 2:

Designing a medical English curriculum with Pierre Bourdieu's social theory "Habitus" 19

JASMEE now & in the future 1:

日本医学英語検定試験：施設受験，3・4級および1・2級試験の実施状況 EPEMP at local testing sites and current status of levels 3/4 and 1/2 examinations..... 20

Symposium:

病院に外国人患者を受け入れるために
How can we prepare ourselves to accept growing numbers of international patients at our hospitals?..... 22

General topics 1:

Written English training / Technical vocabulary building
ライティング指導 / 専門用語学習 26

General topics 2:

Learning programs for EMP education (1) / Medical interpretation (1)
医学英語教育プログラム (1) / 医療通訳 (1)..... 28

General topics 3:

Medical interviews / USMLE / OSCE
医療面接 / 米国医師国家試験 / OSCE..... 30

Educational lecture 1

日本医学放射線学会の国際化の取り組み

The Japan Radiological Society's response to globalization

金澤 右 Susumu Kanazawa

(岡山大学大学院放射線医学 Okayama University Medical School)

日本医学放射線学会副理事長 Vice president, Japan Radiological Society)

座長 Chair

西澤 茂 Shigeru Nishizawa

(産業医科大学脳神経外科 University of Occupational and Environmental Health, Japan)

放射線医学は、レントゲン博士がX線を開発された1895年に産声を上げました。私どもの日本医学放射線学会は1940年にアジア他国に先駆けて創設され、現在は会員数約9000名であり、世界最大規模の放射線医学会の一つです。

日本医学放射線学会には3つのミッションがあります。第一に国民に対し安全で質の高い放射線医療を提供すること、第二に全国の放射線科医に対し研究や教育の場を提供し優秀な放射線科医を育成すること、第三に国や世界の放射線医療体制作りと維持に貢献することです。残念ながら、第三のミッションを遂行するための「国際化」については活動が長らく停滞していました。しかし、2010年前後より学会理事会を中心に「国際化」に対する様々な具体的試みを開始しました。背景は、国際放射線医学界における我が国の存在感の相対的低下に対する大きな危機感です。

欧米の一流の国際雑誌における我が国発の論文掲載が増えない一方で、韓国、中国等のアジア諸国の放射線医学の台頭が目覚ましいこと、特に国際意識に優れた韓国放射線医学会の学術誌である *Korean Journal of Radiology* が1以上の impact factor を常時獲得してその国際的存在感を増してきたこと、欧米学会でアジア諸国の参加者が激増しているのに対して我が国の若い放射線科医の参加が減っていること、海外留学希望者が少なくなってきたことなどへの危惧です。

対策の一つとして、まず学会の学術雑誌を2009年に *Japanese Journal of Radiology* として英文のオープンジャーナルとしました。また、2012年より3か年計画で、企業関係者を含め22000名が参加する総会の国際化を積極的に進めてきました。会場内標識を日英併記として、発表スライドはすべて英文とし、口演の30%以上を英語発表とすることを目的としました。多くの若い放射線科医が国際舞台で活躍し、世界をリードしてくれることを願っての改革ですが、同時に海外からの参加者を増やすことも目的です。さらに、アメリカ、ヨーロッパ、アジア諸国の学会組織との定期的なミーティングを持ち、国際情報の共有に務めています。

[演者略歴]

昭和30年9月26日 長野県生まれ。昭和56年 岡山大学医学部卒業後、愛知県がんセンター病院放射線診断部研修医、倉敷成人病センター放射線科医長を経て、平成元年から米国テキサス大学 MD アンダーソンがんセンター 放射線診断科臨床研究員。帰国後は、岡山大学医学部附属病院放射線科助手、同病院中央放射線部講師、岡山大学医学部放射線医学教室助教授を経て、平成16年から岡山大学大学院医歯学総合研究科(腫瘍制御学講座放射線医学分野)教授。平成23年から岡山大学病院副院長を兼務。専門は放射線診断学、Interventional Radiology。

日本医学放射線学会副理事長(代議員)、日本IVR学会理事(代議員)、日本核医学会評議員、日本癌治療学会評議員、日本肺癌学会評議員等を務め、また Cardiovascular and Interventional Radiology, Japanese Journal of Radiology, International Journal of Clinical Oncology 等で Associate Editor として学術誌の編集にも携わっている。

Educational lecture 2

**Designing a medical English curriculum
with Pierre Bourdieu’s social theory “Habitus”**

Gi-Eun Oh

(CEO/Founder of Gieun Oh’s Medical Interpreting Training Center
Visiting Assistant Professor, Yonsei University Wonju College of Medicine)

座長 **Chair**

Timothy Minton

(Keio University School of Medicine)

The French sociologist Pierre Bourdieu (1930–2002) defines Habitus as the mental and cognitive system of structures which are intertwined within an individual and whose collective consciousness represents his or her external structures. Our internal thoughts, including our beliefs, tastes, interests and understanding of the world around us, become Habitus, which is created through the influences of family, culture, and the milieu of education. Bourdieu used sports metaphors when talking about Habitus, often referring to it as a “feel for the game.” Just as a skilled basketball player knows how to throw a three-point shot from a long distance without consciously thinking about it, each of us has an embedded type of “feel” for the social situations or “games” we find ourselves in. Can we define the “feel for the game” for medical doctors and patients? In other words, can we describe the Habitus of medical doctors and patients? How should we consider these two different social groups’ Habitus when designing a medical English curriculum for medical providers and students?

[Speaker’s profile]

Gi-Eun Oh has been teaching Medical English since 2011 at Yonsei University Wonju College of Medicine, where she is a visiting assistant professor. She has been a medical English conversation instructor since 2009, and has published four medical English textbooks. She is the first and only person in Korea to be certified by the National Board of Certified Interpreters in America. She is Chairperson of the South Korea Chapter of the International Medical Interpreters Association (IMIA), and Co-chairperson of IMIA International Liaisons. She currently teaches both medical English and medical interpreting to help improve communication between international patients and medical providers in Korea.

Gi-Eun Oh has a B.S. in Medical Laboratory Science with a Cytotechnology specialization from the University of Utah (2000), and an M.A in TESOL from Ewha Womans University, Korea (2013). She is a Ph.D. candidate in Translation Interpretation at Ewha Womans University’s graduate school.

JASMEE now & in the future 1

日本医学英語検定試験：施設受験，3・4級および1・2級試験の実施状況

Examination of Proficiency in English for Medical Purposes (EPEMP): EPEMP at local testing sites and current status of levels 3/4 and 1/2 examinations

伊達 勲 Isao Date

(岡山大学医学部脳神経外科 Okayama University Medical School)

木下裕介 Yusuke Kinoshita

(中村記念病院脳神経外科 Nakamura Memorial Hospital)

一杉正仁 Masahito Hitosugi

(滋賀医科大学社会医学講座 Shiga University of Medical Science)

伊藤昌徳 Masanori Ito

(順天堂大学浦安病院脳神経外科 Juntendo University Urayasu Hospital)

座長 Chair

伊達 勲 Isao Date

(岡山大学医学部脳神経外科 Okayama University Medical School)

日本医学英語検定試験(医英検)の3級・4級試験を本学会主催で開始したのは2008年であり、本年が第8回の開催となる。これまで約2,000名が受験し、2012年からは2級試験も始まった。さらに、本年からは、1級試験が開始される。試験会場に関しては、東京、兵庫、富山の3カ所でスタートしたが、2012年からは、一定の基準を定めて「施設受験」という制度を導入、日本医学英語教育学会の評議員と会員が併せて2名以上いれば施設受験会場とすることが可能となり、全国に受験会場を増やしていった。2015年6月14日の第8回医英検では、北海道、東京、新潟、愛知、滋賀、大阪、兵庫、岡山、福岡、大分の全国10カ所で受験が可能である。

受験の等級と難易度については、以下の様に設定している。

- 4級 基礎的な医学英語運用能力を有するレベル(医科大学・医療系大学在学あるいは卒業程度)
- 3級 英語で医療に従事できるレベル(医師・看護師・医療従事者、通訳・翻訳者等)
- 2級 英語での論文執筆・学会発表・討論を行えるレベル
- 1級 医学英語教育を行えるレベル(2級受験者を指導できるレベル)

受験資格としては、3級・4級に関しては制限はないが、2級は3級合格者にのみ受験資格、1級は2級合格者にのみ受験資格を与えている。

広報の一環として全国の大学の医学部長・臨床研修センター長・医学英語担当主任宛に、医英検のポスターを添えて宣伝を依頼している。

本企画では、次の3点について発表する。

1. 施設受験に取り組んできた3施設から、どのような広報、運営をしてきたかについて報告し、今後さらに全国に受験できる施設を増やすための参考にしていただく。
北海道(木下裕介)
滋賀(一杉正仁)
岡山(伊達 勲)
2. 3・4級受験現状報告
3・4級の受験状況全般(伊藤昌徳)
3・4級の結果分析(一杉正仁)
3. 1・2級受験現状報告
2級の受験状況と結果分析(伊藤昌徳)
1級の受験について：パイロット試験の状況と今後の予定(伊達 勲)

会員諸氏におかれては、

1. 医学英語を教える場において、積極的に医英検の受験を勧めていただきたい。
2. 医英検3級・4級の資格を、臨床研修病院において採用の際の参考にできるよう、働きかけていただきたい。
3. 医英検の資格を種々の場において資格として使っていただきたい(例：岡山大学では外国医師の臨床修練指導医の資格に医英検3級を採り入れる予定)。
4. 施設受験のできる地域をさらに増やすことに協力いただきたい。

Symposium

病院に外国人患者を受け入れるために

How can we prepare ourselves to accept growing numbers of international patients at our hospitals?

座長 Chair

伊達 勲 Isao Date

(岡山大学医学部脳神経外科 Okayama University Medical School)

演者 Symposiasts

石井雅典 Masanori Ishii

(一般財団法人 日本医療教育財団 Japan Medical Education Foundation)

入交重雄 Shigeo Irimajiri

(りんくう総合医療センター 国際診療科 総合内科・感染症内科 Rinku General Medical Center)

竹中勝信 Katsunobu Takenaka

(高山赤十字病院 副院長・脳神経外科 Takayama Red Cross Hospital)

James Thomas

(慶應義塾大学医学教育センター Keio University School of Medicine)

1. 外国人患者受入れ医療機関認証制度 (JMIP) について

Japan Medical Services Accreditation for International Patients (JMIP)

石井雅典 Masanori Ishii

(一般財団法人 日本医療教育財団 Japan Medical Education Foundation)

一般財団法人日本医療教育財団が運営する「外国人患者受入れ医療機関認証制度(略称 JMIP)」は、厚生労働省の支援の下に構築され、2012年より運用を開始した制度である。グローバル化の進展に伴い、訪日・在日の外国人が増加する中、国内の医療機関は外国人患者受入れのための体制整備を求められている。JMIPは、日本国内の医療機関を対象として外国人受入れに向けた院内の整備状況を審査し、評価項目をクリアした医療機関に対し認証を与える制度である。

評価項目の内容は「1. 受入れ対応」、「2. 患者サービス」、「3. 医療提供の運営」、「4. 組織体制と管理」、「5. 改善に向けた取組み」の5領域に分かれる。「1. 受入れ対応」には、ホームページなどの外国人に向けた情報発信体制や、診療費・支払い方法の明示に関する項目が含まれる。「2. 患者サービス」には通訳や文書翻訳の体制および、院内の多言語表示・宗教習慣への配慮などの項目が含まれる。「3. 医療提供の運営」では外国人に向けた診察内容・看護内容の伝達や、誘導案内、インフォームドコンセントの体制などが評価される。「4. 組織体制と管理」では外国人患者受入れに関する組織体制・安全管理体制の面が問われる。「5. 改善に向けた取組み」には外国人理解のための院内研修や患者向け満足度調査の実施などに関する項目が含まれる。

認証を受けた医療機関については、JMIPのホームページ(英語・中国語・韓国語に対応)上で病院情報が掲載される。また、外国人に向けたJMIP紹介パンフレットが国内の空港等に設置されており、認証医療機関はこれらを通じて、国際的な知名度を向上させることができる。

現在、8つの医療機関がJMIPの認証を得ている。今後、2020年開催の東京オリンピック・パラリンピックに向けて外国人患者受入れの需要はますます高まっていくものと予想される。本認証制度が「外国人に優しい日本の医療」の実現に少しでも寄与できれば幸いである。

2. 外国人患者に優しい病院：りんくう総合医療センター（大阪府）の現状

A foreign patient-friendly medical center: Rinku General Medical Center, Osaka, Japan

入交重雄 Shigeo Irimajiri

(りんくう総合医療センター 国際診療科 総合内科・感染症内科 Rinku General Medical Center)

りんくう総合医療センターは大阪府南部にあり三次救急医療にも対応する地域の基幹病院である。また西日本唯一の特定感染症指定医療機関であり輸入感染症にも対応可能である。関西国際空港の対岸に位置する当院には訪日・在日の外国人患者受診が多い。

当院では有償ボランティア登録通訳士(約60名)および国際医療コーディネーターによりスペイン語, 英語, ポルトガル語, 中国語, タガログ(フィリピン)語の通訳サービスを無償で提供している。また米国, ブラジル, 中国の医師免許を有する日本人医師達が必要に応じ外国人患者の対応にあたる。外国人患者の対応内容は疾患, 言語, 健康保険の有無・種類により, それぞれのケースで異なる。大使館, 保険会社, 利用航空会社, 海外の家族への連絡および必要書類の翻訳・作成, 未払い医療費など様々な問題が突然生じることもあり, しばしば長時間の個別対応を余儀なくされる。

外国人患者受入れ医療機関認証制度 (Japan Medical Service Accreditation for International Patients; JMIP) が2012年に厚労省の支援事業として開始となり, 当院は2013年に国内初のJMIP認証病院の一つとなった。JMIP認証のため, 外国人患者検討委員会および国際診療科が中心となり準備を進めた。以前から必要に応じて翻訳した同意書や説明書等があったが, 翻訳書類の整備や追加, 院内表示英語併記の追加のみならず, 病院食英語メニューや災害発生時用多言語誘導ボード作成など新たに取り組むべき事項も多かった。新たに作成した外国人患者対応マニュアル・フローチャートが役に立ち, その後外国人患者対応がスムーズに運ぶようになった。

また当院は米国退役軍人健診指定病院でもあり, 診察や検査のために訪れる米国退役軍人を受け入れている。

3. LJP (日本語のうまく話せない) 外国人旅行者患者へのおもてなし診療態勢にむけて

Preparing to provide hospitable medical service in Takayama for patients with limited Japanese proficiency

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(高山赤十字病院 Takayama Red Cross Hospital, ¹ 副院長・脳神経外科, ² 脳神経外科・救急部, ³ 教育研修課, ⁴ 看護部・救命センター, ⁵ 医療社会事業部, ⁶ 薬剤部, ⁷ 企画調整課)

はじめに

世界遺産認定の白川郷, ミシュランガイド三ツ星評価の飛騨高山を有する岐阜県北部において, 当院は地域拠点病院として地域医療を行っている。一昨年の2020年東京オリンピック開催決定, 本年3月14日の北陸新幹線の金沢延伸開通後, 特にアジアや欧州からの日本語のうまく話せない (Limited Japanese Proficiency; LJP) 外国人旅行者が当院へ受診, 入院するケースが急増している。この突然の変化により, 現場職員は困惑しており, 地域住民への医療サービス低下を予防すること, 一方で受診されたLJP旅行者患者の満足度の向上を目指して, 当院では平成26年8月より, 多職種参加型かつプロダクト産出型の外国人患者サポート体制整備プロジェクト(おもてなしプロジェクト)を立ちあげた。その後, 本年1月からは, 高山市海外戦略室(現 ブランド・海外戦略部)にも参加してもらい, 共同でプロジェクトを進めている。

活動の成果

高山市おもてなし国際化促進事業補助金を活用した①救急薬局窓口看板(英語版), ②配布用英語院内マップ(英語版), ③院内薬局での配布用処方用法案内(英語版)を作成した。厚生労働省ホームページを参考にして英語表記の診断書や検査および手術説明書や承諾書等の書類を整備した。LJP患者専用の診療報酬体系の再構築(特別料金の設定), 医療・事務系職員による医療英語通訳サポーターの確保と定期的な研修会(高山市職員による易しい診察英語学習会)を開催している。

今後の課題と目標

多言語医療通訳サポーターの確保, 医療通訳サポーターの認定制度と教育・育成システムの開発, 院内倫理規程の策定が必要であると考えている。そのためには易しい日本語を学習し, 外国人により日常使われている医学系英語を理解して利用をすべく, 多くの職員に医学英語検定の受審を推奨している。また, 現在直面している喫緊の課題としては, 救急外来での処置前や入院直後の手術前に外国人旅行者が持参している常備薬の迅速な検薬体制の整備があげられる。

まとめ

安倍政権になり, 静かな山間の街だった飛騨高山は, 「ここは日本ですか?」と, 目を疑う驚くべき状況に陥っている。これを当院の追い風として捉え, 地域医療を守りつつ赤十字精神のもと, グローバルな医療を目指している。

4. Useful expressions for communicating with English-speaking patients

James Thomas

(Medical Education Center, Keio University School of Medicine)

The number of non-Japanese-speakers visiting Japan is increasing and is expected to rise even more rapidly over the coming years. Many such individuals speak English as a first or second language. As a consequence, it is important that Japanese hospitals and health care institutions can adapt to accommodate a potential rise in the number of English-speaking patients. This presentation will outline a number of key issues relevant for individuals or groups involved in the delivery of health care or medical English education. Topics discussed will include useful medical expressions, common phrases and question patterns, structuring patient encounters, and techniques for improving communication.

1 画像診断医学領域における論文執筆 Writing research papers in the field of diagnostic imaging

10:05–10:25 藤岡和美 Kazumi Fujioka (日本大学医学部病態病理学系臨床検査医学分野 Nihon University School of Medicine),
大石 実 Minoru Oishi (伊豆東部総合病院 内科 Izu Tobu General Hospital)

近年、日本の医学系学会英文誌が世界でも認められるようになり Impact Factor (IF) が付くようになった。日本の学会誌の掲載論文の質の向上が窺える。学会誌の特徴が明確になるとともに投稿規程の複雑・多彩化や投稿方法のオンライン化も進み論文執筆・掲載の迅速さも要求されるようになってきている。さらに、倫理的に医学研究は、研究審査委員会の承認を得て行われることが必須となり学会発表・論文執筆においても明記することが必要になってきたし、利益相反 (Conflict of Interest: COI) についても問われ学会発表・論文執筆に COI の開示・記載が必要とされている。

筆者は、日本医学放射線学会、日本超音波医学会等、多くの画像診断医学・検査医学会に所属し放射線医学、

特に超音波医学に携わり Ultrasound, Computed Tomography (CT), Magnetic Resonance Imaging (MRI) を用いた画像診断医学領域の論文執筆を経験してきたが、身近であるこれらの学会の英文誌 *Japanese Journal of Radiology*, *Journal of Medical Ultrasonics* にも IF が付くようになって久しい。画像診断医学領域においても診療の精度・質の向上を目的とした指導医・専門医制度の普及と診断に重要である用語・診断基準の確立が診療を向上させ、質の高い論文執筆に反映されてきたと思われる。現在の論文投稿の現状を踏まえ、筆者の論文を引用しながら必要な記載法 (腹部、乳腺・甲状腺、体表領域) を用語・診断基準に基づいて述べ論文執筆のポイントについて発表を行う予定である。

2 専門用語の学習における辞書の重要性について The importance of dictionaries in learning technical terms

10:25–10:45 スミス山下朋子 Tomoko Yamashita-Smith (大阪薬科大学 Osaka University of Pharmaceutical Sciences),
天ヶ瀬 葉子 Yoko Amagase (同志社女子大学 Doshisha Women's College of Liberal Arts),
野口ジュディー津多江 Judy Tsutae Noguchi (神戸学院大学 Kobe Gakuin University)

専門用語の学習は、医療系の学生にとっては必須で学ばなければならない項目である。しかし、医療系の場合、患者と医療従事者という専門知識の度合いが異なる者たちがコミュニケーションするために、難解な専門用語 (以下、専門用語と呼ぶ) を単に学習するだけでは十分ではない。患者等、一般の人が用いる平易な医療用語 (以下、一般専門用語) と、一般的にも用いられているが医療の文脈で意味が変化する用語 (以下、半専門用語) も合わせて学習する必要がある。本研究では、この3種類の専門用語を学習者へどのように指導するべきかを調査するため、2013年秋学期に専門用語の知識と学習作業に関するパイロット調査を実施した。私立大学に所属する薬学系の学生1・2年次生、計166名の調査対象者に、単語テストの形式で英文から日本語の訳を答えてもらった。調査に使用した16個の単語は、専門用語、半専門用語、

一般専門用語の3種が含まれており、解答する作業は2つの段階に分かれている。初めに、辞書なしで例文中に含まれる単語の意味を考えて記入し、その後、辞書を使って意味を調べて再度意味を記入してもらった。その結果、専門用語の場合、未知で不正解である単語が多かったが、辞書を使うとほとんどの場合、正しい訳の解答が得られた。また、一般専門用語の場合、既知と未知の単語で結果が分かれたが、辞書を使えば多くは正しい訳で解答されていた。一方、半専門用語の場合、辞書を使っても不正解の学生数が最も多く、半数以上の学生が辞書を使っても不正解である単語もみられた。つまり、半専門用語のような多義的な語を調べる際、辞書を適切に使えないということが示唆される。専門用語の指導には、早い段階から辞書の使い方と文脈を考えて意味を考える指導をする必要があると考える。

3**Development and evaluation of mobile learning quizzes for building a medical vocabulary**

10:45–11:05 Jun Iwata, Yuri Ajiki, John Telloyan (Shimane University Faculty of Medicine)

In 2013, we developed a range of vocabulary quizzes designed to help our students build their medical vocabulary; the quizzes were delivered to the students' mobile devices. Two hundred forty-two students signed up to receive these mobile learning materials, and two sets of materials (each consisting of a greeting message and 5 medical vocabulary quizzes) were delivered to them weekly from July, 2013 to January, 2014. A survey conducted on the students' perceptions of the materials showed that half of the students found them useful, and that about two-thirds found the level of the materials appropriate. However, data analysis revealed that a mere 9.5% of the students actually used the materials, which illustrated that the students' readiness to use mobile learning was low

while their mobile learning expectations were high (Iwata et al., 2014). We carried out a second trial with 209 students from July, 2014 to February, after modifying the contents of the materials. Data analysis showed the average rate of participants who actually tried the quizzes in the second trial was 24.3%, which was much higher than that of the previous year. This was probably due to the participants' greater readiness and motivation for mobile learning in the second trial, as well as to our modification of the contents. In our presentation, we will present the students' perceptions of the mobile learning materials and discuss the factors that affect learners' motivation to use such materials.

4**Cloud-based vocabulary delivery and study using Quizlet**

11:05–11:25 Kenneth John Slater (Aichi Medical University)

This presentation explores the process and preliminary findings of a study into using the cloud-based vocabulary study website, Quizlet.com, and its accompanying smartphone application, Quizlet, to deliver content and enhance the process of learning English medical vocabulary at a university in Japan. First, the unique challenges faced by medical students and teachers in Japan will be outlined. The rationale

for choosing Quizlet, a look at its structure and features, and the process of its implementation will then be examined. Finally, general observations, evaluations, and future research plans will be discussed. Attendees will be encouraged to participate in a short Quizlet activity and give feedback on their experience.

5**Why telling students to avoid the passive voice in medical writing is ill-advised and unhelpful**

11:25–11:45 Timothy Minton (Keio University School of Medicine)

Few medical journals specifically instruct authors to use the active voice and avoid the passive voice, but advice to that effect is common in stylebooks aimed at medical (and other) writers. It is also common in blogs and course materials produced by writing instructors, so it seems likely that students are encouraged in many writing classes to eschew the passive voice. Is this prejudice against the passive voice justified? I contend that it is not, and that writing

instructors who issue blanket instructions always to prefer the active voice do much more harm than good. In this presentation I shall point out the glaring flaws in some of the typical arguments deployed against passive-voice usage, and shall stress the importance of context in determining whether specific examples of active-/passive-voice usage are appropriate or not. I shall also propose a simple method of selecting voice appropriately according to context.

1 Making custom course materials for first-year medical students

12:55–13:15 James Hobbs (Iwate Medical University)

A good commercial textbook can be an English teacher's best friend, providing suitable content in an attractive format, freeing us from the challenge of creating original materials, and inspiring us with new ideas. However, the choice of textbooks targeting the specific English needs of Japanese medical students is limited, and all too often teachers end up tying themselves and their students to textbooks that are far from ideal. Why? Because the alternative—creating, formatting, printing, and binding an original package of more suitable materials—seems like too great a challenge. But is it really? In this presentation I will

describe how I approached the task of creating a complete set of materials for a first-year English course for medical students. I will show how an initial investment of time, effort, and creativity can facilitate course content that better matches your students' needs, that can be delivered via your preferred teaching methodology, and that relieves you from the weekly challenge of overcoming the deficiencies of a commercial textbook. I will argue that this ultimately makes your job easier, not harder, and also makes you a better teacher.

2 An active learning programme designed for first-year Japanese medical students to discuss health care issues in English

13:15–13:35 James Thomas, Michito Hirakata (Medical Education Center, Keio University School of Medicine), Timothy Minton (Department of English, Keio University School of Medicine)

Background: Many Japanese medical students benefit from discussing health care topics in English. Such opportunities can increase students' English proficiency and allow them to consider issues that will be relevant for their future careers as medical professionals.

Methods: We developed a series of twenty-eight 90-minute classes for first-year medical students that utilised structured active learning classroom activities. The sessions were organised into a series of modules including: medical ethics, global health, duties and responsibilities of a doctor, professionalism, multidisciplinary health care teams, presenting skills, and personal and professional reflection. Student feedback was obtained before and after the programme to assess attitudes towards the course and self-evaluation of skills.

Results: Feedback obtained from the students showed that they experienced a high level of enjoyment and satisfaction

in the programme. The majority of students commented that they developed an increased confidence in their communication skills, a better understanding of global health and cultural awareness, increased written and oral English proficiency, and skills to discuss a variety of medical and health care issues.

Conclusion: Our programme provided an opportunity for students to discuss a wide range of health care topics in an interactive learning environment, entirely in English. Students had the opportunity to develop their written and oral communication skills and benefited from discussing issues that will be relevant for them as future medical professionals. Classes made use of active learning so that the students could develop a range of skills including: presenting, debating, peer-to-peer teaching, researching information, and reflecting.

3 Managing EMP discourse: Thinking like a professional

13:35–13:55 Michael Guest (Faculty of Medicine, University of Miyazaki)

Each professional discourse community has its own way of creating and managing English texts, both spoken and written. Therefore, if we accept that the purpose of learning English for Medical Purposes (EMP) is primarily to help foster entry into the medical discourse community, it stands to reason that a focus upon how texts and interactions are managed in medical encounters should be at the foundation of every EMP course. This presentation aims not only to underscore how important it is for Japanese medical students and practitioners to understand the management of English medical discourse so that they can participate in English-speaking professional discourse communities, but will also make the argument that such a focus actually

enhances the ability of learners to think and behave more like professionals—in short, that a discourse-based EMP focus can have a positive effect upon learner cognition and practice in general. Using two simple examples taken from the textbook *English in Medicine* (Glendinning & Holmstrom, CUP, 2011), and subsequently adapted for use in the presenter's own EMP classes, I will demonstrate how a discourse-based approach to medical texts can go well beyond standard language learning and can add a crucial humanizing element. I will also demonstrate that such a discourse-based approach can deeply transform medical students' views of themselves and positively impact their roles as future medical professionals.

4

Introducing medical English education at Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences

13:55–14:15 Najma Janjua (Kagawa Prefectural University of Health Sciences)

In the current age of globalization, for medical researchers, the ability to communicate about their work with the international research community both orally and in writing using English as the common global language of medicine is essential. However, few Japanese medical schools provide English language education at the postgraduate level. This presentation describes the introduction of medical English (ME) education at Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences. The instruction of ME was introduced as part of a master's level course that covers introductory topics in medical and dental sciences. The ME part of the course comprises two main sections: 1) English as a means of communication in medical research; and 2) Fundamentals of reading and writing an English language medical research paper. The average class

size for the course is 28 (range 19–34) while students' research areas vary from basic sciences such as biochemistry and cellular biology to clinical specialties such as emergency medicine, and gastrointestinal surgery. Although the time devoted to ME instruction out of the total course time is less than 15%, its benefits appear to be enormous. As one indicator of success, all 81 written comments collected from three classes, expressed favorable opinions of the ME lessons. Most students wrote that the lessons had removed their fear of English, and that what they had learned was practical and would be useful in their present studies and future careers. The findings underscore the importance of ME education for postgraduate students in Japanese medical and allied faculties.

5

非英語圏出身の患者に対する医療通訳の課題

Issues to be addressed in medical interpreting for patients from non-English-speaking countries

14:15–14:35 竹迫和美 Kazumi Takesako (International Medical Interpreters Association [IMIA] 米国本部理事, 日本支部代表), 宮脇千華 Chika Miyawaki (IMIA 日本支部副代表)

医療通訳は、医療英語をマスターすればできると考える風潮があるが、そうとは限らない。患者の80%近くが非英語圏出身者であるため、医療用語を口にただけでは通じない場合が多いからである。そこで、このような患者が理解できるためには、医療従事者にわかりやすい説明を求める、または絵を描いて説明してもらうなどの介入(医療通訳者が通訳以外の確認や説明などの作業を行うこと)が必要となる場合が多い。英語の医療通訳者は、食習慣も含め文化の違いを医療従事者に説明する役割も担うため、言語や医療知識だけでなく、世界中の文化について学ぶ日頃の努力が求められる。医療従事者と患者の間に立つので、自らの役割の領域にジレンマを感じる。生死に関わる現場で働くため、精神的に過酷な業務でもある。

医療通訳者は、医療専門の会議通訳者と混同されることが多いが、両者は違う。医療通訳者は、日本語が十分に話せない患

者と医療従事者間のコミュニケーションが正確かつ円滑に行われるように通訳をする。業務場所は主として医療機関である。会議通訳者は、医療専門用語を同時通訳することを重視し、参加者の語学力が低いために内容を理解できなくても、責任は問われない。これに対して、医療通訳者は、患者の言語能力(非英語圏の患者が英語を話す時は、英語の語学力)や教育水準(識字能力や医学的知識の有無など)や文化的背景(たとえば、輪廻を信じる文化圏の患者が手術を拒否するなど、治療法選択に影響する可能性がある場合)に配慮し、適宜それらの背景も、医療従事者に(a)説明する;(b)患者が理解できる言葉を選ぶ;(c)通訳するスピードを調整し;(d)訳し方も工夫するなど、多様な責務を負う。患者と医療従事者の文化的背景の違いから誤解が生じていると判断する時は、介入せねばならない。患者の治療のみならず命も左右しかねない対人コミュニケーションである。

1 Challenges faced by Japanese medical students preparing for USMLE Step 2 CS Exam

15:05–15:25 Sabina Mahmood,* Mikako Obika,** Tomoko Miyoshi,** Hitomi Kataoka* (*Department of Primary Care and Medical Education, Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, **Center for Graduate Medical Education, Okayama University Hospital)

Background: In recent years, an increasing number of Japanese doctors are taking the United States Medical Licensing Examination (USMLE) Steps 1, 2 and 3, where Step 2 includes the Clinical Skills (CS) exam. Here, we describe the methods used to coach Japanese Step 2 CS candidates, the difficulties they encounter, and measures taken to resolve them.

Methods: Ten one-on-one practice sessions were arranged, where the candidate was asked to choose a “difficult to encounter case” from 12 hypothetical cases. The advisor posed as the standardized patient and the candidate was allotted 15–20 minutes to interview the patient and take notes. The following 3 subcomponents of competency were evaluated: Integrated Clinical Encounter, which includes collection of information through physical examination, history taking, summarizing clinical findings and diagnostic impression; Communication and

Interpersonal Skills, which assesses the ability to ask pertinent and insightful questions, ability to share information with colleagues, general degree of professionalism and rapport with patients; and Spoken English Proficiency, which assesses the ability to use English effectively with patients.

Results: After 10 sessions, the candidate seemed apt in clinical diagnosis and friendly, and used English effectively. However, standardized patient-directed questions dominated history taking, and the candidate hesitated in asking personal questions. Patient interviewing in English took a longer time.

Conclusion: Japanese medical students need to practice history taking more elaborately. Incorporating communication based English education and English history taking from the first year of medical school can help Japanese students prepare well for the USMLE Step 2 CS exam.

2 An extracurricular monthly seminar for advanced history taking skills

15:25–15:45 Takayuki Oshimi*, Eric Hajime Jego*, Kazu Kaihara*, James Thomas** (*Division of Medical Education Planning and Development, Nihon University School of Medicine **Medical Education Center, Keio University School of Medicine)

Background: Even though many medical schools in non-English speaking countries provide English for medical purposes (EMP) education, their undergraduates often find themselves inadequately prepared for patient encounters in English. This study describes an extracurricular monthly seminar that has been developed at Nihon University School of Medicine over the past five years to assist our medical undergraduates improve their history-taking skills in English. Participant feedback is reported here with the intention of sharing our challenges with JASMEE members.

Methods: This 150-minute medical English seminar includes interactive activities using problem-based learning formats. Following those of the United States Medical Licensing Examination (USMLE), the objectives of the seminar are to assist participants improve their spoken English proficiency, communication and interpersonal skills, and integrated clinical encounter skills. The contents include 1) differential diagnoses of the topic symptom, 2) associated symptoms and risk factors, 3)

mini case discussions of the topic symptom, and 4) a group role play with a simulated patient with the topic symptom. The seminar is open to anyone interested in improving their history-taking skills, so a wide variety of participants, including health care professionals and health care interpreters, attend along with medical students from various institutions. Participants evaluate the seminar by answering a questionnaire at the end of each session.

Results: Positive participant comments included those associated with increased self-motivation resulting from the many opportunities to interact with the wide variety of participants. Such interactions were especially positively interpreted, because they helped participants maintain their motivation to learn history-taking skills. The small-group discussion style was also positively evaluated.

Conclusions: Extracurricular activities are useful in motivating undergraduates to acquire advanced history-taking skills.

3 English medical interview workshop using international students as standardized patients: initial experiences

15:45–16:05 Ayako Taketomi-Takahashi, Yoshito Tsushima (Gunma University Graduate School of Medicine, Department of Diagnostic Radiology and Nuclear Medicine)

The most difficult part of conducting a course on English medical interviews may be finding suitable standardized patients. Previous presentations at JASMEE conferences have described organized groups of experienced standardized patients receiving regular training. Contacting such groups is ideal, but not all institutions can do this, due to distance, time, or budget. Gunma University’s Clinical Training Center conducted a workshop on English medical interviews with limited resources and a geographic disadvantage. We designed the workshop to give participants the chance to use preexisting medical knowledge and English language skills to get relevant information from an English-speaking standardized patient. We encouraged participants to follow the evaluation points described by the Common Achievement Test Organization (医療系大学間共用試験実地評価機構). This workshop was NOT intended as prepara-

tion for the Clinical Skills Assessment portion of the USMLE. Our standardized patients were four international students. All four were non-native English speakers. Non-Japanese-speaking patients are frequently non-native English speakers. Using international students as standardized patients provides a realistic simulation of situations where neither the doctor nor patient speaks perfect English. The international students were medical doctors who learned or sometimes even taught medical interview skills in their home countries. They gave efficient and practical feedback on the participants’ interviewing skills. In conclusion, a single-day workshop with international students as standardized patients is a simple and realistic option for many medical schools. It also gives international students and Japanese medical students and doctors the chance to become acquainted.

4 Accreditation is coming, ready or not!

16:05–16:25 Christopher Holmes (Faculty of Medicine, The University of Tokyo)

A small number of Japanese medical students intend to continue their medical studies as residents in the United States after graduation. US residency requirements have changed over the years, and they are about to change again in a major way: only graduates of “accredited” “international” medical schools will be admitted to residency programs. The University of Tokyo Faculty of Medicine is preparing to go through the accreditation process,

and I will give you an executive summary of the background (history), process (physiology), and ramifications (prognosis) of this decision to conform to “global standards.” This might have repercussions (adverse effects) for the teaching of English in medical schools. It might not. Are you ready? Jump on the accreditation bandwagon! It’s ready to roll...

5 Expectations for the continued use of English-speaking simulated patients in medical education—different years, different objectives, and different approaches

16:25–16:45 Ruri Ashida (The Jikei University School of Medicine / Centre for International Affairs),
Christine Kuramoto (Integrated Human Sciences, English, Hamamatsu University School of Medicine)

Background: The introduction of medical interviews with English-speaking simulated patients (English SPs) is gradually increasing, whether as an OSCE, a part of class work, an extracurricular activity, or other learning designs. Some universities start from their first-year students, some with fourth-year students, and some with fifth-year students who are going abroad for electives. Some universities have students and practicing healthcare professionals work together.

Summary of work: Diverse and effective learning experiences can be given to students corresponding to their year of study by adjusting the objective of the interviews and the approaches used. For the first-year students, the focus can be on learning English expressions in specific situations, improvement of communication skills and professionalism, and differentiating simple common diseases. For fifth-year students, more focus can be placed on

differential diagnosis together with development of communication skills and professionalism. Physical exams (explaining or hands-on) and case presentations to the clinician can help develop clinical reasoning skills. The same scenario can be made simple or complex. OSCE-style interviews can be alternated with more flexible interviews with feedback/evaluation from the SPs/teachers and peers to give students different learning experiences. According to a questionnaire asking when it would be best to introduce interviews with English SPs, the first-year students stated “in the first year,” while the fifth-year students stated “in the fifth-year,” which indicates that the learning at each year was valued.

Conclusion: Interviews with English SPs can give meaningful learning experiences to students at any level of their studies with different objectives and approaches.

6 Assessment of history-taking performances in an English camp

16:45–17:05 Takahiko Yamamori, Yukiko Kuru, Ken Slater (Aichi Medical University School of Medicine), Takayuki Oshimi,
Eric Hajime Jogo (Division of Medical Education Planning and Development, Nihon University School of Medicine)

Objective: To create a user-friendly scoring rubric specifically designed for evaluating history-taking performances at our English Camp

Background: Every summer since 2008, Aichi Medical University has held a three-day English camp for medical students. The largest portion of the program is spent on a history-taking activity, where students practice interviews in English with American camp counselors visiting Japan, who play the roles of patients. During the three days, students take part in eleven-minute sessions more than twenty times, and post-camp questionnaires frequently show the students’ self-awareness of improvement in their communication skills. However, until last year we lacked a precise evaluation tool for assessing students’ performances.

Methods: At the last camp, with the permission of the participants, the interviews were videotaped in two stations. Out of 44 interview video clips, we chose several clips of different levels and asked multiple raters to evaluate the performances on the video. The scoring rubric was modified from the communication skill evaluation scale for history-taking performance tests at Nihon University. We also asked the raters to give a holistic score to each interview, and collected raters’ suggestions for further improvement of the rubric.

Results: In this presentation, we will introduce our pilot rubric for evaluating history-taking performances at our English Camp, and report the quantitative results of scoring as well as the qualitative feedback from the raters.

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Educational lecture 3

グローバル化の中のミャンマー医療支援

Medical support for Myanmar in the age of globalization

木股敬裕 Yoshihiro Kimata

(岡山大学大学院医歯薬学総合研究科 形成再建外科)

Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences)

座長 Chair

伊藤昌徳 Masanori Ito

(順天堂大学浦安病院 脳神経外科 Juntendo University Urayasu Hospital)

1988年8月8日は、ミャンマーでアンラッキーナンバーである8が4つも連なる国民的民主化運動勃発の日である。その後、それを鎮圧した軍事政権の支配はさらに強まり、大学の閉鎖、国際的教育・研究面での孤立などが長期間続き、その結果教育水準の低下、研究の劣化とともに、保健医療を含めた劣悪な医療環境が改善されることもなく今も続いている。岡山大学は、各国が支援を取りやめる状況で、共同研究や医療支援を継続して行い、現在までに100名近いミャンマー人を短期長期研修で受け入れてきた。実臨床に関しては、形成外科、脳外科、整形外科、麻酔科、消化器内科、乳腺外科など多数の科が、現地での医療の実践とともに医療人の指導を行ってきている。

これらの国際的医療支援の中心的スキルとなるのは、やはり英語である。その点、ミャンマー(ビルマ)は、イギリス支配下にあったことで、医療系を含めた教育システムが現在でもイギリス式であり、医療系人材は英語を問題なく使用することができ、国際的交流に関しての障害は少ない。その一方、グローバル化の推進を目指している日本の若い医療人の言葉の問題が大きく感じられる。国際的医療支援の目的は、現地の保健医療の向上であるが、英語を標準的スキルとして使用するこれらの活動に、次世代の日本の医療人が参加する意義は非常に大きい。

その一方、海外で医療支援を経験すると、言葉の問題だけでなく食事を含めた生活習慣、宗教、歴史感などいろんな課題に遭遇せざるを得ない。その観点からみると、英語は必要なスキルではあるが、真のグローバル化とは異なることも実感として感じられてくる。

ミャンマーの医療支援を通して、英語の必要性ならびに次世代の医療人にとってのグローバル化とは何かという点について少ない経験を踏まえてお話できればと思う。

[演者略歴]

昭和59年 筑波大学医学専門学群 卒業。同大学附属病院 外科 研修医、東京大学医学部附属病院 形成外科 医員、同愛記念病院 形成外科 医長、竹田総合病院 形成外科 科長、国立がんセンター東病院 中央病院形成外科 医長を経て、平成15～16年 Harvard 大学形成外科へ留学(Beth Israel Deaconess Medical Center 形成外科客員教授)。帰国後、平成16年10月より岡山大学大学院医歯薬学総合研究科 形成再建外科学講座 教授。現在は、同大学病院の病院長特命補佐ならびに頭頸部がんセンター(センター長)、乳がん治療再建センター(副センター長)、頭蓋顔面センター(副センター長)、唇裂・口蓋裂総合治療センター(副センター長)を兼務し、また岡山大学グローバルパートナーズセンター長補佐も務めている。

日本形成外科学会、日本頭頸部癌学会、日本マイクロサージェリー学会、日本リンパ学会、日本性同一性障害学会、認定NPO法人日本ミャンマー医療人育成支援協会など多数の学会で理事・評議員を務め、また *Plastic Surgery International*, *International Journal of Clinical Oncology*, *Japanese Journal of Clinical Oncology* の Editorial Board, *Surgery Today* の Associate Editor も務めている。

JASMEE now & in the future 2

Implementation status of the JASMEE seminars

Clive Langham

(Chair, JASMEE seminar steering subcommittee; Nihon University School of Dentistry)

Chair

Reuben Gerling

(Medical writer/editor)

As the chair of the JASMEE seminar steering committee, it gives me great pleasure to introduce the history of the seminar, its current activities and new developments. The executive meeting in February 2011 decided to have a seminar focusing on the writing of medical papers. The organization was assigned to Professor Ando and Professor Gerling. At that time, there were various changes within the society and the seminar committee became a sub-committee within the education committee. The sub-committee was chaired by Professor R. M. Gerling. The first seminar was organized for May 20th, 2012 at Tokyo Medical University, and included talks on both the writing of papers and oral presentations. There were five talks in all and the summation was delivered by Dr. Ken Nollet. This established the pattern for future seminars: a formal introduction by a well-known member of the medical-academic community, a number of talks on aspects of writing papers and/or oral presentations and a summation at the end that reminded the audience of the main points of the presentations. After the first two seminars that were annual, seminars were held twice a year in spring and fall. The location was fixed at Keio University School of Medicine's campus in Shinanomachi thanks to the support of the Dean of the School of Medicine and the help of Professor Minton. To date there have been 6 writing seminars covering a range of topics as follows: grammar and common mistakes, from data to publication, reference works and the structure of papers, writing a good discussion, communication with editors and reviewers, medical statistics, medical and publication ethics and so on. In all, there have been over 40 speakers and attendance has ranged from 34 to 49 people. Feedback has been positive, suggesting that seminars are meeting the needs of the participants. There have been several requests for the seminars to be held outside the Tokyo area. This would make it easier for more people to attend and raise the profile of the society. The committee will be looking at this possibility and would welcome input from JASMEE members concerning possible venues. Other requests have been for seminars focusing on the writing of cover letters, research highlights, replies to reviewers' comments, case studies and reviewers' reports. Problem solving, hands-on approaches to writing are in favor. On June 7th this year, we held for the first time a seminar on Clinical English Skills, particularly history taking. We plan to have more seminars of this kind in the future.

JASMEE now & in the future 3

医学教育のグローバルスタンダードに対応するための
医学英語教育ガイドライン作成（最終報告）

Preparation of medical English education guidelines in accordance
with the medical education global standards (the final report)

日本医学英語教育学会 ガイドライン委員会

福沢嘉孝 Yoshitaka Fukuzawa¹, 一杉正仁 Masahito Hitosugi², 石井誠一 Seiichi Ishii³,
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2010年のECFMG (Educational Commission for Foreign Medical Graduates) 宣言, “WFME (World Federation for Medical Education)のグローバルスタンダード評価基準に準拠した医学教育を受けている医科大学・医学部の卒業生以外には, USMLEの受験資格を認めない”, これこそが所謂『2023年問題』である。これを契機に日本の医学教育もグローバル化に向けてパラダイムシフトを余儀なくされている。一方, physicianは世界的にも共通のグローバルコンセプト(患者の生命を託された高度なコンピテンスを有する医療プロフェッショナル)の中で恒常的に大きく期待されている。従って, 日本の医学英語教育もこのグローバル化の潮流にフレキシブルに対応すべく, 変わらざるを得ない状況に直面している。WFME 認証評価基準項目内には, 内容的にも医学英語教育との密接な関連項目が多数含まれており(第17回学術集会で報告済み), 各医科大学・医学部においても早急に自己点検・評価を実施し, 各々独自性を有している医学英語教育手法がそれに対応しているか否かをチェックし, 質の改善・改革を図る必要性がある。

以上の背景を鑑み, 2013年9月以来, ガイドライン作成ワーキンググループ(WG)を組織化(2014年7月にガイドライン委員会に改組)し, 医学教育のグローバルスタンダードに対応するための医学英語教育ガイドライン作成に取り組んできた。内容的には, 1. Vocabulary, 2. Reading, 3. Writing, 4. Communicationの4部門から構成され, 各部門の到達目標(アウトカム)を1) Minimum requirement, 2) Advanced requirementの各々2つに分類している。第17回学術集会(西村月満会長, 東京)では, 2014年4月時点での中間報告を行い, 参加者の皆様から種々の貴重なご意見を頂き改訂後, パブリックコメントを募集した。

今回の第18回学術集会(伊達勲会長, 岡山)においては, 委員長の福沢が概要を説明した後, 各部門の責任者(Vocabulary: 廣川, Reading: 高田, Writing: 亀岡, Communication: 守屋)から, 2015年2月時点でのガイドライン作成最終報告(含, 既述のパブリックコメントを配慮しての中間報告に対する改訂点)を行い, 参加者の皆様と情報を共有させて頂ければ幸いです。

Workshop

Discussing key issues in English for medical purposes education

Facilitators:

Takayuki Oshimi*, **Eric Hajime Jago***, **James Thomas****

(*Nihon University School of Medicine, **Keio University School of Medicine)

To be accredited according to the global standards in medical education, all 80 medical schools in Japan have begun to evaluate and refine their curricula. Many of these schools plan to increase the number of hours of English for medical purposes (EMP) education. As a consequence, many EMP instructors face three important issues: 1) educational contents (i.e. “What should be taught in EMP lessons?”), 2) finding qualified EMP instructors (i.e. “Who should teach EMP lessons?”), and 3) the development of curricular and extracurricular activities (i.e. “How should we plan EMP lessons?”).

In this 90-minute interactive workshop, we will share ideas and opinions related to these three issues, and discuss how to approach them in a creative and effective manner.

Step 1: Participants will be divided into groups to discuss one of three different issues related to EMP education.

Step 2: Participants will compile their group’s opinions and critically analyze each other’s contributions.

Step 3: Working with the facilitators, participants will discuss what they believe are the most important problems and possible strategies to resolve them.

Step 4: Each of the three groups will present their ideas in a floor discussion.

We hope that the diverse opinions of JASMEE members will enrich this workshop, encourage creativity, and contribute to the continuing development of EMP education in Japan.

1 日本の医療通訳の展望：グローバル時代における日本の医療通訳の在り方 What the future holds for Japanese health-care interpreters in the global age

8:30–8:50 服部しのぶ Shinobu Hattori (藤田保健衛生大学 Fujita Health University)

日本において医療通訳の必要性が問題となり始めたのは、1990年代に南米から多数の日系人を労働者として迎え入れた頃からである。1991年の外国人入国者数は約386万人、そして2013年の外国人入国者数は約1126万人であった。約20年の間にその数が約3倍に増加していることから、日本において多言語多文化社会化が急速に進んでいることがわかる(法務省 出入国管理統計2013)。

最近、また医療通訳の重要性と、その必要性が再認識され始めている。2014年、政府は訪日外国人旅行者数2000万人を目指し、「マーケティング戦略本部」を新設するなど、国策として外国人を大勢日本に呼び寄せようとしている。また2020年には東京でオリンピックが開催されるなど、近い将来、多数の外国人が日本に入国・滞在することとなる。それに伴い、日本滞在中に怪我や病気で日本の医療機関を受診する外国人数も増

加することが予想される。

もっとも、急速にグローバル化が進む一方で、日本の医療通訳の現状は、国の認定制度もなく、全ては民間団体と一部の自治体によって支えられており、医療通訳者はほぼボランティア状態でその活動に参画している。

そこで、日本の医療通訳の現状を確認し、これからの医療通訳の展望を考察する必要があると考える。その方法として、まず日本の医療通訳の現状を確認する。そして次に医療通訳以外の通訳、例えば法廷通訳や会議通訳などと比較して制度面や待遇面でどういった違いがあるのかを検討する。最後に、諸外国の医療通訳の状況と日本の現状を比較・検討する。そして、そこから日本の医療通訳の問題点と、これから発展していくための方策について考察し提言していく。

2 Undergraduate medical students' motivations to study English for medical purposes

8:50–9:10 Sayaka Kamio (Kyorin University School of Medicine)

Introduction: While a number of studies have focused on English-learning motivation, little is known about native Japanese-speaking medical students' (JMS) motivation to study English for Medical Purposes (EMP) at undergraduate level. The aim of this cross-sectional study was (1) to research JMS needs and motivations in studying EMP, and (2) to develop EMP modules, assessment, and materials to improve JMS motivation, academic achievement, and empathy.

Materials and Methods: First, questionnaire surveys were conducted with first-, third-, and fourth-year JMS to analyse their needs and motivation in studying EMP. Second, EMP modules, formative and summative assessments, and classroom materials were designed to study patient-centred history-taking in English. Finally, JMS motivation in learning EMP, communicative skills in history-taking, and empathy as a prospective physician were assessed on the basis of both the formative and summative assessments.

Results: The needs analysis revealed that first-, third-, and fourth-year JMS have high motivation to study history-taking in English, despite low motivation to study English and lack of confidence in English proficiency. The survey and formative assessments revealed that JMS showed high empathy in studying EMP, considering how they can reassure future patients. Furthermore, this study showed correlations between improvement in history-taking, motivation to study EMP, and empathy.

Conclusion/Discussion: The results show that undergraduate JMS are interested in learning history-taking in English, motivated by high empathy, and that EMP modules, assessment, and materials have contributed to improving their academic achievements, motivation, and empathy. This study will suggest pedagogical implications for developing further EMP curricula, assessment, and course materials.

3 Volunteer work in a hospital school as a means to professional development for the EMP instructor

9:10–9:30 Thomas Mayers (University of Tsukuba)

Volunteers play a number of different roles within a hospital, and form an invaluable part of the health-care team. A growing body of research into volunteering highlights the various health and psychological benefits of engaging in volunteer work. Hospital volunteer work can also offer unique opportunities for professional development for the EMP instructor, as it can open up doors to working in clinical settings with health-care professionals and patients. One volunteer activity that I have begun at the University of Tsukuba Hospital is working alongside the specialist teachers at the hospital school to help with the students' English education. The University of Tsukuba Hospital, like many hospitals across Japan, has a prefecture-operated school for elementary and junior high school-age inpatients.

Students follow the same core curriculum as those at other prefectural schools. Volunteering at a hospital school can provide a unique opportunity to witness hospital life as experienced by school-aged patients and at the same time have a positive impact on their educational experience. Through active engagement with the hospital in this way, I have been able to gain invaluable experience in working with patients and observing the many clinical encounters that I teach my own medical students in the university classroom. This presentation will introduce this volunteer activity in detail and describe how it has been a way for me to gain pertinent career-related experience and how it has impacted my work as an EMP instructor.

4

Medical students' participation in EMP curriculum development: Report on a workshop at the 10th International SkillsLab Symposium 2015

9:30–9:50

Daisy E. Rotzoll, Juliane Lutze, Leonie Sauer, Robert Wolf
(Faculty of Medicine, University of Leipzig, LernKlinik Leipzig)

Introduction: To enhance the integration of EMP into skills training in skills labs, student and faculty-led initiatives have been implemented as electives at several German medical faculties. To coordinate and align these different initiatives, a workshop was designed and carried out at the 10th International SkillsLab Symposium 2015 with the aim of making a proposal to align and embed these initiatives into German medical curricula.

Materials and Methods: A 2-hour workshop was designed for the symposium and was open to all participants. Ten participants signed up for the workshop from 6 different faculties. The format of the workshop was: 1) self-introduction and individual description of reasons for participation, 2) description by medical students from Leipzig of how EMP is integrated into the LernKlinik Leipzig

skills training program, 3) discussion of how other faculties do this, 4) group work with the aim of designing a blueprint curriculum for longitudinal EMP integration into German skills labs, and finally 5) presentation of group work results.

Results: The peer student tutors and faculty involved in the workshop developed a structured plan for EMP integration into German medical curricula, which will serve as a basis for further discussion with MFT (Medizinischer Fakultätag) in charge of curricular development at German medical faculties.

Discussion: Active involvement of medical students in creating blueprints for EMP integration into medical curricula can serve as a profound needs assessment to enhance implementation of EMP as an obligatory curricular element in medical education.

5

Nursing communication sessions with English-speaking simulated patients for Japanese student nurses

9:50–10:10

Mitsuko Hirano (Seirei Christopher University School of Rehabilitation), Christine Kuramoto (Hamamatsu University School of Medicine), Emiko Shinozaki (University of Human Environments School of Nursing), Ruri Ashida (The Jikei University School of Medicine), Satsuki Ono (Seirei Christopher University School of Nursing)

Introduction: Early exposure to foreign patients should ease the anxiety Japanese nurses with limited English skills experience in caring for them. Implementing the use of English-speaking foreign simulated patients (SPs) to educate Japanese student nurses is one way to help nurses break through the language barrier.

Methods: We conducted English-speaking SP sessions in English classes for sophomore nursing students. Just after the sessions, the students and SPs filled in evaluation forms which comprised three parts: three Yes/No questions about self-introduction and patient identification, a seven-item questionnaire about nursing communication attitudes, and free writing on the session. The Mann Whitney U-test and text mining software were used to analyze the data.

Results: A total of 49 students and three English-speaking SPs participated in the sessions. The students' evaluations of

their skills in five areas ("showed empathetic attitude", "made myself understood in English", "good voice volume", "made SPs feel at ease", and "showed professional attitude") were significantly lower than those of the SPs'. The students said they were highly motivated, that the sessions offered more realistic training than role-playing with fellow students, and that the sessions were beneficial in preparing them to offer bedside care in the future.

Conclusions/Discussion: Student nurses lack confidence in caring for foreign patients in English and tend to forget about the nursing attitudes they have already studied with Japanese SPs. Repeating sessions with English-speaking SPs will educate non-English-speaking nurses to be confident in caring for foreign patients in English by breaking through the language barrier.

1 Evolution of an English Morning Conference

12:20–12:40 Ian Willey (Higher Education Center, Kagawa University)

There is increasing demand at Japanese universities for faculty to contribute to local communities. One way for university-based English teachers to contribute locally is to aid in the continuing education of professionals with clear English-language needs, such as medical doctors. This presentation reports on a project aimed at helping medical doctors develop their English skills. The presenter participated in a bi-weekly series of morning conferences conducted in English among a group of surgeons at a local hospital. Each week a different doctor was to give a presentation in English about a case, followed by a question and answer session. Initially, the presenter's role was to correct the doctors' English during presentations, to ask questions during the question-and-answer sessions, and to act as interpreter when they had difficulty expressing their thoughts in

English. However, the content and format of these conferences, as well as the presenter's role, evolved over the course of one year; topics shifted back and forth from medical to non-medical topics as a result of both explicit and tacit negotiations between the doctors and presenter. Obstacles included the doctors' busy schedules, their lack of pragmatic competence in English, and the presenter's lack of medical knowledge and uncertainty about his own role. It is concluded that boosting the English skills of practicing doctors is highly difficult and requires extensive practice. However, this experience clarified what English skills are needed by practicing doctors, and confirmed the importance of both medical English as well as general English education for medical students.

2 Medical English course for nurses: searching for success

12:40–13:00 Alexander Zaboronok, Thomas Mayers, Minoru Akiyama, Tetsuya Yamamoto, Akira Matsumura (Office for the Promotion of International Medical Affairs, University of Tsukuba Hospital)

As part of the efforts of the University of Tsukuba Hospital's initiatives to promote internationalization and cater for the needs of non-Japanese patients, the hospital's Office for the Promotion of International Medical Affairs organized a number of medical English education activities for hospital staff. In organizing and teaching these classes we encountered various problems, not the least of which was the issue of student motivation. Despite our investment of time and money in teaching, expensive textbooks, multimedia resources, and a purpose-built website, we found that student numbers fell before the completion of the courses. However, this experience gave us a chance to thoroughly analyze the needs of the medical staff and pinpoint the reasons for our limited success. After trying various formats we discovered that our

“voluntary-compulsory” course was the most successful. The courses, which target nursing staff, are organized as a part of their everyday activities, using original situation-based and foreign patient-oriented phrase-lists, specific for each department, and the classes take place in the hospital wards where the nurses work. We find that this program keeps the students very motivated, as they are studying practical English vocabulary, phrases, and communication skills that are highly relevant and necessary to their profession. In this presentation we describe our experiences in organizing the English for medical purposes courses in our hospital, the related difficulties, and our solutions towards creating a successful program.

3

ESP教育におけるアクティブラーニングの促進と相互自己評価活動による学び：「入門リハビリテーション英語」での試み
Self and peer evaluation in ESP education: A case study of an introductory ESP course on rehabilitation

13:00-13:20 渥美陽子 Yoko Atsumi (聖隷クリストファー大学 Seirei Christopher University)

一般にESP教育では専門用語の語彙習得と文献の読解能力養成に重きが置かれ、英語を苦手とする学生には「難しい」というイメージが先行して敬遠される傾向にある。英語教員としては、いかにそのESPへの導入を興味深く行い、目的に沿った具体的な到達レベルを確保しながら、教員も学生も互いに英語を使う機会の多い授業を展開するのが悩みとなる。

本学では数年前から専門科目教育においてアクティブラーニングを積極的に取り入れて効果を挙げており、ESP教育(リハビリテーション学部)でも、2013年度からグループ学習とプレゼンテーションを取り入れている。

本発表では、2014年度秋 semester 開講「入門リハビリテーション英語」における授業実践の報告を行う。対象はリハビリテーション学部の理学療法学科1年次生42名、および作業療法学科1年次生37名である。コース前

半はESPの基礎力強化期間とし、語彙の習熟、専門分野の基礎的な読解力、および簡単な会話能力の養成に努めた。英文は一文ずつ文法も含めて指導し、小テストとドリル練習を繰り返した。各章ごとにビデオ教材を用いて、専門分野の内容から興味を持てるような配慮をした。コース後半では、新規の語彙も文献の読解も教員は講義をせず、グループワークでの自己学習に任せた。

プレゼンテーション当日の自己評価とピア評価、後日のビデオによる振り返り・評価の結果を集計して、学生の学びの質、ESPに対する取り組み方の変化を探った。アクティブラーニングは、学生同士による豊かな学び合いと、英語を実際に使う機会を与えるだけではない。ESP科目を担当する英語教員にとっては、学びのリソースを解放することで、英語だけでなく、専門教育における学びの広がりや質をも保証することになる。

4

Engaging students in their studies and getting them to ask questions in class

13:20-13:40 Bukasa Kalubi*, Junji Terao** (Institute of Biomedical Sciences, Tokushima University *Support Center for Medical Education, **School of Nutrition)

College education in general, and medical education in particular, has evolved from teacher-centered to learner-centered teaching. Faced with the challenge of changing their role from mere givers of information to facilitators of student learning, many faculty are looking for ways to implement teaching methods which will engage students in their learning and help them reach their personal and professional goals. However, teaching in Japan can be frustrating for instructors, because Japanese students seldom ask questions or participate in class discussions. This presentation will concentrate on our Nutritional

English class, which was shifted from lecturing to small-group discussion format, and will describe the methods we used to get our students to actively learn their subject and participate in class discussions. We will show and discuss the results of a survey we conducted, which indicates that students are more satisfied with this format. We conclude that encouraging students to engage in self-learning activities allows them to deliver in exploring new ideas, setting their own learning objectives and finding new information on their own.

1 Content and Language Integrated Learning in a medical university context: 6 years of learning

14:30–14:50 Chad Lewis Godfrey (Saitama Medical University, Department of Liberal Arts & International Education and Training Center)

Content and Language Integrated Learning (CLIL) is a teaching approach that is gaining more attention in language classrooms in Japan. Although more popular in Europe, CLIL practices are being adapted in EFL classrooms in Japan by both native and Japanese teachers with positive results. This includes Saitama Medical University (SMU). Six years ago, SMU performed a needs analysis of Japanese medical students' English learning, and in response introduced CLIL as a means to close the gaps between their professional needs and their desired classroom instruction. In this presentation I will address how CLIL approaches have been utilized over this 6-year period to help better bridge these gaps. I will also describe the progression of this program and its

impact on learning medical content and English skills at SMU. CLIL has become an important part of our medical students' learning, and by offering lessons that focus on learning science and/or health-science content through English, our staff has recognized that students are more motivated and utilize their English skills in a more multifaceted manner. Even though there have been successes with CLIL, there have also been issues in implementing the program (e.g., teaching training, teaching methods that may run counter to students' learning styles). However, I believe that the positive results of our CLIL program outweigh the negative aspects. Therefore, this program could have implications for improving EFL classroom practices in medical contexts.

2 島根大学医学部英語学習支援室「eクリニック」における英語学習と国際交流支援

Supporting English language studies and international exchange through E-clinics provided by the English Language Support Center, Faculty of Medicine, Shimane University

14:50–15:10 阿食有里 Yuri Ajiki, 岩田 淳 Jun Iwata, John Telloyan, 玉木祐子 Yuko Tamaki (島根大学医学部 英語学習支援室「eクリニック」学習アドバイザー Faculty of Medicine, Shimane University)

島根大学医学部では、英語コミュニケーション力と国際的視野を備えた「地域と世界に貢献できるグローバルな医療人」育成を目指した医学英語教育高度化プログラムを平成25年度より展開している。(1)「英語一貫教育の充実と英語教育の高度化」、(2)「学生の自律学習の促進」、(3)「国際交流の推進」の3本柱からなる本プログラムは、マルチメディア英語学習教室「eステーション」におけるeラーニングやブレンディッドラーニングを積極的に活用した授業の推進、必修の英語科目以外に学生が自分のニーズやレベルに合わせて自由に選択できる「アドバンスト・イングリッシュスキルコース」の開設、専任の学習アドバイザーが常駐する英語学習支援スペース「eクリニック」の開設、英語学習支援サイト(Moodle)の公開やモバイルラーニング教材の活用、学部独自の海外研修の充実等により、学生の英語学習を多面的に支援する取組みである。

中でも、学生の英語学習支援と国際交流支援の拠点と

して25年4月にオープンした医学部英語学習支援室「eクリニック」は、平日10:00–18:30に利用可能で、様々な英語学習用書籍、パソコン、AV機器を整備し、専任教員が英語学習アドバイザーと学生ピアサポーターと協力しながら、利用者の英語学習支援、ならび留学支援を行っている。また、ランチョン英会話、留学生英会話サロン、ERセミナー、学生セミナー、読書会、臨床英語の授業等、様々な学習の場として活用され、平成25年度は延べ3500名、平成26年度には延べ約4000名の利用者があった。平成27年度4月には、利便性のより高い講義棟2階に移設し、面積の増床、内装と学習リソースの充実をはかり、利用数の増加と利用者の満足度向上を目指している。

今回の発表では、eクリニックにおける学習支援の内容、支援の体制、スタッフの協力体制、PR方法、利用者の声等を紹介するとともに、運用上の課題や今後の展望について述べる。

3**Motivating motivation: Uncovering the potential benefits of a competency-based medical English program**

15:10–15:30 Alberto Gayle (Mie University Graduate School of Medicine)

In an era of shrinking reward and greater risk for doctors, the question of motivation has become particularly relevant in medical education. This is even more the case for medical English, which is fundamentally different from the other medical courses, in that it is generally understood to have minimal bearing on Japanese students' ultimate goal of becoming doctors in Japan. Without such salient, career-related pressures to succeed, finding ways to actively engage students, to ensure they make the most of the opportunities being provided to them, is a difficult task. This is especially true for medical

students intending to work in isolated or rural communities, for whom English proficiency is rightfully presumed to be of low-tier importance. For that reason, we have found the cultivation of students' own internal motivation to be absolutely essential for medical English. Here, we present an innovative learning program specifically aimed at tackling this challenge. Based on the online platform Moodle, this program aims to improve learners' English-related attitudes, motivation, and capacity, by primarily emphasizing competencies relevant to their day-to-day lives as Japanese medical students.

4**Improving doctor-patient communication in extracurricular activities**

15:30–15:50 Yoshiko Yamada (Dean's Office, Faculty of Medicine, Tokushima University), Bukasa Kalubi, Masashi Akaike, Akiyoshi Nishimura (Support Center for Medical Education, Faculty of Medicine, Tokushima University)

As Japan becomes increasingly globalized, the demand for healthcare professionals who can communicate with and treat patients in English is expected to increase. Concurrently, the number of medical students wishing to practice overseas is increasing, with most Japanese schools offering opportunities to their students to participate in, for example, clinical clerkships overseas. At Tokushima University, as part of our effort to keep up with the trend toward globalization in healthcare, we require all 2nd-, 3rd-, and 4th-year students to take medical English courses. However, the small number of hours devoted to these courses in the entire curriculum, coupled with the large number of students in each course, prevents students from fully acquiring the

skills they need to communicate with English-speaking patients. To meet the needs of students who are interested in improving their communication skills in clinical settings, we are now providing extracurricular activities/seminars. One of these seminars targets pre-clinical students from the 1st to the 3rd years. In this talk, we will present the objectives of and topics covered in this seminar as well as the format of the lessons. Our objectives include increasing automaticity in English production, developing fluency, and practicing both the verbal and non-verbal aspects of doctor-patient communication. Some of the challenges we face in giving seminars such as this will be discussed.

第11回植村研一賞授賞式 The 11th Kenichi Uemura Award ceremony

【受賞者】長谷川仁志 Hitoshi Hasegawa, MD, PhD, FACP

秋田大学医学部医学科卒業，秋田大学大学院医学系研究科博士課程修了。総合内科専門医，循環器専門医，米国内科学会 fellow。2005年から同大循環器内科講師，准教授，2008年秋田大学医学部総合地域医療推進学講座教授，2013年から秋田大学大学院医学系研究科医学教育学講座教授に就任し，現在に至る。また秋田大学教育推進主管，秋田大学医学部附属病院総合臨床教育研修センター長，あきた医師総合支援センター長，岐阜大学医学教育研究開発センター（MEDC）客員教授を併任。

社会が期待するパフォーマンスレベルの医学教育質保証の実現を目標として，医学科1年生からの英語医療面接 OSCE からはじまる卒前教育～卒後研修～生涯教育までのシームレスな医学教育改革を推進していきたいと考えている。



ネイティブ英語模擬患者による主要症状鑑別診断・1年次必修英語医療面接 OSCE のインパクト The significance of holding first-year OSCE medical interviews in English

長谷川仁志 Hitoshi Hasegawa (秋田大学大学院)，他

【背景・目的】これからのグローバル社会において，ほぼ100%医師免許を取得するすべての医学生に対し，日常診療における英語コミュニケーションの基本を実践修得させることは医学教育の質保証を掲げる日本の医学部教育の責務と考えられる。本学では1年次必修として全員に毎週火曜日午後通年で，これから学ぶ基礎医学，臨床医学のエッセンスと症例・症状ベースで統合リンクさせる形で胸痛・腹痛・頭痛等の主要症状に対する病歴聴取・臨床推論の重要性と医療面接・コミュニケーションスキルの学習を行い，その評価として医療面接 OSCE (7月胸痛，12月腹痛の鑑別診断を，1週目日本語模擬患者，2週目ネイティブ英語模擬患者で2ステーション(s)ずつ(年計4S)実施している。OSCEに関しては，その後，3年生で英語医療面接1S，4年生共用試験 OSCE 8S，6年生アドバンス OSCE 16Sと卒業までに30Sの OSCE を実施している(4年，6年 OSCE は，現在は日本語のみ)。今回，2012年に1年次の英語医療面接 OSCE を受けた2013年の2年生と，同 OSCE 直後の1年生計2学年を対象に OSCE 実施前後でのモチベーションの変化やカリキュラムについてのアンケート調査を行った。

【方法・結果】返答率は1年生で100%，2年生で83%だった。①「医学英語の勉強に対するモチベーション」について聞いた設問では，上がったと答えた割合は：1年生88%，2年生42%，下がった：1年生0%，2年生4%，変わらない：1年生12%，2年生54%であった。②自由記載の欄では，今年度導入された面接終了後の英語でのフィードバックが好評だった。

【結論】本カリキュラムが医学生の医学英語の勉強に対するモチベーションアップにつながる事が分かった。その他の設問や自由記述も踏まえて，1年次必修英語医療面接 OSCE の意義とこれからの展開について考えたい。

For the future of medical education in Japan, a curriculum that is guaranteed to boost both the practical knowledge of and actual proficiency in English for all students—not only a small number of highly motivated students—is necessary. It is the responsibility of each medical science and healing educator in the country to help prepare all students to communicate well with patients in English so that they will be better prepared to diagnose and treat more people who need help. The rapid globalization of our world serves as evidence of this. Motivated in part by this situation, at the

Akita University Graduate School of Medicine, we began conducting medical interviews and clinical reasoning studies for major symptoms (chest pain and abdominal pain) integrated with the basic and clinical medicine program(s) for all freshmen of the medical course in 2011. Since then, on an annual basis, we have been requiring the students to perform medical interview OSCEs with the cooperation of Japanese and English-speaking non-Japanese simulated patients (SPs) in July and December (two stations each) for performance evaluation. We conducted questionnaire surveys about the effects of this regimen on changes in student motivation immediately following OSCE practice (in the first grade) and also one year later (in the second grade). We found that the ratio of students who indicated that the experience had increased their motivation to study medical English went up by 88% among the first year students and by 42% among the second year students. This suggested a strong need for continuous OSCE conduction in English across the grade spectrum. From the students' responses in the open comment section of the questionnaire forms we learned that the SP feedback (given in English for English OSCE) following each clinical examination was very popular among them. In addition, the SPs noted remarkable communicative improvement, in general, among the students from July to December. After the first year, we performed one-station English language medical interview OSCE in the third year, eight-station Japanese language OSCE in the fourth year, and sixteen-station Japanese language OSCE in the sixth year. In total, we conducted 30 stations of OSCE during the entire six-year medical program. For our educational strategy centering around English medical interview OSCE starting in the first year of medical school—a strategy that is clearly raising students' eagerness to learn—we have chosen the name "OSCE Oriented Approach." Using this technique, we are now aiming to reform medical education in ways that will raise it to levels high enough to meet the loftiest of social expectations.

日本医学英語教育学会 学術集会一覧 Past academic meetings

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	東京ガーデンパレス
第18回	伊達 勲	2015年7月18, 19日	岡山コンベンションセンター
第19回	Timothy D.Minton	2016年7月16, 17日	慶應義塾大学 日吉キャンパス
第20回	福沢嘉孝	2017年7月 (予定)	愛知医科大学 (予定)

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