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# Medical English Education

*Editor's perspectives*

**5 A late first issue**

Timothy D. Minton

*Original articles*

**7 Inbound vs outbound: Examining an international  
exchange program in health sciences**

Najma Janjua

**14 Teaching medical English to first-year students at Toho  
University School of Medicine**

Sean Bennett and Alan Hauk

**18 What are FAPs? And why should medical students focus  
on them?**

Michael Guest

**24 Planning online medical English materials**

Walter Davies, et al

*Book reviews*

**32 Fluent in 3 Months** (Author: Benny Lewis)

Christopher Holmes

**38 Introduction to Healthcare for Japanese-speaking  
Interpreters and Translators** (Authors: Ineke M. Crezee and Teruko  
Asano)

Reuben M. Gerling

# *Journal of Medical English Education*

Vol. 16, No. 1, February 2017

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## 第20回 日本医学英語教育学会 学術集会 開催案内

日本医学英語教育学会は1998年に第1回医学英語教育研究会が開催され、その後、医学英語に関する研究を推進し、医学英語教育の向上を図る目的で学会として発展して参りました。現在では400名以上に及ぶ会員を有しております。

医学英語教育は卒前・卒後・生涯教育として重要であり、医療の国際化、医師国家試験の英語問題導入や医学英語検定試験など、専門職教育の限られた時間でどのように教育を行うかが課題です。学術集会では例年、医療系の英語教育に係わる教員・研究者・医療関係者が参加し研究・事例を報告します。平成29年度学術集会は下記により開催します。日本医学教育学会の委員会に起源をもつ本会に是非ご参加いただき、医学英語教育について情報を交換していただければと思います。

### 記

学会名：第20回医学英語教育学会学術集会

メインテーマ：国際的医療人育成と医学英語教育～グローバルで高質な医療人養成のあり方～

日 時：平成29年7月22日（土）～23日（日）

会 長：福沢嘉孝（愛知医科大学病院 先制・統合医療包括センター）

会 場：オルクドール・サロン

〒450-6433 愛知県名古屋市中村区名駅3-28-12 大名古屋ビルヂング33階

演題募集：平成29年2月1日正午～4月7日 午後5時

（医学英語教育の目標・教育方法・評価、学生評価、語学教育と専門教育の統合、実践力教育、グローバル人材育成、医学・看護学・医療系教育における医学英語教育、英語教員による医学英語教育、医学・看護学・医療系教育者による医学英語教育、医学英語教育におけるシミュレーション教育・ICT活用、教員教育能力開発、医学英語論文指導・校閲・編集、医学論文作成における倫理、国際学会でのスライド作成と発表法、USMLE受験指導、医療通訳、医学英語検定試験、その他の医学英語教育に関連する演題）

\*筆頭演者は本学会の会員に限ります。非会員の方は演題提出前に入会してください。

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

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## Second Announcement

### The 20th Academic Meeting of the Japan Society for Medical English Education

The Japan Society for Medical English Education (JASMEE) held its first meeting as a study group in 1998. Since then, the society's main aims have been to promote research in fields related to medical English, and to support and encourage improvements in medical English education. JASMEE now has more than 400 members.

With the globalization of medicine and such recent developments as the introduction of questions in English in Japan's National Medical Practitioners Qualifying Examination, the challenge of how best to make use of the limited time available for medical English education in university curricula is ever more pressing. JASMEE's annual academic meetings seek to address this challenge with a wide variety of presentations, symposia, and workshops given by experts in the field.

Information about the 20th JASMEE academic meeting is presented below. We look forward to welcoming JASMEE members and non-members alike to this meeting, where they will be able to share their experiences and expertise with others in the field to the greater benefit of medical English education in Japan and beyond.

**Main theme:** How to nurture global medical practitioners and raise their medical English skills

**Dates:** Saturday July 22 and Sunday July 23, 2017

**Venue:** Orque d'or salon

Dai Nagoya Building 33F, 3-28-12 Meieki, Nakamura-ku, Nagoya, Aichi 450-6433

**President:** Yoshitaka Fukuzawa

(Aichi Medical University Hospital, AMPIMEC)

**Call for papers:** Proposals for papers on the following subjects (or similar) should be submitted by April 7, 2017.

- goals, methods, and assessment of medical English education
- student evaluation
- integration of language education and specialized education
- global human resource development
- medical English for nursing and other healthcare-related fields
- the use of technology in EMP education
- faculty development
- teaching of medical writing
- medical English editing
- the art of presenting at international meetings
- USMLE preparation
- medical interpreting
- EPEMP

Submissions will only be accepted from JASMEE members in good standing. To submit a proposal, please access the JASMEE homepage (<http://www.medicalview.co.jp/JASMEE/gakujutu.shtml>).

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Inquiries should be addressed to the JASMEE Secretariat (c/o Medical View, Attn: Mr. Eguchi)

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# Journal of Medical English Education

The official journal of the Japan Society for Medical English Education

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## Editor's perspectives

### A late first issue

The first of the three annual issues of JMEE is normally published and distributed in February, so I must apologize for the late arrival of this year's. By way of explanation, I will just say that had we published on schedule we would have had very little material to offer readers, and that publication of several of the contributions contained herein would have been delayed for an undesirably long time: the second issue of the year is devoted to the annual Academic Meeting, and the third, scheduled for publication in October, will be a special issue devoted to the topic of *The use of ICT in medical English education* (ICTを活用した医学英語教育). I very much hope that we will receive a large number of inspiring papers on innovative educational programs involving the use of ICT for this special issue. In the hope of avoiding any delays in publication, we have set a deadline of **July 18** for submissions (in English or Japanese) and would appreciate the cooperation of all contributors in making every effort to meet it.

As with the first special issue (published in October 2015), we will be flexible on the question of paper structure, but all contributors are requested to follow the instructions on basic formatting (double-spacing, reference style, etc.) given in our Author Guidelines. Please visit <http://www.medicalview.co.jp/jmee/scope/index.shtml> for details.

JASMEE's annual Academic Meeting will be held this year on the weekend of July 22 and 23 at Orque d'or salon (<http://www.orquedor.jp/salon/>), which is conveniently located near Nagoya Station on the 33rd floor of the Dai Nagoya Building, which is pictured below. This year's Chairman is Professor Yoshitaka Fukuzawa of Aichi Medical University, who has selected "How to nurture

global medical practitioners and raise their medical English skills" as the main theme of the conference. This is in line with his university's goal of following World Federation for Medical Education (WFME) guidelines to produce graduates who can serve globally as high-quality medical practitioners, which is, of course, a goal that all of us involved in medical education share.

Professor Fukuzawa is now in the process of fixing the program for the conference and has asked me to remind JASMEE members that the deadline for submitting presentation proposals is April 7, which is one week later than usual. This information has already been distributed to JASMEE members, of course, and I feel slightly worried that this reminder might arrive slightly late! Still, I am confident that we can all look forward to a stimulating and enjoyable weekend in Nagoya in July.

**Timothy D. Minton**

Editor-in-Chief

*Journal of Medical English Education*



# Inbound vs outbound: Examining an international exchange program in health sciences

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This paper looks at an international exchange program between a Japanese health sciences university and a Canadian school of health. The Japanese university is Kagawa Prefectural University of Health Sciences (KPUHS) located in Takamatsu, Kagawa, while its Canadian counterpart is School of Health and Public Safety at Southern Alberta Institute of Technology (SAIT) in Calgary, Alberta. The program entails an annual reciprocal exchange of students and faculty between the two institutions. The paper focuses on the inbound part of the program as seen from the Japanese side, that is, hosting of SAIT students and faculty by KPUHS, and looks at its impact on promoting internationalization at the host institution. Details of a two-week visit by SAIT students and faculty to KPUHS show that even though the visiting SAIT contingent comprised only two students and one teacher, more than one hundred KPUHS students benefited from the exchange by attending classes for several subjects, including medical English, and/or participating in exchange-related extracurricular activities, together with the visitors. In addition, at least 15 Japanese teachers were involved in teaching the classes offered in the exchange program. With respect to medical English, Japanese students attended only three classes of 90 minutes each with the visiting group. Yet, the experience had a marked impact on their international outlook and increased their motivation for study of the subject. These observations suggest that international partnerships at Japanese schools of medicine and allied sciences can contribute more to their internationalization by instituting inbound exchange programs that can engage a larger proportion of their communities.

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**Keywords** international exchange, inbound, outbound, medical English, internationalization

## 1. Introduction

Kagawa Prefectural University of Health Sciences (KPUHS)<sup>1</sup> is a small university located in Japan's smallest prefecture, Kagawa, on the island of Shikoku in the western part of the country. The university offers undergraduate programs in nursing, medical laboratory technology (MLT), midwifery and public health; a master's program with research specializations in nursing and MLT; and will start a doctoral program in MLT from April 2017. While the university takes pride in its programs and state-of-the-art facilities, and in the close to 100% success rate<sup>2</sup> of its graduating students on national licensing examinations, results of the school's assessment by Japan University Accreditation Association

(JUAA) in 2010 pointed to a lack of both international vision and education that could respond to internationalization.<sup>3</sup>

The results of assessment by JUAA initiated curricular revisions at KPUHS to introduce a greater international component. At the same time, they 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 at the school 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, namely, College of the Rockies in Cranbrook, British Columbia, and School of Health and Public Safety of Southern Alberta Institute of Technology (SAIT)<sup>4</sup> in Calgary, Alberta. This paper describes KPUHS's partnership only with SAIT due to its greater relevance to medical English education, and focuses on the inbound part of the exchange between the two schools that took place in 2016 academic year.

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## 2. KPUHS-SAIT exchange agreement

The KPUHS-SAIT exchange agreement, established in June 2015, allows for a reciprocal exchange of up to 10 persons at one time, including students, faculty or management of the other party without payment of any tuition fees to the host institution. Furthermore, the length of the exchange can be up to three weeks. The agreement also stipulates that the host institution shall develop the exchange program in accordance with its curriculum and shall incorporate to the extent that it is possible a variety of in-class or online training, site visits/tours, and extracurricular or cultural activities as part of the exchange.

## 3. Implementing the exchange agreement

This section describes the details of the inbound part, that is, SAIT visit to KPUHS, of the exchange program in 2016.

In July 2016, two students (one male 2nd year MLT student and one female Respiratory Therapy program<sup>5</sup> student) and one faculty member (female, MLT instructor) from SAIT visited KPUHS for a period of two weeks. During the visit, the group attended lectures, laboratories, and clinical practices, visited healthcare facilities in and around Takamatsu City, participated in various extracurricular events at KPUHS, and went sightseeing in Kagawa, Hiroshima and Kyoto.

For accommodation, the guests stayed at a Japanese style inn (*ryokan*) located near the KPUHS campus. All travel expenses for the group, including those for accommodation, were borne by the SAIT side while the Alumni Society of KPUHS provided funds to cover the cost of on-campus extracurricular activities.

Excluding the orientation sessions, the official welcome and farewell ceremonies and sightseeing, the schedule of activities that the Canadian students and teacher engaged in during the two weeks of their visit, can be divided into: curriculum-based program and extra-curricular activities.

### 3.1. Curriculum-based program

**Table 1** summarizes the data relating to the curriculum-based program in which the visiting students and teacher participated. The group joined classes for 10 subjects or areas including: five laboratory sessions (1-5), two lectures (6-7), two clinical practices (8-9), and one (10) that included both lecture and practice. The duration of the classes ranged from 1.5 to 4.5 hours. Most were regularly scheduled classes, laboratories or clinical practices normally attended by the

Japanese students. As a result, Japanese students attending those classes had an opportunity to study together with Canadian students and to interact with the Canadian teacher. Two exceptions to this were: the lecture on Chest Radiology (7), which was custom-designed in view of visitors' interest in the field; and Homecare Nursing Practice (9), which was held off-campus at a homecare facility. Both overlapped with the school's scheduled timetable of classes and could not, therefore, be attended by any Japanese students. Excluding these two sessions, during the two-week period of the exchange visit, 90 Japanese students attended one or more laboratories or clinical practices along with the Canadian students and the teacher. At the same time, at least 15 Japanese teachers were involved in the teaching process.

#### 3.1.1. Language and communication

The two lecture format classes were delivered all in English. For laboratory and clinical practice sessions, the respective teachers in charge conducted the lessons in both English and Japanese as necessary since those attending included both Japanese and Canadian students, or homecare facility staff and nurses in the case of Homecare Nursing Practice. Typically, each session began with an exchange of greetings and self-introductions in English among students and teachers from both sides, before the scheduled lesson. Thereafter, students worked in pairs or groups to carry out the assigned tasks, while the teachers from both sides explained and/or supervised the lesson. As indicated in **Table 1** in the column titled "Number of Japanese student attendees," there were 18 MLT students who attended four laboratory practice sessions and thus had the most time to interact with the Canadian visitors. Although the actual discourse between the two groups during the lessons was not monitored, as can be seen in the photographs in **Figure 1**, the students and teachers from both sides appear to be interacting smoothly with no signs of any communication barrier while working together and focused on the tasks in hand.

#### 3.1.2. Medical English classes

Another curricular course where Japanese students had relatively more time to study with Canadian students and teacher was medical English III. For this course, as indicated in **Table 1**, the visitors joined three classes of 90 minutes each.

Medical English III is an elective course in the KPUHS curriculum offered in the first semester of sophomore year to both nursing and MLT majors. The course objective is to develop students' English language skills for workplace communication through study of real-life medical cases. In the



**Table 1. Data relating to the curriculum-based program for SAIT visit to KPUHS**

Classes attended by SAIT students and teacher (Class format)	Class time (hrs)	Number of Japanese student attendees (Major)(School year)	Number of Japanese teachers in charge
1. Hematological Technology (Laboratory)	3		2
2. Clinical Genetic Testing (Laboratory)	3		2
3. Physiological Technology (Laboratory)	3	18 (MLT) (3rd)	3 (+2) <sup>a</sup>
4. Transfusion & Transplantation Immunology (Laboratory)	3		1 (+1) <sup>a</sup>
5. Microbiology Research Special Course (Laboratory)	3	2 (MLT Master's) (1st)	2
6. MLT in Japan (Lecture)	1.5	6 (MLT) (4th)	1
7. Chest Radiology (Lecture)	1.5	—	1
8. Nursing Methodology (Practice)	1.5	63 (N) (2nd)	2
9. Homecare Nursing (Practice)	3	—	1
10. Medical English III (Lecture and Practice)	4.5	(10) <sup>b</sup> (N) (2nd) 1 (MLT) (2nd)	(1) <sup>c</sup>
<b>Total</b>	<b>27</b>	<b>90</b>	<b>15</b>

MLT= Medical laboratory technology; N= Nursing

<sup>a</sup> Numbers in brackets represent teachers who were also in charge of one or more of the other classes listed and, therefore, are not included in the total.

<sup>b</sup> These student numbers are not included in the total since they were also among the 63 students in Nursing Methodology class (No. 8 on the list).

<sup>c</sup> Not a Japanese teacher and not, therefore, included in the total.



**Figure 1. Laboratory classes showing the Canadian and Japanese students and teachers studying/working together**

a: Clinical genetic testing lab, b: Microbiology lab, c: Physiological technology lab, d: Transfusion and transplantation immunology lab

year 2016, 12 students (10 nursing and 2 MLT) were enrolled for the course of whom 11 actually attended the three classes with SAIT visitors due to one MLT student absentee.

In the first of the three scheduled SAIT-KPUHS joint medical English classes, the 11 Japanese students were divided into three groups of 4, 4, and 3, with one Canadian student each joining the first two groups while the Canadian teacher joined the third group. The groups then had 10 minutes to have all their members introduce themselves in English, after which, each Canadian guest moved to a different group and the groups again had the same amount of time to do self-introductions. The 10-minute cycle was repeated once more with each guest moving to the third group that they had not yet joined. In this way, all Japanese students were able to meet and introduce themselves directly to all Canadian participants and vice versa. This group activity, including the explanation time at the start, lasted for about 40 minutes.

In the remaining 50 minutes of the class, while maintaining the three-group class set-up, members of each group read together in English a medical case study and worked on a set of comprehension questions based on its content. During this activity, the Canadian students and teacher in their respective groups helped the Japanese students with reading, comprehension and pronunciation.

The case under study was of a 30-year-old woman with symptoms of achalasia who seeks medical attention.<sup>6</sup> The case study covered disease symptoms, the course of disease assessment with various diagnostic procedures, final diagnosis and management.<sup>6</sup> **Figure 2** shows two views of group work in the medical English class. For homework, all students, both Canadian and Japanese, were assigned the task of writing a dialogue based on the case study and presenting it in pairs in the class the following week. Since the number of students was not even, the Japanese students were permitted to do the task in a group of three. Students were instructed

not to read the script from the paper when presenting the dialogue.

In the second medical English class held one week later, both Japanese and Canadian students presented the dialogues that they had created. After the prepared dialogue presentations by Japanese-Japanese and Canadian-Canadian student pairs, the students attempted to do mixed Canadian-Japanese pair and group presentations. Since by then all students had read and understood the case study and had memorized their original dialogue scripts, they were able to act out the dialogues with different students in the class with relative ease. **Figure 3** shows two scenes of mixed Canadian-Japanese student dialogue presentations.

In the third medical English class held right after the second, the group members read together a new case study where a 90-year-old man develops left lung hemothorax resulting from a fall.<sup>6</sup> As in the earlier case study, the Canadian students and teacher helped the Japanese students with the reading task in their respective groups. This was followed by a discussion based on a set of comprehension questions included with the reading task. Since this was the last of the three scheduled joint SAIT-KPUHS medical English classes, no homework was assigned. The class ended with farewell greetings and sharing of Japanese traditional sweets.

Listed below are five (unedited) excerpts from Japanese students' impressions of studying medical English together with the Canadian students and teacher:

1. *"It was stimulative for me to study medical English together with the Canadian students and teacher. In this class, we can listen native English and exchange them friendly."*
2. *"It was very exciting time. It was good chance for me to speaking with them. They talked about why they come to Japan. Then, I thought I want to challenge to many things."*
3. *"I had a good time with them. Talking about their experience in Japan, I could feel multiculturalism. For example,*



**Figure 2. Group work in the medical English class**

**a:** Japanese students with the Canadian teacher, **b:** Japanese students with a Canadian student



Figure 3. Two views of Canadian and Japanese students presenting a dialogue based on a medical case study

*skin color is different from Canada. Canadians are a lot of skin colors, but we are same skin color."*

4. *"I'm glad that Canadian students and a teacher listened to my introduction and reading a case study. Then Eric advised me about my English. He said, 'you have to practice reading it. You paused each words when you read it. Practice to read and you can read fluently.' So, I have to practice to read it."*
5. *"The Canadian students presented a dialogue on a case. So, I was able to know what Canadian usually talk with doctors."*

### 3.2. Extra-curricular activities

The extracurricular activities in which the SAIT group participated during their visit to KPUHS are summarized below.

#### 3.2.1. Visits to medical facilities

The medical facilities visited by the SAIT group included: Takamatsu Red Cross Hospital, Kagawa Prefectural Central Hospital, and Chusan Health Center in Marugame City. All visits were arranged in advance following approval by the administration and respective departments of the facilities involved. Two KPUHS faculty members from either nursing or MLT department accompanied the Canadian guests on all site visits and provided English language support as necessary.

#### 3.2.2. Special lecture

Although not a requirement of the KPUHS-SAIT exchange agreement, each side when hosting the exchange visit has so far arranged a special lecture by the visiting side. The lectures are aimed at learning about each other's countries and promoting inter-cultural understanding. During the 2016 SAIT visit to KPUHS, the guests spoke on the subject of multiculturalism at SAIT and in Canada overall. The talk was 45 minutes long and was followed by a 30-minute question and answer session. The KPUHS audience included 45 freshmen

and 15 faculty members.

#### 3.2.3. KPUHS student-organized events

There were three extracurricular events planned and organized by KPUHS students. They included: a tea ceremony, a get-together with KPUHS students; and a farewell party.

The tea ceremony was sponsored by the Tea Ceremony Club, one of 25 student clubs at KPUHS. The ceremony was held in the Japanese style room at the university and was attended by about seven KPUHS students, one Japanese tea ceremony instructor and two KPUHS teachers.

The get-together with KPUHS students was organized by 2nd year nursing students and was aimed at introducing the visitors to Japanese traditional foods (such as *takoyaki*, *mitarashi dango*, *yokan*), custom of *tanabata*, and some of the popular games played at Japanese summer festivals (such as Yo-Yo fishing and duck scooping). The event, attended by about ten KPUHS students, provided considerable opportunity for conversation and interaction between the hosts and the visitors. The evening ended with everyone enjoying hand-held fireworks in the university courtyard.

Finally, the farewell party was organized by 3rd year MLT students. These students had spent the maximum amount of classroom time with the visitors by attending together four laboratory practice sessions, as described above under curriculum-based program. The event was held in the school cafeteria and various Japanese snacks were served. Students played a number of interactive games such as a gesture game that involved one team guessing the answer from the gestures made by an opposing team member, and a picture drawing game where teams competed for drawing the most accurate picture of an image after seeing it very briefly. Both sides also gave speeches and exchanged souvenirs.

## 4. Discussion

Many Japanese schools of medicine or allied sciences now have international partnerships that involve student and faculty exchanges. Most exchanges held under these partnerships are outbound where Japanese students and faculty visit their school's partner institution abroad to participate in clinical or research activities. Inbound exchanges for students from abroad, offered by several Japanese medical schools, are mostly in clinical elective programs. A typical clinical elective may entail exposure to different areas in the department of visiting student's placement, such as hospital rounds, patients on the ward, clinics, surgery, research activities and departmental meetings.<sup>7</sup> The students also get to experience Japan outside the hospital setting through exploring various neighborhoods in the city or town of their residence, dining, shopping and sightseeing.

While the inbound exchanges in clinical elective programs at Japanese medical schools are extremely valuable educational and personal experiences for the visiting students, their impact on the host institution is often minimal in terms of contact and exchange between the visiting and the local students. During the visiting students' clinical placements, they interact mainly with Japanese teachers<sup>7,8</sup> who in most cases have already had international training or study abroad experiences. Opportunities for contact and interaction between the visiting students and Japanese students are few beyond the occasional encounters during the hospital rounds or at meetings and gatherings such as when a visiting student may give a presentation to the Japanese students on his/her experiences.<sup>7</sup>

Inbound visits at Japanese schools by faculty from partner schools abroad are more diverse and may involve activities such as giving lectures, visiting laboratories and fieldwork sites, and participating in joint seminars and symposia.<sup>9,10</sup> As in the case of inbound student exchanges at Japanese medical schools described above, these experiences are of great benefit to the visiting faculty. They also contribute to advancing the collaborative research and projects, and to strengthening the partnership between the respective schools. However, the visiting faculty's contact and interaction with their hosts are limited to a relatively small number of individuals such as the researchers and graduate students in the receiving laboratory.

The inbound exchange described in the present paper provides for a much greater degree of interaction between the visiting students and teacher and the host school's community, including the students and faculty. A two-week visit to KPUHS by only three SAIT visitors had an impact on school

lives of more than one hundred students through their participation in curricular and extracurricular activities. It also mobilized at least 15 Japanese faculty members who prepared and delivered lectures, laboratories and clinical practices in English. At the same time, many other Japanese teachers helped with conducting the orientation sessions and campus tours and accompanied the guests on off-campus visits to medical facilities, thus using English for communication and gaining cross-cultural experiences. These observations show that an inbound exchange has the potential to affect a much larger community at a school as compared to an outbound exchange.

Needless to say that outbound exchanges also have benefits that are difficult to compare with those gained from inbound exchanges. The outbound part of the 2016 KPUHS-SAIT exchange (not described here), took place in September of the same year and involved a visit to SAIT by two students and a faculty member from KPUHS. The three had an invaluable time while studying at SAIT and experiencing first-hand the way of life in Canada. However, participation in outbound programs is expensive and cost was a major factor behind the fact that only two KPUHS students took part in the 2016 outbound program. Thus, while outbound exchange programs have their own merits, they are not an option for the majority.

Given the limitations of outbound exchange programs, the present experience underscores the significance of inbound international exchange programs that can engage Japanese students and faculty in curricular and extracurricular activities together with their visiting counterparts. Such programs can contribute more to the internationalization of Japanese medical institutions in comparison with those programs that are only outbound or have an inbound component with little or no involvement of the host school's community.

In the present age of globalization, Japanese students aiming for careers in healthcare need to acquire not only English language skills for their profession but also gain broader international perspectives and experiences as well as cultural and transnational competence.<sup>11</sup> At a very fundamental level, ideally, this should begin with learning how to interact with people from other countries and cultures. However, in non-native English-speaking settings like Japan where both in and outside the classroom there is cultural and linguistic homogeneity, the goal of gaining a global outlook on the profession can be far from easy to achieve. The option of pursuing study abroad to experience another culture, language, or environment is impractical for most students due to financial and time constraints.

In the inbound exchange described in the present paper,

Japanese nursing and MLT students were able to attend classes together with the Canadian visitors. For most, it was the first time they had even spoken with a foreign student. Yet, as reflected in the comments by those who attended medical English classes together with the SAIT group, they found the experience (in their words) “exciting” and “stimulative” — and one that taught them how “Canadians usually talk with doctors.” One student also wrote about feeling “multiculturalism” while noting that, “Canadians are a lot of skin color, but we are same skin color.” These student reflections speak for themselves and underscore the need to provide cross-cultural experiences to Japanese healthcare students to prepare them as future health professionals in a global society. Inbound exchange programs at Japanese schools of medicine and related sciences can contribute significantly toward achieving this goal.

## 5. Conclusion

The observations from the KPUHS-SAIT exchange program described in this paper suggest that inbound exchanges, if planned strategically, can have a significant impact on increasing cross-cultural understanding and promoting internationalization at Japanese medical institutions. The results of a reciprocal exchange between the two schools show that while “two students outbound” means benefits mainly to only the two students who go abroad, “two students inbound” can translate into benefits to many more including students, teachers and other members of the host school’s community. The paper suggests the need to establish more inbound international exchange programs at schools of medicine and allied sciences in Japan to promote internationalization of healthcare education in the country.

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## References

1. Kagawa Prefectural University of Health Sciences website. <<http://www.kagawa-puhs.ac.jp/>> (Accessed January 31, 2017)
2. Kagawa Prefectural University of Health Sciences National Examination Pass Rate. (In Japanese) 香川県立保健医療大学国家試験合格率. <<http://www.kagawa-puhs.ac.jp/life/pass/>> (Accessed February 1, 2017)
3. Kagawa Prefectural University of Health Sciences: Results of university evaluation by Japan University Accreditation Association, 2010. (In Japanese) 香川県立保健医療大学に対する大学評価（認証評価）結果：Ⅱ 総評、三長所の伸張と問題点の改善に向けての取り組み、2 教育内容・方法（1）教育課程等（平成22年度）. <<http://www.kagawa-puhs.ac.jp/about/approach/uni/5e19274d6ae5405e364804c96b4b1659f43a565e.pdf>> (Accessed February 1, 2017)
4. School of Health and Public Safety: Southern Alberta Institute of Technology website. <<http://www.sait.ca/programs-and-courses/full-time-studies/diplomas/medical-laboratory-technology>> (Accessed February 1, 2017)
5. Respiratory Therapy Program Highlights. <<http://www.sait.ca/programs-and-courses/full-time-studies/diplomas/respiratory-therapy>> (Accessed February 19, 2017)
6. Ankner GM. 2007. *Delmar's Case Study Series: Medical-Surgical Nursing*. USA: Thompson. pp 4, 40.
7. Clinical Exchange in Japan: Welcome to Japan and Nagoya University School of Medicine! <<http://www.med.nagoya-u.ac.jp/intlexch/japan/report76.html>> (Accessed February 17, 2017)
8. Kyushu University School of Medicine International Exchange Programs. <<https://www.med.kyushu-u.ac.jp/english/campus/international/index.html>> (Accessed February 17, 2017)
9. Kitasato University School of Nursing International Partners. <[http://www.nrs.kitasato-u.ac.jp/English/?page\\_id=27/#ucla](http://www.nrs.kitasato-u.ac.jp/English/?page_id=27/#ucla)> (Accessed February 17, 2017)
10. YPUHS International Exchange. <<http://www.ot.chhs.colostate.edu/ot/YPUHS-International-Exchange.aspx>> (Accessed February 17, 2017)
11. Koehn PH and Swick HM. 2006. Medical education for a changing world: Moving beyond cultural competence into transnational competence. *Academic Medicine* 81(6): 548-556.

# Teaching medical English to first-year students at Toho University School of Medicine

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This article describes the new first-year medical English class taught at Toho University School of Medicine. The class met for two hours a week for six weeks in a truncated winter semester. The goal of the class was to introduce the structure of medical English based on Latin and Greek roots, prefixes, and suffixes. The students were required to learn a basic core of 61 roots, 20 suffixes and 14 prefixes, and a larger number of medical terms constructed from those word parts. The class was taught using a two-part system in which all 122 students and six teachers met together in a lecture hall for the first hour of the class and split into six separate groups for the second hour. In the first period, the presenting teacher delivered a lecture covering the target vocabulary and its pronunciation. The purpose of the second period was solely for students to practice the material presented in the first period through a variety of activities. As the teachers for the second period lessons rotated weekly, students were exposed to different methods of learning throughout the semester. This article describes some of the ways in which the lessons were presented to keep students engaged and help them learn the material effectively, including the application of our three pillars: interactivity, variety, and practice. Based on preliminary student feedback and examination results, it seems that the system worked well and the class achieved its goals. It is hoped that this article can provide ideas to professors in other universities who would like to create their own medical vocabulary classes.

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**Keywords** teaching, medical terminology, medical roots, prefixes, and suffixes

## 1. Introduction

Learning medical English terminology can be challenging for students regardless of their English abilities. It can feel like learning an entirely new language, which tricks many students into thinking that it will require more effort than is actually the case. On top of that, medical terminology taught on its own can be boring. For medical students already struggling to handle a heavy workload, this can be a recipe for a severe lack of motivation. When the English department at Toho University introduced its new medical English terminology class for first-year students in the last six weeks of the 2016 academic year, these challenges had to be taken into consideration. The class utilized several novel approaches in an attempt to provide students with a solid medical English foundation and boost their enthusiasm for the subject going into their second year.

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## 2. Goals

The new first-year medical English class had three basic goals for students: to understand the Greek- and Latin-based word structure of medical terms; to learn the meanings of some of the more common roots, suffixes, and prefixes used in medical terms; and to understand and be able to use some medical terms. While we first considered making our own materials, we decided to use the textbook *Medical Terminology, A Short Course* 7th edition by Davi-Ellen Chabner. The specific goal for this 12-hour class was for students to learn the 61 roots, 20 suffixes, and 14 prefixes introduced in chapters 1 and 2 of the textbook (see **Appendix 1**), 101 associated medical terms, and the terms for body systems, cavities, planes, and regions. With purposefully modest goals for the course, we expected the students to learn the terminology thoroughly.

## 3. Class structure

The six weekly classes were structured as two back-to-back one-hour class periods. The classes started at 8:30 a.m., somewhat inhibiting student motivation and alertness. During the first period, all 122 first-year students attended the same lesson in a lecture hall with all six teachers present.

One teacher led each first period lesson, and all six teachers circulated and assisted during group activities. The teacher in charge of the class led four of the six lessons and another teacher led the other two. In the second period, students dispersed into six separate classrooms to practice what had been taught in the first period. Each week, students would go to the same fixed classroom for the second period, but the teachers would rotate and teach a different group of students. With six lessons and six English teachers, a simple rotation allowed each group of students to be taught by each English teacher once. Two weeks after the final class, students were given a written examination to assess their understanding of the vocabulary covered in the class.

#### 4. Educational approach

To increase the likelihood of achieving our goals, a three-pillar approach was employed. The three pillars were: interactivity, variety, and practice. First, as medical English terminology can be boring for some students, it was important to keep all students involved in the learning process as much as possible. Interactivity was maximized by regularly eliciting information from the class, having students repeat vocabulary pronunciation aloud, and doing many different types of group activities. Through interactivity, we were able to create an energetic classroom atmosphere conducive to learning. Second, a variety of activities and teaching styles kept students interested and likely exposed them to at least one personally motivating method of learning. As mentioned, two different teachers led the first period lessons and each of the six teachers taught each group of students in the second period once. This strategy allowed students to experience six different ways of learning medical English terminology. Each student likely enjoyed at least one of these lessons, thus motivating them to study for the final examination and providing them with a more positive attitude going into their second-year medical English class next academic year. Finally, ample practice time, especially in the second period lessons, reinforced the material through engaging activities.

#### 5. Lecture

In each of the first period lessons, the presenting teacher delivered a lecture based on the target pages from the textbook while the other teachers watched or helped with activities. The lessons covered roots, suffixes, and prefixes and provided example medical terminology constructed from those word parts. After each key term was taught, it was repeated aloud by all students to practice their pronunciation and keep the energy in the classroom high. As the first period lessons were delivered lecture-style, the presenting



teachers needed to be enthusiastic about the material so that the enthusiasm could become contagious among the students.

The lectures expanded on the textbook with additional photos and extra information. Each new term was accompanied by a (usually graphic) photo or diagram to help cement the meaning in the students' minds. For example, a few gruesome surgery photos were presented, as were some cringe-worthy diagrams (such as for "transurethral"). Appealing or not, the pictures and diagrams garnered reactions and kept students engaged. The lectures also cemented ideas in other ways. For example, to teach body planes, photos of kendo players making strikes in the three different planes were presented. The presenting teacher even acted out several kendo strikes and asked students to yell out the corresponding planes. This unique activity caught the attention of even the most sleep-deprived students in the class. Finally, personal anecdotes and other interesting facts were added to keep the students' attention. For example, the teacher used a picture of Eeyore from Winnie the Pooh as an example of "psychosis," and followed up by explaining how all the characters in those stories had some psychological condition.

After being taught a selection of 10 to 20 roots, suffixes, or prefixes, students were given time to do an activity in their textbooks or memorize the vocabulary with the students next to them. At this time, all six teachers circulated the classroom and helped students in their own ways. Some teachers quizzed students (or had them quiz each other) on the vocabulary, while other teachers answered students' questions. After the allotted time, the presenting teacher did a review by testing the class on the meanings of the recently covered material. General success during this part of the lesson increased student confidence going forward. Next, the process was repeated and another selection of 10 to 20 word parts was tackled in the same manner. The initial first period lesson had the most vocabulary taught in one period — 34 roots and 39 medical terms containing those roots. After the initial lesson, subsequent lessons began with a review of pre-



vious material. The consistent repetition helped students learn rather than just memorize the terminology.

## 6. Practice

In the second period lessons, students were separated into six groups of about 20 students each. The purpose of the second period was solely for students to practice the material presented in the first period. The teachers were given the freedom to teach the lessons as they saw fit, but were asked not to teach any new material. Teachers were, however, provided with a range of optional activity materials from worksheets to flashcards. The vocabulary-definition flashcards proved to be the most popular with teachers. Some example flashcard activities included: having students test each other with the flashcards in small groups, having students take turns acting as the teacher to test the class with flashcards, giving flashcard halves (showing only the vocabulary term or definition) to groups and having them find the matching halves on the board, dividing flashcard halves randomly among all the students and having them find the students with the matching halves, and a team quiz game with the winning team getting a small prize. Some teachers also came up with other activities, such as having students make their own mini-flashcards that could be taken home and used to study for the final examination. The key to these lessons was



doing a variety of lively activities throughout to keep the students engaged and thinking.

## 7. Conclusion

This was the first time that the first-year curriculum at Toho University School of Medicine had included a medical English class. While it would be premature to draw any strong conclusions from the class before seeing the official student feedback, we are confident that the structure and delivery of the course worked well and believe that the class achieved its goals. The examination results were very good, with high retention of the target material two weeks after the final class. Preliminary feedback from students was positive with many students especially enjoying the group work aspects of the lessons. Considering that, we will strive to make the course even more interactive next year, especially in the first period lessons. As for the students who just completed the course, it will be interesting to see how they fare in their second-year medical English class compared to students from previous years. They should have a valuable head start with regards to medical English competency. Furthermore, based on preliminary feedback from students, they will likely, at the very least, be more confident and motivated to study medical English at the start of the next academic year.



**Appendix 1: Target word parts list**

Roots:			Suffixes:	Prefixes:
abdomin/o	encephal/o	neur/o	-al	a-, an-
aden/o	enter/o	onc/o	-algia	aut-, auto-
anter/o	epitheli/o	ophthalm/o	-cyte	dia-
arthr/o	erythr/o	oste/o	-ectomy	dys-
bi/o	esophag/o	path/o	-emia	endo-
bronch/o	gastr/o	pelv/o	-globin	exo-
carcin/o	gnos/o	peritone/o	-gram	hyper-
cardi/o	gynec/o	pharyng/o	-ia	hypo-
cephal/o	hem/o	pleur/o	-ic	peri-
cerebr/o	hemat/o	poster/o	-ism	pro-
cervic/o	hepat/o	psych/o	-itis	re-
chondr/o	lapar/o	radi/o	-logist	retro-
coccyg/o	lapar/o	ren/o	-logy	sub-
crani/o	laryng/o	rhin/o	-oma	trans-
crin/o	later/o	sacr/o	-opsy	
cyst/o	leuk/o	sarc/o	-osis	
cyt/o	lumb/o	spin/o	-scope	
derm/o	lymph/o	thorac/o	-scopy	
dermat/o	mediastin/o	thromb/o	-sis	
electr/o	nephr/o	trache/o	-tomy	
		vertebr/o		

Chabner, Davi-Ellen. 2015. *Medical Terminology A Short Course* (7th ed.). Maryland Heights, Missouri: Elsevier, pp. 5-20, 59-63.

# What are FAPs? And why should medical students focus on them?

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Formulaic lexical phrases (also known as set phrases or pre-fabricated chunks) are widely considered to be key structural driving forces of spoken communication. These ready-made lexical units play a central role in producing, comprehending, and analyzing English discourse. Acquiring proficiency in using academic lexical phrases should thus be considered essential for engaging in English academic discourse. For medical students then, competency in using such phrases in English medical discourse is essential. However, English for Medical Purposes (EMP) teachers often display a tendency to focus more upon teaching dense, specialist medical terminology rather than formulaic academic phrases (hereafter referred to as FAPs), even though FAPs can be employed cross-disciplinarily and thus have wider applicability. This paper outlines an investigation carried out among 54 1st-year university medical students in Japan who are currently studying EMP. The learners were asked to choose the 4 lexical items from a medical text that they would most likely make an effort to acquire and retain. In almost all cases, respondents chose narrow specialist-terms, even though these had neither the utility nor applicability of the FAPs. Results also indicated that the choices appeared to be based upon mere non-recognition of the item, as opposed to the need to develop productive competence with those items that learners already recognize. This indicates that learners often wrongly equate lexical competence with a passive, receptive grasp of lexis, as opposed to a well-rounded holistic grasp that would better serve them productively in the international medical discourse community. The paper concludes that EMP teachers and learners should focus more upon the productive acquisition of FAPs rather than passively memorizing large amounts of specialist terminology.

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**Keywords** lexis, formulaic phrases, pre-fabricated chunks, vocabulary, lexico-grammar

## 1. Introduction—What are FAPS?

Lexical phrases are multi-word items that operate between the categories of vocabulary and grammar, thus having a lexico-grammatical function. Proficiency in using such items bridges the gap between a learner's linguistic competence (the ability to manage structures) and communicative competence (appropriateness). Lexical phrases are collocations, but collocations of a special type. They represent pre-fabricated 'chunks' of language working as set units, providing both grammatical and semantic input for a spoken or written text. In academic fields, such formulaic phrases are markers of the type of educated or professional discourse that one expects members of an academic community to utilize. Here-

after, I will refer to such formulaic academic phrases using the acronym *FAPs*.

Two examples of FAPs can be noted in the following authentic utterance noted during discussion of a poster at a medical conference:

*'Perhaps the most significant factor was X, and eventually this excluded any other diagnosis.'*

In the above utterance, 'X' represents a single-word specialist term. The particular term used is not of importance here. However, the FAPs represented here are '*significant factor*' and '*excluded any other diagnosis/outcome/finding*.' Other items contained in the utterance would fall under the rubric of 'general English.' Clearly the two FAPs noted above are neither specialized to a degree in which meaning would be unclear to anyone outside the specialist field yet they are not typical of the register that people employ in daily conversations. They are markedly academic in tenor and thus tend to appear relatively frequently as set units in both spoken and written academic discourse.

Had the speaker in the example substituted '*most significant factor*' with, for example, '*most important thing*,' or '*this*

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*excluded any other diagnosis*' with *'this meant no other result was possible'* the academic tenor would have been muted. In such cases, the discourse would appear to be taking place outside the academic arena — perhaps the specialist is talking to a layman or a youth — or that the speaker was not a typical member of the discourse community.

These phrases are ideally employed as readily retrievable chunks of language that can be slotted into academic discourse with a degree of regularity across any number of academic disciplines (note that *'this excluded any other diagnosis'* could easily be replaced by, *'this ruled out any other outcomes/findings/results'* without any loss of academic tenor. FAPs are often flexible). Because they are applicable in both speech and writing as well as across a wide variety of academic disciplines they are understood to have intrinsic, long-term lexical value for language learners, as opposed to more instrumental, short-term specialist terminology.

Set lexical phrases have been widely researched and discussed among linguists over the past 25-30 years. The key functional role that lexical phrases play in producing language was first extensively noted by Widdowson,<sup>1</sup> who emphasized the importance of language teaching occupying a 'middle-ground' approach to language teaching, one that spans form and function — a pragmatic focus upon appropriateness *and* a grammatical focus on structural accuracy — without neglecting either. Widdowson's frame of reference was adopted by Nattinger and DeCarrico<sup>2</sup> who further analyzed the form and function of pre-fabricated language, using samples from corpora to argue for the primacy of such multi-word units within both authentic discourse and the language teaching classroom. In their study, the formulaic nature of such items became clearly established.

Corpus-based investigations of such items was most notably explored further by Sinclair,<sup>3</sup> who analyzed the usage of 'core' words (often multi-word units which have a single meaning), 'collocations' (the linguistic company in which certain items regularly co-occur), 'colligation' (grammatical forms in which certain items appear with regularity), and 'semantic preference' (items which tend to occur when expressing similar evaluative meanings), noting numerous regularly recurrent constructions. A widely-used and respected corpus-based taxonomy of *academic* lexis was further formulated by Coxhead.<sup>4</sup> Nation<sup>5</sup> is also widely-known for advocating a focus upon academic English when one proceeds beyond the 2000-word level of his popular core vocabulary list. It must be noted though that both of these latter two lists focus more upon stand-alone items rather than formulaic phrases.

The most comprehensive corpus analysis of academic lexi-

cal phrases was developed by Simpson-Vlach and Ellis,<sup>6</sup> although this study includes (and is headed by) items that would normally be classifiable under 'general English', such as *'on the other hand'* or *'in fact.'* Therefore, although such phrases do appear in academic writing and speech with great frequency, these lie outside the domain covered by FAPs. This study also, however, does include a large number of items of the type being discussed in the current paper.

Based on the findings of these studies, the importance of utilizing FAPs in both written and spoken academic discourse as an indicator of both membership and participation within a particular academic discourse community<sup>7</sup> and in using academic discourse general,<sup>8</sup> is now inarguable. Biber<sup>9</sup> remarks that since speech is generally formulated in real-time, there are greater memory demands involved than in writing, for which pre-fabricated chunks and formulaic phrases can serve a valuable function. In other words, FAPs embody greater intrinsic value than highly-specialized lexis which tends to be of only short-term or limited instrumental value.

Thus, given the central role of FAPs in producing and managing academic discourse, one would expect that the teaching and learning of such practical items would inform ESP, and more specifically, EMP pedagogy, but in fact this does not seem to be the case. Of over 1100 presentations offered at ELT conferences attended by the author over the past 18 months, only 2 appeared to deal with multi-word vocabulary units to any degree. And while many academic papers have been written focusing upon the teaching of specialized lexis, and with many ESP courses dedicated to precisely that, relatively little has been written about the pedagogical importance of FAPs within ESP or EMP curricula. Rarely, if ever, are FAPs (even by another term) explicitly addressed in textbooks or ESP/EMP teaching materials.

## 2. Background

At the author's institution, 1st- and 2nd-year medical students are required to complete two courses covering medical terminology, largely based on the textbook, *'The Language of Medicine,'*<sup>10</sup> with a particular focus on the first 5 chapters. Students are further required to learn approximately 2000 English anatomical items in order to pass the separate anatomy course. Most of the items listed for study in both courses are single-word items and most are highly-specialized, limited to one or a few clinical specialties. The great majority of these items are not presented in any discourse-based context. Students opting to take advanced EMP course electives in their 4th and 5th years at the author's institution are fur-

ther required to learn several hundred even more specialized terms during those course periods. No time or materials are given over to the teaching or learning of FAPs during any of these courses.

Further, it became apparent during other English courses (including those focusing upon English presentation and poster skills, medical discussion tutorials, and even case presentation practice), that while students often had a remarkable grasp of individual specialist terminology, they did not often use FAPs productively, more often employing general English forms in order to convey the same content. This had the uptake of making the students sound rather unprofessional or non-academic, particularly when engaged in tutorials and seminars involving visiting non-Japanese clinicians and/or medical students.

What these interactions further demonstrated was that while the students may have some passive awareness or recognition of each individual lexical item contained within the FAP, they were not aware of their functionality as pre-fabricated units for language production. In other words, their knowledge of such items was limited to the receptive plane, and largely that of recognition, not the higher levels of recall, retrieval, and certainly not reproduction — all of which imply greater degrees of comprehension. These higher-order functions serve as indicators of lexis actually having been *acquired* and internalized, as opposed to the limiting and passive notion of ‘memorized words.’

Based on such previous classroom observations, I hypothesized that the inability of students to deploy FAPs productively was because students did not have appropriate concern (or perhaps had not been *taught* appropriate concern) regarding their choices of lexis to study for future production within clinical English discourse. Instead, the vast majority of students seemed to rely on the unsophisticated criteria of ‘not having previously encountered’ or simply ‘not knowing/understanding a *word*’ as a criterion for choosing to study or otherwise notice lexis. Multi-word units appeared to be analyzed by being broken down into individual constituents as opposed to being treated as set units. Moreover, as stated earlier, invariably this ‘paying attention’ seemed largely limited to memorizing for the sake of receptive recognition of decontextualized single-word items on examinations.

With these factors in mind, I decided to investigate this hypothesis of the dubious basis of student lexical choices for study, the methods of which are described in the following section.

### 3. Methodology

A task sheet (see **Addendum**) was distributed to 54 1st-year medical students at a university in Japan. All students were Japanese, all with limited proficiency in English. An authentic medical text (reproduced below) and task instructions were included. The text was in English but instructions were also written in Japanese. The tasks were also explained verbally in Japanese. The tasks were to, 1) rate their knowledge of the various lexical items included in the text, and 2) select four lexical items from the text that they would focus upon for retention in the future, having long-term utility.

The authentic medical text (below) was taken from an oral presentation:

*“Myopic astigmatism is widely recognized as the most common form of nonstrabismic diplopia, and is marked by an inability to focus clearly. Visual acuity is subsequently reduced due to persistent interocular macularization.”*

From this text, 12 lexical items were delineated. It should be noted that 10 of these constitute multi-word units or phrases, as opposed to stand-alone lexical items. The items were as follows:

*(a) myopic astigmatism, (b) widely recognized as, (c) the most common form of, (d) nonstrabismic diplopia, (e) marked by, (f) an inability to, (g) focus clearly, (h) visual acuity, (i) subsequently, (j) due to, (k) persistent, (l) interocular macularization*

Of these, items (a) (d) and (l) must be treated as highly-specialized terminology, relevant only within a narrow sub-field of ophthalmology, with (h) as somewhat specialized, being more widely applicable across related clinical fields. (g) and (j) would be considered items that any student having entered a national university in Japan should already display some competency with. These would normally be included under the rubric of ‘general English.’ Items (b) (c) (e) (f) (i) and (k) are those that best meet the criteria as FAPs (although items (i) and (k) are single-word units).

These FAPs are the types of items that students typically have some passive awareness or knowledge of but are rarely able to deploy productively. They are also items that are commonly used in both academic papers (written mode) and in academic workplaces and/or conferences/meetings (speech mode). They mark membership in the academic community and their usage displays suitably academic (even professional) tenor.

The purpose of this investigation was to determine 1) to what degree students assume knowledge of these items and, 2) how often they would choose these valuable FAP items as preferred lexis for acquisition. Both of these results were

tabulated based upon the returned task sheets.

## 4. Results

52 of the returned task sheets were deemed valid. 2 were considered spoiled or non-valid (one in which the respondent ranked all the items from 1-12, and another in which the respondent marked every item with a '1'). The results displaying student self-assessment of knowledge of the 12 items is reproduced in **Table 1**. A choice of '1' indicates that the student claims to be 'able to understand and use this item well,' with a gradual decrease in comprehension and proficiency indicated up to choice '5', which indicates that the student has 'no idea about this word or phrase.'

Respondents were also asked to make 4 choices. The results displaying the number of times an item was chosen as a preferred item for long-term acquisition are reproduced in **Table 2**.

## 5. Discussion

As expected, the specialist terminology items (*a*, *d*, and *l*) were listed as the items with which the students had the lowest degree of comprehension, with the slightly specialized item '*h*' following by a substantial margin. The salient point for this investigation however is that these same items were also overwhelmingly chosen as the items students would pay attention to for long-term benefits. In fact, the correlation between items deemed 'not well understood' and those items chosen as preferred forms for long-term study and retention was near-absolute.

On the other hand, the FAPs (*b*, *c*, *e*, *f*, *i*, and *k*), which have wider applicability and thus greater long-term benefit for academic language learners, were rated only very slightly below of the 'general English' items (*g*, *j*) in terms of student comprehension. Moreover, they were not deemed as being significantly more worthy of long-term attention than the general items the students would likely already have competency with.

There are several ways to interpret this. Initially, it might seem unremarkable that learners overwhelmingly choose to pay attention to words that they simply 'don't know.' However, this may not be an effective strategy for acquisition. Effort put into retaining items that have little or no long-term value is effort largely wasted. Learners need to develop sensitivity for item usage potential and thereafter prioritize new items in terms of utility. Aiding students in developing this sensitivity to a given lexical item's utility should be a part of any teacher's role, particularly in the realms of ESP/EMP.

More pertinent perhaps is the fact that learners often overestimate their competency regarding items they claim to know or understand well. The results above indicate that FAP items were determined to be only marginally less well understood than the 'general English' items, but one might immediately question whether the learners really have the ability to reproduce FAP items productively and accurately in appropriate contexts — the fullest definition of understanding — or whether they simply have a passive recognition of a core definition.

Deepening one's competency in both understanding and utilizing an item appropriately in real-time in productive contexts demands awareness of both the vertical (semantic)

**Table 1. Self-assessment of understanding an item**

Item	1	2	3	4	5	Mean
a. <i>myopic astigmatism</i>	0	2	2	22	26	4.384
b. <i>widely recognized as</i>	45	5	2	0	0	1.173
c. <i>the most common form of</i>	41	10	0	1	0	1.269
d. <i>nonstrabismic diplopia</i>	0	1	0	17	34	4.615
e. <i>marked by</i>	31	13	6	1	1	1.615
f. <i>an inability to</i>	45	7	0	0	0	1.134
g. <i>focus clearly</i>	48	4	0	0	0	1.076
h. <i>visual acuity</i>	7	14	9	13	9	3.057
i. <i>subsequently</i>	33	15	3	1	0	1.461
j. <i>due to</i>	47	5	0	0	0	1.096
k. <i>persistent</i>	34	16	2	0	0	1.384
l. <i>interocular macularization</i>	0	1	0	12	39	4.711

**Table 2. Number of respondent choices per item**

Item	Number of choices as a preferred item (total=208, maximum=52 per item)
a. <i>myopic astigmatism</i>	49
b. <i>widely recognized as</i>	4
c. <i>the most common form of</i>	2
d. <i>nonstrabismic diplopia</i>	47
e. <i>marked by</i>	2
f. <i>an inability to</i>	1
g. <i>focus clearly</i>	5
h. <i>visual acuity</i>	36
i. <i>subsequently</i>	6
j. <i>due to</i>	3
k. <i>persistent</i>	7
l. <i>interocular macularization</i>	49

and horizontal (collocational, lexico-grammatical, pragmatic) properties of an item. For example, while the respondents in this investigation gave 'persistent' a mean score of 1.384 ('well-understood and can use') one wonders whether the same learners would actually use 'persistent' as the default term to describe a continuous cough or other repeated symptoms. Performance in other English classes and interactive speech scenarios suggests not.

## 6. Summary and Conclusions

Before starting this investigation, a colleague predicted that medical students would favour the terms that they needed most for medical discourse purposes, specifically the FAPs. However, this turned out not to be the case, even to a greater degree than the author had expected. Respondents overwhelmingly chose the lexical items that they didn't know, without regard for their lack of utility in medical discourse (students were told in advance that the three specialist items came from subfields within ophthalmology). It is also suspected that the respondents overestimated their ability to use the FAPs productively, perhaps wrongly equating a passive awareness of a core definition with the ability to use the same item productively and accurately in real-time professional or academic interactions.

The results of this investigation point to a need for ESP/EMP teachers to better address prioritizing lexical choices

for learner study and acquisition, as well as increasing learner awareness and sensitivity towards the difference between receptive and productive skills. Highlighting the central role that FAPs play in producing medical discourse and the degree to which they mark the user's membership within an academic or professional discourse community would be a valuable step in the right direction.

## References

1. Widdowson HG. 1989. Knowledge of language and ability for use. *Applied Linguistics* **10**: 128-137.
2. Nattinger JR and DeCarrico JS. 1992. *Lexical Phrases and Language Teaching*. Oxford: Oxford University Press.
3. Sinclair J. 1991. *Corpus, Concordance, Collocation*. Oxford: Oxford University Press.
4. Coxhead A. 2000. A new academic word list. *TESOL Quarterly* **38**: 213-238.
5. Nation P. 2001. *Learning Vocabulary in Another Language*. Cambridge: Cambridge University Press.
6. Simpson-Vlach R and Ellis NC. 2010. An academic formulas list: New methods in phraseology research. *Applied Linguistics* **31**(4): 487-512.
7. Swales JM. 1990. *Genre Analysis*. Cambridge: Cambridge University Press.
8. Hyland K. 2009. *Academic Discourse*. New York: Continuum.
9. Biber D. 1988. *Variation Across Speech and Writing*. New York: Cambridge University Press.
10. Chabner DE. 2016. *The Language of Medicine*. London, UK: Saunders.

## Addendum

Below is a reproduction of the task sheet that was given to the students:

**Read the following medical English text:**

***“Myopic astigmatism is widely recognized as the most common form of nonstrabismic diplopia, and is marked by an inability to focus clearly. Visual acuity is subsequently reduced due to persistent interocular macularization.”***

**Rate your understanding of, and ability to use, the words/phrases in the above sentences using the 1-5 scale below:** (上記文中の語や語句について、正しく理解でき正しく使えるか、について、それぞれ5段階評価してください)

1. I understand it and can use it well.
2. I understand it but can't use it well.
3. I understand it a little but can't use it.
4. I can guess at the meaning a little.
5. I have no idea about this word/phrase.

- a. myopic astigmatism \_\_\_\_
- b. widely recognized as \_\_\_\_
- c. the most common form of \_\_\_\_
- d. nonstrabismic diplopia \_\_\_\_
- e. marked by \_\_\_\_
- f. an inability to \_\_\_\_
- g. focus clearly \_\_\_\_
- h. visual acuity \_\_\_\_
- i. subsequently \_\_\_\_
- j. due to \_\_\_\_
- k. persistent \_\_\_\_
- l. interocular macularization \_\_\_\_

Choose the four English words or phrases (*from a to l*) above that you would most likely focus upon to master/develop your future medical English skills. (自身の医学用語スキルを将来的に習得・伸ばすために、重点的に取り組むべきだと思うものを上記のa~lの中から4つ選んでください。\*順不同)

1. \_\_\_\_
2. \_\_\_\_
3. \_\_\_\_
4. \_\_\_\_

# Planning online medical English materials

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This paper describes the initial planning for a project to develop online materials for second-year medical students at Hiroshima University. We explain the reasoning behind such an undertaking, examining institutional constraints, the opportunities to link closely to the content of anatomy courses, and the potential to aid student autonomy in medical English studies. We consider the similarity and difference in materials construction between the online project and a past project to build teaching materials and word lists for third-year medical students. Then, we consider how the key medical English words from both projects can be combined into a core word list of terms, how the online materials may benefit students in other medicine-related courses and how, in order to overcome the limitations of online materials, they might be supported by courses that give students the opportunity to develop their productive skills in medical English.

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**Keywords** online materials, gross anatomy, histology, word list

## 1. Introduction

This article is an update on existing research in medical English materials development at Hiroshima University, in which we describe the initial planning for building a set of online materials for second-year medical students. These new materials will extend a previous project to build corpora, word lists, and teaching materials for third-year medical students to include medical English materials for second-year students.

One of the reasons for writing the article is to illustrate how a small applied linguistics group can make innovations within the bureaucratic constraints of a university structure. In this sense, it should be read in the same way as a case study, looking at how ideas on innovation are meshed with institutional realities; we discuss the reasoning behind an online approach to materials from the perspective of institutional constraints, parallel syllabuses, and student autonomy. We then consider the content and construction of the planned materials, and discuss how the development of the online course may help us to substantially complete an underlying aim of a core medical word list for Hiroshima Uni-

versity medical students, as well as creating flexibility in medical English studies.

Our first project on medical English materials has been described in some detail in previous articles,<sup>1,2</sup> and is briefly summarised here. It came into existence due to a request from the university's medical faculty to the Institute for Foreign Language Research and Education for help in improving their third-year students' medical English, which resulted in an annual four-day intensive course in September.<sup>3</sup> Over the course of the project, teaching materials and a course-specific word list have been developed, using corpus analysis and advice from senior professors in the medical faculty. In 2016, the project team worked closely with the medical faculty's English instructor to extend the materials for use in the second semester of the academic year, and to expand the word list to include the words from the new units of material. One of our main aims has been to ensure that word-list items are embedded in the materials that students study. The online materials are an extension of this research.

## 2. Reasons for an online project

The project is an online one, initiated by the authors, primarily for three reasons: institutional constraints, the complexity of parallel study, and student autonomy. In relation to institutional constraints, there is the categorisation of English into general English studies and English for medical purposes (EMP), and the related issue of the deployment of English teaching personnel: Teachers and courses in the second grade are focused on general English, not medical English.

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Concerning parallel study, there are issues of how closely medical English learning can match the topics studied in medical classes. Regarding student autonomy, the online materials will allow students to explore medical English in their own way. Both projects will use American English spellings, as students are more familiar with these than British English spellings.

### 2.1. Institutional constraints

In the current system of the university, students start their English studies with general language courses: There is a university-wide set of courses provided in their first and second years. In their first year, students undertake four mandatory courses, each with a focus on a language skill: speaking, reading, writing, and listening. In the second year of classes, students have to take a further general English course, choosing one from a range of options (Table 1).

In relation to EMP, the Institute for Foreign Language Research and Education was asked to aid third-year medical students, and so complement the work of the medical faculty's English language instructor, who also teaches classes to students in this grade. There are around 130 medical students in each grade, and our course, taught annually by four teachers over a four-day period in September, moved forward in 2016 by closely linking with the medical faculty's English instructor to create a more integrated set of classes covering a variety of areas (Table 2). While this approach has been reasonably successful, there remains the issue of the sheer size of the task of learning medical English faced by students.

As noted above, most of the university's language teaching resources, including personnel, are focused on general English. However, medical students become very busy with courses on their medical studies in their second year, so that while they are specialising in medicine, their English language classes are not on medical English. With most resources focused on general English, the practical option for intro-

ducing medical English is through online materials that can be used for self-study, and which connect to the content of students' second-year medical studies. This option is viable because the Institute for Foreign Language Research and Education is involved in several online projects, and so the ICT component of the project can be handled mainly within the project team by using Blackboard Learn (Bb9), the learning management system already in use at Hiroshima University; the materials will then be accessible from various devices including personal computers, smartphones and tablets.

### 2.2. Parallel study

A key objective of our EMP courses is to match medical English learning to the actual learning of medicine, which means that the content for the online course is heavily influenced by the content of the students' medical studies. As links have developed between the applied linguistics team and key members of the medical faculty over the years of research, so it has become possible to collaborate closely on content.

In the second grade, there is a very strong focus on anatomy, with the provision of two major courses, gross anatomy and histology, as well as a course on physiology. In these courses, key English terms are introduced in the form of glossaries, and so an aim of the online project is to build on these glossaries, strongly connecting with the medical content of the courses, and creating supplementary material that the anatomy professors can encourage the students to use.

Also, in relation to parallel study, one consideration is the difference in approach that arises out of the two different

**Table 1. General English courses for medical students**

First year of study	
Communication IA	speaking
Communication IB	reading
Communication IIA	writing
Communication IIB	listening
Second year of study	
Communication IIIA	speaking and writing
Communication IIIB	reading and listening
Communication IIIC	English language-related subjects

**Table 2. EMP intensive course topics and linked topics**

Intensive medical course topics		
Unit	Anatomy	Viewing the body
1	planes and positions	views of the body, x-rays, CT-scans
Unit	Anatomy and physiology	Medical area
2	the brain	neurosurgery
3	the circulatory system	cardiovascular medicine
4	the lungs	pulmonary tuberculosis
5	the digestive tract	digestive medicine
6	the endocrine system and the pancreas	diabetes mellitus
7	the skeleton	orthopedics and the knee
Linked topics taught by medical faculty English teacher		
Unit	Anatomy and physiology	Medical area
8	The lymphatic system	viral infections
9	The liver	hepatology

anatomy courses. The gross anatomy course involves lectures and dissection, and a regional approach to anatomy is taken. In contrast, the histology course involves the use of slides, allowing a stronger emphasis on a systems-based approach throughout. With such differences, the topics in the two courses do not always chronologically match each other during a semester, and so medical specialists may want to refer their students to particular medical English topics and terms in the online materials at different times.

### 2.3. Student autonomy

A further reason for using online materials is that, under their own initiative, students may wish to explore particular areas of anatomy or link certain words to other areas. The body can be considered as an interacting set of systems: A student investigating the circulatory system may become interested in the filtering of the blood and look at the connection to the urinary system, or may consider the actions of white blood cells and their relationship to the lymphatic system; consideration of the processes of digestion may lead to the liver via the portal system. With the online system of study, our current plan is to create links that help students to connect their understanding of English terms across body systems by clicking on key terms.

## 3. The construction of the online materials

A major consideration is the actual construction of materials. In the previous project, the approach was to build conventional paper-based classroom materials, and the new project is a development from this. In the online project, teaching materials will be built by the research team, rather than using pre-existing Internet materials from EMP sites such as English Med,<sup>4</sup> the Tokyo Medical University EMP,<sup>5</sup> and Hospital English.<sup>6</sup> The reason for building new materials, as noted above, is to connect them as strongly as possible to the contents of the students' medical courses both in terms of topics and vocabulary. Here, we consider the relationship between the planned online materials and the previous paper-based materials. In particular, we consider text structure and probable task types for the online materials.

### 3.1. From the old to the new

The construction of the previous course materials was based on requests and advice from our medical faculty. The main request was for the intensive course teaching team to focus on productive skills, which were seen as the main weakness of medical students. However, in-depth interviews

with senior medical staff for the purposes of needs analysis<sup>7</sup> indicated that they were looking for something more comprehensive: building up content knowledge of medical English.<sup>8</sup> This required a four-skills approach, moving from input and receptive skills in the form of essays and model dialogues, in which key terms could be introduced in context, to output and productive skills in the form of description, discussion, and role play. The initial construction of classroom materials followed a particular structure (**Table 3**).

Regarding online materials, from a four-skills perspective, there are limitations on what can be achieved. These limitations emerge in considering how to organise material within a topic. In this article, we consider the urinary system as an example.

### 3.2. Text structuring

The online materials will look similar to the first parts (1 and 2 in **Table 3**) of the third-year units of material, involving diagrams, and a short essay that forms a simple account of the topic under study. For example, the materials could start at the gross anatomy level (**Figure 1**) and then transition to histology. A standard way of introducing vocabulary in previous materials has been through anatomy diagrams. Most of these can be purchased from commercial sites such as Shutterstock,<sup>9</sup> with some diagrams being created by the project team, and some taken from sites such as Wikimedia Commons.<sup>10</sup>

Due to the nature of online materials, it should be possible to divide an anatomy/physiology essay into its component paragraphs in a way that allows a student to click on a diagram and see the text that corresponds to it (**Figure 2**). In this way, students can connect key words to diagrams, read texts directly related to the diagrams, and check understanding. A reason for making such divisions is that the most prevalent device for accessing the Internet is the smartphone,<sup>11</sup> and with the size limitations of the screen, accessing small amounts of material at any one time is more practical.

**Table 3. Structure of a teaching unit focused on speaking skills**

<b>Anatomy/Physiology</b>
1. Matching anatomy words to anatomy diagrams
2. Reading a short text on anatomy/physiology with comprehension questions
3. Talking practice on anatomy/physiology
<b>Medical problems and symptoms</b>
4. Discussion of medical field
5. Reading a longer text on diseases with comprehension questions
6. Reading and practising a short doctor-patient medical dialogue
7. Performing doctor-patient role-plays

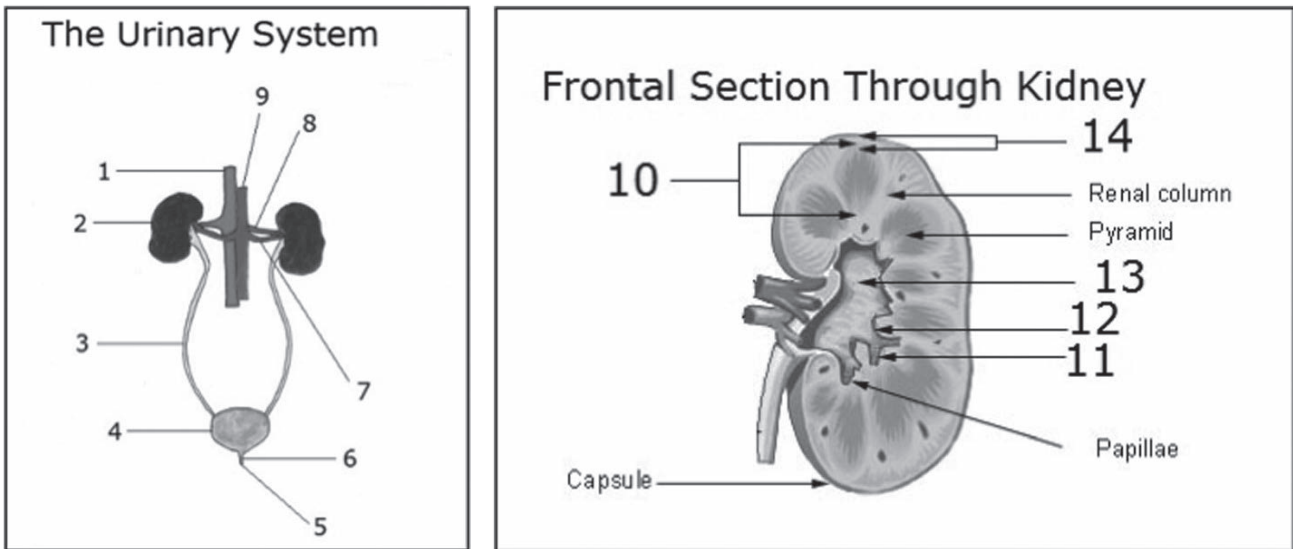


Figure 1. Gross anatomy for the urinary system: matching terms to numbers

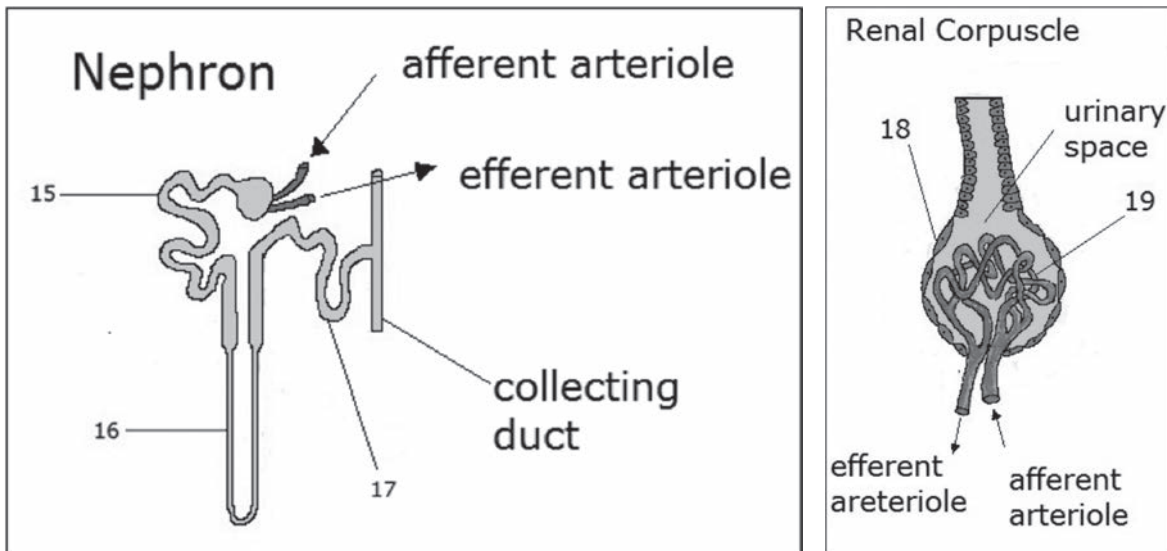


Figure 2. Microscopic anatomy for the urinary system with descriptive paragraphs

**The Nephron:** The main function of the kidneys is waste excretion. Each kidney contains about one million filtering units, which are called nephrons. Each nephron filters a small amount of blood. The nephron includes the renal corpuscle, the proximal convoluted tubule, the loop of Henle, and the distal convoluted tubule.

**The Renal Corpuscle:** The renal corpuscle consists of the Bowman's capsule and the glomerulus. The glomerulus is a network of capillaries, and it is surrounded by the Bowman's capsule. Water and small molecules from the blood pass through the glomerulus into the Bowman's capsule. Blood cells and large molecules remain in the capillaries.

### 3.3. Task creation

Within the online materials, tasks can take a variety of forms for each key paragraph. All tasks require clear answers that can be checked online. There are two types (1 and 2) that have been used in the previous project, while others (3, 4, 5) are also valuable.

1. Matching terms to diagrams.
2. Matching terms to definitions.
3. Matching medical English to medical Japanese.
4. Multiple choice questions.
5. Gap-filling texts.

## 4. Discussion

In this article, we have sketched out a plan for the creation of online medical English materials for second-year students. The main focus will be on anatomy, supported primarily by aspects of physiology. There are several features of the project that require discussion: the development of a core medical English word list and its uses, the advantages of online materials over written materials, and the limitations of online materials.

**Table 4. Extract from word list for third-year course**

abdomen	腹部	aneurysm	動脈瘤
abdominal cavity	腹腔	angina	狭心症
abnormal	異常な	angiotensin	アンジオテンシン (アンギオテンシン)
absorb	吸収する	antibiotic	抗生物質
absorption	吸収	antibody	抗体
acid	酸	antigen	抗原, アンチゲン
acid-fast	抗酸性の	anus	肛門
acidic	酸性の	anxiety	不安, 心配
acidosis	アシドーシス, 酸性血症	aorta	大動脈
active	活動性の	aortic valve	大動脈弁
acute	急性の	aphasia	失語症
adipose tissue	脂肪組織	appetite	食欲
adrenal glands	アドリナ腺	appendicitis	虫垂炎
adverse effects	副作用	appendicular skeleton	体肢骨格, 四肢骨
agony	激痛	appendix	虫垂
alimentary canal	消化管	arachnoid membrane	くも膜
alkali	アルカリ性の	arterial blood	動脈血
alpha cell	アルファ細胞	arteriole	細動脈
alveolar duct	肺胞管	artery	動脈
alveoli (sg. alveolus)	肺胞, 腺胞	arthritis	関節炎
anemia/anaemia	貧血	asepsis	無菌状態

#### 4.1. The development of a core word list, and a word test

As noted in JASMEE's Medical English Guidelines corresponding to Global Standards for Education, a minimum requirement for vocabulary is to "understand and be able to use basic technical terms related to body parts and functions and medical health care."<sup>12</sup> An aim of both our previous project and the online project is the construction of a core word list for medical students, with the words embedded in learning materials.

As we have noted, a challenge for students is the sheer size of the medical English lexicon. However, clearly some words have a much higher pedagogic value than others. By synthesising the medical terms from the old and the new projects, we hope to substantially complete our aim of producing a core list of medical words that can be studied in context; not only do the words have to be listed, but they should be organised in a way that is practical for the purposes of learning. For this reason, word lists and materials are constructed together.

A key issue for creating a medical word list is the identification of high value words, and in this regard, the online project has a different approach from the earlier project. In

the first project, the approach was primarily a top-down one, building materials from a categorisation of medicine into ten key areas. Corpus analysis of two useful reference books was used to evaluate the importance of words on the basis of overall frequency and whether they occurred across medical fields. It was also used to edit the materials, in conjunction with advice from medical doctors. The course word list emerged from this process (Table 4).

In the new online project, collaboration with medical teaching staff is important,<sup>13</sup> so that an initial word list is created by the selection of key terms that are given high value by specialists teaching the medical courses, who are providing glossaries of medical English terms for their students within the medical topics that they teach. Consequently, most of the word list for the new project comes from the decisions of the key anatomy specialists within the faculty. The role of the applied linguistics team is to organise the glossaries into useful texts for the students, and here corpus analysis may be used to edit the texts to bring them more closely into alignment with medical discourse in English. A shared aim of both projects has been to ensure that words are contextualised, and this requires the construction of simple accounts<sup>14</sup> that contain the key words. An additional consideration is

whether to focus on affixes.<sup>15</sup> While some affixes are highlighted in the paper-based materials, this has been piecemeal, only occurring when several words containing the same affix have appeared in the units of material, not as an underlying approach.

A further possibility is the creation of an anatomy word test as a means of evaluation. In the previous project, a multiple-choice word test was successfully constructed and used as part of the evaluation of students. As the online materials have a very strong word-building component, it is possible to follow a similar format, with the opportunity of making it part of the evaluation of the anatomy courses.

#### 4.2. The advantages of online materials over textbooks

In the online materials project, there is strong cooperation between medical specialists and applied linguists, and we have decided to create a set of English language materials that connects to the anatomy classes of second-year medical students. We have noted above that online materials should provide greater flexibility for both students and teachers. While a textbook is essentially a bundle of texts and tasks, online materials allow users to select only the materials they want to study. This is particularly important for anatomy, where there is an interest that goes beyond the confines of medical faculties. Students of dentistry, nursing, and physical therapy all study anatomy, but their studies of it will differ in focus and extent. Having a range of online resources from which to pick and choose may offer possibilities for study to a wide range of medicine-related students. In addition, as materials are produced, so they can become available almost immediately. However, there is also the risk that the materials will not be used,<sup>16</sup> and this is where the medical professors may play a key role by highlighting the relevance of the materials to students.

#### 4.3. Skills limitations to online materials

The main limitation of online materials is that they are primarily designed for self-study. This does not give students the opportunity to experiment and explore medical language through productive skills in the same way as communicative approaches in English language classrooms. Consequently, while receptive skills are valuable, they should be complemented with productive skills. In the future, one way of dealing with this limitation could be through the provision of support classes that give students the opportunity to practice describing aspects of anatomy and physiology. Within the university, this can be achieved by developing courses as part of the program of non-credit voluntary courses provided by

the Institute for Foreign Language Research and Education.

## 5. Concluding remarks

In this article, we have sketched a plan for developing online materials for second-year medical students, offering it as an example of how an innovation can be made within the rigid administrative structures of a Japanese university. In many ways it is a daunting project, requiring medical content, materials design, corpus analysis, and ICT skills. This requires the cooperation of medical faculty specialists with applied linguists. These links have developed over time through our previous project, so that for the online project, topics and glossaries of terms are selected by medical specialists, while texts, tasks, and ICT are the responsibility of the applied linguistics team.

What might be the reaction to the online materials? In relation to this, the importance of medical English in an age of globalisation is recognised by the senior members of the medical faculty, and their influence, particularly in ensuring that medical English is an integral part of students' studies, is likely to have an effect. In addition, the more that students can see the relevance of the online materials to their anatomy studies, the more likely they are to be successful. Also, if the online materials can be used in conjunction with support classes that connect to their content and allow students to experiment with the language by using their productive skills, the greater the impact they may have.

Finally, will the eventual materials reflect the plans for them sketched here? From a content perspective, they will be reasonably fixed by the decisions of the anatomy specialists, and the task types are likely to follow those that we have outlined in the article. In terms of connecting the content, our hope is that, just as the body forms a set of interlocking systems, the content can be linked together in a way that allows students to move through and between systems. These possibilities will emerge as we explore the learning management system used for the materials themselves, and will be discussed in further articles.

## References

1. Fraser S, Davies W and Tatsukawa K. 2015. Medical word list development through corpus and course construction. *Hiroshima Studies in Language and Language Education* **18**: 179–192.
2. Davies W, Fraser S and Tatsukawa K. 2015. The reciprocal effects of teaching evening classes to a non-university hospital and developing a university medical English course. *J Med Eng Educ* **14**(3): 122–126.
3. Davies W, Fraser S, Lauer J and Howell P. 2013. English for Medical Purposes: Teaching an intensive English course to third-year medi-

- cal students. *Hiroshima Studies in Language and Language Education* **16**: 49–59.
4. Englishmed.com medical English multimedia course. <<http://www.englishmed.com>>
  5. Tokyo Medical University Department of International Medical Communications English for Medical Purposes. <<https://www.emp-tmu.net>>
  6. Hospital English.com <<http://www.hospitalenglish.com>>
  7. Dudley-Evans T, St John M. 1998. *Developments in English for Specific Purposes*. Cambridge: Cambridge University Press.
  8. Davies W, Fraser S and Tatsukawa K. 2014. A background study for the development of medical English corpora, word lists and university course materials in Japan. *Hiroshima Studies in Language and Language Education* **17**: 105–116.
  9. Shutterstock.com. <<https://www.shutterstock.com>>
  10. Wikimedia Commons. <<https://commons.wikimedia.org>>
  11. Selwood J. 2015. Going paperless in the classroom with mobile devices: pitfalls and benefits. *Hiroshima Studies in Language and Language Education* **15**: 165–177.
  12. Japan Society for Medical English Guidelines Committee. 2015. Medical English education guidelines corresponding to the Global standards for Medical Education. *J Med Eng Educ* **14**(3): 136–142.
  13. Antić Z. 2008. The new roles of teachers and students in EMP. *Facta Universitatis Series: Medicine and Biology* **15**(3): 125–129.
  14. Widdowson HG. 1978. *Teaching Language as Communication*. Oxford: Oxford University Press.
  15. MacDonald WT. 2015. The efficacy of the etymological approach in English as a Foreign Language instruction for Japanese medical students. *J Med Eng Educ* **14**(1): 25–34.
  16. Kobayashi K and Little A. 2016. The use of vocabulary learning strategies and technology among Japanese medical school students. *J Med Eng Educ* **15**(1): 14–21.

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### Note on the diagrams in Figures 1 and 2

#### Figure 1

**The Urinary System.** This was hand-drawn and coloured, based on a diagram (Original purchased from Shutterstock).

Frontal Section Through Kidney. This was downloaded from Wikimedia Commons ([https://commons.wikimedia.org/wiki/File:Illu\\_kidney2.jpg](https://commons.wikimedia.org/wiki/File:Illu_kidney2.jpg)) and is in the public domain.

#### Figure 2

**Nephron.** This was hand-drawn and coloured, based on a diagram from the UNC school of medicine (<http://unckidneycenter.org/images/kidney-health-library-pictures/parts-of-the-nephron/view>).

**Renal Corpuscle.** This was hand-drawn, adapted, and coloured, based on a diagram from Wikimedia Commons (Henry Vandyke Carter [Public domain]).

## Book review

# Fluent in 3 Months

Author: **Benny Lewis**

Published by Collins (HarperCollins Publishers), London, 2014, 1st edition

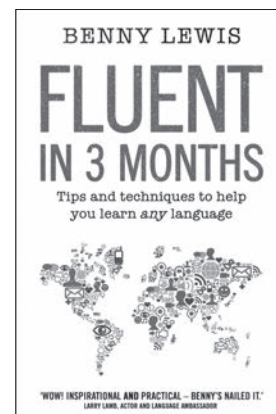
ISBN 9780007543922

Reviewed by **Christopher Holmes**

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### Background

For the previous issue of this Journal (Vol. 15 No. 3 October 2016), I wrote a review of *Fluent Forever* by Gabriel Wyner, as some readers will (I hope) remember. This time, I am reviewing a similar book with a similar title, *Fluent in 3 Months* by Benny Lewis — partly because its title reminded me of *Fluent Forever*, partly because I have a personal interest in how languages are learned, partly because I have a professional interest in languages as a “foreign” language teacher (which I presume the readers of this Journal share), and partly because “fluency” struck me as a concept with an image not unlike the Forbidden Fruit: do we dare to entice our students with the promise of fluency? And what is it, really? (Don’t worry: I will not review every book I see that has “fluent” in the title.)

### Intent

Despite many similarities between the two books, there are substantial differences. Here I intend to contrast the books and the language-learning approaches they propose without obliging my readers to re-read my first book review. Comparison by itself does little unless it acquaints us with different approaches to language learning and teaching, which I assume is of some inter-

est to my language-teaching colleagues and to readers of this Journal. That is my intent.

### The author’s beginnings

Like *Fluent Forever*, *Fluent in 3 Months* is written by a “hyperpolyglot” (defined by Benny Lewis (*nom de plume* of Brendan Richard Lewis) as “a polyglot who speaks six or more languages”). A different species from us, mere mortals? Not so fast... Both hyperpolyglot authors profess to lack any innate gift for foreign languages and they tell us the customary tales of poor performance in their first assault on a foreign language before college. *Fluent in 3 Months* has a section titled “I Don’t Have the Language Gene” (p. 31, in the chapter titled “Destroying Twenty Common Language-Learning Myths”) which dispels genetic predisposition myths and other excuses and phobias. Like the often repeated rubbish that “the Japanese can’t learn foreign languages,” the belief that some people, especially certain ethnic groups, are innately better language learners is a bugbear to banish. “Any person on earth can learn a second language.” (p. 23)

### Contrasting focus

Gabriel Wyner’s *Fluent Forever* emphasizes *fluency*

and permanency of foreign language acquisition; *Fluent in 3 Months* emphasizes relatively quick acquisition of conversational competence (not perfection). Principally for that reason *Fluent in 3 Months* approaches language learning from a number of angles that seem more relevant to my colleagues, to this Journal's readers, and to our students — though neither book specifically addresses our Japanese students' (or their teachers') specific problems.

At least that was my initial impression as I was skimming *Fluent in 3 Months*' first few chapters in the Oazo bookstore where I found and bought both books (though a month apart), and my hunch was borne out by the attitudes, drills, skills, and resources identified by *Fluent in 3 Months* as needed to successfully learn a spoken language. In a word, Benny Lewis shares what is quick and practical: he's neither a bookworm nor a grammarian. This should appeal to learners frightened by their teachers' perfectionism, as well as to medical students who have enough on their plate already with medicine.

### **The book's organization and style**

On the other hand, however, the author's personal preference for conversation over, say, reading carries

over into *how* he wrote his book. The two authors' and the two books' methods differ in important ways: *Fluent Forever* has six appendices and countless courtesy cross-references, whereas *Fluent in 3 Months* has no appendix, no index, and only the vaguest cross references (of the "As mentioned in the previous chapter" style). This shows you how hyperpolyglots, like children born from the same parents, can differ in surprising ways.

### **"Inspirational" (as the blurb would have it)**

But weighing the two in my mind, I have to say that while I loved *Fluent Forever* and admired Gabriel Wyrner's intense devotion to helping his readers, *Fluent in 3 Months* in its loose and informal way is more likely to help us and our students achieve their goals, despite its lack of an index (which I found irksome while writing this review). How does Benny Lewis do that? By persuading readers that they can do it, by defining what the real challenges they face are, and by urging readers to set precise realizable goals and limit their wish list to one aspect of one language at a time for at least three months. A lot of it sounds like common sense — you know how precious and rare that quality is — but if you are inspired by common sense, your students may be inspired, too.



### What does it add to our knowledge?

I found that Benny Lewis's advice (1) comforts me in my beliefs, (2) contradicts to some extent what I've been advocating or doing, and (3) adds quite a bit to some missing elements in my pet theories. But that doesn't necessarily mean that I've turned a new leaf and you won't recognize me anymore. For example, what *Fluent in 3 Months* advises with regard to pronunciation (1) comforts, (2) contradicts, and (3) adds to my messianic zeal for teaching correct pronunciation by stressing these three beliefs: (1) pronunciation is important and should be taught/learned *first*; (2) perfect pronunciation is, however, unnecessary to achieve even C2 mastery; and (3) good intonation ("prosody" joined to passable pronunciation) is arguably more important than pronunciation alone.

Other recommendations in *Fluent in 3 Months* are challenges to my personal orthodoxy but morale-boosters for Japanese students. For example, "Taking an Exam to Force Your Level up a Notch" (p. 198) is not at all my cup of tea, but different strokes for different folks, no? Sometimes I need other people's ideas. What about you?

### "In Three Months"

Benny Lewis says you do not need special genes or a lot of free time (he states he accomplished his goals within three months while holding unrelated full-time jobs); but to make rapid progress, you must have "passion" for your task and set specific goals, then spend a reasonable amount of time to realize them. ("If you put just a few hours a week into it, fluency in three months is indeed impossible." p. 65).

Think about the implications: for one thing, our stu-

dents cannot attain medical English fluency in three months, because our curriculum doesn't permit it; for another, Japanese students cannot be expected to attain fluency, even in six to eight years, given the one-way exam English cramming they have been exposed to.

Benny Lewis is honest, clear, and helpful when he explains first "What Fluency Isn't" (pp. 58-60) before defining "What Fluency Is" (pp. 60-61). Understanding what fluency really means is obviously necessary to achieve it. Using the Common European Framework of Reference for Languages (CEF), wherein the beginning levels are A1 & A2, the intermediate B1 & B2, and as-good-as-a-native C1 & C2, "fluency" for Benny Lewis, who is most interested in conversation, means B2 or better, meaning "I can discuss anything I would in English at a casual event, and natives can generally talk to me as they would with another native speaker." (Ask yourself how this differs from *eikaiwa*/英会話.)

### Levels of proficiency and defining criteria

Benny Lewis proves to my satisfaction that the phrase "in 3 months" in the book's title is not just a publisher's or marketer's flourish intended to boost sales. Between the ages of 21 and 31, he learned 8 languages to his desired level of proficiency (B2) and dabbled in several others. It doesn't really matter whether he did this in three months or seven, because no one times this kind of thing with a stopwatch, so we'll have to trust him. The point is that he didn't spend the six to eight years our students spent studying English, usually without achieving anything near B2 fluency.

The discussion in *Fluent in 3 Months* (pp. 61-64) of the "scientific and well-established" criteria for fluency

of the Common European Framework of Reference for Languages (CEF/CEFR) is helpful and practical. My readers will recall Professor Judy Noguchi's talk at the 17th JASMEE Academic Meeting on July 19, 2014 (proceedings published in Vol.14 No.1 of this Journal, pp. 47-53). To quote the CEF scale in *Fluent in 3 Months* (p. 61), someone at the B2 level or above "can interact with a degree of fluency and spontaneity that makes regular interaction with native speakers quite possible without strain for either party." This sounds to me very much like what Professor Kenichi Uemura calls "comfortable English." Note that one can have a "foreign accent" and yet be fluent at level C2. But to communicate "without strain for either party" one must have acceptable, intelligible pronunciation — which is not the same as neutralization of a "foreign accent." (I don't think that this distinction is well understood in Japan.)

### **So what about Japanese and the Japanese?**

Does this book address our special needs as teachers of Japanese students? No, it doesn't. Both "Fluent" books address briefly some of the issues of learning Japanese, among other languages, but with English as the starting point. Both, understandably and unfortunately, do not address Japanese students' specific difficulties in the English learning process.

However, of the two books, *Fluent in 3 Months* has certain advantages for the Japanese reader, at least potentially: it is translatable (totally unlike *Fluent Forever*) and its ideas (or hints, actually) are widely applicable to universal language-learning situations. Plus it is a morale-booster.

Incidentally, Benny Lewis even applied his language-

learning principles to sign language! But most importantly, *Fluent in 3 Months* shows learners how to "get real," eschewing perfectionism and setting themselves specific achievable goals.

### **Motivation**

There is food for thought in *Fluent in 3 Months'* dispensing with the genetic defect argument I mentioned above as well as in its approach to the attitude or motivation problem, although I wonder how much time can be spent usefully in Japanese classrooms attempting to overcome students' phobias. Benny Lewis says *passion* ("being serious about learning a specific language") is the key, and related to passion is the strategy students must choose to succeed. This sends a message to teachers, too. Can we be "inspirational"?

### **Which passion?**

Benny Lewis's passion is not reading or writing but speaking, i.e., having conversations as quickly as possible with people who speak other languages. Whether our students are passionate about reading or about writing in English is a separate question, but it is safe to say that many Japanese students have (or at least *had* at one time) a strong desire to be able to talk without embarrassment to people who don't speak Japanese. All the more so in the case of medical students.

The tragedy is that the pervasive teach-to-the-test mentality and the exam English proxy for real English prevalent in the Japanese education system have drummed that passion out of most Japanese students — and it never provided them with the tools they need: strict pronunciation drills, speaking practice opportuni-

ties, and relevant teaching materials.

Benny Lewis specifically emphasizes the importance of “Thinking in the Language” (p. 203): “I force myself to do this *from the start*” (*his emphasis*). He does it through “inner dialogue.” How could we teachers foster, or at least permit, this inner dialogue in our students? Or better, doesn’t this underscore the urgency of providing opportunities in the classroom to have real face-to-face *outward* dialogues? To a considerable degree, our problem as teachers is to undo the damage lower education has done to our students by instilling passivity.

### **Into the classroom**

When I cited “strict pronunciation drills” in the paragraph above, I was speaking for myself, not quoting from *Fluent in 3 Months*, but my inner dialogue (in English) when I read a book like this is asking “How can I put this into practice in the classroom?” and “Why didn’t I think of this?” I also know that I am often too strict: don’t students deserve a reprieve at times? Benny Lewis provides loopholes and hints for cutting corners in such areas as pronunciation. Part of me recoils from this apparent dumbing-down, but I realize also that perfectionism can be counterproductive.

Benny Lewis quotes a fellow polyglot who argues that pronunciation is less important than intonation and “prosody.” (Prosody [the patterns of stress and intonation in a language] is something I learned a lot about from an excellent talk given in English by a Japanese speaker at a JASMEE Academic Meeting years ago, but unfortunately I can’t remember the speaker’s name or the title of the talk, although I’ve combed through my collection of *JMEE* back issues [in the past, *JMEE* did not

publish proceedings]; if you are the speaker, please let me know. I enjoyed and admired your talk very much and wish I had been able to reference your talk here.)

Benny Lewis also gives elaborate hints for ways to buy yourself time while you’re searching your brain for the right word, and to do this through gestures, eye contact, etc. without boring or turning off your interlocutors. He borrows from an acquaintance named Anthony Lauder an entire list of “conversational connectors” (pp. 250-251) that the learner can first memorize in the target language (on his website he provides ready-made translations into two dozen languages) to make conversations with native speakers less awkward for them as well (and prevent them from switching to English). This list could be used, as is, by our Japanese students, or modified by us (with due credit to Anthony Lauder) and used in the classroom.

### **Translation and monolingual dictionaries**

Another ticklish issue where a “second opinion” helps me sort out my ideas and classroom options is translation. Obviously at the beginning, we adults all need bilingual materials, because Mommy isn’t goo-gooing to us in the cradle anymore, but how soon can the switch to monolingual resources be made? *Fluent in 3 Months*, from the title to the last page, is all about reaching cruising speed in about three months. Benny Lewis began at age 21 and was 31 when he wrote *Fluent in 3 Months*.

For twenty years I was a full-time Japanese-English translator before I became a full-time English teacher, so obviously I’m over twenty, and as some of you know, I’ve often inveighed against translation as a teaching tool/

trap.

I was comforted by Benny Lewis's injunction to go beyond translation as soon as possible in order to *think in the target language*. Much more needs to be said about using translation as a tool for learning foreign languages, especially about when to *stop* using translations. He suggests (p. 253) using monolingual dictionaries from the intermediate (B1) level up. Benny Lewis's corroboration comforts me, although I want to know more about other people's experiences in this area.

### When to stop and where to go from here

There is too much common-sense advice in *Fluent in 3 Months* (about spaced repetition, burnout, plateaus, etc.) to summarize fully here, but I found it interesting that the polyglot Benny Lewis advises everyone to *focus on only one new foreign language at a time*. Ergo, you must tame your passions. He calls language study after the initial startup period "maintenance." Recall that his personal "passion" is conversation. Mine is reading. What's yours? What are our students' most important passions, motivators, and goals? We have to think about these things...

Here's a thought that, while not in either of the mentioned books, has been on my mind for many years of my life as an English teacher in Japan: *shouldn't students learn **more than one** foreign language in order to learn*

*at least one reasonably well*? This is taken for granted in Europe, but regarded as heresy here in Japan.

The answer is not in either *Fluent Forever* or *Fluent in 3 Months*, but Benny Lewis's book (p. 132) tells us something that should get the mental juices flowing: "A study in Sweden found that students who had been learning French for two years were outperformed [*i.e., in French*] by those who had learned Esperanto for one year and then French for just one year." Although it sounds like a leap of faith and he does not give evidence that it will work for everyone, Benny Lewis suggests studying Esperanto *for just two weeks* before tackling one's actual target language. Hey, why not?

This is similar to an idea of mine that dates back many years: I believe that Japanese children in elementary school ought to begin their studies of foreign languages by studying Korean, which is no Esperanto but has a very logical writing system and, apart from that, so many similarities to Japanese that I cannot imagine dabbling in Hangul to have anything but a positive effect (linguistically as well as geopolitically). This is not the place to examine this idea in detail or present it as a remedy for the failure of the Japanese education system to teach English properly, but I wanted to mention this here because of its relevance to foreign language teaching strategy and policy. I welcome your feedback.

## Book review

# Introduction to Healthcare for Japanese-speaking Interpreters and Translators

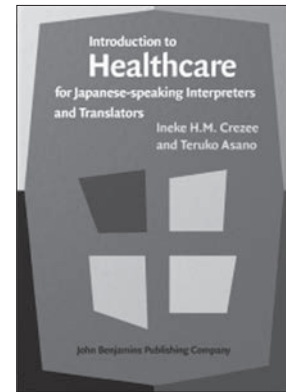
Authors: **Ineke M. Crezee and Teruko Asano**

Published by John Benjamins Publishing Company (Amsterdam), 2016

ISBN 9789027212412 (Hardbound) / 9789027212429 (Paperback) / 9789027266293 (e-Book)

Reviewed by **Reuben M Gerling**

Medica writer/editor



### Background

A medical interpreter is the go-between between the physician and any patient who is not fluent in the physician's language. Translators are professionals who set a text written in one language into another language.

This book aims to be of assistance to members of both professions. The summary at the end to the introduction states that the book has 'three possible categories of readership': healthcare interpreters, medical translators and healthcare interpreters' educators. The book was first published as *Introduction to Healthcare for Interpreters and Translators* and then republished in editions written specifically for speakers of Spanish, Chinese, Arabic and Japanese. The version reviewed here is the one for speakers of Japanese.

### Contents

The text is preceded by a section entitled *Authors' Notes*, several acknowledgements and two forewords. The book is divided into two parts: *Interpreting*, and *Interpreting in Healthcare Settings*.

The first chapter, *Introduction*, is divided into five parts, of which the first four deal with the history of interpreting, of health interpreting and their general attributes. The fifth part is about teaching healthcare

interpreting, and the whole topic is packed into less than two pages. This makes the description accorded to this important topic somewhat insufficient and erratic.

The second chapter, *Interpreting in healthcare settings*, describes the job requirements of a healthcare interpreter. The first two sections are somewhat irrelevant and are followed by a description of the importance of accuracy, patients' responses to bad news about their conditions, cultural differences and a code of ethics. The chapter ends with short notes about note-taking and terminology, and the need to know how to explain to the patient, in language he can understand, the information provided by the physician.

Chapter 3, *The culture of Japanese medicine* is by a different author. It does not actually discuss the culture of Japanese medicine, but is rather a socio-linguistic introduction to Japanese culture. The author says, 'language shifting to fit the situation is something all Japanese are very familiar with', so this chapter appears to be mainly intended for those who are not familiar with Japanese culture. The chapter ends with two unrelated sections on traditional medicine and the effects of globalization on the Japanese health system.

Chapter 4, *Medical terminology*, starts with a brief historical review of western medicine and provides a

list of some of the most common terms used in medicine.

The second part of the book, *Interpreting in health-care settings*, describes the various stages of medical care, starting with primary care, and then going on to specialist care provided by hospitals.

Chapter 8 aims to introduce the Japanese medical care system. The description relies heavily on the legal basis underpinning the Japanese healthcare system, quoting the various laws and regulations that form the basis for the system, e.g. 'according to the Medical Care Act, the term "Hospital" is defined as "a facility for the hospitalization of not less than 20 patients"', etc., etc. There is a section on the Aichi Medical Interpretation System and its Future, which appears to be an incongruous inclusion in a chapter devoted to the Japanese health care system.

The rest of the book is a description of the various medical specialties, each with a glossary of relevant medical terms and their Japanese equivalents.

### **General considerations**

There are a number of concerns relating to the way the book is written and the intended readership. Before these issues are addressed, however, some general com-

ments relating to this book need to be addressed.

This version is not the original edition of the book. Indeed, it includes a *Foreword to this Edition*. The original edition needs to be mentioned as well as the other related editions published.

There are a number of places where the book could benefit from English editing, which is strange, since one would expect the publishers to provide an editor. It is not the job of this reviewer to edit the English of the book, but one of many examples is the following sentence on p. 7: 'The general public and people working in environments that do use interpreters are seldom conscious that of what interpreting encompasses,' etc., etc. Some of the language is colloquial and anecdotal, which is not at all suitable to a book of this sort; furthermore, if colloquial language is used at all, it should be used throughout, and that is not the case here.

### **Concerns relating to the intended readership**

A serious problem is the intended readership. The introduction identifies three possible users for this book: healthcare interpreters, healthcare translators and healthcare interpreter educators. I would argue that the first two are totally separate specialties, and I find it difficult to see how translators could benefit from this

book. Interpreters, especially beginners, might benefit but will have to plow through much irrelevant material to find what they need. To make the book useful to these three disparate groups, a good glossary is needed. The book also has no links to online material. It has an extensive list of online resources, but with little explanation to differentiate among them. A book of this sort could benefit greatly from a web page providing additional material, images and video of actual interpreting. In fact, much of the incidental information and all of the dictionary material can be posted online. Any interpreter worth his salt in this electronically savvy age will have these things on his phone or other similar device, which is far more accessible than a 408-page book.

Healthcare interpreters are go-betweens between clinicians and patients. The actual work, duties and down-to-earth practice of the interpreter are obscured by the various topics mentioned, and the book never really touches on the nuts and bolts of the interpreter's work. Many important things are mentioned (e.g. cultural differences, situations such as personal loss and the need for hands-on training), but none are tied together cohesively to allow the would-be interpreter to benefit from the information.

The book mentions the use of non-qualified personnel as interpreters. It does not, however, explain how one can apply for a position as an interpreter, what kind of certification is involved and what the remuneration is. Also, there is no mention of the legal position of the interpreter. Suppose a patient becomes worse and decides to sue the hospital. Can he also sue the interpreter for providing false information?

The book is intended for 'Japanese-speaking inter-

preters'. Interpreters are generally more proficient at translating into their own language, so given the target audience of this book, more should be included on the problems associated with communicating in a second target language. On the other hand, the chapters dealing with the Japanese social and health systems seem superfluous. Surely, any Japanese would be familiar with the *senpai-kohai* relationships as well as with the different insurance systems in Japan. For these interpreters, more information about the sensitivities of English-speaking patients would be more useful.

The chapters about medical specialties are not really necessary. There are many books that describe the various medical specialties and provide the specialized vocabulary. As already mentioned, this information is available and far more accessible online and through various apps, so if the authors really felt they needed to provide such information, they should have done so via an Internet link. The book states that interpreters need a thorough knowledge of medical specialties and terminology. I do not believe this to be the case. Interpreters are usually exposed to everyday language, as that is the language that clinicians use when talking to patients. Interpreters need to be able to state what clinicians say in plain terms, in the patient's own language. There are hardly any cases in which the medic will talk to the interpreter in professional terms, or in which it will be necessary for the interpreter to use such terms when addressing the patient. Much more important is the need to be aware of the cultural sensitivities of patients who come from different cultural backgrounds.

In conclusion, this book is packed with information that could be useful to the medical interpreter. It would

have benefited, however, from some serious editing to do away with much of the unnecessary information and expand on the real hands-on needs of the health interpreter. Such editing by a good editor, along with the

addition of an extensive glossary to tell the reader where to find what, would make the second edition a readable and useful book.



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