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第19回日本医学英語教育学会 The 19th JASMEE Academic Meeting 学術集会プログラム・抄録集

会期 *Dates*

2016年7月16・17日 (土・日)

会長 *President*

ティモシィ・ミントン **Timothy Minton**

慶應義塾大学医学部

Keio University School of Medicine

会場 *Venue*

慶應義塾大学 日吉キャンパス

Keio University Hiyoshi Campus

〒 223-8521 神奈川県横浜市港北区日吉4-1-1

4-1-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 223-8521

協力：公益財団法人横浜観光コンベンション・ビューロー

Journal of Medical English Education

Vol. 15, No. 2, June 2016

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Journal of Medical English Education

The official journal of the Japan Society for Medical English Education

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Greetings from the President

It is a pleasure to welcome both JASMEE members and visitors with an interest in medical English education to Keio University's Hiyoshi Campus in Yokohama for the 19th Academic Meeting of JASMEE. Strangely enough, this is only our sixth Academic Meeting to be held on a university campus, but I am confident that the facilities on offer will not fall too short of those provided by the many splendid venues we have visited previously. This is also the first annual meeting to be presided over by a non-Japanese member, so I feel both honoured and slightly daunted.

The organisation of meetings of this sort is not, obviously, the work of one person alone, so I would like to begin by acknowledging with grateful thanks the tremendous help and support I have received in preparing for the event from the JASMEE secretariat headed by Mr Junji Eguchi, from Dr Rika Nakajima of Keio University School of Medicine, and from three recent Academic Meeting Presidents: Professor Isao Date, Professor Masanori Ito, and Professor Chiharu Ando.

Thanks are also due to the many members who submitted presentation proposals, for without such submissions there would be no meeting at all. Members' presentations are basically what we all come to hear, and our annual meetings are indeed valuable opportunities to listen to and learn from our peers in the field. This year we have been blessed with a large number of submissions on a variety of topics that are sure to be of great interest to all present.

We also have **two exciting workshops** scheduled to run concurrently on Sunday afternoon. One of these will be hosted by JASMEE's recently established ICT Subcommittee under the chairmanship of Professor Raoul Breugelmans. The facilitators will instruct participants in the art of creating materials for e-learning. The other will be a brainstorming session between medical students and EMP teachers on important issues in EMP education. Dr Takayuki Oshimi and two other facilitators will be trying to maintain order! Places on both of these workshops are limited, so do sign up early if you wish to attend either of them.

Correctly anticipating the flood of presentation proposals we would receive, I limited the number of invited lectures to leave plenty of space in the timetable for presentations by members. I felt it was vital, however, to maintain **the JASMEE now & in the future series**, in which prominent JASMEE members are invited to keep us abreast of the Society's innovative activities. This year, Dr Takayuki Oshimi will fill us in on the addition of clinical English seminars to our regular programme of medical writing seminars, Professor Masahito Hitosugi will tell us about JASMEE's new EMP textbooks, and Professors Isao Date and Masanori Ito will brief us on how things are going with Levels 1 and 2 of the Society's Examination of Proficiency in English for Medical Purposes.

Another important platform for invited speakers is the annual **symposium**. This year, five panelists under Professor Alan Hauk will discuss a topic that is highly relevant to all of us: collaboration between clinicians and English teachers in providing effective EMP programmes.

Our guest speaker from outside JASMEE will be Professor Makoto Suematsu, who is the first President of the Japan Agency for Medical Research and Development (AMED). This government agency was established only last year with the aim of streamlining Japan's complicated funding systems for medical Research and Development. In what I am sure will be a humorous approach to an extremely serious topic, Professor Suematsu will describe the entrenched problems Japan faces in connection with medical research, and how he is dealing with them.

I look forward to seeing you in Hiyoshi, and I hope this year's Academic Meeting will leave you feeling inspired and invigorated.

Timothy Minton

Keio University School of Medicine
President, The 19th Academic Meeting of JASMEE

会長挨拶

第19回日本医学英語教育学会学術集会を慶應義塾大学日吉キャンパスにて開催し、会員各位や医学英語教育に関心をお持ちの皆様をお迎えできることを大変慶ばしく思います。学術集会を大学キャンパスで開催するのは今回で6回目ですが、施設面で過去に開催した立派な会場に劣ることはないと確信いたしております。また学術集会の会長を日本人以外が務めることは初めてのことで、大変名誉に思っております。

学術集会の運営は、言うまでもなく独力でできるものではありません。まずは開催に至るまでに多大なるご支援をいただいた皆様、前3回の学術集会会長である伊達 勲 先生（第18回会長）、伊藤昌徳先生（第17回会長）、安藤千春先生（第16回会長）、また慶應義塾大学医学部の中島理加博士、事務局の江口潤司氏に感謝申し上げます。

また演題をお寄せいただいた発表者の皆様にも御礼を申し上げます。演題なくして学術集会は成立いたしません。われわれは会員による発表を聞くために集まるのであり、学術集会は同じ分野で活動する仲間の成果を学ぶ貴重な機会といえます。今回は、非常に幅広いトピックによる多数の演題に恵まれましたので、ご参加いただいた皆様にもご満足いただけるものと思っています。

日曜日の午後には、興味深いワークショップを2つご用意しました。発足したばかりのICT小委員会によるワークショップでは、Raoul Breugelmans 委員長らの指導によりeラーニング用の教材開発を体験していただきます。また押味貴之先生ら3名のファシリテーターによるワークショップでは、医学英語教育について医学生と医学英語教師による意見交換を行います。どちらも席が限られておりますので、希望される方は事前に登録されることをお勧めします。

夥しい数の応募演題に対応するため、招待講演の数は限らざるを得ませんでした。とはいえ、学会の最新の活動を報告する JASMEE now & in the future シリーズは外せません。今回は、従来の論文セミナーに加えて実施した臨床英語セミナー（押味理事）、新たに刊行される学会編による医学英語教科書（一杉副理事長）、日本医学英語教育学会の1・2級試験の実施状況（伊達理事長、伊藤理事）について報告が行われます。

シンポジウムとして今回は、Alan Hauk 先生に座長をお願いして、われわれ全員に深く関わるテーマといえる「臨床医と英語教師が協力して行う効果的な医学英語教育プログラム」について5名の発表が行われます。

招待講演は、国立研究開発法人 日本医療研究開発機構 (AMED) の初代理事長である末松 誠 先生にお願いしました。AMED は、日本の複雑な医療研究の資金や環境を整備することを目的として昨年発足しました。かなり深刻なテーマではありますが、末松先生はユーモアを交えつつ現在の日本が直面する問題をひも解き、どのように対処しているかをお話しいただけるものと思います。

皆様と日吉でお会いできるのを楽しみにお待ちしておりますとともに、今回の学術集会が皆様にとって示唆と刺激に富むものになることを願っております。

第19回日本医学英語教育学会学術集会
会長 テイモシイ・ミントン
(慶應義塾大学医学部)

ご案内 General information

会期 Dates

2016年7月16日(土)・17日(日)

Saturday, July 16 & Sunday, July 17, 2016

会場 Venue

慶應義塾大学 日吉キャンパス 来往舎

Keio University Hiyoshi Campus, Raiosha

〒223-8521 神奈川県横浜市港北区日吉4-1-1

4-1-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 223-8521

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, すべて来往舎2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 2nd floor of Raio-sha. Applications to attend the Saturday evening reception will be accepted at the same time.

- ・受付開始時刻は両日ともに午前9時です。

The registration desk will open at 09:00 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, interns/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 & 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28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 2016 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 Coffee service

- ・会期中，展示会場(2階 中会議室)ではコーヒーサービスがございます。
Coffee is available in the Chu-kaigishitsu on the 2nd floor.

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15日(金)16:00 - 17:00	メジカルビュー社5階 会議室 Medical View office (5th floor)
テキスト編集委員会 Textbook-editing committee meeting	7月15日(金)17:00 - 18:00	メジカルビュー社5階 会議室 Medical View office (5th floor)
理事会 Board meeting	7月15日(金)18:00 - 20:00	メジカルビュー社5階 会議室 Medical View office (5th floor)
評議員会 Councilors' meeting	7月16日(土)12:00 - 12:30	来往舎1階 シンポジウム・スペース Symposium space (1st floor)
会員報告会 Debriefing	7月16日(土)12:30 - 13:00	来往舎2階 大会議室(発表会場) Dai-kaigishitsu (2nd floor)
医英検問題作成小委員会 EPEMP text editing subcommittee meeting	7月17日(日)09:00 - 09:25	来往舎2階 大会議室(発表会場) Dai-kaigishitsu (2nd floor)
学会誌編集委員会 Editorial board meeting	7月17日(日)12:30 - 13:00	来往舎2階 小会議室(本部) Sho-Kaigishitsu (2nd floor)

懇親会 Reception

- ・懇親会は7月16日(土)の18:00より，協生館2階「クイーン・アリスガーデンテラス日吉」にて開催いたします。
参加費は6,000円です。
A reception will be held at Queen Alice Garden Terrace Hiyoshi in Kyoseikan (18:00, Saturday, July 16).
The attendance fee is 6,000 yen (payable in advance at the reception desk).

展示会場 Exhibits

- ・(株)アルク，コニカミノルタ(株)，(株)ネリーズ，(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，2階 中会議室を展示会場として，協賛各社の展示を行います。ぜひお立ち寄りください。
Participants are encouraged to view the exhibits of our sponsors (ALC Press Inc., Konica-Minolta, Inc, Nellies, and Medical View) in the Chu-kaigishitsu on the 2nd floor.

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22・23日 Dates: July 22 & 23, 2017
- ・会場: ウィンクあいち(愛知県産業労働センター)(予定) Venue: Winc Aichi (tentative)
- ・会長: 福沢嘉孝(愛知医科大学) President: Yoshitaka Fukuzawa (Aichi Medical University Hospital)

第21回 日本医学英語教育学会 学術集会のご案内 The 21st JASMEE Academic Meeting, 2018

- ・会期: 2018年7月21・22日(予定) Dates: July 21 & 22, 2018 (tentative)
- ・会場: 日本歯科大学(予定) Venue: Nippon Dental University (tentative)
- ・会長: 影山幾男(日本歯科大学新潟生命歯学部) President: Ikuo Kageyama (The Nippon Dental University School of Life Dentistry at Niigata)

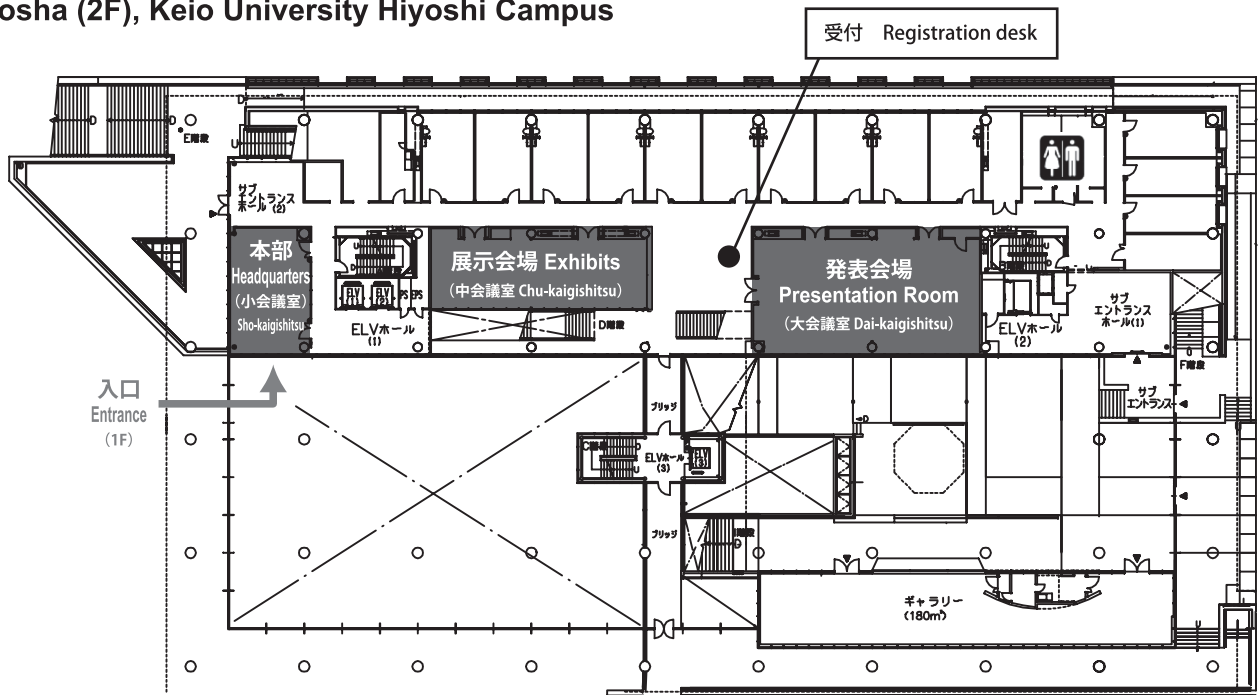
講演規定 Instructions to speakers

- ・ 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6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 6 (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

慶應義塾大学 日吉キャンパス 来往舎 2階

Raiosha (2F), Keio University Hiyoshi Campus



交通のご案内 Transportation

会場 Venue

慶應義塾大学 日吉キャンパス 来往舎

Raiosha (2F), Keio University Hiyoshi Campus

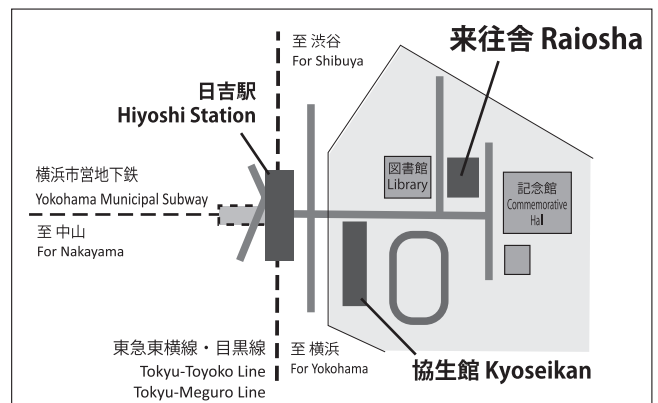
〒223-8521 神奈川県横浜市港北区日吉4-1-1

4-1-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 223-8521

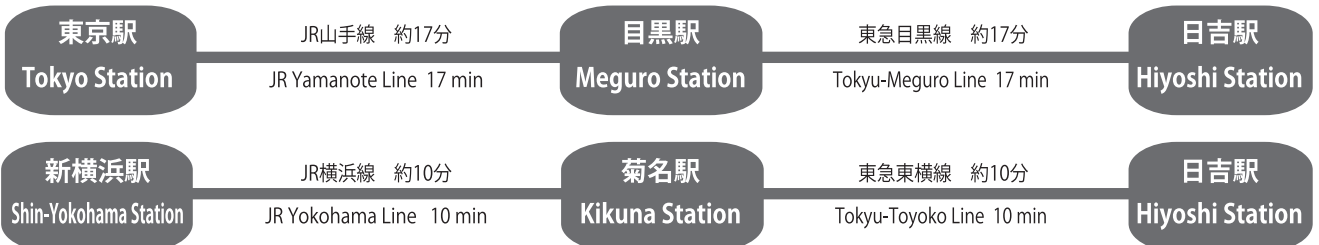
最寄駅 Closest station

- ・日吉駅 (東急東横線, 東急目黒線, 横浜市営地下鉄グリーンライン) より徒歩1分

HIYOSHI Station (Tokyu-Toyoko Line, Tokyu-Meguro Line, Yokohama Municipal Subway-Green Line): 1-minute walk



主要駅からのアクセス From principal stations



羽田空港からのアクセス From Haneda Airport



宿泊のご案内 Accommodations

ホテル名 Hotels	URL
▶ 武蔵小杉エリア Musashi Kosugi area	
リッチモンドホテル プレミア武蔵小杉 Richmond Hotel Premier Musashi Kosugi	http://richmondhotel.jp/musashikosugi/
▶ 新横浜エリア Shin-Yokohama area	
新横浜国際ホテル Shin Yokohama Kokusai Hotel	http://kokusai-hotels.com/shinyokohamakokusai/
ホテルアソシア新横浜 Hotel Associa Shin-Yokohama	http://www.associa.com/syh/
新横浜プリンスホテル Shin Yokohama Prince Hotel	http://www.princehotels.co.jp/shinyokohama/
新横浜グレイスホテル Shin Yokohama Grace Hotel	http://www.gracehotel.jp/
ラグナススイート新横浜 Lagunasuite Shin-Yokohama	http://www.lagunasuite-sy.com/
東横 INN 新横浜駅前本館 Toyoko Inn Shin-Yokohama	http://www.toyoko-inn.com/hotel/00051/index.html
東横 INN 新横浜駅前新館 Toyoko Inn Shin-Yokohama	http://www.toyoko-inn.com/hotel/00061/index.html
R&B ホテル新横浜駅前 R&B Hotel Shin-Yokohama Ekimae	http://randb.jp/yokohama/
ダイワロイネットホテル新横浜 Daiwa Roynet Hotel Shin-Yokohama	http://www.daiwaroynet.jp/shin-yokohama/
新横浜フジビューホテル スパ&レジデンス Fuji View Hotel Shin-Yokohama	http://www.fujiview-hotel.jp/
コートホテル新横浜 Court Hotel Shinyokohama	http://www.courthotels.co.jp/yokohama/index.html
スーパーホテル新横浜 Super Hotel Shinyokohama	http://www.superhotel.co.jp/s_hotels/shinyokohama/shinyokohama.html
プラザイン新横浜 Plaza Inn Shinyokohama	http://www.plaza-inn-shinyoko.jp/
▶ 横浜エリア Yokohama area	
ヨコハマグランドインターコンチネンタルホテル Intercontinental Yokohama Grand	http://www.interconti.co.jp/yokohama/index.html
横浜ベイホテル東急 The Yokohama Bay Hotel Tokyu	http://ybht.co.jp/
横浜ロイヤルパークホテル Yokohama Royal Park Hotel	http://www.yrph.com/
横浜ベイシェラトンホテル&タワーズ Yokohama Bay Sheraton Hotel & Towers	http://www.starwoodhotels.com/sheraton/property/overview/index.html?propertyID=1134
東横 INN 横浜西口 Toyoko Inn Yokohama Nishiguchi	http://www.toyoko-inn.com/hotel/00008/index.html
ホテル横浜キャメロットジャパン Hotel Yokohama Camelot Japan	http://www.camelotjapan.com/
ヨコハマプラザホテル Yokohama Plaza Hotel	http://www.yokohamaplazahotel.co.jp/
ホテルルートイン横浜馬車道 Hotel Route-Inn Yokohama Bashamichi	http://www.route-inn.co.jp/search/hotel/index_hotel_id_530
京急EXイン 横浜駅東口 Keikyu EX Inn Yokohama Station Higashiguchi	http://www.yokohama.keikyu-exinn.co.jp/
横浜国際ホテル Yokohama Kokusai Hotel	http://kokusai-hotels.com/yokohamakokusai/
ホテルプラム横浜 Yokohama Hotel Plumm	http://www.hotel-plumm.jp/



Timetables

9	925	開会挨拶	930	一般演題 1: 医学英語教育プログラム (1) 座長: 安藤千春 (姫路獨協大学), Alan Hawk (東邦大学)	1. The development of a medical English course for third-year students 2. Using corpus analysis to create word lists and edit teaching materials 3. Using a journal club presentation template to improve medical students' understanding of clinical research articles 4. German medical education 2020: making EMP part of innovative reform plans for medical curricula	Walter Davies (広島大学) Simon Fraser (広島大学) 押味貴之 (日本大学) Daisy E. Rotzoll (University of Leipzig)	展示	1000
10	1050							
11	1155	1200	シンポジウム・スペース (1階) 評議員会 *1階「シンポジウムスペース」で開催します。					
12	1230	会員報告会						
13	1300	1310	招待講演: Overcoming Balkanization to fast-track patient-oriented medical Research and Development (R&D) 演者: 末松 誠 (日本医療研究開発機構 理事長) 座長: 伊達 勲 (岡山大学)					
14	1410	1415	一般演題 3: 学生・看護師・臨床医の医学英語スキル向上のための課外活動 (1) 座長: 福沢嘉孝 (愛知医科大学病院), Clive Langham (日本大学)					
15	1445	1455	1. Have you ever read a medical novel? 2. Medical English course for nurses: a year of experience 3. Efforts to improve the English skills of doctors at Aso Iizuka Hospital 4. Medical interviews in English with English-speaking simulated patients from three countries 5. What are the most effective approaches to preparing Japanese medical students for international clinical elective placements? 6. A global step for a local school					
16	1500	1515	Christopher Holmes (東京大学) Alexander Zaboronok (筑波大学附属病院) 緑川麻里 (麻生飯塚病院) 三好智子 (岡山大学) James Thomas (慶應義塾大学) Najma Janjua (香川県立保健医療大学)					
17	1620	1625	シンポジウム: Working together: Clinicians and English teachers 座長: Alan Hawk (東邦大学) 演者: Alan Hawk (東邦大学), 芦田ルリ (東京慈恵会医科大学), Walter Davies (広島大学), James Hobbs (岩手医科大学), 澁谷和俊 (東邦大学)					
17	1725	1735	第12回 植村研一賞 授賞式					
18	1800	クイーン・アリス ガーデンテラス日吉 (協生館 2階) 懇親会 *協生館2階「クイーン・アリス ガーデンテラス日吉」で開催します。						
19								

Presentation Hall (Dai-kaigishitsu, 2F)

Exhibits
(Chu-kaigishitsu, 2F)

9	925	Opening remarks	
	930	General topics 1: Medical English teaching programs (1) Chairs: Chiharu Ando (Himeji Dokkyo University), Alan Hauk (Toho University)	
10	1000	1. The development of a medical English course for third-year students Walter Davies (Hiroshima University)	Exhibits
		2. Using corpus analysis to create word lists and edit teaching materials Simon Fraser (Hiroshima University)	
		3. Using a journal club presentation template to improve medical students' understanding of clinical research articles Takayuki Oshimi (Nihon University)	
		4. German medical education 2020: making EMP part of innovative reform plans for medical curricula Daisy E. Rottzoll (University of Leipzig)	
11	1050	General topics 2: English teaching programs in fields related to medicine / Medical English needs analysis Chairs: Christopher Holmes (The University of Tokyo), Takaomi Taira (Tokyo Women's Medical University)	
	1055	1. Initiating further training in communication skills in pre-clerkship pharmacy education Denise Epp (Daiichi University of Pharmacy)	
		2. Pharmacist interviews: student-created visual aids on video Sako Ikegami (Kyoto Pharmaceutical University)	
	1155	3. The English needs of doctors and nurses at hospitals in rural Japan Ian Willey (Kagawa University)	
12	1200	Symposium space, 1F	
		Councilors' Meeting	
	1230	Debriefing	
13	1300	Invited lecture: Overcoming Balkanization to fast-track patient-oriented medical Research and Development (R&D) Speaker: Makoto Suematsu (President, Japan Agency for Medical Research and Development) Chair: Isao Date (Okayama University)	
14	1410	General topics 3: Extracurricular activities for the promotion of students', nurses' and clinicians' medical English skills (1) Chairs: Yoshitaka Fukuzawa (Aichi Medical University Hospital), Clive Langham (Nihon University)	
15	1415	1. Have you ever read a medical novel? Christopher Holmes (The University of Tokyo)	
		2. Medical English course for nurses: a year of experience Alexander Zaboronok (University of Tsukuba Hospital)	
		3. Efforts to improve the English skills of doctors at Aso Iizuka Hospital Mari Midorikawa (Aso Iizuka Hospital)	
		4. Medical interviews in English with English-speaking simulated patients from three countries Tomoko Miyoshi (Okayama University)	
16		5. What are the most effective approaches to preparing Japanese medical students for international clinical elective placements? James Thomas (Keio University)	
		6. A global step for a local school Najma Janjua (Kagawa Prefectural University of Health Sciences)	
17	1620	Symposium: Working together: Clinicians and English teachers Chair: Alan Hauk (Toho University) Speakers: Alan Hauk (Toho University), Ruri Ashida (The Jikei University School of Medicine), Walter Davies (Hiroshima University), James Hobbs (Iwate Medical University), Kazutoshi Shibuya (Toho University)	
	1625	The 12th Kenichi Uemura Award ceremony	
18	1725	Queen Alice Garden Terrace Hiyoshi in Kyoseikan	
	1735	Reception (at Queen Alice Garden Terrace Hiyoshi [Kyoseikan, 2F])	
19			

9	900	日本医学英語検定試験 問題作成小委員会 (非公開セミナー)	展示		
10	930	<p>一般演題 4: 医学英語教育プログラム (2)</p> <p>座長: 一杉正仁 (滋賀医科大学), James Hobbs (岩手医科大学)</p> <p>1. 医療通訳教育における反転授業 大野直子 (順天堂大学)</p> <p>2. Effects of flipped classroom methods on a basic medical history taking class for 1st-year medical students Eric Jego (日本大学)</p> <p>3. Teaching tutorial and seminar leadership skills Michael Guest (宮崎大学)</p> <p>4. Laughter is the best medicine: using comedy sketches to learn medical English Thomas Mayers (筑波大学)</p>			
11	1050	<p>一般演題 5: 学生・看護師・臨床医の医学英語スキル向上のための課外活動 (2)</p> <p>座長: 芦田ルリ (東京慈恵会医科大学), Eric Jego (日本大学)</p> <p>1. Medical professors' rounds and conferences in English: current effectiveness and problems 永山正雄 (国際医療福祉大学熱海病院)</p> <p>2. The University of Tsukuba's Medical English Communications Center (MECC) Flaminia Miyamasu (筑波大学)</p> <p>3. Team Medics: a student-run health care organization for English-speaking patients 鈴木あみ (Team Medics; 日本大学医学部 [学生])</p> <p>4. A media platform organized by Japanese medical students 石井佑充 (Team Medics; 東京医科歯科大学医学部 [学生])</p>			
12	1220				
13					
14	1320	JASMEE now and in the future 1: JASMEE clinical English seminars 臨床英語セミナーの実施について 押味貴之 (日本大学)			
	1340	JASMEE now and in the future 2: JASMEE編『総合医学英語テキスト』の制作について 医学英語テキスト編集委員会			
	1400	JASMEE now and in the future 3: 日本医学英語検定試験: 1級・2級試験の実施状況 伊達 勲 (岡山大学), 伊藤昌徳 (順天堂大学浦安病院)			
	1420				
15	1430	<p>一般演題 6: 医学生の英語スキルの評価</p> <p>座長: 玉巻欣子 (神戸薬科大学), James Thomas (慶應義塾大学)</p> <p>1. Creating and evaluating ability-level qualifiers for a clinical English "can-do" list 大下晴美 (大分大学)</p> <p>2. Development of a rubric to assess the performance of Japanese medical students taking patient histories in English 山森孝彦 (愛知医科大学)</p> <p>3. Writing test specifications for medical English assessment Dawn Lucovich (東京女子大学)</p>			
16	1530	閉会挨拶			
17	1550	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>Workshop 1</p> <p>The top 3 issues in EMP education: a round-table discussion between EMP teachers and medical students</p> <p>ファシリテーター: 押味貴之 (日本大学) Alan Hauk (東邦大学) James Thomas (慶應義塾大学)</p> </td> <td style="width: 50%; padding: 5px;"> <p>Workshop 2</p> <p>Creating interactive e-learning content for EMP</p> <p>ファシリテーター: Raoul Bruegelmans (東京医科大学) 岩田 淳 (島根大学) Eric Jego (日本大学)</p> </td> </tr> </table>		<p>Workshop 1</p> <p>The top 3 issues in EMP education: a round-table discussion between EMP teachers and medical students</p> <p>ファシリテーター: 押味貴之 (日本大学) Alan Hauk (東邦大学) James Thomas (慶應義塾大学)</p>	<p>Workshop 2</p> <p>Creating interactive e-learning content for EMP</p> <p>ファシリテーター: Raoul Bruegelmans (東京医科大学) 岩田 淳 (島根大学) Eric Jego (日本大学)</p>
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18	1720	*ワークショップは発表会場を区切って同時に開催いたします。			

Timetable, Sunday, July 17

Presentation Hall (Dai-kaigishitsu, 2F)

Exhibits
(Chu-kaigishitsu, 2F)

9	900	EPEMP contents committee (closed seminar for invited attendants)	Exhibits	900	
10	930	General topics 4: Medical English teaching programs (2) Chairs: Masahito Hitosugi (Shiga University of Medical Science), James Hobbs (Iwate Medical University) 1. Flipped classroom model for training medical interpreters [in Japanese] Naoko Ono (Juntendo University) 2. Effects of flipped classroom methods on a basic medical history taking class for 1st-year medical students Eric Jego (Nihon University) 3. Teaching tutorial and seminar leadership skills Michael Guest (Miyazaki University) 4. Laughter is the best medicine: using comedy sketches to learn medical English Thomas Mayers (University of Tsukuba)			
11	1050	General topics 5: Extracurricular activities for the promotion of students', nurses' and clinicians' medical English skills (2) Chairs: Ruri Ashida (The Jikei University), Eric Jego (Nihon University) 1. Medical professors' rounds and conferences in English: current effectiveness and problems Masao Nagayama (International University of Health and Welfare Atami Hospital) 2. The University of Tsukuba's Medical English Communications Center (MECC) Flaminia Miyamasu (University of Tsukuba) 3. Team Medics: a student-run health care organization for English-speaking patients Ami Suzuki (Team Medics; Nihon University School of Medicine [student]) 4. A media platform organized by Japanese medical students Euma Ishii (Team Medics; Tokyo Medical and Dental University [student])			
12	1100				
13	1220				
14	1320	JASMEE now and in the future 1: JASMEE clinical English seminars Chair: Reuben Gerling (Medical writer/editor) Takayuki Oshimi (Nihon University)			
14	1340	JASMEE now and in the future 2: JASMEE's EMP textbooks [in Japanese] Chair: Reuben Gerling (Medical writer/editor) JASMEE textbook-editing committee			
14	1400	JASMEE now and in the future 3: Examination of Proficiency in English for Medical Purposes (EPEMP): current status of level 1/2 examinations [in Japanese] Chair: Reuben Gerling (Medical writer/editor) Isao Date (Okayama University), Masanori Ito (Juntendo University Urayasu Hospital)			
15	1420				
15	1430	General topics 6: Evaluation of medical students' English skills Chairs: Kinko Tamamaki (Kobe Pharmaceutical University), James Thomas (Keio University) 1. Creating and evaluating ability-level qualifiers for a clinical English "can-do" list Harumi Oshita (Oita University) 2. Development of a rubric to assess the performance of Japanese medical students taking patient histories in English Takahiko Yamamori (Aichi Medical University) 3. Writing test specifications for medical English assessment Dawn Lucovich (Tokyo Woman's Christian University)			
16	1530	Closing remarks			
17	1550	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Workshop 1: The top 3 issues in EMP education: a round-table discussion between EMP teachers and medical students Facilitators: Takayuki Oshimi (Nihon University) Alan Hauk (Toho University) James Thomas (Keio University) </td> <td style="width: 50%; padding: 5px;"> Workshop 2: Creating interactive e-learning content for EMP Facilitators: Raoul Breugelmans (Tokyo Medical University) Jun Iwata (Shimane University) Eric Jego (Nihon University) </td> </tr> </table>		Workshop 1: The top 3 issues in EMP education: a round-table discussion between EMP teachers and medical students Facilitators: Takayuki Oshimi (Nihon University) Alan Hauk (Toho University) James Thomas (Keio University)	Workshop 2: Creating interactive e-learning content for EMP Facilitators: Raoul Breugelmans (Tokyo Medical University) Jun Iwata (Shimane University) Eric Jego (Nihon University)
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18	1720				

*Workshops will be held simultaneously in the presentation room partitioned into two parts.

7月16日(土)
Saturday, July 16

Invited lecture:

Overcoming Balkanization to fast-track patient-oriented medical research and development 18

Symposium:

Working together: Clinicians and English teachers..... 19

General topics 1:

Medical English teaching programs (1)
医学英語教育プログラム (1)..... 24

General topics 2:

English teaching programs in fields related to medicine / Medical English needs analysis
医学関連分野における英語教育プログラム / 医学英語のニーズ解析 26

General topics 3:

Extracurricular activities for the promotion of students', nurses', and clinicians' medical English skills (1)
学生・看護師・臨床医の医学英語スキル向上のための課外活動 (1) 27

Invited lecture

**Overcoming Balkanization to fast-track patient-oriented
medical Research and Development (R&D)**

Makoto Suematsu 末松 誠

(President, Japan Agency for Medical Research and Development [AMED])

日本医療研究開発機構 理事長)

Chair

Isao Date 伊達 勲

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

岡山大学大学院医歯薬学総合研究科)

AMED was launched in April 2015 to simplify and unify Japan's complicated funding systems for medical Research and Development (R&D). Previously, researchers and administrative staff had for many years been obliged to juggle regulations laid down by 3 different ministries (MEXT, MHLW and METI) for funding medical R&D. AMED also has to deal with the challenge of securing sufficient funds for medical R&D in an environment where Japan, as a super-aging country, faces soaring health care costs. But AMED's single largest challenge may be overcoming the Balkanization of stakeholders in medical R&D. This pernicious phenomenon manifests itself, for example, in the refusal of researchers to share data with others before they publish their research, or in their reluctance to cut costs by sharing expensive equipment and using it for multiple purposes, despite the fact that data sharing is now considered a vital strategy in saving patients with rare and undiagnosed diseases. In an attempt to create an ideal system of patient-oriented medical R&D, AMED has instituted its *Initiative on Rare and Undiagnosed Diseases* (IRUD). IRUD encourages researchers throughout Japan to share clinical data on phenotypes (rather than genotypes) with clinicians not only in Japan but also in other countries. This allows clinicians with patients showing a similar series of phenotypes to start cooperating immediately with each other to carry out genome analyses to determine the gene(s) responsible for previously undiagnosed diseases. In this lecture, I will introduce some of the successes achieved under IRUD and show how global data sharing will fast-track medical R&D that really benefits patients.

*This lecture does not constitute an official statement by AMED; the contents reflect the speaker's personal opinions on the problems surrounding medical R&D in Japan. No conflict of interest is declared.

Speaker's profile

Graduated from Keio University School of Medicine, 1983

Instructor, Department of Internal Medicine, Keio University School of Medicine, 1988

Research Bioengineer, University of California, San Diego, 1991

Professor and Chair, Department of Biochemistry from April, 2001

Dean, Keio University School of Medicine, 2007–2015

Appointed Founding President of AMED in April, 2015

Symposium

Working together: Clinicians and English teachers

Chair

Alan Hauk

(Toho University School of Medicine 東邦大学医学部)

1. Working with clinicians

Alan Hauk

(Toho University School of Medicine 東邦大学医学部)

By its nature, a successful medical English program requires at least some cooperation between English teachers and clinicians. When Toho University began its medical English program in 2011, cooperation between the English Department and clinicians was very ad hoc, but it did exist. In the months before the program began, we had several meetings between English faculty and clinicians to determine the contents for medical English. It was decided in these meetings that the medical English classes would mirror what the students were learning in their regular clinical medicine classes. However, these guidelines were very broad and consisted of large categories such as “respiratory system” or “cardiovascular system.” I was given the task of developing the medical English curriculum, but as an English teacher with no medical background, I did not know what contents should be covered. The next step, therefore, was to contact clinicians to ask them what they wanted us to teach in our English classes and to make sure that our teaching materials were accurate and appropriate. The clinicians were very helpful in this respect. I also encouraged clinicians to observe our medical English classes. In the third year of our medical English program, Toho University established a medical English steering committee to give the program more guidance. The main goal of the committee in the first few years was to manage an English OSCE-style test for fourth-year students as a cooperative effort between English teachers, clinicians, and office staff. Now, the committee is taking an even more active role in the medical English program. Starting this year, the fourth-year English for Clinical Medicine course is taught by both clinicians and English teachers together, with clinicians giving an initial lecture in English and English teachers conducting role-play activities based on the lecture. At the time of this writing, though, this course is still too new for any conclusions to be made about its success.

2. Creating authentic learning experiences in clinical settings: English teachers and clinicians working together to develop programs involving English-speaking simulated patients

Ruri Ashida 芦田ルリ

(Centre for International Affairs, The Jikei University School of Medicine 東京慈恵会医科大学国際交流センター)

In collaboration with clinicians, we are providing students with opportunities to practice English in medical settings through objective standardized clinical examinations (OSCEs) in English. These OSCEs give students in their clinical years experience in history taking with well-trained English-speaking simulated patients (ESSPs), in giving case presentations to clinicians, and in discussing differential diagnoses, all in English. In preparation, students learn key vocabulary (both lay and professional terms) before the activities, and afterwards they receive feedback on their performance. The OSCE scenarios were originally developed with the help of a single clinician, who focused on the students' clinical knowledge, while we English teachers focused more on social history, family history, cultural concerns, personal problems, etc. Latterly, the scenarios are written together with several clinicians on the basis of their actual experiences. This allows the clinicians to discuss the cases more knowledgeably, thereby increasing the learning opportunities for the students. An added benefit is that the clinicians say the program stimulates their own interest in English. We have also expanded our English OSCE programs to other universities, where we work with clinicians to confirm the specific program goals they have in mind. We translate scenarios, if necessary, from Japanese to English, and train ESSPs to achieve the best possible outcomes. Collaboration between English teachers and clinicians is of great benefit in providing students with authentic learning experiences, and clinicians with increased motivation to learn English and assist in English programs for students. The next goal is to increase the number of participating clinicians from various fields.

3. Solving the problem of distance in developing and maintaining relationships with medical personnel

Walter Davies

(Hiroshima University Institute for Foreign Language Research and Education 広島大学外国語教育研究センター)

As a member of a non-faculty group of applied linguists (Hiroshima University's Institute for Foreign Language Teaching and Education), one of my main challenges in teaching medical English has been developing and maintaining relationships with medical personnel. A key issue is that face-to-face contact with the members of the medical faculty is rare because the institute is based on a campus in a different city from the medical faculty (Higashi-Hiroshima and Hiroshima, respectively); also, the course that we teach is an intensive one, taking place over a period of only four days in September. The main solution to the problem has been to show an interest in medicine through the writing of articles on medical English and to make contact during vacations, when medical professors are less busy. For example, the dean responded very quickly to my request for 30-minute interviews with some senior members of the faculty. This created an opportunity for an exchange of ideas and a chance to get to know some key personnel. Also, good working relationships between our institute's director and senior members of the faculty allowed me to set up a short voluntary course to trial new materials. These opportunities helped me to develop good relationships with both staff and students. Another avenue of contact with medical personnel has been via a non-university hospital through the teaching of evening classes. One of the challenges for setting up the university medical English course has been to gain a sufficient understanding of medicine to create materials and teach medical English. The neurosurgeon who organises the evening classes has given me an insight into the medical profession and has also advised on content and accuracy in developing medical English materials.

4. Successful collaboration between language teachers and clinicians

James Hobbs

(Iwate Medical University Center for Liberal Arts and Sciences 岩手医科大学教養教育センター)

Collaboration between language teachers and clinicians can take many forms, and might begin with something as simple as observing each other's classes, or comparing course content and lesson materials. However, the best results are likely to be achieved if language teachers and clinicians not only exchange ideas and opinions, but actually work together in the classroom. At Iwate Medical University this approach is used in Skills Lab English, the name given to a range of courses in which small groups of highly motivated medical students are taught practical medical skills in an English-only setting. From a tentative start as an informal extracurricular activity, Skills Lab English has grown to embrace a wide range of activities tailored to the needs of students in both lower and upper grades, and now includes a seminar course offered as part of the official first-year curriculum. My experience of working with clinicians suggests that there are two key conditions for success in collaborative teaching. First, there should be an equal focus on developing 1) medical knowledge and skills, and 2) language skills. Second, the language teacher(s) and clinician(s) should be equal partners in both planning and teaching: Clinicians know how to teach medicine, while language teachers know how to teach language, and it is important that all those involved stick to teaching what they are qualified to teach.

5. Toho University English for clinical medicine program

Kazutoshi Shibuya 澁谷和俊

(Toho University Omori Medical Center 東邦大学医療センター大森病院)

Toho University School of Medicine established a joint committee in 2013 made up of teachers of clinical medicine and teachers of English to govern medical English education in our school. From the beginning, we set two target outcomes for the English for Clinical Medicine program. The first was for students to increase their knowledge of medical science through English. The second was for students to attain a level of English that would enable them to understand patients' medical problems and explain the pathophysiology of specific diseases concisely. To achieve the second outcome, we began requiring that all students take a test at the end of their fourth year to evaluate their ability to perform medical interviews. To conduct the medical interview test, we started by analyzing what we had taught the students and what we could reasonably expect them to achieve. Also, to get our Japanese teachers of clinical medicine more interested and involved in medical English education, several clinicians were asked to act as standardized patients (SPs) and assessors for the first test. After the first year, native English speakers acted as SPs in the test, but Japanese clinicians continued to participate as assessors to help evaluate the performance of each student. Finally, the medical interviews were recorded so that they could be evaluated objectively later. The establishment of the medical English committee and of the English medical interview test brought about several desirable results. First, the students became more serious about English and began to study it more actively. Similarly, many of the clinicians became more interested in medical English education. And finally, our English teachers have gained knowledge of pathophysiology.

1 The development of a medical English course for third-year students

9:30–9:50

Walter Davies (Hiroshima University Institute for Foreign Language Research and Education
広島大学外国語教育研究センター)

In this presentation, I will summarise the origins and development of an intensive medical English course for third-year students at Hiroshima University that has been taught annually in September since 2012. In response to a request from the university's medical faculty, the course was designed and taught by members of the university's Institute for Foreign Language Research and Education, a group of applied linguists whose main function is the provision of general English education to students in all the faculties. There have been three main phases in the development of the course, and it has been necessary to co-ordinate the project both between the institute and the medical faculty, and within the institute itself:

1. An exploratory phase, involving the selection of

personnel, the selection of materials, and the development of a word list and evaluation test.

2. A research and piecemeal development phase, involving central government funding, interviews with senior medical personnel, the start of corpus research on medical English, and the development of some anatomy materials.

3. A consolidation and syllabus development phase, involving the creation of integrated teaching materials, a new word list, and a new evaluation test.

During the presentation, I will discuss the evolving strategy for course development in relation to materials, word lists, and evaluation, and consider how the content of the course can be extended and deepened through the creation of online materials.

2 Using corpus analysis to create word lists and edit teaching materials

9:50–10:10

Simon Fraser (Hiroshima University Institute for Foreign Language Research and Education
広島大学外国語教育研究センター)

Following on from Walter Davies's presentation, I will consider how corpus analysis can be used to improve the medical English materials being developed for use on an EMP course for third-year students at Hiroshima University. I will also describe the evolution of a frequency-based list of core items embedded in these materials (the HU Medical Word List). The research was prompted by the value placed by learners on an initial word list created by extracting terms from six units of specially designed teaching material that incorporated essays on anatomy and related diseases as well as a variety of communicative tasks. Two medical corpora have been built, based on *Gray's Anatomy for Students* and *Harrison's Principles of Internal Medicine*. The corpora have been used in two ways. First, the units of material have been analysed at the sentence level, and comparisons made with the

language found in the corpora. Through an analysis of terms, collocations, and phrases, it has been possible to enrich the materials with items occurring in the two key reference books, bringing the language of the materials closer to that of the medical texts. A second use of the corpora has been in the identification of "gaps" in the materials. To achieve this, high-frequency items not found in the materials have been examined, and where possible, grouped within a medical field, aiding the construction of new units of material. The HU Medical Word List has emerged from this interweaving process of materials development and corpus analysis, enabling students to learn core medical terminology relatively early in their studies on a course that uses a communicative approach to vocabulary learning.

3

Using a journal club presentation template to improve medical students' understanding of clinical research articles

10:10–10:30 Takayuki Oshimi 押味貴之, Eric Hajime Jegó, Ryoko Takahashi (Division of Medical Education Planning and Development, Nihon University School of Medicine 日本大学医学部 医学教育企画・推進室)

Background: Presenting and discussing clinical research articles are among the most important English skills that medical students need to develop. This study outlines a journal club presentation template designed to improve students' ability to understand original clinical research articles.

Methods: This new journal club presentation template includes not only traditional Japanese journal club components, such as abstract, figures and tables, but also authors' backgrounds, originality and contribution of the article to the research field, editorial articles, correspondence articles, and conference reports about a particular original article. A total of 110 second-year and 114 fourth-year medical students were trained to use the template, and they evaluated their own progress by answering 10 can-do statements before and

after the training course, which consisted of 600 minutes of in-class training and a 15-minute journal club presentation using the template. To assess effectiveness, separate 2x2 McNemar tests for paired proportions were used to compare pre- and post-presentation responses to individual statements.

Results: After their presentations, the students perceived significant improvement in all of the skills addressed by the 10 can-do statements ($p < 0.05$). Many also commented that the template improved their confidence in reading original clinical research articles.

Conclusions: This study provided evidence that this new presentation template is effective in improving medical students' ability to understand original clinical research articles.

4

German medical education 2020: making EMP part of innovative reform plans for medical curricula

10:30–10:50 Daisy E. Rotzoll (LernKlinik Leipzig, Faculty of Medicine, University of Leipzig)

With its so-called Masterplan for Medical Education 2020 ("Masterplan Medizin Studium 2020"), the German government intends to develop measures with the aim of more targeted selection of student applicants, for example by implementing a quota for students with a degree in a health professions-related field. Furthermore, curriculum changes are to be promoted to increase the orientation towards the teaching of practical skills, to strengthen primary care aspects throughout the studies, and to enhance scientific research education in medicine. The last of these goals, namely preparing medical students to handle scientific data and to evaluate these according to evidence-based criteria, is regarded as essential by most associations involved in medical education planning, including the Medical Faculty Association (MFT), the German Medical Students' Association (bvmd), the German Medical Association, and the Association of Scientific

Medical Societies in Germany (AWMF). Furthermore, the National Competency-based Catalogue of Learning Objectives for undergraduate medical education (NKLM), developed by a collaborative committee of the MFT and German Medical Education Society (GMA) together with the above-mentioned groups and associations, could serve as the basis for defining measures to increase scientific training to enable medical students to perform medical research. In the light of these developments, the obligatory implementation of EMP into medical curricula as a major foundation for scientific training has to be discussed. This presentation will focus on how the discussions surrounding the German Masterplan for Medical Education 2020 can be expected to evolve into a sound foundation for the implementation of EMP in German medical curricula, and on how this might serve as a basis for similar discussions in Japan.

1 Initiating further training in communication skills in pre-clerkship pharmacy education

10:55–11:15 Denise A. Epp (Daiichi University of Pharmacy 第一薬科大学)

The necessity for further training in communication skills during the pre-clerkship stage of pharmacy studies at my university led to the creation and implementation of a short unit of study within the fourth year that focuses on applying students' knowledge of medicine and health to communication with patients in community pharmacy settings. This short course of eight classes uses predicted questions from patients about specific drugs to create awareness of patients' needs and the necessity of good communication skills. The students are guided on how to apply the scientific knowledge they have acquired so far in their studies to communicate with patients in a way that will improve outcomes in the pharmacy. Through selected readings, they are made to realize

that they will face patient questions not only about medication, but also about patients' lifestyles, emotional problems, and specific disease states. The course encourages them to think about what information a patient may need or want, the kind of questions a patient may ask when receiving medication, and where to search for the information they need to answer a patient's questions. They are also challenged through small group discussions and role-play activities to think about empathy, which is necessary when talking with patients. The goal of this specialized training course, in combination with their other pre-clerkship classes, is to help students acquire the vital communication skills they will be need in the upcoming clerkship experience, and later as working pharmacists.

2 Pharmacist interviews: student-created visual aids on video

11:15–11:35 Sako Ikegami 池上小湖, Anthony F.W. Foong (Kyoto Pharmaceutical University 京都薬科大学)

Last fall, we started a new pharmaceutical English course for 4th-year students on pharmacist interviews in two different settings: retail pharmacies (selling over-the-counter drugs), and hospital/dispensing pharmacies (providing prescription drugs). The course emphasizes the importance of open-ended questions in checking that patients understand essential information, such as dosing instructions and possible adverse reactions. Students are also trained to listen to any concerns that a patient might have, regardless of whether they are drug-related. In actual practice, our students are most likely to encounter difficulties in communicating with non-Japanese-speaking patients. In such situations, the use of visual aids is particularly

useful in ensuring that patients receive accurate drug information from their pharmacist. I had students work in groups of 4 or 5 to create visual aids that could be used to explain drug-related concepts to patients. I then had them write and perform skits showing how they would employ these visual aids in an actual pharmacy setting. Since classroom time was limited, I asked students to take videos of their skits on their smartphones and submit them for evaluation. Although the visual aids varied widely in quality, it was extremely encouraging to see students exercise their imagination and artistry to provide patients with vital drug information in a form that would overcome language barriers.

3 The English needs of doctors and nurses at hospitals in rural Japan

11:35–11:55 Ian Willey, Gerardine Mary McCrohan (Higher Education Center, Kagawa University 香川大学 大学教育基盤センター)

It is often asserted that doctors and nurses in Japan need to know English, and countless medical and nursing English textbooks covering a broad spectrum of skills have been published in an attempt to meet this need. However, the specific English needs of Japanese medical professionals have not been sufficiently analyzed. Whether these needs vary in different types of hospitals (e.g., university or prefectural hospitals) or settings (e.g., urban versus rural) also remains unknown. The presenters will show preliminary results from a three-year study that aims to ascertain the English needs of doctors and nurses at different types of hospitals in Japan, beginning with those in rural settings. Questionnaires were distributed to 2,000 nurses and doctors at a university hospital and a large prefectural hospital in Shikoku, and 1,274 complete

responses were received (1,007 from nurses and 267 from doctors; an overall response rate of 77%). Results indicate that almost all respondents have used English at least once in their work. Nurses primarily use English for speaking to foreign patients, while doctors use English to search for information, write papers, and communicate with patients. Both nurses and doctors expressed dissatisfaction with the English education they received at university, and reported that nursing and medical students need training in English speaking and listening more than in TOEIC or even in medical/nursing English. Nurses also indicated that having to use English was a source of stress. This study shows the importance of needs analyses in developing informed and effective EMP curricula and materials.

1 Have you ever read a medical novel?

14:15–14:35 Christopher Holmes (The University of Tokyo Faculty of Medicine 東京大学医学部)

Getting your medical students to read an entire book in English is a challenge, but a rewarding one, especially if the author is a novelist who writes in today's English about doctors, patients, diseases, and treatments. I will discuss some of the perks and pitfalls for students of medical novel reading under a teacher's guidance. I will

include some recommendations: medical novels you might like to put on your own reading list (if you haven't read them already) as well as books and situations to avoid. And of course I will stress the importance of teaching pronunciation by getting students to read aloud.

2 Medical English course for nurses: a year of experience

14:35–14:55 Alexander Zaboronok, Keiko Sugimoto, Thomas Mayers, Minoru Akiyama, Akira Matsumura (International Medical Center, University of Tsukuba Hospital 筑波大学附属病院)

Every day, about 20 foreigners receive medical care at the University of Tsukuba Hospital (UTH), mainly in the outpatient departments. In 2014, we established a 6-week Medical English course for nurses with the aim of helping them communicate with foreign patients. The course included a number of pertinent topics such as patient data collection, hospital facilities, human anatomy, symptoms, medical history, medications, etc. In addition to textbook materials, we also used department-specific phrase lists prepared by the nurses themselves. The course was offered in each of the hospital's 10 clinical departments successively. In order

to make it convenient for all nurses, we held the same class twice a week at each department after the end of the fixed working hours. We analyzed feedback from questionnaires completed by over 200 nurses who participated in the course from September 2014 to October 2015. The questionnaires covered such parameters as the length, timing, and location of classes, ability to participate, and general satisfaction with the course. The feedback was generally positive, but we obtained valuable comments on how we can improve the course. I will share these and other information on our experience in this presentation.

3 Efforts to improve the English skills of doctors at Aso Iizuka Hospital

14:55–15:15 Mari Midorikawa 緑川麻里,¹Taihei Ishikawa,¹ Naoki Matsuura,² Satoshi Matsunaga,² Shin Yoshida,³ Aya Miyamoto,⁴ Hiroshi Imura² (Aso Iizuka Hospital 麻生飯塚病院, ¹Junior resident, ²General Internal Medicine, ³Family Medicine, ⁴Residency Training Office)

Many doctors in Japan are interested in learning English so that they can broaden their academic accomplishments. At the same time, few have much time to study English, and few have opportunities to communicate with foreign doctors or patients. My hospital has been providing such opportunities as regular lectures by visiting doctors from partner institutions. In addition, our team, Aso Iizuka Hospital Medical English Education Team (AIH-MEET), started hosting case conferences in English last year. As the participants' English skills range from elementary to fluent, efforts need to be made to help individuals learn

efficiently. Steps we have taken in this respect include preparing vocabulary lists, adopting the rule that mixing English and Japanese is acceptable (to promote active participation), sending review emails to participants after conferences, and using case studies featuring patients with similar conditions to practice recurring vocabulary and phrases. The main challenge we face is the fact that participating doctors have very limited time to spend on improving their English skills. In order to maximize time-effectiveness, we need to consider and focus on which specific language skills they would like improve.

4 Medical interviews in English with English-speaking simulated patients from three countries

15:20–15:40 Tomoko Miyoshi 三好智子,¹ Sabina Mahmood,² Hitomi Kataoka,³ Isao Date⁴
(Okayama University 岡山大学, ¹Center for the Development of Medical and Health Care Education, ²Admission Center, ³Department of Primary Care and Medical Education, ⁴Department of Neurological Surgery)

Early this year, Okayama University Medical School arranged a voluntary extracurricular “Medical Interviewing in English” session for 2nd- to 6th-year medical students with 3 English-speaking simulated patients (ESPs) from 3 countries (Egypt, Indonesia, and Japan). Seven students participated, and each interview lasted 15 minutes. In post-interview feedback, all 3 ESPs agreed that 1) students showed appropriate sympathy, 2) students were friendly and asked clear and easy-to-understand questions, and 3) students spoke slowly and repeated questions when necessary. The ESPs identified the following

weaknesses: 1) students asked too many irrelevant questions, 2) students asked few personal questions about such matters as sexual history and illicit drug use, and 3) students did not ask detailed questions about the chief complaint. In this presentation, we will focus on how we at Okayama University Medical School are providing our students with training in English listening and interviewing skills, so that they will be able to establish a good rapport with the increasing number of English-speaking foreigners and give them the best possible care.

5 What are the most effective approaches to preparing Japanese medical students for international clinical elective placements?

15:40–16:00 James Thomas,¹ Timothy Minton² (Keio University School of Medicine 慶應義塾大学医学部, ¹Medical Education Center, ²Department of English)

The number of Keio University medical students participating in international clinical elective placements has increased significantly over the past four years. Similar trends can also be seen at other medical schools in Japan. Such placements give students opportunities to improve their communication skills and clinical knowledge, and to gain exposure to and confidence in a variety of multi-cultural settings. These placements often require a significant investment of time and money, so it is prudent to prepare students properly before they participate. We have developed and refined a series of preparation programmes with the aim of assisting students in developing some of the key skills they will require when participating in overseas clinical placements. The

sessions include lectures, small group discussions, simulated patient encounters, OSCEs with English-speaking patients, and the use of online resources and demonstration videos. This presentation will highlight and discuss the challenges, limitations, and successes of these components. We organised four separate programmes between September 2013 and January 2016, with 12 fifth-year students participating in 2013, 23 in early 2014, 24 in late 2014, and 34 in 2015. Providing a combination of learning experiences with a strong emphasis on practice, simulation, and constructive feedback proved to be the most successful approach to preparing students for international placements.

6 A global step for a local school

16:00–16:20 Najma Janjua (Kagawa Prefectural University of Health Sciences 香川県立保健医療大学)

Kagawa Prefectural University of Health Sciences (KPUHS) is a small institution located in Japan’s smallest prefecture, Kagawa, on the island of Shikoku in western Japan. The university offers undergraduate programs in nursing, medical technology, midwifery, and public health, a master’s program with specializations in nursing and medical technology, and several year-round free community health education programs for local residents. While the university takes pride in its programs and facilities and the close to 100% success rate of its graduating students on national licensing examinations, results of the school’s assessment by the Japan University Accreditation Association in 2010 pointed to a lack of “international vision” and of “education that can respond to internationalization.” While these findings initiated curricular revisions to introduce a greater international

component, they also brought home the realization that ever since its establishment in 1999, the school had neither had a partnership with an overseas school nor participated in an exchange or study abroad program. This further led to the establishment of an international exchange committee in 2014 with a mandate to change the status quo. The following year saw the university establish partnerships with a medical school in Vietnam and two institutions in Canada. This presentation describes KPUHS’s partnership with one of the two Canadian universities that has relevance also to the study of medical English. While there are now hundreds of international partnerships in Japan and worldwide, this small global step for a local Kagawa school, although late in coming, may have a big potential to foster international vision in its community.

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JASMEE now and in the future 1

JASMEE clinical English seminars

Takayuki Oshimi 押味貴之

(Nihon University School of Medicine 日本大学医学部)

Chair

Reuben M. Gerling

(Medical writer/editor)

There is a growing need for Japanese medical students to develop their English skills in clinical settings, including history-taking, physical examination, and case-presentation skills, all of which are essential for clinical clerkships in English-speaking countries. To help both students and physicians improve these skills, JASMEE started offering one-day seminars in 2015. The first seminar was attended by 25 participants, who practiced history taking with three instructors and four English-speaking simulated patients. The second seminar is scheduled on May 28, 2016, and is designed to help 50 participants improve their physical examination skills under an invited faculty member from Stanford Hospital and three task force members. In this interactive presentation, I will describe the two seminars in detail, and discuss with the audience how to improve the seminar series in a creative manner.

JASMEE now and in the future 2

JASMEE 編『総合医学英語テキスト』の制作について

JASMEE's EMP textbooks

日本医学英語教育学会 テキスト編集委員会 Textbook-editing committee, JASMEE

一杉正仁 Masahito Hitosugi (滋賀医科大学 Shiga University of Medical Science)

福沢嘉孝 Yoshitaka Fukuzawa (愛知医科大学病院 Aichi Medical University Hospital)

安藤千春 Chiharu Ando (姫路獨協大学看護学部 Himeji Dokkyo University)

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Timothy Minton (慶應義塾大学医学部 Keio University School of Medicine)

Clive Langham (日本大学歯学部 Nihon University School of Dentistry)

Chair

Reuben M. Gerling

(Medical writer/editor)

患者の安心・安全を確保することは医療においても重要な課題であり、医療の質保証のために良質の教育が求められている。Educational Commission for Foreign Medical Graduates (ECFMG) は 2010 年に、米国医学校協会の教育連絡調整会議または World Federation for Medical Education (WFME) のグローバルスタンダード評価基準に準拠した医科大学・医学校部の卒業生以外には、2023 年以降米国医師国家試験 (USMLE) の受験資格を認めないと宣言した。以降、わが国の医学教育は、この評価基準に準拠することが求められ、各学校においても国際認証に向けた取り組みが進められている。

日本医学英語教育学会では、わが国の医学英語教育が WFME のグローバルスタンダードに基づくよう、いち早く医学英語教育のガイドラインを制定した。¹⁻³⁾ このガイドラインでは、卒業時に全員が習得すべき内容 (Minimum requirements) と、さらなる能力向上のために習得が望ましい内容 (Advanced requirements) に分けて詳細な学習内容が列記されている。しかし、具体的にはどのようにして教育を実践すべきか躊躇している現場が多い。そこで本学会では、ガイドラインに基づく理想的な教育が行えるよう、テキストを製作するに至った。医学英語の教育では、医学的知識の習得にしたがって教育内容を選択することに苦労する。本学会では在学中に円滑に医学英語が履修できるよう、教科書を下記の 2 巻に分けて製作することとした。

・ Step 1 : 医学部低学年、医療系学生を対象とし、一般的症候をトピックとする。

・ Step 2 : 医学部高学年を対象とし、医学的知識が必要な内容をトピックとする。

このたび第 1 巻が刊行されることになったが、テキストの特徴と効果的利用方法を概説する。

また、テキスト作製にご尽力下さった会員の諸先生方に厚く御礼申し上げます。

- 1) 日本医学英語教育学会ガイドライン委員会. 2015. 日本医学英語教育学会 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. J Med Eng Educ 14(3): 130-135.
- 2) Japan Society for Medical English Education. 2015. Medical English education guidelines corresponding to the Global Standards for Medical Education. J Med Eng Educ 14(3): 136-142.
- 3) 日本医学英語教育学会ガイドライン委員会. 2015. 日本医学英語教育学会 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. Medical English education guidelines corresponding to the Global Standards for Medical Education. <<http://www.medicalview.co.jp/JASMEE/index.shtml>>

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3. 日本医学英語検定試験：1級・2級試験の実施状況

Examination of Proficiency in English for Medical Purposes (EPEMP):
current status of level 1/2 examinations

伊達 勲 Isao Date

(岡山大学大学院医歯薬学総合研究科 Graduate school of Medicine, Dentistry and Pharmaceutical Sciences,
Okayama University)

伊藤昌徳 Masanori Ito

(順天堂大学浦安病院 Juntendo University Urayasu Hospital)

Chair

Reuben M. Gerling

(Medical writer/editor)

日本医学英語検定試験（医英検）の3級・4級試験は、2008年に開始され、2016年が第9回の開催である。第8回と同様全国10カ所での試験実施の予定である。医英検をさらに充実させるため、2012年からは2級試験を開始、2015年からは1級試験を開始した。医英検の開始当時から望まれていた、1級から4級までの試験形態が完成したことになる。今後ますますの受験人数の増加が期待される。これら4つの等級と難易度については、以下のように設定している（ホームページで公表）。

- 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）

2級については、3級合格者に受験資格を与え、1級については、2級合格者に受験資格を与えている。

1級、2級の試験内容を具体的に本抄録に記載することはできないが、2級では、医学英語論文を一定時間で読みこなしまとめる能力を筆記試験で問い、英語でのプレゼンテーションと質疑応答の能力を口頭試験で問う。

1級では、これまでの医学英語論文の執筆実績、医学英語教育への貢献の業績等を審査し、国際学会での座長を務める能力、医学英語発表についての的確に指導できるかどうか、の能力を口頭試験で問う。

本セッションでは、伊藤が2級試験について、伊達が1級試験について、現状報告を行う。

Workshop 1

The top 3 issues in EMP education: a round-table discussion between EMP teachers and medical students

Facilitators

Takayuki Oshimi 押味貴之¹, Alan Hauk², James Thomas³

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To gain accreditation from the World Federation for Medical Education for conforming to its recently established global standards in medical education, all medical schools in Japan are changing their curricula. Many of them are planning to increase the hours allotted to English for medical purposes (EMP) education, which means that EMP instructors will have to confront the issues of 1) educational content, 2) defining the role of EMP instructors, and 3) EMP curriculum development. This 90-minute interactive workshop will be open to 30 JASMEE members, who will have the opportunity to share ideas and opinions on these 3 issues with 30 invited medical students. Discussions will focus on how to approach the issues in a creative and effective manner. The procedure will be as follows:

Step 1

Participants will be divided into 3 groups of 20. Each group will be asked to come up with as many ideas as possible on 1 of the 3 issues, and to write each of their opinions on separate sticky notes.

Step 2

Each group will display its sticky notes on a large board so that all participants can read them.

Step 3

Working with the task force facilitators, participants will group similar items on the board to help them consider the following questions: “What are the most important problems?” and “How we can solve them?”

Step 4

Each group will give a short presentation on its conclusions, after which a general discussion will be held with the aim of finding creative solutions.

We hope that the diverse opinions of the JASMEE participants and invited students will make this workshop an enriching and creative experience, and that the participants' conclusions will contribute to the promotion of excellence in EMP education in Japan.

Workshop 2

Creating interactive e-learning content for EMP

Facilitators

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The JASMEE ICT Subcommittee was established in 2015 to develop an attractive web presence and to offer members of the society a platform and the tools to create and share e-learning content and interact with other members. Towards these goals, the subcommittee has been making arrangements for a new initiative that will provide access to an e-learning content authoring system to JASMEE members free of charge. Members will be able to easily create interactive learning objects and export these for use at their schools in their own courses with their own students. They will also be able to share the learning objects among JASMEE members, or if they wish, make them available to the general public under a Creative Commons license. The workshop will provide participants with an opportunity to learn about this initiative, gain a general understanding of e-learning content authoring and how it can be applied to EMP education, and experience hands-on the creation of a small sample learning object using the authoring tool. Participants will be able to continue using the tool and create their own content after the workshop. Prior registration by email is required, and the number of active participants is limited to a maximum of 18. Observers are welcome to attend without prior registration, but will not be given accounts to log in to the authoring tool.

1 医療通訳教育における反転授業 Flipped classroom model for training medical interpreters

9:30–9:50 大野直子 Naoko Ono (順天堂大学国際教養学部 Juntendo University Faculty of International Liberal Arts), 濱井妙子 Taeko Hamai (静岡県立大学看護学部 University of Shizuoka School of Nursing), 加藤純子 Junko Kato (大阪大学外国語学部 Osaka University School of Foreign Studies)

【背景】日本における外国人人口およびその労働力人口は近年増加している。訪日外国人と日本の医療をつなぐ存在が医療通訳者であり、その重要性はますます高まっている。英語教育などさまざまな高等教育における反転授業の研究は数多いが、医療通訳研修において反転授業を用いた試みはまだみられない。

【目的】日英医療通訳学習用 Web 教材を用いて大学において反転授業を実施することにより、大学における医療通訳反転授業が通訳スキル、知識に与える効果を検証する。

【方法】対象は都内私立大学の英文学科の通訳コースを受講する大学3~4年生11名(女性11名)とした。以前医療通訳の授業を受講経験のない者とし、反転授業の説明時に欠席した者は除外した。対象者に医療通訳 Web 教材を提供し、範囲を指定して自習させ、指定範囲のパフォーマンスを受講前後に録音し Flore のエラー分析を用いて分析した。受講前後のエラー数平均値の差の検定として対応のある t 検定を行った(有意水準5%, 両側検定)。

また、医療通訳者の異文化理解に関して、事前に動画を見せて受講前後に小テストを実施し受講前後の平均正答率を比較した。さらに、反転授業を受講した感想として自由記述のレポートを課し KJ 法を用いて分析した。

【結果】10名の学生が反転授業に出席した。エラー分析の結果、受講前後に Omission(平均3.2), False fluency(平均2.8)の項目で改善がみられた(Omission: $p < 0.01$, False fluency: $p < 0.01$)。文化に関する小テストの正答率は、授業前の60%から95%に改善した。レポートの分析からは、医療通訳における専門用語と背景知識の重要性に加えて、言葉通りに訳す導管の役割の他に文化仲介者としての役割等があることや自文化中心主義に陥らず相手を理解する心の重要性への気づきを読み取れた。

【結論】反転授業の実施により、学生の医療通訳のスキル、専門用語の知識と文化仲介者としての役割に関する知識に改善がみられ、日英医療通訳学習用 Web 教材の大学の授業における有用性が示唆された。

2 Effects of flipped classroom methods on a basic medical history taking class for 1st-year medical students

9:50–10:10 Eric Jego, Tetsuya Taniguchi, Seiichi Udagawa (Nihon University School of Medicine 日本大学医学部), Hiroaki Nemoto (Nihon University College of Bioresource Sciences 日本大学生物資源科学部)

Flipped classroom methodologies have been gaining popularity in English education in recent years. A flipped class involves requiring students to acquire knowledge before coming to class so that students can engage in active learning together in class. While the body of research on the effects of this methodology is growing, few studies examine the effects of flipped methods within the context of medical English education in Japan. A basic medical history taking skills course for 1st-year students held at Nihon University was flipped for the first time in 2015. The main reason was to attempt to maintain student achievement levels despite lessons being reduced from 90 minutes to 55 minutes, which resulted in a total reduction of 15 hours of class time in 2015. Different metrics were monitored over the 3-year period from

2013 to 2015 to determine the effects of flipping the class. These metrics included student achievement scores, official student course evaluation data, and two types of student self-evaluation of skill development data as well as qualitative data consisting of free comments made by students. This study provides evidence to suggest that flipped methods within the context of medical English education for 1st-year Japanese medical students can result in greater achievement levels in basic medical history taking. However, flipped methods can also result in lower course satisfaction, lower perceived skill development and many complaints from students about infrastructure and various technical issues. Therefore, successful implementation may require careful consideration of these aspects before a class is flipped.

3 Teaching tutorial and seminar leadership skills

10:10–10:30 Michael Guest (Faculty of Medicine, University of Miyazaki 宮崎大学医学部)

Medical practitioners are often asked to lead discussions, seminars, workshops, and tutorials attended by fellow medical professionals, medical students, researchers, or the general public. Unfortunately though, unlike formal presentation techniques, the skills necessary for taking on leadership roles in discussions, workshops, tutorials, and seminars rarely seem to be taught at medical schools in Japan, either in English or in Japanese; nor are they discussed widely in the literature. In this presentation, the speaker will outline the positive outcomes arising from a course on teaching seminar leadership skills to 1st- and 4th-year medical students.

The crucial skills needed to lead tutorials and formal discussions, along with potential pitfalls, will be discussed and demonstrated. These include topic selection, choosing appropriate content levels, classroom management, pacing, designing suitable activities, managing materials, actively engaging the participants, and developing effective opening and closing gambits. The qualities that distinguish seminar/tutorial and workshop leadership from lecture and presentation delivery will also be discussed, and educators will be encouraged to try to establish such leadership skills in both students and clinicians at their own institutions.

4 Laughter is the best medicine: using comedy sketches to learn medical English

10:30–10:50 Thomas Mayers (Medical English Communications Center, University of Tsukuba 筑波大学医学英語コミュニケーションズセンター)

Research suggests that the incorporation of humor into the language classroom aids the learning process. In this presentation I will introduce a group project to help medical students learn medical English vocabulary and phrases through the medium of comedy. The project involves students working in groups to create short comedy sketches based on doctor-patient interactions. Through a multi-step process of studying, discussing, script writing, practicing, filming, editing, and viewing, students are able to internalize essential vocabulary and acquire basic clinical communication skills. The comedy element adds an extra layer of difficulty to the

subject of clinical communications, but overall makes the project extremely motivating and enjoyable for the students. So far, this project has been used with classes of up to 50 students. Approximately 3 teaching hours are devoted to the project for explanation, script writing, and viewing of the finished sketches, with the filming and editing of the sketches done as homework. I will explain the rationale for the project, provide details of the procedures, and share some of the students' reports written after the project along with some of their comic creations.

1 Medical professors' rounds and conferences in English: current effectiveness and problems

11:00–11:20 Masao Nagayama 永山正雄 (International University of Health and Welfare Atami Hospital 国際医療福祉大学熱海病院)

Introduction: Introduction: In Japan, discussions during medical professors' rounds and at conferences are usually carried out exclusively in Japanese. However, in response to a recent influx of non-Japanese medical graduates, professors' rounds and conferences have been conducted in English every day since August 2015 at our university hospital. The purpose of this study was to elucidate the effectiveness and problems of using English instead of Japanese.

Methods: A questionnaire was completed by six participants (three foreign and three Japanese medical graduates), and the results were analyzed.

Results: All six participants supported the normalization of professors' rounds and conferences in English and considered the outcome satisfactory. It was especially welcomed by the foreign graduates, who thought it would generate increased applications for faculty positions and visiting positions, as well as

international collaborative clinical research and publication. The Japanese graduates thought that it increased motivation in clinical practice, research, and education, but they pointed out that it often necessitated supplementary explanation in Japanese for co-medical professionals. It often raised patients' apparent trust in physicians, but some Japanese explanation was considered necessary, possibly to remove latent anxiety.

Conclusions: Conducting medical professors' rounds and conferences in English can contribute to the education of physicians by promoting international cooperation and exchange. Our findings may help us meet the medical school accreditation that will be required for certification of foreign physicians by the Educational Commission for Foreign Medical Graduates in 2023.

2 The University of Tsukuba's Medical English Communications Center (MECC)

11:20–11:40 Flaminia Miyamasu 宮増フラミニア (Medical English Communications Center, University of Tsukuba 筑波大学医学英語コミュニケーションズセンター)

The Medical English Communications Center (MECC) was established in 2010 as a response to the University of Tsukuba's mandate, as one of the 13 core universities of the MEXT-sponsored Global 30 program, to intensify internationalization of its research and education activities. Now in its seventh year, MECC has become an integral part of the faculty. In this talk, I will describe MECC's mission, the editing and presentation-coaching services it offers, its day-to-

day operation, and its evolution and growth since its inception. I will also reflect on the benefits to be gained from having such a communications center, not only for the colleagues and students who use its services, but also for the EMP specialists who provide the services. Finally, from the experiences gained over the past 6 years, I will offer some tips on setting up and running such a center.

3 Team Medics: a student-run health care organization for English-speaking patients

11:40–12:00 Ami Suzuki 鈴木あみ (Team Medics; Nihon University School of Medicine [student] 日本大学医学部[学生]), Takayuki Oshimi (Nihon University School of Medicine), James Thomas (Keio University School of Medicine)

Background: It is expected that more than 300,000 international visitors will seek medical treatment during the 2020 Tokyo Olympics and Paralympics. In 2015, we established “Team Medics,” an interdisciplinary volunteer organization composed of medical, nursing, dental, and pharmacy students interested in supporting international patients in a linguistically and culturally appropriate manner.

Methods: To achieve universal access to appropriate health care services for English-speaking patients, Team Medics organizes the following activities: 1) administering a comprehensive health questionnaire and translating the information into Japanese, 2) providing referrals to appropriate health care services, and 3) providing Team Medics members with educational opportunities and practical experience to help them learn how to provide linguistically competent and culturally appropriate health care

services.

Results: Since its launch on July 24, 2015, Team Medics has recruited more than 180 undergraduates in health care fields who serve as both staff members and patient advocates. In the last 10 seminars/workshops, approximately 300 undergraduates studied various topics, such as how to take a comprehensive medical history, how to explain basic diagnostic and therapeutic procedures in English, and how to serve Muslim patients in Japanese clinical settings. The Tokyo Medical Association has shown interest in using Team Medics as a vehicle for instructing students in English for medical purposes and in the provision of culturally sensitive medical care.

Conclusion: We believe that our activities will help Japanese undergraduates in health care fields to contribute to the international medical community in the future.

4 A media platform organized by Japanese medical students

12:00–12:20 Euma Ishii 石井佑充 (Team Medics; Faculty of Medicine, Tokyo Medical and Dental University [student] 東京医科歯科大学医学部[学生]), Takayuki Oshimi (Nihon University School of Medicine), James Thomas (Keio University School of Medicine)

Academic writing skills in English are regarded as vital for medical students. To give students opportunities to practice and hone their writing skills, Team Medics is in the process of establishing a media platform where Japanese medical students can write in English on health care-related issues in Japan that would otherwise remain unknown to non-Japanese speakers because of the lack of information in English. To launch the media platform, Team Medics is taking the following steps: 1) designing a website and recruiting student staff, 2) writing articles in English, 3) having

the articles edited by bilingual student staff members, 4) giving feedback to the student authors, 5) posting the articles on the website, and 6) increasing interactions between student authors and people worldwide. We will evaluate this project using the following performance indicators: a) number of articles contributed, b) authors’ pre- and post-project TOEFL scores, c) number of citations, and d) number of the visitors to the website. We hope that this project will contribute to the introduction of various novel medical English education alternatives in the future.

1 Creating and evaluating ability-level qualifiers for a clinical English "can-do" list

14:30–14:50 Harumi Oshita 大下晴美, Sean Chidlow (Oita University Faculty of Medicine 大分大学医学部)

Various forms of can-do lists are used by the Society for Testing English Proficiency (STEP) in Japan, and the Common European Framework of Reference for Languages (CEFR), among others. The purpose of a can-do list is to help students understand their foreign language abilities and ultimately to help them set clear goals for improvement. In this presentation we will discuss the design and use of a can-do list with level-ability qualifiers for a task-based clinical English communication class. Our first research question was: is such a can-do list an appropriate tool for teacher evaluation of students and/or student self-evaluation?

To explore this we used a medical English can-do list created by Ryoko Takahashi (2015). The second research question was: what are the appropriate ability-level qualifiers for a task-based medical English communication class? We created a set of four qualifiers that would provide a basis for analysis. After six 90-minute classes focused on teaching medical interview English to 113 fourth-year medical students, we administered the can-do list. We will present the results of teacher evaluations and students' self-evaluations, and discuss potential modifications to the clinical English can-do statement qualifiers.

2 Development of a rubric to assess the performance of Japanese medical students taking patient histories in English

14:50–15:10 Takahiko Yamamori 山森孝彦, Yukiko Kuru, Kenneth John Slater, Atsushi Miyamoto (Aichi Medical University School of Medicine 愛知医科大学医学部), Takayuki Oshimi, Eric Jegou (Nihon University School of Medicine), Muneyoshi Yasuda (Ichinomiyanishi Hospital)

For Japanese medical students, interview training in English is often viewed as impractical until students acquire sufficient medical knowledge and clinical reasoning ability. In fact, English communication skills as well as professional medical communication skills should be taught during junior years. These communicative skills include greeting patients, making them feel comfortable through empathetic engagement, and eliciting patient histories with due diligence and an assuring professionalism. In the absence of a suitable evaluation tool to assess the performance of first- and second-year Japanese medical students taking patient histories in English, a pilot rubric was developed in collaboration with Nihon University. This rubric evaluated performance in four areas: spoken English proficiency, communication and

interpersonal skills, integrated clinical encounter, and internalization*. Incorporating feedback from raters, this study then reviewed and revised the dimensions and descriptors of the pilot rubric, and had multiple raters independently evaluate videotaped interviews of junior medical students using the revised rubric. This presentation discusses the statistical results of the scoring as well as the feedback from raters in its examination of the reliability and practicality of the rubric. Some ideas for further revision will be suggested, as well as implications for the classroom.

*The first three of these are the three scoring subcomponents used in the USMLE Step 2 CS Examination, adjusted to an appropriate level for students in their junior years.

3 Writing test specifications for medical English assessment

15:10–15:30 Dawn Lucovich (Tokyo Woman's Christian University 東京女子大学)

Test specifications are a design document used for writing assessments, and are often generated for high-stakes and standardized tests. However, they are not commonly used for other types of assessment in Japan. Furthermore, they may act as a type of "obscured genre", and other stakeholders, such as administrators, course coordinators, and instructors may not be familiar with how to read, write, or access them. Fulcher (2010) writes that the usual design process for institutions or stakeholders unfamiliar with test specifications begins with question writing. This may be counter-productive and inefficient in long-term assessment building. Davidson and Lynch (2010) claim that the "informal, institutional memory of experienced

faculty or test developers" may operate as one type of test specification. However, this information may be prone to loss, degradation, or misinterpretation. Instead, writing and formalizing a set of test specifications may be a more efficient, effective, and time-proof method for generating consistent assessments in a principled manner. This presentation will discuss the basic tenets of writing test specifications for any level of assessment in medical English education, as well as their benefits and how to implement them in an existing program or course. Finally, a list of resources and further reading on test specifications will be provided.

The 12th Kenichi Uemura award ceremony 第12回植村研一賞授賞式

Awardee: Daisy E. Rotzoll, MD, PhD

Daisy Rotzoll is Medical Director of the “LernKlinik Leipzig”, the skills center at the Faculty of Medicine, Leipzig University. She grew up in Kyoto, moving back to Germany with her family in 1979. She studied medicine and Japanese studies at the University of Heidelberg, Germany, where she received her MD and PhD in pediatrics and neonatal intensive care. For her medical studies, she spent one year at the Department of Neonatology at Osaka Medical College, Takatsuki, and two years at the Graduate School of Pharmaceutical Sciences, Department of Health Chemistry, at Tokyo University. She is a regular visiting professor at Kyoto and Tokyo Universities, where she gives workshops for doctoral students of medicine and pharmaceutical sciences in presentation skills at international conferences. Her interest in medical education and didactics led her to a guest professorship at the Medical Education Development Center (MEDC) at Gifu University in 2015. Her research interests include competency-based skills training in undergraduate medical education, peer-assisted teaching (PAT) and English as a Lingua Franca, as well as basic research on antioxidants in premature infant nutrition. She is author of the soon-to-be published book on skills training in undergraduate medical education (by de Gruyter, German: “Das Skillslab ABC”).



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

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 Fakultätentag) 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.

Past academic meetings

日本医学英語教育学会 学術集会一覧

回	会長	開催期日	開催会場
第1回	植村研一	1998年7月11, 12日	アクトシティ浜松コンgresセンター
第2回	小林充尚	1999年8月9, 10日	日本教育会館
第3回	平松慶博	2000年7月8, 9日	こまばエミナース
第4回	大木俊夫	2001年8月4, 5日	こまばエミナース
第5回	清水雅子	2002年8月3, 4日	川崎医療福祉大学
第6回	小林茂昭	2003年7月12, 13日	こまばエミナース
第7回	大野典也	2004年7月10, 11日	東京慈恵会医科大学
第8回	西澤 茂	2005年7月9, 10日	こまばエミナース
第9回	大瀧祥子	2006年7月15, 16日	ウェルシティ金沢 (石川厚生年金会館)
第10回	大石 実	2007年7月14, 15日	メトロポリタンプラザ
第11回	佐地 勉	2008年7月12, 13日	笹川記念会館
第12回	亀田政則	2009年7月18, 19日	福島県立医科大学
第13回	菱田治子	2010年7月3, 4日	聖路加看護大学
第14回	吉岡俊正	2011年7月9, 10日	東京女子医科大学
第15回	安藤千春	2012年7月21, 22日	ホテルグランドヒル市ヶ谷
第16回	伊藤昌徳	2013年7月20, 21日	東京ベイ舞浜ホテルクラブリゾート
第17回	西村月満	2014年7月19, 20日	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22, 23日	ウインクあいち(予定)
第21回	影山幾男	2018年7月21, 22日(予定)	日本歯科大学(予定)

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