

February
2018

Vol.17
No.1

J
M
E
E

Journal of Medical English Education
年3回2月・6月・10月発行 第17巻第1号 2018年2月1日発行
ISSN 1883-0951

Journal of

Medical English Education

Editor's perspectives

4 2017 Academic Meeting proceedings Timothy D. Minton

Original article

7 An international exchange program for undergraduate medical science students Thomas Mayers, et al

Proceedings: The 20th JASMEE Academic Meeting (第20回日本医学英語教育学会学術集会)

15 第20回記念日本医学英語教育学会学術集会 福沢嘉孝

16 How Japanese MDs and RNs feel about English brush-up programs Ian Willey, et al

21 Medical students' evaluation strategies in the CLIL classroom Chad L. Godfrey

24 Fostering good English abilities that synergistically incorporate critical thinking in Japanese medical professionals facing the challenges of globalized societies: The value and usefulness of JASMEE Guidelines Seiko Hirai

28 Organizing a charity fundraising event: A class project that brought lessons in life Thomas Mayers

32 Teaching punctuation is important Christopher Holmes

39 Teaching history-taking to 3rd- and 4th-year medical students Alan Hauk and Sean Bennett

42 実務からみた医療英語教育 Teaching medical English for careers in healthcare 服部しのぶ

45 オンライン協同学習によるアジア医学生との交流 Interaction with Asian medical students through online cooperative learning 横山彰三, Kathleen Brown

EMP at work

50 Disease, health and healing are always cultural: Medical anthropology for first-year medical students at Akita University Donald C. Wood

Report

59 The 2017 EALTHY Conference Michael Guest

Letter to the Editors

60 Proposal for describing medical English education in the model core curriculum of medical education Masahito Hitosugi

 Japan Society for
Medical English Education

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

Journal of Medical English Education

Vol. 17, No. 1, February 2018

Journal of Medical English Education, the official publication of The Japan Society for Medical English Education, was founded in 2000 to promote international exchange of knowledge in the field of English education for medical purposes. Until June 2006 (Vol. 5 No. 2), the registered title of the Journal was *Medical English - Journal of Medical English Education*; the current title, which was registered in December 2006 (Vol. 6 No. 1), should be used for citation purposes.

Copyright © 2018 by The Japan Society for Medical English Education
All rights reserved.

The Japan Society for Medical English Education

c/o Medical View Co., Ltd.

2-30 Ichigaya-hommuracho, Shinjuku-ku, Tokyo 162-0845, Japan

TEL 03-5228-2274 (outside Japan: +81-3-5228-2274)

FAX 03-5228-2062 (outside Japan: +81-3-5228-2062)

E-MAIL jasmee@medicalview.co.jp

WEBSITE <https://jasmee.jp>

Distributed by Medical View Co., Ltd.

2-30 Ichigaya-hommuracho, Shinjuku-ku, Tokyo 162-0845, Japan

第21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。第21回学術集会は下記により開催します。歯科大学での初めての開催となりますので、医学英語教育のみならず、歯学英語についても情報を交換していただければと思います。

記

学会名：第21回医学英語教育学会学術集会

メインテーマ：Medical English for All Needs

日 時：2018年7月28日（土）～29日（日）

会 長：影山幾男（日本歯科大学新潟生命歯学部）

実行委員長：羽村 章（日本歯科大学生命歯学部）

会 場：日本歯科大学生命歯学部（九段ホール）（〒102-0071 東京都千代田区富士見1-9-20）

*詳細は学会ホームページをご参照ください。

*学会ホームページ：<https://jasmee.jp/21st-academic-meeting-2018-7-28-29/>

問合せ先：日本医学英語教育学会・事務局

〒162-0845 東京都新宿区市谷本村町2-30 メジカルビュー社内（担当：江口）

TEL 03-5228-2274 FAX 03-5228-2062 E-MAIL jasmee@medicalview.co.jp

Second Announcement

The 21st 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 21st 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: Medical English for All Needs

Dates: Saturday July 28 and Sunday July 29, 2018

Venue: The Nippon Dental University School of Life Dentistry at Tokyo

1-9-20 Fujimi, Chiyoda-ku, Tokyo 102-0071

President: Ikuo Kageyama

(The Nippon Dental University School of Life Dentistry at Niigata)

Executive Committee Chairperson: Akira Hamura

(The Nippon Dental University School of Life Dentistry at Tokyo)

For details, please access the JASMEE homepage (<https://jasmee.jp/21st-academic-meeting-2018-7-28-29/>).

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

TEL 03-5228-2274 FAX 03-5228-2062

E-MAIL jasmee@medicalview.co.jp

Journal of Medical English Education

The official journal of the Japan Society for Medical English Education

jasmee@medicalview.co.jp

Executive chair, JASMEE publications

Isao Date, Okayama

Editorial committee

Editor-in-chief

Timothy D. Minton, Tokyo

Associate editor

Clive Langham, Tokyo

Japanese editor

Takaomi Taira, Tokyo

Committee members

Mika Endo, Tokyo

Alan Hauk, Tokyo

Saeko Noda, Tokyo

Executive adviser

Reuben M. Gerling, Tokyo

Editorial executive board

Chiharu Ando, Hyogo

Raoul Breugelmans, Tokyo

Isao Date, Okayama

Yoshitaka Fukuzawa, Aichi

Shinobu Hattori, Aichi

Masahito Hitosugi, Shiga

Shigeo Irimajiri, Osaka

Masanori Ito, Chiba

Ikuo Kageyama, Niigata

Takako Kojima, Tokyo

Clive Langham, Tokyo

Timothy D. Minton, Tokyo

Shigeru Mori, Oita

Yoshiharu Motoo, Ishikawa

Takayuki Oshimi, Chiba

Kinko Tamamaki, Hyogo

Toshimasa Yoshioka, Tokyo

Review editors

Ruri Ashida, Tokyo

Michael Guest, Miyazaki

James Hobbs, Iwate

Eric H. Jago, Tokyo

Takayuki Oshimi, Chiba

James Thomas, Tokyo

Former editors-in-chief

Reuben M. Gerling, 2008–2014

Nell L. Kennedy, PhD, 2004–2008

Shizuo Oi, MD, 2000–2004

Executive adviser emeritus

Kenichi Uemura, M.D.

Editor's perspectives

2017 Academic Meeting proceedings

Because last October's issue was devoted entirely to the topic of ICT in medical English education, publication of the proceedings of JASMEE's Academic Meeting in Nagoya last July was pushed back to this issue. We are grateful for the eight contributions from presenters who wished to summarize or expand on their presentations for the benefit of JMEE readers, and for the brief overview submitted by the Meeting's President, Professor Yoshitaka Fukuzawa. We would have preferred the proceedings section of this issue to be more voluminous, of course, and we are still happy to accept submissions from presenters who would like to share details of their research or educational activities with a larger audience than they had at the Meeting.

This issue sees the welcome return of the *EMP at work* section with an article by Professor Donald Wood in which he describes a medical anthropology sub-course he gives at Akita University. We would encourage other JMEE readers to follow Professor Wood's example by submitting contributions suitable for inclusion in this section.

The President of our 21st Academic Meeting is Professor Ikuo Kageyama of the Nippon Dental University School of Life Dentistry at Niigata, who extends to all of us a cordial invitation not to Niigata (pity!) but to the Nippon Dental University at Tokyo (<http://www.tky.ndu.ac.jp/index.html>) for the weekend of July 28 and 29. As this year's conference theme, he has chosen *Medical English for all needs*. Professor Kageyama is keen to point out that this will be the first JASMEE conference to be held at a dental school. Special guest speakers will be invited, especially, he says, experts on Dental English Education from abroad.

Professor Kageyama 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 March 31 (earlier than last year's deadline)!

Timothy D. Minton

Editor-in-Chief

Journal of Medical English Education



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

Main Theme : Medical English for All Needs



【会長】影山 幾男 (日本歯科大学新潟生命歯学部 解剖学第1講座)

President : **Ikuo Kageyama**

Professor and Chairperson The Nippon Dental University School of Life Dentistry at Niigata Department of Anatomy

【実行委員長】羽村 章 (日本歯科大学生命歯学部高齢者歯科学)

Executive Committee Chairperson : **Akira Hamura**

Professor and Chairperson The Nippon Dental University School of Life Dentistry at Tokyo Department of Geriatric Dentistry

【会期】2018年 7月28・29日(土・日)

Dates : **Saturday, July 28 & Sunday July 29, 2018**

【会場】日本歯科大学生命歯学部 九段ホール

Venue : **The Nippon Dental University Kudan Hall**

会場
住所

〒102-0071 東京都千代田区富士見1-9-20
(JR総武線 飯田橋駅)

1-9-20 Fujimi Chiyoda-Ku Tokyo (JR Sobu line Iidabashi Sta.)

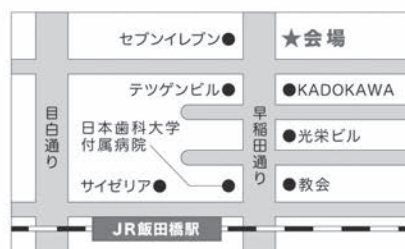
<http://www.tky.ndu.ac.jp/index.html>

【日本医学英語教育学会 事務局】

〒162-0845 東京都新宿区市谷本村町2-30 メジカルビュー社内

TEL ▶ 03-5228-2051 FAX ▶ 03-5228-2059

<https://jasmee.jp/category/events/>



An international exchange program for undergraduate medical science students

Thomas Mayers,¹ Kazuya Morikawa,² C. Kiong Ho,³ and Osamu Ohneda⁴

¹Medical English Communications Center, Faculty of Medicine, University of Tsukuba

²Bacteriology Laboratory, Department of Infection Biology, Faculty of Medicine, University of Tsukuba

³Ho Laboratory, Department of Infection Biology, Faculty of Medicine, University of Tsukuba

⁴Laboratory of Regenerative Medicine and Stem Cell Biology, Faculty of Medicine and Office of Global Initiatives, University of Tsukuba

This report introduces an international exchange program for undergraduate medical science students at the University of Tsukuba. Now in its third year, this program has been particularly effective for steering undergraduate students towards a career in medical science research and developing an interest in studying English. One unique feature of this program is that it is a dual exchange program with both overseas and domestic components. This report introduces the program as it was held in the 2015/16 academic-year, which was organized with partner universities in Indonesia and Vietnam. This report includes the results of a questionnaire survey of the Japanese students involved in the program.

J Med Eng Educ (2018) 17(1): 7–13

Keywords medical science, undergraduate, overseas and domestic exchange program

1. Introduction

In 2014, the University of Tsukuba was selected by the Japanese Ministry of Education, Culture, Sports, Science and Technology's (MEXT) as a Type A university of their Top Global University Project, which provides support to universities that are leading the way in the internationalization of Japan's education system.¹ One aspect of this internationalization process is the launching of "new programs to encourage and deepen interactions and partnerships with the world's top universities."² In 2014, as part of the university's ongoing internationalization efforts we initiated a new international exchange program for undergraduate medical science students. The program builds on successful international partnerships with universities in South East Asia, to bring together medical science students of different nationalities for training in the medical sciences, cultural exchange, and deepening of international understanding. The goals of the exchange program are to foster in our undergraduate students an international mindset, to increase their passion for their study of medical science, and enthusiasm for English

language study, which will hopefully lead them into future careers as scientific researchers who can work and collaborate internationally. We have found that giving students such experience overseas is very effective in fulfilling these goals, and this program, now in its third year, continues to yield exciting outcomes. The undergraduate exchange program differs from our graduate overseas programs³ in that it is a 2-part exchange program with courses held both overseas and in Japan.

The exchange program was designed and executed by the authors of this paper who bring expertise from various fields of medical science and English education, are responsible for teaching undergraduate medical science students and are also involved with organizing international activities. Within these activities, basic and translational science is presented under the guidance of the Medical English Communication Center (MECC) to ensure that requirements of English education as a global scientific language are met. Thus, the aim of establishing the international exchange program was to leverage the scientific and linguistic knowledge and partnerships gained from our graduate-level exchange programs to give undergraduate students a head start in doing research in an international setting. The program was specifically designed for students who are studying or interested in joining the International Undergraduate-Education Program for Medical Scientists, which is one of the university's G-30 Program⁴ courses of study, open to transfer students from over-

● Corresponding author:

Thomas Mayers

Assistant Professor, Medical English Communications Center (MECC)

Faculty of Medicine, University of Tsukuba,

1-1-1 Tennodai, Tsukuba, Ibaraki 305-8575

Email: mayers@md.tsukuba.ac.jp

seas and Japanese students interested in carrying out research in medical science and working internationally.⁵ The classes in this program are all taught in English and students spend a longer time involved in practical medical science research than in the regular medical science course which prepares students for a career as a hospital medical technologist. The international exchange program is also open to first- and second-year undergraduate students who are interested in joining the International Undergraduate–Education Program for Medical Scientists, to give them a foretaste of what they might expect to experience as a student of that course of study.

While there are some similarities with our graduate overseas courses the undergraduate exchange program also has some unique differences, some of which we believe have added greatly to its success and will be of interest to those involved in organizing such international exchanges. Results from a questionnaire completed by Japanese participants are used in this report to offer a student’s perspective on the program.

2. Funding

This program has been largely funded by the Japan-Asia Youth Exchange Program in Science (SAKURA Exchange Program in Science)—an initiative of the Japan Science and Technology Agency (JST) for the promotion of international exchanges in science and technology between young people in Japan and other Asian countries.⁶ Funding for this program also came from the Japan Student Services Organization (JASSO).⁷

3. Description of the exchange program

The exchange program involves 2 separate courses: the first held at a partner university overseas and the second at the University of Tsukuba. In the 2014/15 and 2015/16 academic years, the exchange program was held in partnership with the University of Indonesia, Jakarta and in the 2016/17 academic year, with the university of Medicine and Pharmacy of Ho Chi Minh City, Vietnam. To illustrate the how the program proceeds there follows a detailed description of the 2

courses as they were organized in the 2015/16 academic year.

3.1. Participant selection

Six Japanese students were selected for the course held in Indonesia from August 20th to 26th 2015. The number of students is largely determined by the funding available, but also logistical factors, such a transportation and particularly student-to-teacher ratio. The Japanese participants were selected from the first-, second-, and third-year undergraduate medical science students. Interested students apply and the final selection was based on an interview (carried out in English by the authors of this paper) and consideration of the students’ grade point averages. Participants for both the Indonesian and Japanese courses were mainly selected from members of an elective English class called the “Workshop for Medical Science Students.” This class was first held in the spring semester of 2014 concurrent with planning for the exchange program and was created, by the authors of this paper, for students with an interest in English and working internationally and who were, therefore, likely to enjoy and benefit from the international exchange program. The students from overseas, who were selected to participate in the course in Tsukuba, were likewise selected through an application and interview process in their respective countries carried out by 2 or more of the authors of this paper.

3.2. The 2nd International Medical Science Training Course at the University of Indonesia, Jakarta

The 2nd International Medical Science Training Course at the University of Indonesia was held from August 20th to 26th 2015. As in the previous year, the course was organized by the Department of Biochemistry and Molecular Biology, Faculty of Medicine, University of Indonesia, in cooperation with the University of Tsukuba with MECC providing not only English support but didactic instruction on presentation preparation. Twelve undergraduate students participated in the course: 6 Japanese students chosen as described above plus 6 Indonesian students chosen by the University of Indonesia. The Japanese and Indonesian students were put into

Table 1. 2nd International Medical Science Training Course participating laboratories

Participating laboratories in Indonesia	Topic
Biochemistry and Molecular Biology	Assay for oxidative stress and anti-oxidant
Pharmacology	Treatment of red blood cells with herbal extract
Microbiology	Introduction to tissue culture and Dengue virus
Institute of Human Virology and Cancer Biology	CMV detection in HIV patients using PCR
Parasitology	Malarial diagnostic and microscope examination of parasites
Blood Transfusion Unit, Indonesian Red Cross	Blood component processing: apheresis and screening

pairs and worked together in a participating laboratory (see **Table 1** for a list of laboratories). Each pair learned the fundamental laboratory techniques of molecular and cell biology and applied them in the research/diagnosis of diseases, including those endemic in the tropics such as malaria and dengue. On the penultimate day, a symposium was organized in which students described their experiences studying in their respective laboratories. A forum in biomedical science, in which faculty members from both universities gave lectures about their current research projects, followed the group presentations. The forum also included a lecture by a MECC professor on giving scientific presentations in English.

Alongside the laboratory work, the course included visits to biological and medical facilities. On the second day students visited SEAMO BIOTROP, the Southeast Asian Regional Center for Tropical Biology (<http://www.biotrop.org>), in the city of Bogor, where they learned about the bio-resources of Southeast Asia and current topics and research in tropical biology. The group also visited Cipto Mangunkusumo General Hospital (RSCM), the hospital connected to the Faculty of Medicine of the University of Indonesia. There, students had a tour of the radiology and the neurosurgery departments, where they spoke in English with doctors and technicians and saw the facilities and equipment. At the neurosurgery department, students had the rare opportunity to don surgical scrubs and observe brain surgery in the operating theater and also put their English to the test by talking to the surgeons. On the final day, the students took a tour of the University of Indonesia's main campus in Depok where they visited some of the medical science facilities, laboratories, and classrooms.

3.3. The 2nd Undergraduate Science Course in Tsukuba 2016

The University of Tsukuba's School of Medical Sciences

held the 2nd Undergraduate Science Course in Tsukuba from February 29th to March 6th 2016. A total of 10 students and 2 faculty members from our partner universities in Indonesia and Vietnam were invited: 5 students from the University of Indonesia, 2 students from University of Science, Vietnam National University, and 2 students from University of Medicine and Pharmacy at Ho Chi Minh City, and 1 student from Udayana University in Bali. A third-year student from Meikei High School in Tsukuba, a Japanese Super Science High School, also participated in the program as part of the University's outreach to high school students.

The 11 visiting students were paired with 11 students from Tsukuba and together they joined a participating laboratory at the University of Tsukuba (see **Table 2** for a list of laboratories). For the students from Vietnam and Indonesia this was a unique opportunity to work in a state-of-the-art Japanese laboratory and receive training in cutting-edge experimental procedures and techniques. In the laboratories, the participants were supervised by faculty, graduate students, or in some cases senior undergraduate students.

On the penultimate day of the course, students gave English presentations about their experience in the laboratory, introducing the scientific background of their various studies, experimental methodologies, results, and discussions of what they had learned. In preparation for their presentations the students had a lecture about scientific presentation and also had individual coaching for their presentations with a faculty member from MECC. After the final presentations, each of the participants received a certificate for completing the course.

The course also included several talks and lectures held throughout the week. Faculty and representative students from each of the participating countries gave talks about cultural aspects of their country and medical/medical science education at their institution. Students also had the opportu-

Table 2. 2nd Undergraduate Science Course in Tsukuba 2016, list of participating laboratories

Participating laboratories in the University of Tsukuba	Topic
Immunology	Analysis of immune receptor involved in disease
Molecular Virology	Molecular mechanism of influenza virus replication
Experimental Pathology	GNMB in cancer stem cells
Medical Genetics	Learning basics of genotyping
Bacteriology	Antibiotics resistance in pathogenic bacteria
Molecular Parasitology	Gene expression in protozoan parasite
Regenerative Medicine and Stem Cell Biology	Regenerative medicine and Stem cell biology
Biochemistry	Regulation of gene expression during adipocyte differentiation and iPSC generation
Physiological Chemistry	Regulation of intracellular trafficking of plasma membrane proteins through ubiquitination
Medical Physics	Radiation physics
Internal Medicine (Endocrinology and Metabolism)	Molecular biology of metabolic syndrome

nity to visit national institutes in Tsukuba, such as the Japanese Space Exploration Agency (JAXA), to learn various activities and achievements of the Japanese space program and the National Institute of Materials Science (NIMS), to explore how research into materials science, particularly nanotechnology, is also contributing to medicine.

As part of the program the students also took part in some cultural activities together, including a tour of some famous sightseeing spots of Tokyo and a trip to Mount Tsukuba. These cultural activities were extremely important for helping the students to build friendships, and also gave the Japanese students the opportunity to introduce their country, culture, and food to the visitors.

4. Feedback and discussion

To gauge the Japanese students' opinions about the exchange program and evaluate its impact on their enthusiasm for science and English, we carried out a questionnaire survey of the 5 students who had participated in both the overseas and Japanese courses in the 2015/2016 academic year (Table 3). The questionnaire was sent by email to the students following the completion of the Undergraduate Science Course in Tsukuba. It includes items to measure their overall impression of the course, specific questions about science and English, and gives students the opportunity to offer feedback for improving the program. Some items are answered on a 5-point Likert scale (eg "How much did you enjoy this exchange program?"), while others questions allow the students to respond in their own words (eg "What was the most interesting part for you?"). Results from these questionnaire items are presented in Figure 1.

4.1. Overall student satisfaction

The questionnaire revealed that the Japanese participants enjoyed the exchange program; in answer to question 1 "How much did you enjoy this exchange program?" on a scale of 1 to 5 with 1 being "not at all" and 5 being "I really enjoyed it," the mean score was 4.6. The Japanese students enjoyed the Indonesian course slightly more than the Japanese course (mean scores: 4.8 and 4.4, respectively). The questionnaire revealed that it was the social interaction and cultural exchange with the Indonesian and Vietnamese students that was most enjoyable part of the program (questions 2, 5, and 7). All the students expressed that they would like to take part in this program again (question 14) and that they would recommend it to a friend (question 15). The questionnaire also showed that the program was a practical help for the students; in answer to question 9 "Do you think that the things that you learned in this program will be helpful for your future?" the mean score was 5.

4.2. Scientific education

The questionnaire contained 1 question that referred directly to the scientific aspect of the course: "Do you think your enthusiasm for studying science has increased after this program?" In answer to this question the mean score was 4.2; which suggests that the program was effective for raising students' interest in studying science. The questionnaire also gave further opportunity for students to write comments about the program and 3 comments mentioned the program's scientific content. For example, in answer to question 7 "What was the most interesting thing that you learned in the Japanese part of the program?" a student wrote: "the

Table 3. Questionnaire to Japanese participants of both courses held at the University of Indonesia and University of Tsukuba

1. How much did you enjoy this exchange program? (5-point scale)
2. What was the most interesting part for you?
3. What was the most difficult part for you?
4. Did you enjoy the visit to Indonesia? (5-point scale)
5. What was the most interesting thing that you learned in Indonesia?
6. Did you enjoy the Japanese part of the program? (5-point scale)
7. What was the most interesting thing that you learned in the Japanese part of the program?
8. Do you think that your enthusiasm for studying science has increased after this program? (5-point scale)
9. Do you think that the things that you learned in this program will be helpful for your future? (5-point scale) Please explain which things will be useful.
10. How much do you think that your English ability improved because of this program? (5-point scale)
11. Which English skills do you think have improved? Reading (5-point scale), Writing (5-point scale), Listening (5-point scale), and Speaking (5-point scale)
12. Do you think that your enthusiasm for studying English increased because of this program? (5-point scale)
13. How can this program be improved?
14. Would you like to take part in this program again?
15. Would you recommend this program to your friends?
16. Any other comments:

experiment at the lab was very exciting!!” Another student, in answer to question 12, “How can this program be improved?” expressed that they would like the program to be longer, stating: “I felt that the time I experienced lab was a little bit short and I felt strongly for this the students who attend need to study hard before going.” As first- and second-year undergraduates, some of the participating students from Japan are still at a rudimentary stage of their education in medical sciences. As such, the hands-on experience of the various laboratories in both Indonesia and Japan gave the students an exciting window into the world of scientific research. Students had an opportunity to experience a number of experimental protocols including DNA extraction, polymerase chain reaction (PCR), and genotyping. This experience allows students to get a better understanding of life as a scientist. Concurrent to the exchange program, the second-year Japanese students are under evaluation for enrollment into the International Undergraduate–Education Program for Medical Scientists. Students entering this course of study must decide in which of the many medical science laboratories they do their research. Some students can actually visit and work in potential host laboratories during this exchange program and thus it can function as a try-out period to get to know the research and the members of their respective laboratories.

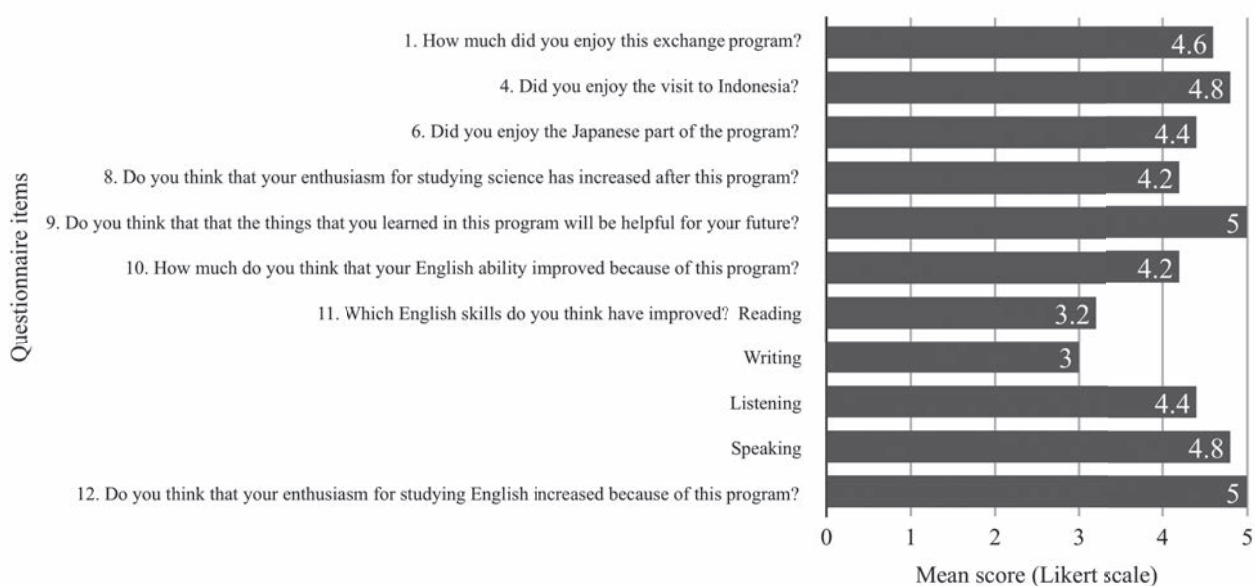
4.3. English education

The exchange program was effective for increasing the Japanese students’ motivation to study English. With regard to its impact on students’ English ability and confidence, the

questionnaire yielded some exciting results. In answer to question 10 “How much do you think that your English ability improved because of this program?” on a scale of 1 to 5 with 1 being “not at all” and 5 being “it improved a lot,” the mean score was 4.2. Question 11 surveyed the student’s perception of their improvement in the 4 skills of English – reading, writing, listening, and speaking. The students felt the greatest improvement in their speaking ability (mean: 4.8), followed by listening (4.4), reading (3.2), and finally writing (3). Question 12 asked students to gauge, again on a scale of 1 to 5, the degree to which their enthusiasm for studying English had increased because of this program, to which the mean answer was 5, which indicated “a big increase” in enthusiasm. One student wrote: “I enjoyed this program so much! I felt that I should study English and the cultures of other countries. Actually, I decided to go to America for a language-training course. I hope that my English skill will improve more.”

The questionnaire revealed that, throughout both courses, it was the forging of friendships, the everyday interactions between the Indonesian, Vietnamese, and the Japanese students—conversing together, eating together, studying together—that had the most profound impact on students’ enjoyment of the program and ability and confidence to communicate in English. There were multiple comments to this effect. For example, a student said that the most interesting thing was: “sightseeing and shopping with students there! And having lunch with them made me so happy!” while another found “communicating with Indonesian students” and “making a good relationship with people in other country” the

Figure 1. Mean scores from the questionnaire survey results of Japanese students who participated in both the Indonesian and Japanese courses of the 2015/16 exchange program (N = 5)



most interesting.

The program also motivated the students to study English. In answer to question 12 “How can this program be improved?” a student suggested “establish new English classes in spring and autumn periods.” Indeed, at the end of the course in Indonesia, some of the Japanese students said that they would like to study English more in order to communicate better with the students when they visited Japan. An informal English communication class was opened expressly for this purpose. This class met weekly for about 20 weeks in the MECC office and the lessons were designed to equip the students with the necessary English for hosting foreign students in Japan. Thus, by having the follow up course in Japan it gave the students a tangible goal to work towards, which motivated them to improve their English.

The results of the questionnaire, however limited, do indicate increased levels of motivation and confidence in communicating internationally in English. This is in-line with the Japanese Ministry of Education, Culture, Sports, Science and Technology’s (MEXT) *Five Proposals and Specific Measures for Developing Proficiency in English for International Communication*, which emphasize the “unprecedented necessity of English in universities and enterprises.”⁸ This document states:

Foreign language proficiency required in global society can be defined as capability of smooth communication with people of different countries and cultures using foreign languages as a tool. The capability of smooth communication implies, for example, confident and active attitude toward communication with people of different countries and cultures as well as accurate understanding of partner’s thoughts and intentions based on his/her cultural and social background, logical and reasoned explanation of one’s own views, and convincing partners in course of debates.

In this respect, our exchange program is a highly effective way to achieve that goal of fostering English communication skills in students, by raising their confidence and command of spoken English, but more so by increasing their motivation to study it further, moreover, it does so in the context of cross-cultural communication with peers of different cultural backgrounds, as highlighted in the MEXT statement quoted above. One comment made by a student in the questionnaire reflects this:

I could broaden my horizon because I encountered other cultures and met people with different backgrounds. I felt the world is very wide. Moreover, I was able to know how to use conversational English. Japanese students usually don’t have the time to study and use it. On the other hand, some Indonesian children start to practice speaking English from 5 or 6

years old. I was surprised at how well they can use English.

5. Conclusions and future directions

In this report we have introduced an international exchange program for undergraduate medical science students, organized by the University of Tsukuba and partner universities in Indonesia and Vietnam. The report includes a detailed description of the 2015/16 program, which involved 2 courses held in Jakarta and Tsukuba, and an evaluation of the results of a questionnaire completed by the Japanese students who participated in both courses. The results of the questionnaire indicate that the participants not only developed greater cultural awareness and motivation to study science, but also greater confidence and motivation to study and use English.

There are a number of important features of this exchange program that have contributed to its success. Firstly, the interview process used for recruiting the participants from overseas for the course held in Japan allowed us to select those who would really benefit from the program and who would, by their personality and English and/or scientific ability, exert a positive influence on our Japanese students. This is different from our graduate-level programs, for which students are selected based on their application materials alone, without having any interview process. The success of the interview process was informally confirmed by comments from the laboratory supervisors, who attested to the high-quality and good communication skills of the participants.

Secondly, while our graduate-level international exchange programs have been based either in Japan or overseas, this undergraduate program gives the students an opportunity to work alongside international students to study medical science in 2 different cultural contexts. In anticipation of the second course, in which the students would host their peers from Indonesia and Vietnam, the students were very motivated to study English and they were also eager to be hosts and introduce Japan and Japanese culture to their visitors. We believe that this anticipatory effect was, therefore, particularly influential in sustaining the motivation of the students over a long period. To take advantage of this effect, we lengthened the period between the Jakarta and Tsukuba courses from 1 month (as it was in 2014/15) to 6 months for the 2015/16 program. Furthermore, this additional time allowed us to hold the informal English communication class, mentioned above, which was a further improvement for the 2015/16 program.

Another feature is that the course is for undergraduate students and as such gives them invaluable experience of

doing research internationally at a relatively early point in their education. In contrast to the graduate students, who have to a large extent already determined their avenues of study, undergraduates are still at a formative stage of their education. The program seems to have had the effect of not only motivating the Japanese students to improve their English, but also to pursue their studies in the medical science research field within the curriculum of the University of Tsukuba. In the first 2 years of this exchange program, 11 undergraduate students participated in the courses held in Indonesia. Of those, 5 were students enrolled in University of Tsukuba's International Undergraduate-Education Program for Medical Scientists, and of the remaining 6 students, 5 joined or plan to join this program of study. In addition, the opportunity for students from overseas to experience a Japanese university also has effects. For example, an Indonesian graduate student who joined the course in 2015 subsequently joined the University of Tsukuba as a graduate student and became a supervising student in the 2016 exchange course. To date, 4 international students who participated in the undergraduate exchange program have enrolled in postgraduate courses at the University of Tsukuba, which further contributes to the university's internationalization process and aids in retention of globally-minded students.

Now in its third year, the program has been adjusted and improved upon, but factors outside of our control, have also contributed to its evolution. Sadly, the act of terrorism that took place in Jakarta in January 2016 led to a decision by the University of Tsukuba to refrain from sending students to Indonesia. Therefore, in the last 2 years, the overseas course was held at the University of Medicine and Pharmacy in Ho Chi Minh City, Vietnam, and was again very successful. We hope to continue to give our undergraduate students opportunities to participate in such exchange programs, and believe that these small windows into the wider world of medical science research will lead to successful international careers and hopefully scientific breakthroughs in medicine.

Acknowledgements

The authors would like to thank firstly our colleagues at the University of Indonesia, the University of Medicine and Pharmacy of Ho Chi Minh and the staff of the University of Tsukuba and satellite offices in Vietnam who make this program possible. We would also like to acknowledge the invaluable contribution of the reviewers of this manuscript.

References

1. Ministry of Education, Culture, Sports, Science and Technology, Top Global University Japan homepage. <<https://tgu.mext.go.jp/en/index.html>> (accessed on Nov. 10, 2017)
2. Ministry of Education, Culture, Sports, Science and Technology, Top Global University Japan homepage. <<https://tgu.mext.go.jp/en/about/index.html>> (accessed on Nov. 10, 2017)
3. Mayers T, Purdue BK, Ho CK, and Ohneda O. 2015. Teaching science and learning English: an introduction to the Molecular Biology Course in Vietnam. *Journal of Medical English Education* **14**(3): 87-92.
4. Ministry of Education, Culture, Sports, Science and Technology, Global 30 Project homepage. <<http://www.mext.go.jp/en/policy/education/highered/title02/detail02/sdetail02/1373894.htm>> (accessed on November. 12, 2017)
5. University of Tsukuba, School of Medical Science homepage. <<http://www.global.tsukuba.ac.jp/departments/medicine-and-medical-sciences>> (accessed on Jun. 20, 2017)
6. Japan Science and Technology Agency, Sakura Exchange Program in Science homepage. <<http://ssp.jst.go.jp/EN/index.html>> (accessed on Nov. 14, 2017)
7. Japan Student Services Organization homepage. <<http://www.jasso.go.jp/en/>> (accessed on Nov. 14, 2017)
8. Ministry of Education, Culture, Sports, Science and Technology, Commission on the Development of Foreign Language Proficiency, Five Proposals and Specific Measures for Developing Proficiency in English for International Communication. 2011. <http://www.mext.go.jp/component/english/_icsFiles/afieldfile/2012/07/09/1319707_1.pdf> (accessed on Nov. 14, 2017)

第20回記念日本医学英語教育学会学術集会

福沢嘉孝

愛知医科大学大学院医学研究科（戦略的先制統合医療・健康強化推進学）、愛知医科大学病院先制・統合医療包括センター 教授

平成29年7月22日(土)～23日(日)、オルクドール・サロン(大名古屋ビルヂング33階)(<http://www.orquedor.jp/salon/>)において第20回記念日本医学英語教育学会学術集会が開催されました。本会場は名古屋駅前で、非常にモダンで利便性(含、交通アクセスなど)のよい環境内に立地し、まさに熱きディスカッションの場としては最適と考え決定した次第です。22日(土)は9時～18時30分まで、その後19時から情報交換会を兼ねた懇親会を開催、23日(日)は8時30分～17時10分までと、非常にタイトなスケジュールのなか、2日間で応募演題数：31演題(英語・日本語)、参加者数：約260名と、非常に盛会裡に終了することができました。また、応募演題以外で特に注目すべきセッションは、初日の(1)パネルディスカッション「卒前の医学英語教育の質保証を目指して」(4講演)、(2)パネルディスカッション、(1)を踏まえての著名人による3者対談「日本の医学教育のグローバル化の流れのなかでの医学英語教育のあり方」(座談会)、2日目の(3)特別講演「世界一流誌に採用される

論文の書き方」、(4)シンポジウム「医学英語教育を介しての国際的医療人養成のknow-how(tips)」(3講演)でしたが、会場はいずれも満席で途中退席者もなく、最後まで熱心でレベルの高いディスカッションが繰り広げられ、会員の皆様からも好評を博しました。初日の3者対談では本学を代表して、三宅養三理事長にもご参加いただき、「今後加速される、よりグローバルな社会・医療環境を乗り越えるため、しっかりとした母語(日本語)教育に立脚したうえでなら、医学英語は非常に有用なツールの1つになりうる！」との非常に貴重なコメントをいただきました。

末筆となりましたが、本学術集会開催に当たり多大なるご支援とご協力を賜りました学内関係者(含、愛漢勉強会関連の医学生)並びに学会関係者(含、事務局)の皆様へ心より厚く御礼申し上げます。



図1. 3者対談風景(座談会)：向かって左から、施光恒先生(九州大学)、三宅養三先生(愛知医科大学理事長)、伊達勲先生(JASMEE理事長・岡山大学)



図2. 学会風景(多数の学会員が参加)：両日で約260名



図3. 本学医学生、第19回大会長(Timothy D. Minton)、第20回大会長(筆者：福沢嘉孝)、第21回大会長(影山幾男先生)との記念撮影

How Japanese MDs and RNs feel about English brush-up programs

Ian Willey¹, Kimie Tanimoto², Gerardine McCrohan¹, and Katsumi Nishiya³

¹Higher Education Center, Kagawa University

²Faculty of Medicine, Kagawa University

³Center for Medical Education, Kansai Medical University

Keywords English for medical purposes; English for nursing purposes; in-service learning; interviews; needs analysis; questionnaire

1. Introduction

The importance of English language skills to medical professionals around the globe has been asserted in numerous books and articles. Hull, for instance, states that medical professionals whose first language is not English must have knowledge of medical English terminology and expressions as well as facility in informal, patient-friendly English¹; Oshima, Jego, and Thomas similarly note that formal presentation and writing skills, in addition to the ability to communicate with patients and staff in English, are required of medical doctors². Matsui et al. found that Japanese medical doctors with limited proficiency in reading English texts will become handicapped in their ability to practice evidence-based medicine³. At the JASMEE conference in Yokohama in 2016, we presented on a study that examined the English language needs of nearly 2,000 medical doctors (MDs) and registered nurses (RNs) working in Kagawa prefecture, and showed that for the vast majority of MDs, and a slim majority of RNs, English skills are indeed necessary for their work⁴. Furthermore—and much less heartening for those of us involved in English for medical purposes (EMP) education—the majority of both MDs and RNs feel that their tertiary-level English education failed to prepare them adequately for their encounters with English in the workplace.

At the JASMEE conference in Nagoya in 2017, we continued presenting our research on the English needs of MDs and RNs in Kagawa, focusing this time on how our participants

feel about in-service English training programs. Data sources include responses to two questionnaire items (one generating quantitative data and the other qualitative data) as well as semi-structured interviews with a group of MDs.

2. Participants' interest in in-service English programs

On the questionnaire distributed to MDs and RNs in 2016, one item concerned whether or not respondents were interested in participating in English in-service training, or “brush-up,” programs. One purpose of our ongoing study is to generate an assessment of medical professionals' interest in and ideas about such brush up programs, in order to guide us in developing such programs at our own university hospital and in the surrounding area.

Table 1 displays responses from MDs and RNs at five different target hospital groups: one university hospital (Univ.); one prefectural hospital (Pref.); one medium-sized general hospital (Med.); and two small hospitals (Small). The university and prefectural hospital were both considered large hospitals; classification of hospitals according to size was done according to the number of beds in each hospital, as indicated on each hospital's website. **Table 1** shows that most MDs (over 60% at each hospital) are interested in in-service Eng-

● **Corresponding author:**

Ian Willey

Higher Education Center, Kagawa University

1-1 Saiwai-cho, Takamatsu, Kagawa 760-8521

Email: ianwill@cc.kagawa-u.ac.jp

This report is based upon a presentation delivered at the 20th JAS-MEE Academic Meeting held at the Orque d'or Salon in Nagoya on July 23, 2017.

Table 1. MDs' and RNs' interest in in-service English programs

Hospital	MD			RN		
	YES	MAYBE	NO	YES	MAYBE	NO
Univ.	132 (71)	37 (20)	17 (9)	236 (50)	171 (35)	77 (16)
n	186			484		
Pref.	44 (64)	16 (23)	9 (13)	249 (49)	176 (34)	88 (17)
n	69			513		
Med.	38 (68)	14 (25)	4 (7)	127 (34)	170 (46)	75 (20)
n	56			383		
Small	25 (66)	8 (21)	5 (13)	91 (31)	116 (40)	83 (29)
n	38			290		

Values are number (percentage)

lish programs; only around 10% at each hospital explicitly indicated a lack of interest. The RNs, however, showed a more lukewarm attitude towards English in-service learning programs; though around half of respondents answered “yes” to this question at the two large hospitals, at the medium-sized and small hospitals this number decreased, yielding an increase in the number of those who answered “maybe” or “no.” Clearly, the MDs and RNs differ in their willingness to participate in-service English training programs, and any attempt to develop brush-up programs must take these different attitudes into account.

3. Reasons for participants' interest in in-service English programs

The findings above show that MDs in Kagawa are interested in furthering their English education, while RNs are more ambivalent towards this prospect. In order to develop effective and attractive programs for MDs and RNs, however, it is necessary to understand why these MDs and RNs are (or are not) interested in such programs. What are their reasons for wanting to participate? What do they hope to gain from such programs? What obstacles might prevent their participation? In order to gather this information, we included an item on the questionnaire which asked respondents to explain their reasons for their interest or lack of interest in in-service English training. 227 MDs and 848 RNs responded to this item, explaining their reasons in Japanese. These responses were entered into NVivo11 (QSR International) in order to under-

go qualitative data analysis. Each response was coded for the topics it contained, following procedures described in Saldaña⁵. Coding was done by the first author (a native English-speaking English teacher) in collaboration with the second author (a native Japanese-speaking pediatrics nursing professor). 45 topics were identified in the MDs' writings and 46 topics for the RNs.

For respondents who expressed an interest in participating in in-service English programs, the ten most frequent topics identified in MDs' and RNs' responses are shown in **Table 2**. It is important to note that participants' expressions of interest in in-service English programs did not necessarily correlate to their response to the previous questionnaire item (whether they were or were not interested in such programs), as discussed in the previous section. Many participants were indeed interested in in-service English programs, but felt that they were unable to participate due to various obstacles, which we will discuss in the next section.

As can be seen in the table below, the primary reason given by the MDs for their interest in in-service English programs is their belief that English skills are necessary for doctors, with 87 MDs making this claim. This was followed by an expressed desire to be able to speak English (27 MDs); a belief in the necessity of English for publication and presentation (16 MDs); a belief in the necessity of English for international exchange or study abroad (13 MDs); and the idea that continuous English education is necessary. For RNs, the primary reason for an interest in in-service English programs

Table 2. Reasons that MDs and RNs are interested in in-service English programs

MDs	References
1. English skills necessary for doctors	87
2. Want to be able to speak English (learn productive skills)	24
3. English necessary for publication and presentation	16
4. English necessary for international exchange/study abroad	13
5. Continuous English education is necessary	12
6. Own English ability insufficient	11
7. English necessary to communicate with foreign patients	10
8. Opportunities to learn/study English limited	10
9. Difficult to study English on one's own	9
10. Practical (Medical) English skills necessary	8
RNs	
1. English necessary to communicate with foreign patients	169
2. English skills necessary for nurses	168
3. Want to be able to speak English (learn productive skills)	53
4. Having difficulties at work using English	44
5. Necessity for English will increase in the future	36
6. Globalization is progressing	33
7. Practical (Medical) English skills necessary	32
8. Need help to read medical chart/understand doctor	20
9. Opportunities to study English are limited	15
10. English necessary for reading & getting information	14

References = the number of instances of these topics in the data set

was the belief that English is necessary to communicate with foreign patients (169 RNs), followed closely by the necessity of English skills for nurses (168 RNs); like the MDs, they also want to be able to speak English (53 RNs), but they are also having difficulties at work using English (44 RNs), and believe that the need for English will increase in the future (36 RNs).

These findings show that communication with patients may have been a greater need for the RNs than for the MDs, as only 10 MDs explicitly indicated a need to be able to communicate with foreign patients, compared to 169 RNs. These MDs also may have had a greater need for using English for academic pursuits, both in Japan and abroad, while many RNs appeared to view English as a tool that will gain in necessity in the future, as globalization progresses. Interestingly, 20 RNs wrote that they need English skills in order to read medical charts or to understand a doctor, indicating perhaps a greater need for medical English knowledge on the part of RNs than for MDs, as we discovered last year⁴.

4. Obstacles to participation in in-service English programs

Although less numerous than the “positive” topics described above, both MDs and RNs wrote about obstacles to participation or concerns they had about in-service English programs. Again both similarities and differences were observed in the topics that emerged in the writings of MDs and RNs. The eight most frequent reasons given by both MDs and RNs are in **Table 3** (other topics identified in MD writings were made by only one MD each and so we decided not to include them in the table).

The main obstacle to participation for the MDs appears to

be lack of time, with 27 references. For RNs, however, the main reasons given were that they have not or hardly use English at work (94 RNs) and that they are not having difficulties at work involving English (72 RNs). This finding supports a questionnaire finding from last year: most of the MDs are using English at work, but far fewer RNs have experienced using English in their jobs, especially those RNs at the medium-sized and small hospitals⁴. 9 MDs also indicated that they were not having difficulties at work involving English; however, it is unclear whether this means that they are able to use English, and thus have no problems, or that they simply are not using English. This is also true for the RNs, though the fact that 94 nurses (and no MDs) wrote explicitly about never having used English at work suggests that “not having difficulties at work” may have different meanings for MDs and RNs. Both MDs and RNs were critical of their own English proficiency, to the point that it would hinder participation in English classes (comments made by 3 MDs and 45 RNs)—though only the RNs stated that they felt “too old” to begin studying English. 15 RNs also placed a higher priority on their work as nurses as well as nursing seminars. Last, both MDs and RNs voiced doubts that such programs would be useful (11 MDs and 33 RNs, respectively), and stated that their participation would depend on the content and execution of such programs.

5. Interviews

In order to gain a better understanding of participant MDs’ and RNs’ expectations of, and concerns regarding, in-service English programs, as well as their attitudes towards and experiences with English in the workplace, we are now conducting interviews with MDs and RNs at the four target hos-

Table 3. Obstacles to participation in in-service English programs

MDs	References
1. Little or no time for such programs	27
2. Doubt that such programs would be useful	11
3. Not having difficulties involving English	9
4. Would depend on the content & execution of such programs	8
5. Doctors have greatly different English ability levels	7
6. Own poor English would hinder participation	3
7. Better to study on my own	2
8. More important to use English on a daily basis	2
RNs	
1. Have not/hardly used English at work	94
2. Not having difficulties involving English	72
3. Little or no time for such programs	56
4. Own poor English would hinder participation, learning	45
5. Doubt that such programs would be useful	33
6. Feel too old to learn English	18
7. Nursing/nursing seminars more important	15
8. Would depend on the content & execution of such programs	14

Table 4. What participants considered to be their strongest and weakest English skills

Participant	Specialization	Strongest skill	Weakest skill
MD1	Pediatrics	Speaking	Listening
MD2	Pediatrics	Reading	Listening
MD3	Pediatrics	Reading	Speaking
MD4	Anesthesiology	Reading	Speaking
MD5	Hematology	Reading	Speaking
MD6	Urology	Reading	Speaking

pitals. This phase of the study will hopefully be completed by the end of the 2017-2018 academic year. Over 20 interviews of MDs and RNs have been planned, and at present we have completed interviews of 6 MDs (three pediatricians, one anesthesiologist, one hematologist, and one urologist). As this study phase is still in progress, findings to date will only be mentioned in respect to one interesting issue gleaned from the analysis of questionnaires and responses to the open-ended item: that both MDs and RNs view English speaking skills to be the most important of the four skills for medical and nursing students⁴, as well as one of their main reasons for expressing interest in in-service English programs.

In the interviews, participants were asked to identify their strongest and weakest English skills, of the four primary skills of speaking, listening, reading, and writing. Responses from participants, as well as each participants' area of specialization, are shown in **Table 4**.

The most striking finding is that, apart from MD1, all participants considered reading to be their strongest English skill, and four of the six participants said that speaking was their weakest skill. MD2 stated that listening was her weakest skill, though she added that her speaking skills were at least as poor; she only chose listening because she needed this skill more than she needed to speak in English, and therefore could notice that her listening skills were weak. It should be noted that MD1, who identified speaking as her strongest skill, was something of an exceptional interviewee, as she was the only interviewee who had received an advanced degree abroad (in the United States) and who chose to do the interview in English. The remaining participants had been educated exclusively in Japan, and all felt that their English education was fairly typical of Japanese students, with an emphasis on reading, writing, and grammar and much less time spent on speaking and listening tasks. That most participants consider themselves weak in English speaking ability should come as no surprise; the failure of Japanese schools to inculcate students' English speaking abilities has been the subject of many books and journal articles⁶.

However, participants' positive evaluation of their English

reading skills may help to explain why the MDs in our study considered medical English to be less important to medical students than English speaking skills. All of the interviewees stated that they read in English much more than they make use of the other three skills. As MD5 put it, reading in English is a "must" for doctors, something that must be done every day. MD2 also said that he was reading in English on a daily basis, both for his own research and to gain information for his patients from the most current periodicals—which are all published in English. Interviewees generally felt that they are able to gain a solid understanding of medical English terms relevant to their fields through their regular English reading. MD2 stated that he is able to use these terms when he has to communicate in English with patients—the problem, however, is in speaking to patients naturally, and in a friendly manner. He is aware that he must sound blunt and unfriendly when speaking to patients, but simply lacks the basic conversational competence to communicate naturally with patients; this is a great source of stress and frustration to him. Apart from MD1, the other interviewees felt similarly. More than medical English, they felt that they need to practice basic communication with English speakers, about a variety of topics, some medical and some non-medical. Thus, they would be interested in in-service English training programs that offer participants the opportunity to talk about various topics in English, in addition to other activities such as medical English vocabulary building, listening, and presentation practice. What they do not need, they all said, was more reading practice, as they are getting this already in their daily work.

6. Conclusions

This study has shown that medical doctors in Kagawa prefecture are interested in in-service English learning programs, and that programs which offer doctors the opportunity to talk about medical and non-medical topics may be attractive and profitable to these doctors. However, several obstacles must be acknowledged in any attempt to design such in-service programs for registered nurses; this study has shown that RNs, at least those in Kagawa prefecture, have a substantially lesser need for, and interest in, English

than the MDs, especially those working at smaller, rural hospitals. Interviews of RNs, which we plan to begin in the near future, should shed further light on RNs' concerns about such programs as well as their actual English needs—or which nurses, in which hospitals and departments, have the greatest need for English.

Drawing from the insights gained from this study, we have been working with a pediatrics doctor at our university hospital to manage a weekly, informal English class during the lunch hour which doctors can attend on a volunteer basis. In Nagoya, we briefly described this class, but will save any further details for (we hope) next year's presentation and accompanying proceedings article. We will only say here that our involvement in this in-service English course has reinforced our conviction that medical doctors in Kagawa prefecture have a deep need for English speaking practice about topics both inside and outside the realm of medicine.

Acknowledgements

We thank the nearly 2,000 participants for taking the time to respond to our survey, as well as the administrative staff

of the five target hospitals whose earnest cooperation enabled our study to proceed so smoothly. This study was supported by a MEXT grant-in-aid for scientific research (#15K02518).

References

1. Hull M. 2016. Medical language proficiency: A discussion of inter-professional language competencies and potential for patient risk. *International Journal of Nursing Studies* **54**: 158-172.
2. Oshimi T, Jego EH, and Thomas, JC. 2016. An extracurricular clinical English program for Asian medical undergraduates. *Journal of Medical English Education* **15**(1): 7-13.
3. Matsui K et al. 2004. Poor English skills as a barrier for Japanese health care professionals in learning and practising evidence-based medicine. *Medical Education* **38**: 1203-1205.
4. Willey I, McCrohan G, Nishiya K, and Tanimoto K. 2016. The English needs of doctors and nurses at hospitals in rural Japan. *Journal of Medical English Education* **15**(3): 99-104.
5. Saldaña J. 2009. *The Coding Manual for Qualitative Researchers*. Los Angeles: Sage.
6. Seargeant P. 2009. *The Idea of English in Japan: Ideology and the Evolution of a Global Language*. Bristol: Multilingual Matters.

Medical students' evaluation strategies in the CLIL classroom

Chad L. Godfrey
Saitama Medical University

Introduction

In 2016, I attended a weeklong CLIL workshop in Rovaniemi, Finland, and during one of the sessions, John Hattie's 2012 work, *Visible Learning for Teachers: Maximizing Impact on Learning*,² was introduced. Hattie analyzed 1,000, meta-studies to show statistically what influences student achievement. The data from these studies was calculated and a numerical score (called an effect size) was derived based on the learning impact of the item. A ranked list of these effect sizes was offered, with scores greater than 0.40 seen as significant. Dominating this list was self-reported grades, which had an effect size of 1.44.

1. Rationale

Self-assessment is not a new concept in education, and its power should not be underestimated. Brown & Harris¹ have asserted, "Perhaps the most powerful promise of self-assessment is that it can raise student academic performance by teaching pupils self-regulatory processes, allowing them to compare their own work with socially-defined goals and revise accordingly" (Andrade, 2010; Black & Wiliam, 1998; Butler & Winne, 1995; Hattie & Timperley, 2007; Ramdass & Zimmerman, 2008, in Brown & Harris, 2013).

From 2010 to the present, I have been teaching at Saitama Medical University, working with first-year medical students in a CLIL-based classroom. At the start of each presentation unit, I have routinely shared with students the scoring criteria. However, I noticed that my students did not have a solid investment in reaching the scoring criteria goals. Instead, many went through the motions of completing a satisfactory presentation, with me giving the same follow-up feedback at the end of the unit. This situation (together with Hattie's

research) led me to consider how to give my students greater ownership over their assessment.

In this study, I will explore the measures taken to improve assessment in a first-year CLIL classroom in respect to presentations, by allowing students to become active stakeholders in creating criteria and evaluating their learning through self-assessment.

2. Outline of the study

Dylan Wiliam's book, *Embedded Formative Assessment*, includes 5 basic principles that are a part of formative assessment practices:

1. clarifying and understanding learning intentions and criteria for success
2. engineering effective classroom discussions, questions and tasks that elicit evidence of learning
3. providing feedback that moves learners forward
4. activating students as instructional resources for each other, and
5. activating students as owners of their own learning (Wiliam, 2011)

As part of this study, students addressed point one by clarifying different aspects of presentations, including: (1) what is important in the writing of a presentation; (2) what makes a presentation interesting (or not) and; (3) what elements of a presentation should be evaluated.

To collect students' views about the above points, I put the students into groups of three. In each group, one person served as the leader, one as the timekeeper, and the other as the note-taker. Each group's ideas were added to a list on the whiteboard, which was later discussed by the class. After two classes of brainstorming and class discussion, the students created, re-evaluated and re-authored the scoring benchmarks used for their presentations (see **Appendix 1**).

3. Results and discussion

The greatest challenge for the students was how to best use the scoring benchmarks they had developed. They had not evaluated themselves (or others) in the classroom, so after the first practice presentations, discussions were held about how to interpret each scoring criterion for self-scoring. Muñoz & Alvarez³ recognized the issues related to students

● Corresponding author:

Chad L. Godfrey

Assistant Professor, Saitama Medical University
38 Morohongo Motoyama-machi, Iruma-gun, Saitama 350-0495
EMAIL: chad@saitama-med.ac.jp

This report is based upon a presentation delivered at the 20th JASMEE Academic Meeting held at the Orque d'or Salon in Nagoya on July 23, 2017.

performing self-assessment, stating that students often:

- lack understanding of the assessment process
- lack objectivity and reliability in their own work
- are reluctant to do something that they think is the teacher's duty

However, Muñoz & Alvarez also added that, "if students are trained and pass through different stages of support and guidance, they can self assess their language ability with reasonable accuracy" (Carter & Nunan, 2001; Oskarsson, 1997, in Muñoz & Alvarez, 2007).³

In response to discrepancies in early evaluations, the class participated in follow-up practice peer assessments, focusing on certain score sheet criteria (e.g., eye contact and posture). This was followed by whole class discussion as to what merited a perfect score in comparison to a moderate or poor one.

With a better understanding of the scoring criteria and how to evaluate, Wiliam's fourth formative assessment point became more visible — students were more 'activated' as instructional resources for each other. As students practiced their presentations, more coaching occurred as they advised their peers about what was lacking in their presentations. In terms of self-assessment, Wiliam's fifth point also started to develop, as students began to have a deeper ownership of the assessment criteria and worked to change not only others' weaknesses, but more importantly their own as well. Students began to internalize the assessment criteria, and they understood how well they met particular goals and which ones needed more improvement. As Hattie asserts, "Self-evaluation strategies allow the learner to self-reflect on performance in relation to previously set goals."²

4. Implications and conclusion

Adding a self-assessment component to the students' presentations by giving them a role in creating assessment guidelines has positive educational implications. Through the process of fostering students' ownership over the evaluation criteria, I was able to witness a much richer involvement in self-analyzing and achieving personal goals, along with a greater awareness of the higher standards they had set for their own work.

References

1. Brown GTL, and Harris LR. 2013. Student Self-Assessment. In McMillan JH (ed) *SAGE Handbook of Research on Classroom Assessment*. SAGE Publications. <<https://books.google.co.jp/books?id=YcU5DQAAQBAJ&pg=PA367&lpg=PA367&dq>>
2. Hattie J. 2012. *Visible Learning for Teachers*. Routledge Publishers.
3. Muñoz A, and Alvarez ME. 2007. Students' Objectivity and Perception of Self Assessment in an EFL Classroom. *The Journal of Asia TEFL* 4(2): 1-25. <www.asiatefl.org/main/download_pdf.php?i=297&c=1419313753>
4. Wiliam D. 2009. *Assessment for Learning: Why, What and How*. Institute of Education, University of London, 2009. <https://www.dylan-wiliam.org/Dylan_Wiliams.../Cambridge%20AFL%20keynote.doc>

<input type="checkbox"/> Self <input type="checkbox"/> Student <input type="checkbox"/> Teacher		Names:	
		Title:	
Writing	Introduction	6	+ greeting
	Body	6	+ with examples
	Conclusion	8	
PPT	Appropriate Use of Pictures	7	
	PPT Appearance	6	+ simple & clear and interesting
Physical	Eye Contact	12	
	Gestures and movement	8	
	Voice	14	+ loud and clear, with appropriate speed and tone
	Facial Expression	10	
Other	Attitude	7	
	Uniqueness	6	
	Time	5	
	Q/A	5	
Total Points = 100 pts		100	

Appendix 1

Fostering good English abilities that synergistically incorporate critical thinking in Japanese medical professionals facing the challenges of globalized societies: The value and usefulness of JASMEE Guidelines

Seiko Hirai
Kitasato University

1. Introduction & aims

In an increasingly globalized society, Japanese medical professionals must be ready to view themselves as international health professionals. This necessitates higher levels of English language skills, particularly in a health context. Here, I describe some of my experiences with my medical English class students. I hope that the techniques I describe will be of some interest to my colleagues in medical English education.

The main aim here is to highlight how JASMEE Guidelines can be useful in synergistically incorporating critical thinking in biomedical students as they manage and navigate specific English-centric linguistic activities. It is important to remember that the students coming into our classrooms already possess critical thinking skills and abilities. However, when confronted by quite challenging English-based language exercises, these same students often do not engage their innate critical thinking abilities. This is often referred to as a trade-off in which Japanese-based skills are not easily transferred to English language activities. This trade-off essentially arises from a 'foreign language' effect that refers to a temporary decline of thinking ability during foreign language processing, a decline that is distinguished from foreign language processing difficulty per se.⁴

Here, I attempt to demonstrate how specific types of English exercises that revolve around the JASMEE guidelines can help students to overcome such trade-off effects and to bring to bear much of the critical thinking elements of their innate

competent abilities. Hence, students are encouraged to utilize and to combine all those older and newer cognitive elements in ways (i.e. synergistically incorporate critical thinking abilities) that will improve their overall English abilities.

2. JASMEE Guidelines focus on, at minimum, developing proficiencies in 4 critical areas

My own work and experience draws heavily from most but not all of these guidelines. Hence, I focus specifically on helping students improve their abilities and performances in the following:

(1) Vocabulary: Students must understand and be able to use basic technical terms related to anatomy, physiological functions, medicine, and health care. They must also be able to search for information, using medical English terms, in sources as disparate as English-language textbooks and journals and through online computer systems.

(2) Reading: Students must understand the basic levels of medical English necessary for medicine and health care. Again, as is the case with standard vocabulary requirements, comfort in using basic technical terms is key. Strong reading comprehension skills are vitally important, and students can build up such skills through active utilization of critical reading activities and exercises.

(3) Writing: I have expanded this area to incorporate essay writing skills to help students reach levels that would enable them to competently complete standard, technical aspects of essay writing.

(4) Communication: Here I focus mostly on verbal types of communication. Students must be sufficiently comfortable in recognizing and understanding general medical terms, expressions, and symptoms to allow them to use these in verbal communications conducted almost entirely in English. A standard task involves having students give, entirely in English, a simple presentation on, and answer questions about, the results of research in medicine and health care.

● Corresponding author:

Seiko Hirai

Kitasato University

1-15-1, Kitasato, Minami, Sagami-hara, Kanagawa 252-0373

This report is based upon a presentation delivered at the 20th JASMEE Academic Meeting held at the Orque d'or Salon in Nagoya on July 23, 2017.

3. Relevant background information

There is some academic literature on some aspects of synergism in critical thinking abilities but it is quite dated and good parts of it are controversial. I've attempted to provide an overview of some of the general thinking here.

Some research studies have documented, in bilingual students, a moderately strong correlation between literacy skills in L1 and L2 in situations where students have the opportunity to develop literacy in both languages.^{1,5} Cummins claimed that "Conceptual knowledge developed in one language helps to make input in the other language comprehensible."²

From just the above examples, there appears to be agreement, in this field, of some relationship between first and second language literacy skills. However, transfer of literacy and academic language knowledge will not always happen automatically. There is usually a need for formal instruction in the target language in order for cross-linguistic transfers to be effective. It appears then, that, with the right types of instruction, students can access and utilize critical thinking skills developed in learning their primary language to help them manage and develop their abilities and skills in the second language. That is a main focus of my own teaching methods.

4. Classroom materials & techniques

I primarily use my own textbook, *Oliver Sacks' Awakenings*,³ which has specifically tailored reading passages about medical issues, as well as other reading and listening source materials with topics focusing on medical issues: e.g. euthanasia, infectious diseases, vaccinations etc.

My classroom activities, which are spread over the course of a full academic year, can be viewed in a stepwise fashion:

Step 1. Critical reading/listening comprehension A) Learn key technical terms and medical/biomedical vocabulary B) Developing critical reading skills through a regimented system of questions & answers

Step 2. Cognitive enrichment activities: short research project (Once/semester)

Step 3. Presentation activities: about medical issues (Once/semester)

Step 4. Essay writing: about medical issues (Once/semester)

The number of students in one class is 30.

4.1. Step 1: Critical reading

Students learn key technical terms and medical/biomedical vocabulary in ways where the focus is less on simple English to Japanese translations and more on gaining a better

understanding of important points in the text. In specific cases, they are also encouraged and directed to develop an understanding of key diagnostic and treatment methods.

Several examples, reproduced below, from *Oliver Sacks' Awakenings*, can showcase this technique: First, keeping some questions in Japanese (see **Example 1**) enables students to quickly and easily pick up some vocabulary and also to learn some key technical terms, allowing them to feel more confident re: the materials so that they can better process the harder questions in English that will follow. A common problem is that I find many students tend to simply trace this information back to the text materials and then translate almost everything. This is not what I am looking for. Instead, I expect them to glean only the most significant and relevant parts and accurately translate only those sections into good level Japanese.

●Example 1

'Question': レナードが初回L-dopaの投与を受けた後、彼の病状における重要な変化と事柄を述べなさい。

{Translation: "What happened to Leonard after he received his first L-dopa treatment? Focus on the most important and significant changes to his condition."}

Model answer: 主な効果が現われるまでに2週間がかかり、レナードはすべての手足から硬直が消え、活気が出て力が与えられたように感じるという突然の〈変化〉を経験した。レナードは書くこと、タイプすること、いすから立ち上がること、助力があれば歩くこと、そして大きな声ではっきりと話すことができるようになった。

{Translation: It took two weeks, after the L-dopa treatment, for any major effects to be seen. Leonard experienced a sudden 'conversion' as the rigidity vanished from all his limbs and he felt energized and empowered. He was able to write and type, to rise from his chair, to walk with some assistance, and to speak loudly and clearly.}

The prepared sample answer, to a key question, reproduced below (see **example 2**), can illustrate some of the other challenges students face in managing such types of questions. The answer itself is not very long but it does require a good level of critical understanding of the materials. What I have noticed with my students over the last two years of using this question is that the vast majority of students fail to answer this question completely. They only get as far as the first sentence (**underlined**). What is clear is that

they are simply referring back to the text and picking up traces of the narrative and using that to formulate an answer that they consider satisfactory. The key element that they miss is in the second sentence of the answer. Here, they would need to understand that because the protagonist, Leonard, has a mother who is herself in need of psychological and mental assistance, she is also, in fact, dependent on Leonard. Only the more competent critical thinkers in the class are able to parse and to grasp this reality. What it highlights for me is that there is still this very deeply embedded level of superficial thinking employed by many students who are in a rush to get to the answer.

● Example 2

Question: How did Leonard manage to unintentionally upset his mother?

Model answer: In trying to convince his mother to take a vacation, Leonard unintentionally made his mother feel that she was not needed, that she was “unimportant”, and that he was not very dependent on her. Because his mother was actually dependent on Leonard, this request by Leonard was deeply upsetting for her.

4.2. Step 2: Cognitive enrichment activities

I use specifically tailored activities, such as short research projects, revolving around medical issues, to allow students to develop their cognitive understanding in ways that will synergistically foster good English abilities that also incorporate critical thinking. The key aims here are for students to organize an effective, useful summary, of 150-200 words, for a disease (e.g. encephalitis lethargica, Parkinson’s disease etc.) that includes descriptions of the suspected and known causes, the symptoms, the diagnosis, and treatments, if any. Because each disease topic involves many distinct aspects and a high density of information, it is critical that the summary is organized in ways that will allow the reader to quickly gain a basic but useful overview of the topic. The source materials are from *Oliver Sacks’ Awakenings* but the students are encouraged to use multiple other types of academic resources to help them develop good quality written responses to the exercises. Students will be judged on the quality of the materials they source and they must submit hard copies of these sources, in which they underline all those areas used to formulate and create the summary. The students are given guidelines, not limited only to language quality but also to content quality, on how they will be evaluated and graded.

I believe it is an effective way for students to understand how they should organize and complete their work. The guidelines focus on the following 3 points:

Language Quality: (1) the use of correct English, grammar, sentence structure. (2) Correct paraphrasing and rewording or restating of source materials.

Content Quality: (3) The summary correctly reflects current state of knowledge and information of the disease topic.

The final part of the exercise requires the students to translate their English summaries into Japanese language forms.

4.3. Step3: Presentation activities: Power-Point centered presentations

I use specifically tailored presentation activities, such as 10-15 minute long Power-Point centered presentations, revolving around medical issues, to allow students to develop their presentation and communication skills while also accentuating their spoken and written English abilities. Such exercises allow students to broaden their communication skills because the writing requirements for Power-Point presentations are distinct from those for essays and reports etc. For one thing, the students will have to learn to collaborate and to share the workloads. As facilitator, I have to ensure that all students truly participate and have the opportunity to advance their communications skills. I typically divide students into 5-6 groups, with 5 students per group. Each student will have to complete both his/her research sections and the oral presentation sections.

Some of the topics I’ve asked students to use in their presentation projects include euthanasia, empty nest syndrome /codependency, oculo-lyric crisis, coping mechanism, absence epilepsy, and placebo effects cf. nocebo effects. Students will already have been exposed, in their Japanese language medical classes, to the medical and socio-political facts for quite a few controversial topics such as euthanasia, and also for other very modern medical challenges to do with genetic engineering, gene-editing and other types of medical breakthroughs for which few clear guidelines have currently been established. Most such students are likely to possess inherently high critical thinking skills, which can be enhanced by such thought-provoking topics and by good specific guidance. It is also very likely that, in transitioning from English-language exercises to those in Japanese language or vice versa, such students will be quite efficient at transferring such skills and knowledge. The guidelines I give students for such presentations include the following: (1) clear and up-to-date medical definition (2) why are these themes and ideas significant? – in modern society – from historical

aspects (3) clear use of case studies/examples.

4.4. Step 4: Essay writing

Each essay is typically 400-500 words spread over 5 paragraphs. One example, again, from *Oliver Sacks' Awakenings*, of the types of questions I've used to guide students on essay writing exercises includes "Q. If someone exhibiting 'empty nest syndrome', as Leonard's mother did, started interfering with your treatment of a patient, how would you respond?" Clearly, students can their experiential knowledge to help them, particularly when they are trying to support their specific positions.

5. Summary and future directions

Advantages include: (1) Using materials with topics that specifically focus on certain medical issues allows medical students to improve their critical thinking abilities. (2) Students more easily gain familiarity and comfort with useful, relevant medical term. (3) When students are encouraged to collect information from different sources and from separate points of view, they are better able to consolidate, to collate, to integrate, and then to correctly interpret such information. These are key elements of critical thinking. (4) Students can apply their Japanese language-gained medical knowledge, and their inherently good critical thinking skills to synergistically incorporate and to transfer such skills and knowledge

into their English usage.

Future directions for this work include: (1) Because students typically struggle with the Question-Answer sections of their presentation activities, we need to encourage students to spend more of their own time, and to urge them to actually volunteer to work on addressing their deficits in such areas. (2) We need to consider including specific types of exercises involving doctor-patient-oriented dialogues and exchanges for students.

References

1. Aarts R, and Verhoeven L. 1998. Attaining functional biliteracy in the Netherlands. In Durgunoglu AY, and Verhoeven L (eds). *Literacy Development in a Multilingual Context: Cross-cultural Perspectives*. Mahwah, NJ: Lawrence Erlbaum Associates, pp. 111-133.
2. Cummins J. 2000. *Language, Power and Pedagogy: Bilingual Children in the Crossfire*. Clevedon: Multilingual Matt.
3. Hirai S. 2016. *Oliver Sacks' Awakenings: 『「レナードの朝」で学ぶ医療問題とクリティカル・シンキング』*. Tokyo: Nan'un-Do.
4. Takano Y, and Noda A. 1995. Interlanguage dissimilarity enhances the decline of thinking ability during foreign language processing. *Language Learning* **45**: 657-681.
5. Wagner DA. 1998. Putting second language first: Language and literacy learning in Morocco. In Durgunoglu AY, and Verhoeven L (eds). *Literacy Development in a Multilingual Context: Cross-cultural Perspectives*. Mahwah, NJ: Lawrence Erlbaum Associates, pp. 169-183.

Organizing a charity fundraising event: A class project that brought lessons in life

Thomas Mayers

Medical English Communications Center, Faculty of Medicine, University of Tsukuba

In December 2014, the University of Tsukuba's first Charity Christmas Party was held. This event was organized by third-year medical students as a side project of their elective English for Medical Purposes (EMP) class. Now in its third year, the event has been well attended, raised a considerable sum of money for the pediatric ward of the University of Tsukuba Hospital, and been an important experience for the students involved. It has also become a major social event for Japanese and international students and faculty of the university. From an educational perspective, the project has some exciting learning outcomes. Throughout the organizational process the students have to be creative and cooperative to overcome some difficult challenges and also be outgoing and social as hosts. Furthermore, this experience serves as a window into charity fundraising, an important area of volunteer work, and its impact on the quality of life for patients in the hospital. In this report, elaborating on my presentation at the 2017 academic meeting of the Japan Society for Medical English Education, I will introduce the Charity Christmas Party project in detail and discuss the learning outcomes from the perspectives of both the students and the teacher.

J Med Eng Educ (2018) 17(1): 28-31

1. Introduction

In Japan, the seasons are punctuated by parties, *shinnenkai*, *hanami*, *obon*, *bounenkai*, etc, and alongside these traditional Japanese events, Western festivals, such as Christmas, are increasingly celebrated. It is fascinating to hear Victorian Christmas carols playing in convenience stores, see lines of Japanese people outside Kentucky Fried Chicken on Christmas Day, and illuminated trees sprouting up everywhere as Christmas becomes inculturated into Japan. Just as retail businesses cash in on Christmas, from an educational perspective, harnessing the Christmas spirit presents a chance for educators to engage Japanese students in English-related activities. After joining the University of Tsukuba in 2014, I became involved in volunteer work at the pediatric ward of the university's hospital. Working alongside a dedicated team of nursery nurses there, I identified a need for financial resources to fund their educational and recreational activi-

ties. In the summer of the same year, I had the idea to work with students to organize a Christmas party to raise money for this purpose. This idea grew into the annual Charity Christmas Party event, which in the 3 years it has been held has attracted over 750 people and raised 440,000 yen for charity. It has also made a lasting impression on the students involved in its organization in terms of their confidence to speak English and also their appreciation of charity work. In this report, elaborating on my presentation of the same title at the 2017 academic meeting of the Japan Society for Medical English Education, I will introduce the event as it has been held in 2014, 2015, and 2016. The report will include feedback, collected via questionnaire, from some of the students who helped organize the first event in 2014, and I will reflect on the event from various perspectives including English education and charity work in the Japanese context.

2. Charity Christmas Party 2014

The first University of Tsukuba Charity Christmas Party was held in December 2014. I organized this party with 6 highly motivated third-year medical students who were members of my elective English for Medical Purposes class; all confident and competent English speakers. The focus of this weekly class was to study doctor-patient communications, develop medical professionalism, and improve academic skills such as presenting and writing. Planning for the party began in October. All of the discussions and planning

● Corresponding author:

Thomas Mayers, Assistant Professor

Medical English Communications Center (MECC)

Faculty of Medicine, University of Tsukuba,

1-1-1 Tennodai, Tsukuba, Ibaraki 305-8575

Email: mayers@md.tsukuba.ac.jp

This report is based upon a presentation delivered at the 20th JAS-MEE Academic Meeting held at the Orque d'or Salon in Nagoya on July 22, 2017.

for the party were done in English. The university kindly allowed us to use an on-campus facility, a purpose-built, 250-person-capacity conference room, free of charge. However, with no budget for the party, we made the decision to sell tickets prior to the event. After careful discussion, we decided to price the tickets at 1,000 yen and designate half of that for charity. We decided to provide food and drink (alcoholic and soft drinks) and entertainment in the form of a DJ, live music, dance performance, and games. We made posters, flyers, and tickets and also created a Facebook event page. Advertising and ticket sales began in November, and we sold approximately 120 tickets before the event. As planned, we used half of the money collected to buy food, drinks, cups, plates, etc. and to pay for the DJ, musician, and dancers. On the day of the party, however, about 90 people bought tickets at the door, so we had approximately 210 ticket sales.

The medical students were responsible for setting up and decorating the room, collecting and selling tickets at the door, making sure enough food and drink were out, running the party games, and cleaning up afterwards.

The party was in most respects a great success: those who attended had a very good time, the music was well received, and people seemed to really enjoy the bingo game and raffle, for which the top prize was a ticket to Disney Resort. However, because of the unexpectedly large number of people who bought tickets at the door, the amount of food was insufficient. While the relatively small number of medical students in attendance was disappointing, this was offset by good attendance from the international students, researchers, and staff, as well as those Japanese students who have had international experience. In total, the 2014 party raised 150,000 yen for charity.

2.1. Charity Christmas Party 2015

Following the 2014 party, many of those who attended requested that I organize a Christmas party the following year. So, from October 2015 I again began working with a group of medical students to plan a Charity Christmas Party. We followed much the same format and used the same venue as in 2014. This time we decided to give the party a Star Wars theme to coincide with the launch of the latest Star Wars movie. The themed party made the preparation and decoration very creative. For 2015, we booked a jazz band, DJ, and hip-hop dance group. In addition to the other activities, we also held a flea market in the lobby of the party venue, in which we sold items donated by faculty members and staff from the School of Medicine. The flea market raised only 10,000 yen and took a lot of work to prepare and execute, but many people enjoyed it. Being the second time we

held the party, ticket sales went a little better, and we sold 150 before the party. Learning from the previous year's experience of many people buying tickets at the door, we decided to prepare extra food in anticipation of this. About 100 people bought tickets at the door, taking the total ticket sales to about 250, and we were able to donate 130,000 yen to charity.

2.2. Charity Christmas Party 2016

In 2016, we decided to have a Hawaiian-themed party. The Hawaiian theme again allowed us to be creative with the decorations with Christmas trees decorated with Hawaiian leis, surfboards and such, and we also enjoyed a professional Hula dance performance. For 2016, we changed the venue to the student cafeteria, which is run by the company Shidax. The cafeteria offers a catering service for parties, and it was very helpful to be able to delegate the food preparation to the cafeteria staff. We were able to book a well-known band for this event, which was very good for attracting people. In the end, we sold 300 tickets and were able to donate 160,000 yen to charity.

3. Discussion

The Charity Christmas Party has been successful from a number of different perspectives, not only as a well-attended party that has raised significant money for charity, but also in terms of its impact on the students' confidence in English and their awareness of the importance of charity work. The following section looks at some of the lessons learned from this event and includes student comments collected from a questionnaire survey of students involved in the 2014 party.

3.1. English education

The questionnaire revealed that from the perspective of English education, this event has offered the student organizers some unique and challenging opportunities to use their language skills. In answer to question 1, "Was the project useful for studying English or for practice communicating in English?" all students answered "yes." One student wrote "I think that you can automatically grab an opportunity to practice speaking in English during the class when discussing what to do for the party." Planning an event is a fun and creative process and requires detailed discussion, sharing of opinions, and putting forth of ideas. One student wrote "I learned how to explain the project, event, or idea to other people with infectious enthusiasm," and another stated "I enjoyed the entire process of preparing for the party (discussing with you [T.M.] and friends etc)." The students' English is generally of a high enough standard that no pre-teach-

ing of linguistic functions for discussion or sharing of opinions is necessary. Rather, with the aim being on developing English fluency and confidence for exchanging ideas, the instruction simply involves facilitating and partaking in the conversations.

As the party has attracted a large number of international students and faculty, it has given students and those in attendance opportunities to speak English, socialize, and make new friends, as one student writes: “the party was a good opportunity to practice English because some guests were from other countries.” The party also attracted students from other departments of the university, as one student said, “I enjoyed talking [to] a lot of interesting people who I cannot meet in med school.” The planning for the party does not consume much class time, but it affords a disproportionate number of opportunities to speak English.

In a previous presentation, I introduced the concept of “shifted focus learning”; namely, that the focus is shifted from the teaching and learning of English to a project that is executed in English. Rather than having the elusive goal of learning English, the project—in this case organizing a charity event—has a tangible end-goal that the students can work towards. In this particular project, the end-goal carries a further level of motivation besides the desire to throw a good party, that is, the desire to raise money for a good cause.

3.2. Charity

The charity element adds an extra dimension to this project in terms of motivating both the students involved and party participants. For most of the students this was the first time for them to be involved in a charitable event. One student wrote: “This project helped me to get rid of my preconceived idea that charity, volunteer, or fundraising work is something difficult to start”—a sentiment that was echoed by another student: “I notice that charity is not too difficult thing. Starts from what you can do.” For me, this was one of the most interesting points that arose from the feedback: having grown up in the UK, which has a deep-rooted history of charitable giving, the relative inexperience of my Japanese students in this field was surprising. However, the party seems to have awakened the students’ interest for being involved in charity work. In answer to question 6 of the questionnaire “Has the party project made you interested in charity, volunteer, or fundraising work?” all students answered “yes.” One student wrote: “I am confident that this experience will give me a wonderful guide when I have a chance to participate in volunteer activities, and organize charity events.” Another student wrote: “I would be very happy if I could be a part of another charity in the near future.” I am glad that this

experience has made students aware of the potential that they have to contribute to society through charity work.

Interestingly, the Charity Christmas Party project is not the first English educational program to leverage charity event organization for engaging and motivating students. The College of International Education in Oxford offers a 3-week intensive summer English program called the English and Charity Course, which combines general English classes with charity-focused classes.¹ The course culminates in the third week with the students organizing and holding a charity fundraising event. Their website states that this course will give the students the ability to use their “English practically and in challenging situations.”¹ The Charity Christmas Party, likewise, has given students such opportunities to use their English and hopefully to develop skills and insights that will help them in their future careers as medical professionals.

3.3. Challenges of charity work

For the students involved in organizing the party, selling the tickets has been the most difficult part. In the questionnaire one student wrote: “Since it was our first time organizing the party, the concern I had was how to invite as many people as possible,” while another said “I had a difficulty asking other people to buy the ticket because I had never done that before and did not know how to ask.” I presumed that university students would be very interested to go to an event that offered food, drink, and entertainment and that was for a good cause; however, the Japanese students, particularly undergraduates, were generally very reluctant to join the party. A number of factors may account for this, such as the busyness of the end of the year, prior engagements, fear of large parties, and/or fear of having to speak English, but their apparent apathy to the charitable cause was perplexing and frustrating.

The international students, in contrast, readily bought tickets, even if they were unable to actually attend; many international students expressed that they wanted to contribute towards the charity. This lack of a habit or culture of charitable giving may account for some of the Japanese students’ reluctance to buy tickets. Compared to the United States or the United Kingdom, for example, Japan is relatively weak in terms of charitable giving, philanthropy, and support for nonprofit organizations.^{2,3} According to Ouchi’s 2005 study, Japanese charitable giving per household accounted for only 0.0058% of total income, while in the United States the same figure is 1.7%.³ Considering this, charity fundraising projects like the Charity Christmas Party could be an important first-step into the world of philanthropy for Japanese students, which is in line with Ouchi’s suggestion that

“One possible way of cultivating public knowledge [in Japan] about the nonprofit sector is to incorporate philanthropic activities in educational curricula. Through a direct experience of raising funds or volunteering with nonprofits, individuals will foster an understanding of the significance of nonprofit organizations in society [...] as they grow up and become more active in their local communities.”³ This is particularly pertinent for medical students who in their professional career will work alongside hospital volunteers and benefit from the work of nonprofit organizations and charities. Charities are an important part of any health care system⁴; thus, instilling an appreciation of this at an early stage of Japanese medical students’ education will give them a bigger vision of the world of health care.

3.4. Lessons in life

Finally, by extending beyond our classroom to bring together a large number of people, the Charity Christmas Party project brought some important life lessons. In answer to question 2 “Was the project useful for your future life/career?” all students answered “yes.” For one student it gave him confidence to be more social: “Because I thought I might be a little bit introverted, I was concerned whether I could be friendly with people coming for the party, but this project gave me a courage that I can do that.” For another, the party gave him a sense of achievement: “At first, I could hardly believe that we were able to organize such a big event, but when the party turned out very successful, I was very grateful for all participants’ help and proud of the organizing team of the party.” Another said, “You [T.M.] showed us altruism, passion, and enthusiasm that I think is one of the most important parts of our life.” One student very eloquently wrote: “Sad and terrible news happening in the world every day tends to make me feel pessimistic about human being recently, but this project reminds me of the good all over the world, and the importance of working for the happiness of all the people especially for that of sick children fighting diseases.” It is clear from these comments that the experience of

being involved in this project has been inspirational for the students, which is perhaps its greatest achievement.

4. Conclusions

In conclusion, the Charity Christmas Party project has been successful from a number of perspectives not only as a means to practice speaking English and create a memorable social event, but also to raise money for charity and moreover to raise student interest in charity work. The money raised by the Christmas party has been used thus far to purchase Christmas presents, books, DVD players, stationery, games, toys, and such for the patients in the pediatric ward of the university hospital. It has contributed to the quality of life of hospitalized children in a very practical and direct way, an achievement that the students are very proud of. The simple addition of the charity element to this event increased student motivation and brought them some very important life lessons. The inclusion of such charity-related activities into educational curricula could contribute to Japanese societal appreciation of the importance of charity, volunteer, and nonprofit activities, which are particularly pertinent for those involved in health care.

References

1. College of International Education Homepage. English and Charity/Event Organization Course. <<http://cie-oxford.com/english-language-courses/english-charity/>> (Accessed May 15, 2017)
2. Hernon M. 2016. Charity in Japan begins at home, *The Japan Times*, December 17. <https://www.japantimes.co.jp/community/2016/12/17/general/charity-japan-begins-home/#.WiZohraB0_M> (Accessed November 20, 2017)
3. Ouchi M. 2014. Charitable Giving in Japan: A Comparative Study of Japan and the United States, *The Nonprofit Review*, 4(1) : 39-52. <https://www.jstage.jst.go.jp/article/janpora/4/1/4_1_39/_pdf-char/en> (Accessed November 20, 2017)
4. Bull D, Sheil F, Joy I, and Bagwell S. 2014. *Supporting Good Health: The Role of the Charity Sector*, New Philanthropy Capital. <http://www.bournemouthcvs.org.uk/documents/NPC_Supporting-good-health_FINAL.pdf> (Accessed November 15, 2017)

Teaching punctuation is important

Christopher Holmes

Office of International Academic Affairs, University of Tokyo Faculty of Medicine

Keywords punctuation, basic grammar, academic writing, serial comma

1. Introduction and recapitulation

Initially, when I promised to write this article for the *Journal of Medical English Education*, I believed it would take me perhaps a few hours to assemble the materials and an afternoon to write the paper. I thought I knew already what I wanted to say and to do, namely to turn my presentation at last summer's academic meeting in Nagoya ("Punctuation rules are not universal") into a richer and fuller print version, with a short catalogue of English punctuation need-to-knows. I had ideas which, after more than one frustrating afternoon, turned into a confusing jumble. (Familiar story, no?) Clearly, my initial approach was not going to meet the needs of you, my readers, teachers of English to medical students in Japan.

So let me first recap what I said on July 22, 2017, at JAS-MEE's 19th Academic Meeting in Nagoya (adding a few twists and flourishes along the way). As my talk's title stated, punctuation rules are not universal: marks like commas, dashes, and periods, despite their outward sameness in most languages, differ in fact functionally. Just as beginning learners misperceive sounds in an unfamiliar spoken language, beginning writers naively assume that these symbols representing the traffic signals or "rules of the road" in the written language (we're talking about punctuation marks) have the same meaning as what writers are familiar with in their native language. Don't they look the same?

But as JAS-MEE founder Dr Kenichi Uemura said in one his memorable talks years ago, no sound in Japanese is the same as any sound in English, and vice versa: "あ" does not repre-

sent the same sound as "a," nor do "い" "う" "え" or "お" (the vowels in the Japanese syllabary) have the same sounds as "i," "u," "e," or "o" in English (or French or Spanish). Similarly, brackets, colons, commas, parentheses, periods, quotation marks, semicolons, spaces, etc., however identical outwardly, are not used in the same way and therefore don't have the same meaning in English (or French, etc.) as they do in Japanese. (I'll limit myself in the remainder of this article to Japanese and English usage and conventions.) Despite international standardization efforts, traffic regulations differ from one country to the next, and the same applies to punctuation.

1.1. So what? It's time, that's what.

Knowing that people in different countries do different things with the same tools is interesting, but it does not overturn your worldview. Still, there are several serious reasons why ***being more aware of each language's punctuation idiosyncrasies can and should change your approach to teaching English*** to medical students in Japan. (I'll discuss some of the actual differences in usage and in meaning later, in **Section 2** of this article.)

One reason is the time factor, which can easily impact teaching. Good teaching must be well timed. Medical students have tight schedules and packed calendars, so some teachers argue that we don't have time for that elementary stuff. I argue, however, for the same reason (namely that students don't have time), that on the contrary ***medical students must be taught punctuation*** (and many other basics — ***exactly as if English for Medical Purposes were a brand of remedial English for college students***). Why? (1) Because they must meet a higher international standard than students in other disciplines. (2) Because our students have little time left to bring their English skills up to an acceptable working level, and they'll never have enough time later in their careers. And (3) most importantly because ***learning the rules saves time***, even in the short term. (Though this assertion of mine has not been proven scientifically, I think my readers will accept this as a reasonable premise.)

Several of my Japanese students have in fact confessed, in

● Corresponding author:

Christopher Holmes

Office of International Academic Affairs,
University of Tokyo Faculty of Medicine
7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033
Email: cholmes@m.u-tokyo.ac.jp

This report is based upon a presentation delivered at the 20th JAS-MEE Academic Meeting held at the Orque d'or Salon in Nagoya on July 22, 2017.

writing, that they didn't even know that rules existed for English punctuation. This ignorance is surprising, but can be explained by the fact that, having been taught their entire lives in a reality-free, teach-to-the-test environment, Japanese students have learned only to avoid making the kind of mistakes that cost them points on examinations. Punctuation was never taught, never corrected, never counted for anything in their English classes or exams before medical school. Ergo, punctuation simply doesn't exist for them. They are as blind to punctuation as fish are to water. How they punctuate their written English reveals both that they weren't taught correct English punctuation and that whatever implicit or explicit Japanese punctuation rules they follow when writing Japanese differ from their English counterparts. (I'll cite a few examples in **Section 2** of this article.)

English punctuation must therefore be taught to medical students, because these students are generally ignorant of it, need to know it, and have little time left to learn it.

1.2. An aside: In the longer term...

If the reality check doesn't come in medical school, where the need for real English skills becomes critical, it will come when they attempt as graduates and aspiring academics to get their papers published. I don't want to discuss the future needs of our students as medical experts and publish-or-perish academics here, because we're getting ahead of ourselves if we do (although a very small number of medical students do publish papers), but the need to publish in English-language journals is one dimension of medical experts' long-term needs that is well accepted and amply covered in the literature (e.g., Dr Kenichi Uemura's lecture at the 20th JAS-MEE Academic Meeting, "How to write papers that will be accepted by world-class medical journals" (世界一流誌に採用される論文の書き方). Nevertheless, **it is nonsense to teach "academic writing" to medical school undergraduates unless their basic grammar skills, including punctuation, are adequate.** Learn to walk before you run, I say. Or rather, in this case, teach students to write correct, "comfortable" English before you teach them to compete internationally with experienced writers in technical fields. First things first, in other words.

Let's jump ahead in our mental time machine to a future when our students have become full-fledged doctors and some (a good number of them) will seek, ready or not, to publish their research. Many of you, my readers, have been pressed into service as editors, and you undoubtedly realize the problem here: do you know any editor who will spend time standardizing an author's wildly incorrect and inconsistent punctuation in a submitted paper, however excellent the

research it contains — even if punctuation was its only flaw? (Obviously other headaches plague editors who are reading poorly written papers, but here we are focusing on punctuation issues, and the implications are the same for punctuation as for myriad misspellings and poor basic grammar.)

Japanese medical students are very busy, like medical students everywhere, but they are also remarkably naïve and think that they will have more time to improve their English skills after they pass the next exam, after they become a resident, after they decide to apply for a fellowship, etc. We all know how delusional those pie-in-the-sky assumptions are. It would be time well spent — by English teachers! — to warn their students as early as possible that, yes, you medical students are busy this year, but unbeknownst to you, you will be busier next year, and even busier the year after that, and you will go on getting busier year after year. A former student of mine who graduated a decade ago came to one of my extracurricular classes during the first week of January and shared from firsthand experience precisely that lesson with the junior students present: they will not have more time to improve their English skills later. It's now or never.

The final element in my time equation argument is the incontrovertible fact that anyone can learn a foreign language, but no one can learn any foreign language overnight: it always takes time. Our students have little time, but their time is running out. We have to teach them what they need to know, namely the basics, now!

1.3. It's not academic. A pedagogically sound approach is necessary.

Time, of course, is not the only factor. The very difficulty of mastering English punctuation should be taken into account. Although there is no need to force the average medical student to master every detail of English punctuation (e.g., the differences between American and British quotation marks), our students will be confused and hopelessly discouraged later on, when they will need to take the bull by the horns and quickly produce an acceptable draft for submission, unless they have been made aware as early as possible that rules exist (albeit with local or regional variants) and told which rules must be followed. After all, before you can diagnose and treat a disease, you have to know that the disease exists.

1.4. Quick recap

Many students in their naïve state do not even know that punctuation (even in Japanese) has definite rules, and most importantly of all, they don't know that those rules differ enormously between English and Japanese. Hence the most

basic rules of punctuation are important, teaching them is important, but turning medical students into medical journal editors is not.

Obviously, teachers can only usefully teach punctuation if they teach writing. Not all English teachers do, and some teach only “academic writing,” which I believe to be premature. Academic writing is by definition an advanced skill; what good does it do to teach advanced skills to students who haven’t mastered the basics? And the timing is wrong: the vast majority of medical students will not write research papers intended for publication for several years. Do the lecturers on academic writing really expect their audience to remember, years later, what they were taught in medical school?

1.5. The only way to teach English writing is by correcting mistakes — all mistakes

It’s important to realize that *the only way to teach English composition properly is to show students where they have made mistakes*. Of course this takes time, too: the teacher’s time. Not every teacher can do this — and of course not every English teacher teaches writing — but I consider that English teachers who do teach writing are derelict in their duties if they fail to correct their students’ writing and fail to be strict about basics (*including punctuation*) whenever they can.

It takes time. To save time, (my own time) I have devised a set of typographical symbols for marking my students’ papers, and although I cannot explain my system extensively here (and it would be off-topic, because the symbols I use are not punctuation marks), I would be derelict in my writerly duties to the Journal’s readers if I didn’t share with you my discovery that *the check mark is used by teachers in Japan to indicate errors*, whereas everywhere else in the world (as far as I know) a check mark is a sign of approval. This is one of the greatest surprises in my English teaching career. (Did you know about this discrepancy between Japanese and English?)

Students in my classes for undergraduate medical students at the University of Tokyo write at least two or three sentences (often much more, if they wish) at the end of each and every class I teach. This serves, *inter alia*, as written proof of attendance, saving roll-call time. I collect and correct their written work, including punctuation errors, using my homemade symbols, and return it to them at the next class. They are required to correct their errors by revising what they wrote and resubmitting it, typed and printed, i.e., “word processed,” at the next class. This practice serves, *inter alia*, to teach them English-language keyboarding skills, which they

also need instruction in.

Many of my students have remarked that I am the only English teacher they have ever had who corrects and returns their written work: in the past, these students attended classes and lectures and sat for exams with a written English (“essay”) component, but when the exams were over, they received only their scores: their teachers or examiners never returned their corrected compositions to them. How could they be expected to learn to write, or to learn anything, this way?

1.6. Caveat exemptor: Exemptions that prove the rule

To treat handwritten texts as exempt from the punctuation rules that apply to typewritten, i.e., word-processed texts, is evidence of a double standard. Email, like handwritten prose, is also frequently treated as exempt from rules and quality standards. This double standard undermines the quality of teaching.

Email is my preferred means of communication with students, and I never tire of pointing out that students will be writing far more email in English, and sooner and longer, than they will be writing research papers for submission to journals. They are acutely aware, before I even tell them, that publishing their research counts toward a successful career. But they are far less aware that email can count, too.

I can’t honestly say that email writing has rules. It would be like saying that junkyards have esthetic standards. But regardless of email’s universally abysmal standards of grammatical quality, the warning that email messages are potentially career makers or breakers hits home. Harvard professors won’t lose their jobs because of a sloppy email or text message, but applicants writing to such professors for program admissions or permissions risk losing career opportunities if their emails make a poor first impression. (Some teachers of academic writing are aware of this, and include email correspondence tips in their lectures.)

2. The Devil is in the details: A brief catalogue of punctuation basics and complications

In **Section 1** I hope I’ve made two points: that teaching punctuation is important, and that Japanese and English punctuation are not interchangeable, despite the fact that outwardly similar punctuation marks are also used in written Japanese. What exactly, then, do medical students’ teachers of English in Japan need to know about punctuation in order to teach it usefully?

It is not my intention to turn this article into The Compleat

Punctuator*. But with the interests of my readership in mind, drawing on my twenty-plus years of experience as a translator and nearly twenty years as a teacher of English for medical purposes, I would like to share some discoveries and insights regarding the most important differences in the meaning and usage of key punctuation marks used in both English and Japanese, focusing special attention on misuses that are often overlooked, are seldom mentioned in guides to writing, and should be treated as errors and corrected by all teachers who examine Japanese students' written English work.

What follows is not a complete list, and I am not preaching perfection: I am simply urging teachers to note and correct, systematically, poor and inconsistent punctuation that can lead to misinterpretation or rejection of English written by nonnative speakers. (And don't forget what I said about what check marks mean in Japan: teach your students what your personal marks and symbols mean!)

First, here are the **simple rules of English punctuation for punctuation-naïve Japanese students** that I mentioned in my talk (plus one bonus rule that I remembered later):

Use the "tab" key (NOT spaces!) to indent.

Never press the space bar more than once.

Spaces come after (never before!) commas and periods.

In abbreviations, either use a dot after every letter, or none at all.

Punctuation marks are never omitted at the end of a line, and never come at the beginning of a line.

Colons and semicolons are not the same.

The Oxford/Harvard/serial comma is useful, if used consistently.

The above "rules" scarcely qualify as rules, and may strike you as too obvious to merit mention, but if you are a teacher or high-volume editor of writing by Japanese students or clients, you have had to deal with these elementary errors a number of times. You will save yourself and others a lot of time if you familiarize your students/clients with these conventions. I myself am not eager to spend time explaining or justifying these rules, but given this opportunity to share them with you, I feel it's my duty to go the extra mile, line by line:

Use the "tab" key (NOT spaces!) to indent.

Indenting is optional, but indenting Japanese-style, i.e., with one space, looks bad. (For your information and for the sake of full disclosure, one-space indentation is done occa-

sionally in English, too, but only in encyclopedias and newspaper columns, where space is at a premium.) A normal ("default") setting of the tab key on a computer keyboard (the name "tab" comes from "tabulate," meaning to compose a table) inserts a single character that by default is usually equivalent in width to four or five spaces. But because indenting is optional, I recommend to students that they add an extra line between paragraphs instead of indenting.

Never press the space bar more than once.

In the remote past, when I used an ancient writing machine known as a typewriter, it was common to add two spaces after sentence-final punctuation (periods and exclamation and question marks). With the advent of word processing, that custom has become obsolete. Never press the space bar more than once.

Spaces come after (never before!) commas and periods.

Spaces are never inserted before commas or periods (sentence-final dots that the British call "full stops"). That may seem obvious, but Japanese fonts have ample white space that shows up on the screen or paper before and after the single intended mark (be it a comma, a period, a colon, or a semicolon). Those Japanese double-byte fonts (全角文字) may be the reason why some Japanese students put spaces before these punctuation marks when they type in English. Whatever the reason, writers should never put a space before a comma or a period.

In abbreviations, either use a dot after every letter, or none at all.

It is incorrect in English but common in Japanese to omit the dot at the end of an abbreviation, especially at the end of a line (cf. the rule below). In effect, it is as if the dot in Japanese usage serves as a separator, not an abbreviator, of the initial letters. E.g., either "USA" or "U.S.A." is correct, but "U.S.A" is not. And the dot in an abbreviation is not a period, so a comma never replaces a dot (although a period replaces a final dot at the end of a sentence), but follows the final dot in an abbreviation: e.g., e.g. (You get it?)

Punctuation marks are never omitted at the end of a line, and never come at the beginning of a line.

Periods are omitted by Japanese writers, especially copywriters, at the end of lines — perhaps for "cosmetic" or psychological reasons similar to what motivates the omission, described in the paragraph above, of the dot at the end of abbreviations. And in Japanese, sentence-final punctuation marks are sometimes printed at the beginning of the next line if the room remaining for them on the previous line is insufficient. This is never done in English typesetting, and never in handwritten English either. I assume this is a relic of the Japanese custom of putting each character, including

*A reference to the 17th century masterpiece by Isaac Walton, *The Compleat Angler*, a treatise on the spirit and skills of the perfect fisherman.

punctuation marks, in a separate box in handwritten manuscripts (e.g., 400-character pages, 四百字詰用紙).

Colons and semicolons are not the same.

Let me start by pointing out that Japanese students' greatest psychological challenge appears to be accepting that **colons and semicolons are not the same**. A semicolon is functionally equivalent to a period; a colon is like an arrow or a finger pointing to what follows: "a list of particulars, an appositive, an amplification, or an illustrative quotation." (I'm quoting from *The Elements of Style*, referred to in the last section of this article.)

The Oxford/Harvard/serial comma is useful, if used consistently.

I always put a comma before the conjunctions "and" and "or" ending a list or series:

What I care most about these days is three things: breakfast, lunch, and justice.

I will not despise, demote, or dismiss you for disregarding my preferences.

This comma before the conjunctions "and" and "or" in the sentences above is called a serial comma (also called the "Harvard" comma or the "Oxford" comma). The reason for this usage is not merely my preference. (And incidentally, what I say here about commas applies equally to semicolons.) Punctuation marks help readers to understand where they are being led; like traffic signals, punctuation should be consistent, whether the reader is conscious of their consistency or not. Don't forget that consistency helps you, too: who wants to waste time constantly reflecting on whether to use a comma when they write?

In short lists and sentences, whether you write "red, yellow, and blue" or "red, yellow and blue" rarely makes any difference, apart from the issue of consistency. But to make your writing easier for you to write and easier for your readers to understand, you should follow the same rule when you write long, complex sentences, which may consist of several clauses containing lists. Here is one example where the serial comma is used:

I eat a prune, a Turkish white fig, two types of French bread, and Dutch, French, Spanish, and Hokkaido cheese for breakfast; sandwiches or onigiri, salad, soup, and tea for lunch; snack food sometimes in the afternoon, and meat or fish with rice or potatoes, nuts, and as many types of vegetables as possible for dinner, followed sometimes by fruit or a piece of chocolate for dessert.

I think that the sentence above (which I deliberately made long and complex) is clear enough and easy to read, thanks to the serial comma, but for an even more readable sentence you can use semicolons applying exactly the same principle:

I eat a prune, a Turkish white fig, two types of French bread, and Dutch, French, Spanish and Hokkaido cheese for breakfast; sandwiches or onigiri, salad, soup, and tea for lunch; snack food sometimes in the afternoon; and meat or fish with rice or potatoes, nuts, and as many types of vegetables as possible for dinner, followed sometimes by fruit or a piece of chocolate for dessert.

You might think both sentences are hard to understand because they are long, but you will certainly agree that always following the same rule when you write will make your writing easier.

2.1. Before the prosecution rests...

I must cover one more thing. Besides the "traffic signal" role of punctuation marks, there are the hidden assumptions and covert messages concealed in outwardly identical punctuation marks whose implications differ between Japanese and English. (Remember what I told you about check marks in Japan.) Let's look first at quotation marks.

In English, quotation marks are used for only three reasons:

(1) In novels, etc., quotation marks enclose dialogue. (This use does not pertain to most of us. We are not novelists.)

(2) Quotation marks are used to cite the exact words of a real, identifiable person. Journalistic standards have fallen recently, but this rule is still expected to be observed in English-language journalism.

(3) Quotation marks are used to keep a deprecated term at a respectable distance, at arm's length as it were. You may have noticed that I have used this convention several times in this article, to distance myself from the terms "academic writing," "word processed," and "Harvard" and "Oxford" commas. Note also that in the previous sentence I used a serial comma. And I wrote "serial comma" in the previous sentence without quotation marks (because it's the term I prefer).

In Japanese, quotation marks are used for these additional reasons:

(4) To draw attention to a "sexy" word. (There is only a fine line between this usage and what I have done in this article when I put quotation marks around "rules of the road," "rules," and "tab," but there is another difference between Japanese and English usage: in Japanese, the writer will continue to enclose the term in quotation marks, however many times the term is repeated, whereas in English, the writer will usually discontinue the quotation marks after the first use.)

(5) To paraphrase something that someone (often a fictitious or unidentifiable person, "the man on the street") said or may have said. This is perhaps the discrepancy with the

most serious implications, even in our “post-truth” world. At the risk of oversimplification but in the interests of concision, I’ll stress that it’s very important for Japanese students to realize two facts: (i) if they use the exact words of another person, they must enclose whatever they borrowed in quotation marks; to do otherwise will be regarded as plagiarism; (ii) if they enclose anything in quotation marks that, in their mind, represents the words or ideas of another identifiable person, the enclosed terms will be interpreted by the reader not as a paraphrase or synopsis but as the exact words of the quoted person, who may object to the summarization.

2.2. Assumptions hidden in punctuation usage

Now let me tell you more about divergent assumptions hidden in the use of outwardly identical punctuation marks:

2.2.1. Parentheses

Parentheses in English are used to enclose information of *secondary (less)* importance (“parenthetical” remarks — information that the reader may safely skip), such as the local area code in a phone number, e.g., (03) 1234-5678. For your information, “parenthetical” expressions provide supplementary information added to a statement that is already sufficiently clear and whose meaning will not be changed by the added information: e.g., Tokyo is located in Japan (not in China).

Parentheses in Japanese are used to enclose *important* information. E.g., the customary notation of telephone numbers in Japanese documents, 03(1234)5678, is confusing to non-Japanese. It appears to mean that the four digits “1234” may be safely omitted, which of course is not the case. (You may optionally but safely omit the “03” prefix only if you are in Tokyo.) In other words, parentheses are used by the Japanese, much like the dots in abbreviations, as separators, rather than marking any kind of hierarchical relationship. Recently I even saw a Japanese telephone number written in this form: (03) (1234) (5678).

2.2.2. Brackets

Square brackets in English are used to insert information, such as the editor’s comments or corrections, in a quotation. E.g., “This message should not had went [sic] out to all employees.” This means that someone actually wrote all the words enclosed in quotation marks (including the grammatically incorrect verbs), exactly as written, with the exception of the bracketed “sic” (which means, in Latin, “thus,” indicating that the error is not to be attributed to the editor’s carelessness). Similarly, when something in the original statement is omitted for whatever reason — *and the omission does*

not alter the meaning of the original statement! — the omission is indicated with an ellipsis: [...] (three dots).

Brackets and angle brackets (“<” and “>”) are frequently used in Japanese to distinguish headings and titles from the body text (where capitalization or boldface would be used in English). It is important to warn Japanese students that this is not done in English. In English, we have other tricks, like the use of Capital (Uppercase) Letters or **boldface**, to draw attention to a headline or title. (Note that in this paragraph, as well as in many other places in this article, I have used parentheses to enclose information of secondary importance.)

Here are several facts about Japanese punctuation marks that I did not mention in my talk:

Although the mark widely used in Japanese to indicate numerical ranges (*à la* “10~20”), has a name in English (it’s called a “*swung dash*”), it is not used in English. It is the single feature of Japanese punctuation usage that I would most like to see made part of English usage; we need something like it to distinguish a minus sign or hyphen (they are the same character) from a mark intended to express a range, like “10-20” (from ten to twenty). We are obliged to use a humble minus sign (aka a hyphen) in cases like this. It is ambiguous, as it could also mean “ten minus twenty,” but this is, unfortunately, the English language convention. (For your information, hyphens join two words together, dashes separate them.)

The *raised dot* sometimes used in Japanese katakana to separate parts of a name (as in my name, ホルムズ・クリストファー) is not used in English.

3. What else? Where to go for more?

What else do teachers need to know? A lot. In this article I’ve tried to avoid producing a confusing catalogue of complications, intentionally avoiding any discussion of the differences among Japanese, English, and American quotation marks’ shape and usage while intentionally including basic information that is rarely if ever taught about hyphens and dashes (namely the difference between them).

I didn’t say a word about apostrophes. (Did you notice that? Did you sense that something was missing?) Remember: your students do not need to become editors. They can leave that to us. But if you want to learn more about punctuation, to my mind, the classics of the genre are (1) *The Elements of Style*, by William Strunk Jr. & E.B. White; (2) *Eats, Shoots and Leaves*, by Lynne Truss; and (3) *Fucking Apostrophes*, by Simon Griffin.

So much has been written about *The Elements of Style* that



the commentaries easily total hundreds of times the number of pages of the original, but the commentaries, including mine, are unnecessary, and of its 105 pages (the shortest style book I know), you need to read only the first 33 pages to learn all you need to know about basic English punctuation, and they include some of the best and clearest sample sentences ever written.

Eats, Shoots and Leaves, by Lynne Truss, is very entertaining, perhaps the second-most enjoyable book about English-language punctuation ever written. Why only second-most?

Because my current favorite, *Fucking Apostrophes*, by Simon Griffin, is so entertaining and useful that it's worth the price (16.99 Australian dollars for 60 very small pages with lots of white space), which, per page or per word or per topic

(since it only covers apostrophes, after all), is probably exorbitant, but if you have it and actually read it, you will get your money's worth.

Oh yeah — the title of Simon Griffin's book. Why the bad language? Well, as many of you probably know, apostrophes are widely considered the most annoying aspect of English punctuation and they account for an inordinate number of typographical errors, even in writing by professional writers. Do they have to be annoying? Knowing something about the history, categories, and usage of apostrophes, like knowing something about ethical questions in moral philosophy, helps you to make the right choices — although this is an area that you don't have to teach your med students. But read it! Punctuation can be fun.

Teaching history-taking to 3rd- and 4th-year medical students

Alan Hauk and Sean Bennett

Department of English, Faculty of Medicine, Toho University School of Medicine

1. Introduction

Since 2013, all 4th-year students at Toho University School of Medicine have had to take a test of their ability to take a patient medical history in English as their final exam in the English program. This test is a requirement for students to advance to the 5th year and is administered by a committee of clinicians and administrative personnel, not by the English Department. It is made to resemble a real Objective Structured Clinical Examination (OSCE: the licensing test for assessing a doctor's ability to interview a patient) as much as possible, so students must wear white coats or uniforms and conduct themselves as if they were already doctors. The English Department does not administer this test, but is responsible for providing the students with the necessary language skills to pass it. However, we also teach medical reading in the same classes. To fulfill both educational goals in the limited time allotted to us, we have continuously developed and refined our syllabus and our teaching methods over the last five years.

2. Background

The training for the 4th-year medical interview test begins at the start of the 3rd year. The 3rd- and 4th-year classes are both called Clinical Medicine English, and follow a similar pattern of instruction. In the 2017 school year, the 3rd-year medical English classes met for two 70-minute periods 14 times a year, and the 4th-year classes met for two 70-minute periods eight times a year. In both 3rd and 4th years, each class was divided into two equal parts: the first half of the class was a reading and vocabulary session on clinical topics that roughly matched what the students were learning in their medical classes. The second half was devoted to a role-

play based on the disorder studied in the first half of the class. While the topics for the classes were chosen by committee, the content and methods were arranged by the English department.

The 3rd-year classes cover 13 topics, and these had stayed mostly unchanged until 2017, when seven old topics were replaced by new ones. This year's topics were atherosclerosis, myocardial infarction, chronic obstructive pulmonary disease (COPD), anemia, nephritis, tuberculosis, gastroesophageal reflux disease (GERD), gastric ulcer, cirrhosis of the liver, subarachnoid hemorrhage, diabetes, leukemia, and dermatomyositis. The basic pattern of instruction stayed the same as in previous years.

In contrast to the 3rd year, the 4th year has used new clinical topics every year, and the style of instruction has sometimes changed as well. This year, the first 4th-year lesson was a review of the medical interviewing questions learned the year before in the 3rd year. The second through fifth lessons covered clinical topics, the sixth class was a dry run of the medical interview in the same rooms used for the interview test, the seventh class was a guest lecture by a clinician, and the eighth class was a review and final practice for the test. The topics for this year's 4th-year classes were four new ones that we had never done before: ectopic pregnancy, adnexal mass, urolithiasis, and diverticulitis. They were chosen not only because they matched what students were studying at the time, but also because they featured lower abdominal pain as a presenting symptom, which we could use as the chief complaint of the scenarios for the medical English interview test.

To take these assigned topics and put them together into a curriculum and then teach it took some planning, but to make this task easier we created a template for designing and teaching these classes. We referred to our template as the "three pillars": preparation, presentation, and practice.

3. Preparation

Preparation was, naturally enough, the first pillar. The teaching materials for both 3rd- and 4th-year classes were produced within the department using a format that we developed several years ago and given to the students as printouts at the beginning of each class. These materials were researched, synthesized, and paraphrased from a wide variety of sources to customize the lesson to our exact needs.

● Corresponding author:

Alan Hauk

Associate Professor, Department of English

Toho University School of Medicine

5-21-16 Nishi Omori, Ota-ku, Tokyo 143-8540

Tel: 03-3762-4151 Ext. 2572

Email: alan@med.toho-u.ac.jp

This report is based upon a presentation delivered at the 20th JAS-MEE Academic Meeting held at the Orque d' or Salon in Nagoya on July 22, 2017.



The first part of each lesson was a list of the important words students would encounter in the lesson. This included a list of Greek and Latin word parts to help the students decipher the meanings of new words. After vocabulary came a short reading (800 to 1,000 words) on the selected disorder. The readings followed a format of definition, etiology and pathogenesis, clinical presentation, diagnosis, and treatment. One of our main goals was to make the lesson understandable for English teachers with no medical background, so all difficult terms and concepts were explained in the text. After the reading came vocabulary and comprehension exercises to check if the students understood the language and concepts in the text. The second half of the text was materials for the role play. This consisted of a review of previously covered history-taking questions, new history-taking questions for that lesson, and the scenario for the role play based on the reading.

4. Presentation

In both the 3rd and 4th years, we normally taught the classes to all the students concurrently in six separate classrooms. This year, however, we tried something new in presenting the topics to the 4th-year students. The first half of the lesson was conducted in a lecture hall by all English teachers to all students. One teacher would lecture using PowerPoint, which students followed in their printouts. The advantage of this was that the PowerPoint lectures could incorporate video and color pictures not possible in the printouts. Periodically during the lecture, students would do vocabulary or comprehension activities to check their understanding. For example, during the lecture on obstetrics, students had to write in English on their worksheet why a fallopian tube infection increases the risk of an ectopic pregnancy, and teachers circulated and helped the students while they worked on their answers. Having the teachers together in the lesson also allowed for some back and forth dialog about the



topics, such as teachers introducing their own and their family members' experiences with kidney stones. When the lecture was over, students watched two English teachers demonstrate the assigned role play. Students had to listen to the role play and identify any new history-taking questions used by the doctor, as well as how the patient responded.

5. Practice

After each 4th-year lecture was over, the students dispersed to six separate classrooms to practice their role plays. The students went to the same assigned classrooms throughout the year, but the teachers rotated to different classrooms each lesson. This way, the 4th-year students got to experience each teacher at least once during the year. All teachers used the same lesson materials.

The role play and all other parts of the classes used a consistent structure so that teachers and students could become familiar with them. The teachers began the lesson by practicing new interview questions with the students. A few new questions were phased into each lesson, and the old questions were constantly repeated to reinforce their use. Students were also directed on acting in a professional manner, creating a good atmosphere, using active listening, and showing empathy.

As mentioned before, teaching students how to take a patient medical history for their 4th-year test begins in the 3rd year. In the first class of the 3rd year, students watched the teachers do a sample role play and were given a list of all the interview questions they would need over the following two years. The interview questions and techniques were then introduced and practiced gradually in following classes. Students learned how to greet the patient, ask about the chief complaint, and ask basic questions to determine the patient's symptoms. We taught the students the mnemonic Onset, Provocation, Quality, Region & Radiation, Severity, Time (OPQRST), since that is the one most commonly used in

Japan. After teaching the OPQRST mnemonic, we started the students on the Previous history, Allergies, Medicines; Hospitalization, Urinary, Sleep; Family history, OB/GYN, Social, and Sexual (PAM HUGS FOSS) mnemonic for asking about risk factors. Because we wanted them to become completely familiar with the OPQRST questions first, the 3rd-year students only learned a few of the second mnemonic questions, such as past medical history, smoking and alcohol use.

The 4th-year students learned the remaining PAM HUGS FOSS questions that they had not learned in the 3rd year: allergies, medications, family history, urinary, GI, OB/GYN, and sexual history. Students also practiced how to do topic transitions, make a summary, and show empathy with the patient. For teaching the medical interview, we are indebted to Dr. Takayuki Oshimi and Dr. Daniel Salcedo, who explained medical history-taking and interview mnemonics and gave us valuable advice when the medical English curriculum was first being created in 2011 and 2012.

This year's role play portion of the 3rd- and 4th-year classes did not change much from previous years. The students had to prepare and practice a 5-minute doctor-patient interview. Each class, students learned some new history-taking questions, reviewed the questions from previous lessons, and then worked in pairs and practiced their role play. The patient's role was scripted out, but the doctor's role was not and students had to make their own questions. Each of the teachers has their own way of teaching this part of the lesson, so we rotated the teachers every class to expose the students to a variety of teaching styles. The students learned how to conduct a medical interview bit by bit, and with each class the practice became increasingly challenging. This repetition honed students' skills and increased their automaticity, which (mostly) led to a reduction in thinking time between responses and prepared them to perform effectively under the pressure of the test.

An important rule was that every student had to be graded each class. Students were only assessed for their perfor-

mance in the doctor's part in the role play, so we allowed the students to read their script as patients, while the doctor's part had to be done without prompts. Every student played both the doctor's and patient's roles. Because each teacher graded 20 or more students every class, we utilized a quick and easy grading system. Students were given a simple, overall grade of 0 to 5 for their role play, with 3-5 being passing grades. We decided that a more complicated grading system, such as a comprehensive checklist, would take more time for grading and would take away from practice time. The teachers have trained on and used this system for several years, and review of the grading results has shown that grading is fairly consistent among the teachers. Starting two years ago, these grades are published online soon after each class. This has turned out to be a good motivator because, after seeing a low grade, some weaker students actually approached teachers and asked how to do better or said they would work harder to get a better score.

6. Conclusion

The system we developed for our medical English program has benefits and drawbacks. The benefits are that after two years of practice almost all of our 4th-year students were able to perform a basic medical interview in English; they received repeated practice that improved their performance under pressure, and they gained familiarity with the procedures because of the consistency of the classes. At the same time, students experienced a variety of teaching styles from six different teachers. The drawbacks to our method were that students got only a limited number of classroom hours for other aspects of medical English, and they got only limited time for individual feedback because we were focused on group practice.

We hope that this description of our program can be of some use to other schools thinking of teaching medical history taking.

実務からみた医療英語教育

Teaching medical English for careers in healthcare

服部しのぶ

藤田保健衛生大学医療科学部

1. はじめに

大学の専門課程における英語を学ぶとき、難しい専門用語や、略語、特有の言い回しなど、これまで学んできた一般英語よりも難しいと感じ苦手意識をもってしまふ学生が多いようである。どのような授業をすれば、専門分野について初めて学ぶ学生の学習の負担を軽減できるか考えていきたい。そこで、これまで自分が行ってきた授業形態を振り返りながら、テキストと授業形態について検討する。それをもとに考案したテキストとその授業形態についてアンケート調査を行い、より良い教材のあり方について考察する。

2. 研究の背景

2.1. 大学における英語教育とは

大学における外国語教育は、当初、一般教養科目の一つに位置付けられ原書購読に必要な専門科目の補助ないし、基礎として読み書きができることに重点がおかれた。しかし、国際化の流れを受けて、聞く・話す能力の強化が求められるようになり、コミュニケーション能力の育成に主眼が置かれるようになってきた。2000年以降は、分野ごとに異なる専門英語(English for Specific Purposes; ESP)の力を養成することが求められるようになった。

2.2. これまでの授業の方法と教材

これまで行ってきた授業の方法は、下記の3通りであった。それぞれの授業形態で「リアクションペーパー」を用いた無記名方式の自由記述式アンケートを行った。「リアクションペーパー」とは、毎回授業の最後に無記名式で、その日の授業で思ったこと、感じたこと、疑問に思ったこと、質問等を自由に書かせるアンケートのことである。

● Corresponding author:

服部しのぶ

藤田保健衛生大学医療科学部

〒470-1192 愛知県豊明市沓掛町田楽ヶ窪1番地98

Email: shattori@fujita-hu.ac.jp

本稿は第20回日本医学英語教育学会学術集会（2017年7月22・23日、オルクドール・サロン）にて口頭発表した内容を元に文章化したものである。

①時事問題を扱ったテキストでの読解中心の授業

医学や健康に関わる時事ニュースを中心に、学生が興味をもてそうな分野を扱ったテキストを使用。授業の進行としては、まず各章のキーワードを確認する。それから、リスニング力を高めるために本文を参照せずにDVDを見せて、まず内容を把握させる。その後、本文を見ながら穴埋め問題を解き、もう一度DVDを見ながら穴埋め問題の確認をし、本文の読解を行っていく。

②海外ドラマや映画を用いたリスニング中心の授業

海外ドラマ「ER」を題材にし、授業で扱う場面の会話をスクリプトにした補助教材を使用。授業の進行としては、まず映像を見せ補助教材のスクリプト部分に設けた括弧抜きの穴埋めをさせる。すべての穴埋めができるように、2～3回同じ場面を見せる。その際、各場面で重要なポイントとなるところで映像を止める。穴埋め終了後、答合わせをし、もう一度通して見せて可能ならリピーティングやシャドーイングをさせる。

③医学の専門的な内容を扱ったテキストによる読解中心の授業

平易な英文で書かれた医学の専門的な内容を扱ったテキストを使用。まず各章のキーワードを確認し発音練習をさせる。本文の朗読CDを聞かせ、発音をチェックする。それから周囲の人とペアをつくり音読し合い発音を確認する。その後、パラグラフリーディングを行い、一文一文の意味を確認し文法などを説明していく。

2.3. リアクションペーパーの結果

授業形態とテキストに関する客観的な評価とはいえないかもしれないが、先述の①では32%の学生が「高校までの授業内容と変わらない」と回答していた。その他には23%の学生が「医療の専門分野に関する題材がいい」と回答していた。

これを受けて、②の授業形態をとってみた。すると78%の学生が「授業が楽しい」、「授業の内容に興味もてる」と回答した。一方で83%の学生がさまざまな「不安」を口にしていた。例えば、リスニング中心の授業だが「なかなか思うように聞き取れない」、「発音が上手くない」、「聞き取れても意味がわからない」など、さまざまな不安が寄せられた。授業に対する興味や関心を高めることには成功したが、その分、さまざまな不安も喚起する結果となった。

次に③の形態の授業を行ったところ、61%の学生が「講義の内容に興味もてる」と答えた。しかし、64%の学生

が「難しい」とも感想を述べていた。また、73%の学生が「高校までの授業と変わらない感じがする」と答えていた。

2.4. 学生の求める授業をめざして

以上から、専門分野の内容を広く浅く、かつ、解りやすく学べる教材と、高校までのような文法・読解主体の授業ではなく、実践的かつ実用的なものが求められていると感じた。以前、病院のすべての職員を対象としたアンケートをとった際に、医療の現場は教育機関に対して「即戦力になれる人材の育成」を求めていることがわかった。

グローバル化が進む現代社会においては、医療従事者についても日本語以外の言語で対応しなければならなくなると思われる。そこで外国人が日本の病院に来たという設定でテキストをつくり、受診受付から処方箋を受け取るまでの場面で学ぶ教材(『医療スタッフのためのシチュエーション英会話』, メジカルビュー社, 2017年3月)を作成してみた。授業も、会話中心にロールプレイ形式で表現の獲得を目標に進め、文法的な解説は、最低限に留めることにした。

3. 研究方法

3.1. 対象, 調査方法

本研究は、藤田保健衛生大学に通う医療科学部の臨床検査学科2年生, リハビリテーション学科理学療法専攻1年生, 臨床工学科1・2年生, 医療経営情報学科1年生の合計276人を対象として、質問紙によるアンケート調査を行った。アンケートは選択式および自由記述式とした。この調査は2017年4月から7月下旬まで行った前期の授業の最後に実施した。

3.2. 調査内容

対象者の個人情報については無記名方式とした。主な調査項目としては授業で使用したテキスト『医療スタッフのためのシチュエーション英会話』について、使いやすさ、見やすさ、難易度等を択一式で行い、改善点や授業の感想などについては自由記述形式で行った。これまでに使用し

てきたテキストとの比較という調査項目も設けた。また、授業の評価方法については、毎回授業の最後に行っているリアクションペーパーによる自由記述式のアンケートの回答に基づいて行った。

4. 結果

4.1. 作成したテキストを使用した感想

「使いやすさ」という項目では、約半数が「使いやすい」と回答している。また「見やすさ」、「文字の大きさ」という項目では、6割以上が「良い」と答えており、このテキストが使いやすいと評価された一因となっていると思われる。また「難易度」も普通と答えた学生が5割を超えており、今回調査したクラスにとっては、良いテキストだったと考えられる(図1, グラフについてn=276, 以降同様)。

4.2. これまで使用してきたテキスト(高校の教科書も含む)との比較

1年生と2年生ともに、「専門性」が高いと感じた学生が、ほぼ同数で7割近くいた。また「難易度」や「情報量」については80%以上が適切であると評価している(図2)。

4.3. このテキストで講義を受けた感想

「実際に会話が使えそう」とか「将来役に立ちそう」など、約60%の学生が授業で学んだことが、これから生きてくるといふ実感をもてたようだ。また、10%ではあるが、「もっと勉強したい」という感想が出たことは、学習意欲の向上に少なからず影響を及ぼしたと言える。

5. 考察とまとめ

今回の調査で、実際の病院の雰囲気や会話がわかるテキストについて学生の高い評価、興味、関心が得られた。実際の医療現場で起こりうる場面設定をしたことで、学生には将来の仕事のイメージができ、それを英語学習とともに概観していくという本テキストは、これから専門課程の英語を学んでいこうという初学者に対してモチベーション

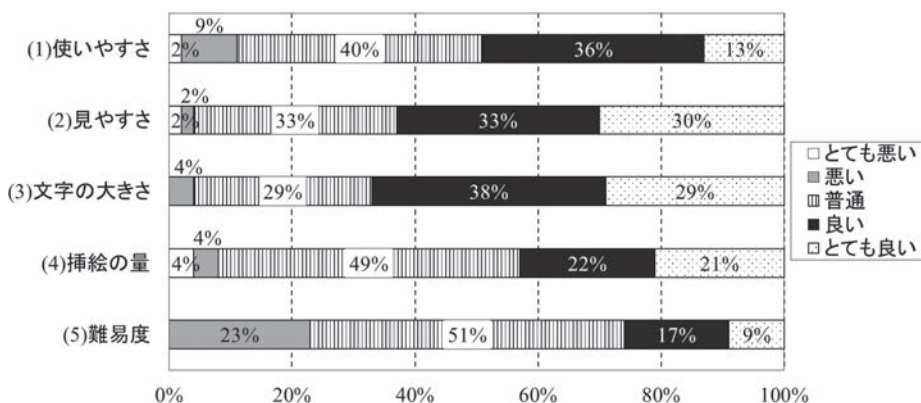


図1. 作成したテキストを使用した感想

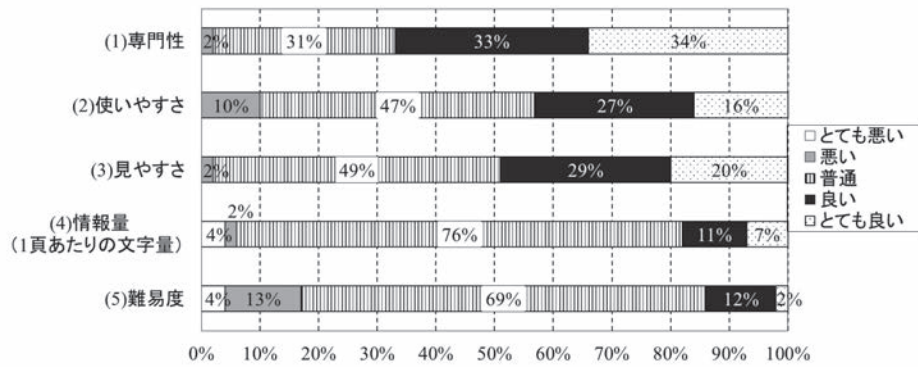


図2. これまで使用したテキストとの比較

の向上に寄与したと思われる。また会話主体の講義形式にすることで、より実践的かつリアリティーのある講義ができたと思われる。

専門課程の学習がまだ進んでいないため、専門知識もあまりない状況で、英語の授業内容を専門的なものにすれば、難しさを感じるのはやむを得ないことである。しかし、将来の仕事で必要となる場面を明確に提示すれば、学生は専門的な英語学習についても興味をもって授業に取り組める

ようになることがわかった。もっとも、今回使用したテキストは学生の見やすさ、使いやすさを意識したが、学生の利便性を過度に追及すると学生が自分で考えて、自ら学ぶという姿勢を阻むことになる恐れがある気がする。

将来、仕事で英語を使う場面に遭遇したとき、各人がある程度一人で英語を学んでいくことができる素養を大学での講義を通して身に付けられるように、テキストや指導法を今後も考えていきたい。

オンライン協同学習によるアジア医学生との交流

Interaction with Asian medical students through online cooperative learning

横山彰三¹, Kathleen Brown²

¹宮崎大学医学部社会医学講座英語分野

²久留米大学外国語教育研究所

1. はじめに

宮崎大学医学部では2015年から、1年次英語教育の一部に、Moodleの掲示板機能を利用したオンライン国際協同学習を取り入れている。その内容は、いくつかの医療に関するトピックについての英文ライティングを通してアジア諸国(インドネシア, 台湾)の医学生と意見交換を促すものである。本活動の目的は(1)異文化への気づきを高め、(2)多様な価値観に対処し、(3)将来の医療者としての自身の健全な価値観や信念形成をサポートする、ことである。参加者は各ユニットで扱う医療に関するトピック(臓器移植の是非, なぜ医師を目指すのか, 貧困と医療アクセスの問題など)について短いエッセイを書き、お互いに意見や感想を交換する。

本学ではいわゆる「医学英語」の教育については、6年次クリニカルクラークシップにおける海外臨床留学のためのEMP (English for Medical Professionals)プログラムを10数年継続している。一方、このオンライン交流はAAMCやTACCTでも昨今その重要性が指摘される異文化能力(Cultural Competency)を高め、将来必要となる多様な文化的背景を背負った患者、あるいは医療者関係者自身に対応できる幅広い知性を備えた医療者育成に資するものと考えられる。すでに多くの研究により、オンラインによる協同学習が異文化理解に有効であることが認められている。なお、この研究は科学研究費補助金による研究(基盤研究(B)「国際協同学習ネットワークによるグローバル英語ライティング教育システムの構築」課題番号 16H03452)の一部である。

2. 研究の背景

2023年からの米国の医師国家試験においては、アメリカ医科大学協会(AAMC)の基準により認証を受けた医学部

卒業生以外の受験は認められないことが、米国ECFMG (Educational Commission For Foreign Medical Graduates)からわが国に通知された。10年後に控えた世界基準の認証評価取得の可否は、今後わが国の各大学医学部の差異化へと直結する。医学教育改革においては、真の診療参加型臨床実習の実施, CBT・OSCEの標準化, 特にAdvanced OSCEの実施が避けては通れない。Advanced OSCEでは臨床能力は言うまでもなく、医師の助言に対する患者側のコンプライアンスを高める、医師としての優れたコミュニケーション能力が今後ますます重要視されてくる。その点において、人種の多様性が高い米国では、患者に関わる人口動態的・文化的背景が患者自身の健康と健康維持のための医療実施そのものに大きな影響を与えること、そして医療者はそれを明確に理解しておくことが重要であるとの強い認識が持たれ、AAMC(2006)がTool for Assessing Cultural Competence Training(TACCT)を策定して全米の医学教育機関に周知し、これを医学教育に反映させるよう指導している。一方、わが国の医療コミュニケーション教育は、これまでのところ「対人コミュニケーション」論が主流であり、それなりの成果を上げてはいるが「異文化理解と他者経験」まで踏み込んだ教育法の研究は未開拓である。今後在留外国人のさらなる増加や対外的な認証評価への対応にも、医学英語・医療英語という枠組みを超えた異文化能力のための医療コミュニケーション力の養成が求められる。

言語教育における異文化理解についてByramは、Attitudes, Knowledge, Skills of interpreting and relating, Skills of discovery and interaction, Critical cultural awarenessという枠組みを提示している。⁵特にcultural awarenessは学習者が自分自身の意見を声に出し、global citizenとなるための個人的成長への準備になると言及している。⁶このモデルはCommon European Framework of Reference for Languagesに導入されて、言語教育カリキュラムデザイン、教材、教室内の言語活動、評価などに活用されている。

一方、医学教育における異文化理解はLu & Corbettによれば以下の2点に集約される。⁷

- (1) the disparities in medical provision between members of different cultural communities, and
- (2) the promotion of shared decision-making about treatment.

Betancourtは、一見無関係に見えるこの2つを結び付け

● Corresponding author:

横山彰三

宮崎大学医学部社会医学講座英語分野

〒889-1692 宮崎市清武町木原5200

Email: yokoyama@med.miyazaki-u.ac.jp

本稿は第20回日本医学英語教育学会学術集会(2017年7月22・23日, 名古屋市オルクドール・サロン)にて口頭発表した内容を元に文章化したものである。

て, “Clinicians aren’t shielded from diversity, as patients present varied perspectives, values, beliefs, and behaviors regarding health and well-being.”と述べ, 多様な文化(価値観, 信念, 行動様式)を背負った患者と対峙する医療者にとって異文化能力は必要な能力であると強調する。⁸

AAMC(2006)でも採用されている異文化言語能力(cross cultural communicative competence)は「文化・言語能力」を「一まとまりの一致した行動, 知識, 態度や方針」であり「それは組織やシステムあるいは専門家集団で一致しており, 異文化が立ち現れる状況において効果的に機能する」ものであると規定している。⁷その一方で, 医療者は文化の多様性について十分な教育を受ける機会もなく, ときとして不適切なケアの提供や患者のコンプライアンスに影響が及ぶことも少なくない。これに対する解決策としてLu & Corbettは医学部在学中に関連する異文化能力養成のプログラムを提供すべきであると主張する。⁹

言語と文化は不可分である。言語教育の重要性に加えて文化の多様性に専門教育も応えていくべきだという意識は医学教育機関でも意識が高まっている。英国ではTomorrow’s Doctors: Recommendations on Undergraduate Medical Education(General Medical Council, 1993)においてその重要性を明確に述べられ, 米国ではTACCT inventory: Tool for Assessing Cultural Competence Training(AAMC, 2006)が策定された。TACCTは以下の4つのドメインに分かれ, さらに下位の詳細なdescriptorからなり, 米国の各医学教育機関はこれに沿ったカリキュラムにより異文化能力のプログラムを構築するよう要請されている。⁴

Domains:

The definition of cultural competence and its key aspects.

The impact of stereotyping on decision-making.

Awareness of health disparities, and cross-cultural skills.

Cross-cultural skills, such as working with an interpreter.

日本においては, 平成28年にコアカリキュラムの改定がなされ, A-4コミュニケーション能力では「患者の心理・社会的背景を踏まえながら, 患者及びその家族と良好な関係性を築き, 意思決定を支援する」と記述されているように, 患者のもつ社会文化背景への配慮や他者性を重視している。

このような状況のなかで, 英語教育を通して異文化能力という切り口で何ができるだろうと筆者は考えてきた。特に日本の大多数の医学部では, 必修の英語クラスはせいぜい1年~2年次のみ開講でもあり, 専門医学そのものをいまだ深く学んでいない医学生に対しては, 患者の文化的背景を考える前に, 医学生自身がもっている信念や価値観を認識し, それを他者のそれらと突き合わせるにより相対化させるプロセスが重要であると筆者は考える。その意図と英語教育を組み合わせ, 2015年から1年次英語教育の一部に, Moodleの掲示板機能を利用したオンライン国

際協同学習を取り入れている。その内容は, 上述のようにいくつかの医療に関するトピックについての英文ライティングを通してアジア諸国(インドネシア, 台湾)の医学生と意見交換を図り, (1)異文化への気づきを高め, (2)多様な価値観に対処し, (3)将来の医療者としての自身の健全な価値観や信念形成をサポートすることを目的としている。

3. オンラインプログラムの目標

本プログラムの具体的目標は以下の通りである。

- 1) 英語リーディングとライティングの能力を高める
- 2) 自分の価値観や信念を内省しつつ種々の医療トピックに関して考えそれを表現する
- 3) ほかの参加者(海外)からの意見に対して返答し簡単な議論をする
- 4) 文化的多様性に対する意識を高める

3.1. 参加者と所属大学

本プログラムへの参加大学は以下の通りである。

- 1) Kaoshiung Medical University, Taiwan(台湾・高雄医科大学)
- 2) University of Brawijaya, Indonesia(インドネシア・ブラウィジャヤ大学医学部)
- 3) University of Miyazaki (Faculty of Medicine), Japan(宮崎大学医学部)

3.2. プログラムのスケジュール

本プログラムは1年生後期(10月~2月)の約半分・8回分を使って実施した。以下の4つのステージに分かれ, 各ステージでは一般的な医療や健康に関する内容を扱っている。それぞれのステージは課題の終了(initial postingから返信まで)に2週間ずつとっている。1つのステージが終了してから次のステージがオープンする。参加者は自分の考えを短い英文エッセイとして書き込む。掲示板形式になっているので, 書き込まれた英文に対して, それに興味を持ったほかの参加者が自由に返信を書き込めるようになっている。2015年のステージは以下の通りであった。

- 1) **Stage 1** : *Self Introduction and Why I am Here*
(1st week of October – 2nd week of October)
- 2) **Stage 2** : *Organ Transplant*
(3rd week of October – 4th week of October)
- 3) **Stage 3** : *Poverty and Health Care*
(5th week of October – 1st week of November)
- 4) **Stage 4** : *Becoming a Doctor and Compassion*
(2nd week of November – 3rd week of November)

3.3. 課題および活動

Moodleにアップされた課題を具体的に説明しよう。図1はStage 3のトップページである。

このステージではRandall Williams作のショートストーリー

リー “Daddy Tucked the Blanket” を読んで、貧困が家庭に及ぼす影響、特に子供のmental/physical healthに及ぼす影響を読み解き、TED TALK “Why your doctor should care about social justice?”を見てhealth equityを確立するために医師として何をすべきなのか、の2点について200ワードのエッセイを書く。余裕のある学生にはThich Nhat Hanh 禅師の詩 “Please call me by my true names” を読ませ、仏教的観点や慈悲の念から貧困の問題を垣間見る。

実際の書き込みイメージは図2のようになっている。

4. 参加者からのフィードバック

日本人参加者からフィードバックを得たので、その結果について若干の分析を加えたい。質問に対する回答は5(強くそう思う)、4(そう思う)、3(どちらでもない)、2(どち

らかと言えばそう思わない)、1(そう思わない)、までの5段階スケールで準備した。質問項目が多いのでポイントを押さえるため「5」と「4」の回答%のみを表示する。

- 1) “I came to feel more comfortable in writing English through this program.” (n=46)
 - ・ 5(強くそう思う)+4(そう思う): 52%
- 2) “My English writing speed increased through this program.” (n=46)
 - ・ 5(強くそう思う)+4(そう思う): 46%
- 3) “I became more careful regarding grammatical accuracy in English through this program.” (n=46)
 - ・ 5(強くそう思う)+4(そう思う): 71%
- 4) “I became more confident regarding grammatical accuracy in English through this program.” (n=46)
 - ・ 5(強くそう思う)+4(そう思う): 35%

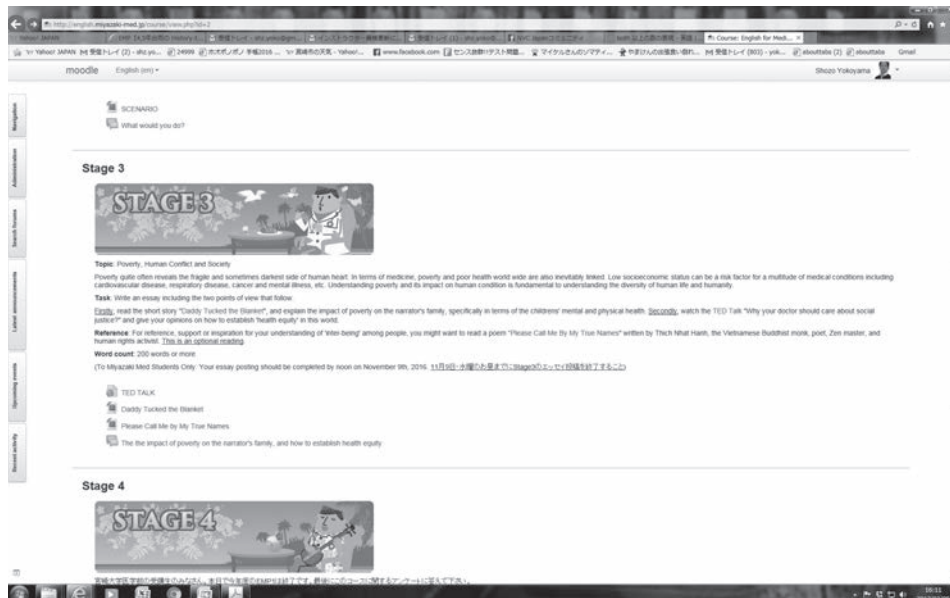


図1. オンライン教材Stage3課題



図2. 参加者の書き込み

- 5) "I became more aware of vocabulary flexibility in English through this program." (n=46)
 - ・ 5(強く思う) + 4(思う) : 67%
- 6) "My vocabulary increased through this program." (n=46)
 - ・ 5(強く思う) + 4(思う) : 46%
- 7) "I became more careful regarding persuasiveness and logical thinking through this program." (n=46)
 - ・ 5(強く思う) + 4(思う) : 72%
- 8) "I developed more persuasiveness and logical thinking skills through this program." (n=46)
 - ・ 5(強く思う) + 4(思う) : 40%
- 9) "I became better able to clearly state my opinion through this program." (n=46)
 - ・ 5(強く思う) + 4(思う) : 63%
- 10) "This program was helpful for establishing my values and beliefs as a future medical doctor." (n=46)
 - ・ 5(強く思う) + 4(思う) : 61%
- 11) "I became more able to understand, agree with, or argue against others' values." (n=46)
 - ・ 5(強く思う) + 4(思う) : 78%
- 12) "This program provided me an opportunity to think in detail about the relationship between myself and society/the larger world." (n=46)
 - ・ 5(強く思う) + 4(思う) : 69%

概観すると、英文ライティングに関する技術的側面(スピード(2)、文法精度(4)、語彙(6))に関してはライティングの回数と語数が限定的であったためと思われるが、さほどの効果は感じていない。その一方で、論理性や説得性に意識を向けたり(7)、他者の意見や価値観に対して同意や反論を加えることに伸びを感じている参加者が多い(11)。相手の意見に反駁することが苦手な学生たちにとっては意義深い点である。また実際には2~3の医療トピックを扱っただけであったものの、約7割の参加者が社会や世界と自分との関わりについて深く考える機会となった(12)ようである。

さらに自由記述からいくつかを抜粋する。

- ・ I realized people made different decisions according to beliefs based on their own different cultures.
- ・ I felt that foreign medical students' learning attitudes are mature. Their assertions are well-grounded.
- ・ Through discussion, I found that the level of awareness is equally high between us, although we have different values or beliefs.
- ・ I felt that the major difference between us is not the difference of opinions but the way in which we induce or convey opinions.
- ・ I felt that my view of things is quite limited.

- ・ This exchange acted as a positive stimulus for me. I noticed we share some things in common but not everything.
- ・ Students from other countries have far higher English proficiency.
- ・ I found many expressions that I did not know I can make use of in the future.
- ・ It took time and I am not sure if I wrote understandable English, but I am happy that I was able to write my own opinions/views.
- ・ It was good that I was able to realize that I could somehow use my English and be understood. This makes me confident to some degree
- ・ I noticed anew how difficult it is to express my ideas in English. I realized I have to increase my vocabulary.

5. 考察

価値観や信念、医療に関する文化的な側面などについてエッセイライティングを通しての学びについて、参加者はおおむね肯定的に捉えていることが明らかとなった。その一方で、文法的精度や語彙などライティングの技術的側面についてはあまり満足していない。今回のプログラムではアジア圏の大学との交流を実施した。交流先の大学はすべて10月を新学期とする欧米型の学期制であり、加えてその国特有の行事(旧正月など)により必ずしもお互いのペースが合わないために、ライティングの回数も限られたものとなった。そのため途中でライティングスキルに関する教育を集中して実施する時間的余裕がなく、教師の介入も特に行わなかった。このプログラムの意図は、第一義的には異なる文化や価値観との「遭遇」と「交流」であり、その先に見えてくる自己の信念や価値観への気づきを促すことである。それをさらに深めるためにも、今後ライティングスキルの向上を目指した介入は必要であろう。

6. 結語

私たちは自分が何を信じ、何に価値観を置いているかを知るには、他者との交流が欠かせない。「自己は他者と対峙するとき、はじめてその独自の姿を浮き彫りにする」「他者が押し迫って初めて自己は姿を見せる」「他者とは実在する他者ばかりとは限らない」と言われるように、私たちは他者の森を駆け抜けて自己になる。その意味において、本論で扱ったオンライン上でのライティングを通じた海外の医学生との交流は、相手がアジア圏の非英語母語話者であるという点も手伝って本学学生も比較的気楽に参加できた。内容の難易度も適度に高いものであり、海外参加者のライティング力、論理性、医師としての広い視野、他者を思いやる心など多くのことを学んだようである。人は自分の物語(self-narrative)を通して自分の人生の意味をつかんでいく。そして、医学生としてまた将来の医師(doctor-soon-to-be)として、これから先の人生を通してさまざまな失敗や

拒絶にあっても学び続ける「内発的動機」が大きな鍵を握る。また日々進歩する医学知識やスキルを常にアップデートし追いついていくためには、自己学習 (self-directed learning) も不可欠となる。自己学習はメタ認知力 (meta cognition) なくしては成立しない。¹⁰ この点については、学生の具体的なライティング (書き込み) の分析と合わせて稿を改めて論じたい。

文献

1. Corbett J. 2010. *Intercultural Language Activities*. Cambridge: Cambridge University Press.
2. O'Dowd R, and Lewis T. 2016. *Online Intercultural Exchange: Policy, Pedagogy, Practice*. New York: Routledge.
3. Thorne S. 2006. Pedagogical and praxiological lessons from internet-mediated intercultural foreign language education research. In Belz J, and Thorne SL (eds) *Internet-mediated Intercultural Foreign Language Education*. Boston, MA: Heinle and Heinle, pp. 2-30.
4. Association of American Medical Colleges (AAMC). 2006. *Cultural Competence Education for Medical Students*. Washington, DC: AAMC. <<https://www.aamc.org/download/54338/data/culturalcomped.pdf>>
5. Byram M. 1997. *Teaching and Assessing Intercultural Communicative Competence*. Clevedon: Multilingual Matters.
6. Byram M. 2008. *From Foreign Language Learning to Learning for Intercultural Citizenship: Essays and Reflections*. Clevedon: Multilingual Matters.
7. Cross TL, Bazron BJ, Dennis KW, and Isaacs MR. 1989. *Towards a Culturally Competent System of Care* Vol. 1. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center, and NWICWA.
8. Betancourt JR. 2003. Cross-cultural medical education: Conceptual approaches and frameworks for evaluation. *Academic Medicine* **78**(6): 560-569.
9. Lu P, and Corbett J. 2012. *English in Medical Education*. Bristol, UK: Multilingual Matters.
10. Quirk M. 2006. *Intuition and Metacognition in Medical Education*. New York: Springer Publishing Company.

Disease, health and healing are always cultural: Medical anthropology for first-year medical students at Akita University

Donald C. Wood

Department of Medical Education, Akita University Graduate School of Medicine

Since 2012, the autumn term required English for Medical Purposes (EMP) course for first-year medical students at Akita University has consisted of two sub-courses. One of these is Introduction to Medical Anthropology (tailored especially for future physicians) and the other is a continuation of the spring term EMP course. This article describes the former sub-course and examines the effects of this content-based educational approach on the students. It finds the teaching approach valuable, and suggests that studying medical anthropology in English can help boost medical students' motivation, and also help them to become better doctors.

Keywords Medical anthropology, content-based instruction, EMP, large classes

Introduction

Since 2012, the fall term required English for Medical Purposes (EMP) course for Akita University's first-year medical students, which meets twice per week, has been organized as two separate halves: an introductory medical anthropology sub-course and an EMP sub-course. The latter is essentially a continuation of the students' spring term course, described previously.¹ The former is quite different. In particular, it represents a major step in the ongoing effort to improve the mandatory English courses for the university's medical students by making the courses more relevant to their future careers, more inspiring, and more challenging.¹⁻³ It also reflects a growing focus on content-based instruction (CBI), the merits of which have been widely noted.⁴⁻⁶ The sub-course is taught entirely in English, and meets every Tuesday morning from 8:50 to 10:20 (the other sub-course meets on Wednesday afternoons). It is purely a lecture-style sub-course, as there are more than 120 freshmen each year, and as the author is the sole instructor. This article describes the contents, design, and evaluative framework of the sub-course, discusses its effects on the students, and their perceptions of it, and ends with some reflections on the sub-course and the

benefits that medical anthropology holds for the medical students.

1. Sub-course scope and contents

There are 15 or 16 class meetings, with set topics and plans (**Table 1**). The main message of the sub-course is simple: that human disease, health, and healing can never be separated from culture because one's cultural background heavily determines how one perceives these. This is impressed upon the students repeatedly from the first day. To quote the course syllabus, the primary objective of the sub-course is "to produce more knowledgeable doctors who will be able to think about disease, health, and healing from a variety of perspectives—not only from a clinical perspective."

The lectures begin with a brief consideration of the culture concept, including a few classic definitions, but the main point is that culture is learned and shared. The concepts of ethnocentrism and cultural relativism are also introduced, and the basics of anthropological (primarily ethnographic) research and fieldwork are explained, with the author's activities included in the examples. Four essential concepts, borrowed from Donald Joralemon,⁷ that can be learned from studying medical anthropology are

No.	Date	
1	10/4	Beginnings – introduction, anthropology, ethnography, culture, etc.
2	10/11	(quiz 1) Medical anthropology introduction (1)
3	10/18	(quiz 2) Medical anthropology introduction (2)
4	10/25	(quiz 3) Pregnancy and childbirth in Liberia (video)
5	11/1	(quiz 4) Disease, health, and healing in different cultures
6	11/8	(quiz 5) Ethnographic film – introduction to first half & watch
7	11/15	(quiz 6) Ethnographic film – introduction to second half & watch
8	11/22	(quiz 7) Applied medical anthropology & Paul Farmer's vision
9	11/29	(quiz 8) Paul Farmer's vision, cont. & modern (contemporary) biomedicine
10	12/6	(quiz 9) Healthcare in the USA – Sicko (first half)
11	12/13	(quiz 10) Healthcare in the USA – Sicko (second half)
12	12/20	(quiz 11) Sicko, healthcare system issues & health in human history
13	1/10	(quiz 12) Caring for patients from different cultures
14	1/17	Final exam review
15	1/24	Final exam
—	1/31	Endings – exam return, final points/comments, evaluations, etc.

Table 1. The medical anthropology sub-course as it was taught in the autumn 2016 term.

The final class meeting was actually the last class day for the overall course, and therefore was not counted as a medical anthropology sub-course class meeting.

also presented early in the course. These are: 1) Biology and culture are of equal importance in the human disease experience (cultivating a biocultural perspective is necessary), 2) The political and economic environment of a region or people is a primary epidemiological factor (these determine health risks and available treatments), 3) Ethnography can help to better understand how humans deal with disease and suffering (it provides crucial information), and 4) Medical anthropology is useful in reducing human suffering (it provides information on communities and patients, and on healthcare workers and institutions).

A large number of maladies, including kuru, wendigo (and ICU) psychosis, koro, and evil eye affliction, are covered. In addition, healing regimes such as traditional shamanism, native Maori practices, psychic surgery, and contemporary North American biomedicine are comparatively analyzed. (Pearl Katz's 1999 study of surgeon culture⁸ seems to especially interest the students.) Looking through the lens of medical anthropology, students learn about disease and human evolution and history, about conceptions of disease in different cultures and religions, about critical views of modern biomedicine and

its relationship to politics and economics, and about the applied nature of medical anthropology. The work and philosophy of Harvard University professor Paul Farmer—physician, anthropologist, and co-founder of the NGO Partners In Health (PIH)—is also introduced.^{9,10} For example, the students learn about Farmer's quest for social justice and his conviction that healthcare should be considered a basic human right and not a commodity.

The sub-course also takes a critical look at development—including World Bank involvement in this—using Sub-Saharan Africa as an example of the tendency for rich countries to pursue development in poor countries largely for their own benefit. The healthcare system of the USA is also analyzed and compared with those of other countries, with a consideration of Health Maintenance Organizations and their functions (and also criticism of them). Special attention was paid in the 2016 sub-course to the Patient Protection and Affordable Care Act ("Obamacare") since it appeared to be endangered.

Finally, the sub-course turns at the end to the topic of caring for patients with cultural (including religious) backgrounds that differ from those

of the caregivers. Much of this section draws on Geri-Ann Galanti's work on the topic; actual cases from her well-known book¹¹ are presented, and the very relevant concepts of ethnocentrism and cultural relativism are revisited.

2. Sub-course design and mechanics

As there is no textbook, the lectures and their accompanying PowerPoint slides form the core of the sub-course. The lectures are given in English, slowly and clearly, with important points often repeated, and each slide is left on the screen long enough for the students to write down the critical information. This is necessary, as printouts of slides are not made available to the students. This policy is maintained: 1) to encourage the students to pay attention during class, 2) to boost attendance, and 3) to prevent copies of the lecture slides from circulating among the students.

2.1. Lecture slides

The amount of text on each slide is minimized, and an attempt is made to strike a balance between illustrative images and text, leaving enough room to make the text as large as possible. A color-coding system is also used. Red text is information that students must write down, as there is a high chance of it being reflected in quiz or final exam questions. Red, therefore, indicates a concept or point of major importance. Black text is information that should be written down, but that is less critical than red text. Finally, green text is of minimal importance and need not be copied. On a lecture-only day (when no videos or other materials are used) about 60 slides are normally shown. Students are encouraged to raise their hands if they are not finished writing black or red text when the instructor tries to change slides. At times, questions are posed to the students.

2.2. Reading assignments

At least six appropriate news or opinion articles are assigned each term as required reading. These are chosen to complement the lectures, and they are included in the ranges for the quizzes and for the final exam. For the 2016

academic year sub-course, there were six reading assignments, the last of which consisted of three short pieces, making for a total of eight articles.¹²⁻¹⁹ No packet is prepared in advance; reading assignments are selected one-by-one and photocopies are distributed to the students in the classroom. This further encourages attendance. Having the students read a variety of articles enhances the value of the sub-course's content-based approach to deepening their knowledge of English, not to mention adding to their educational foundations in general.

2.3. Video material

Two or three different video materials are used each year (see **Table 1**). One is an ethnographic film, made by an anthropologist. Two such films have been used alternately: one that focuses on a Luo woman in rural Kenya with multiple co-wives, children, and grandchildren and who is pregnant for the ninth time,²⁰ and another that compares the healing work of a British physician with that of a traditional healer in an isolated Bolivian village.²¹ Each is about one hour long. Since they are in English with no Japanese subtitles, they are shown in two parts, over two class meetings, with slide-accompanied full summaries of the contents in a 30-minute lecture before the viewings. Michael Moore's 2007 film *Sicko* is also used in the section of the sub-course that focuses on contemporary biomedicine. It is not anthropological, but it serves as a very good introduction to the healthcare systems of the USA, Canada, the UK, and France. It is also an entertaining eye-opener for the students. *Sicko* is one-sided, so criticism of the film is also presented. Finally, in the autumn 2016 term an 18-minute film about a training program for traditional birth attendants (midwives) in Liberia was used for the first time.²² This was a very effective way to give the students a glimpse of a different world, with a completely different healthcare situation, in a single class meeting.

3. Evaluating the students

Students are evaluated frequently in the medical anthropology sub-course; there are regular

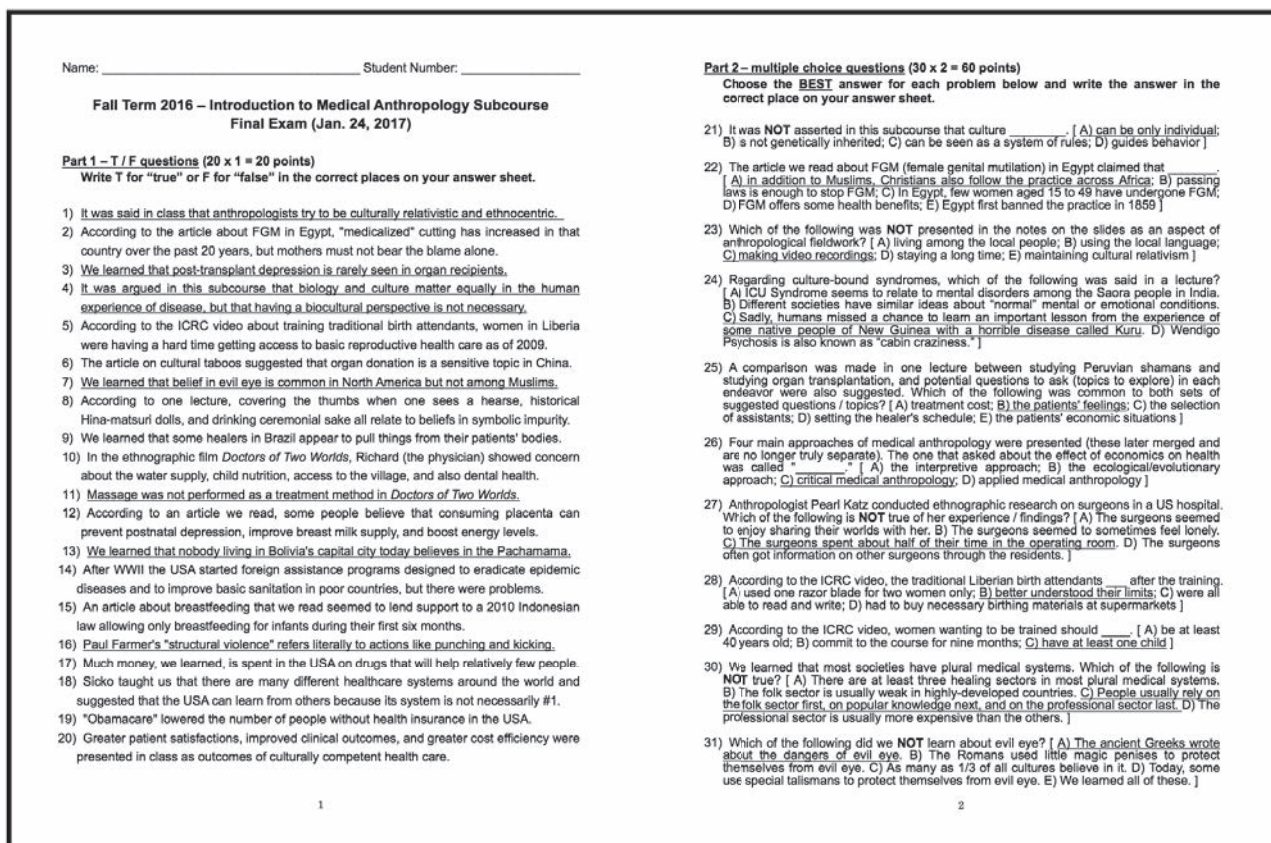


Figure 1. Pages 1 and 2 of the 2016 academic year final exam.

Underlined questions on page 1 are false, while the others are true. Correct answers for other questions are underlined.

quizzes, and also a comprehensive final exam. They are evaluated separately for each of the two sub-courses (medical anthropology and EMP) of the overall course, and the average of the two sub-course scores forms each student's overall score. Therefore, a student can still pass the overall course with a failing score in one sub-course, provided that his or her score in the other sub-course is sufficiently high. This arrangement respects the fact that some students are better suited to more conventional textbook-oriented EMP lessons than they are to all-English lecture courses. It is also of practical importance—the medical students cannot advance to the second year if they fail the overall course.

3.1. Quizzes

As **Table 1** shows, each of the class meetings for the medical anthropology sub-course, except for the first and the penultimate and final meetings, begins with a 10-question quiz over the previous session's material, including any reading assignment, amounting to 12 quizzes in total. These are newly made each time, with

care taken not to reuse any questions from quizzes given during the previous year or two. Each quiz consists of five "true/false," and five "multiple choice," questions. Grading and sorting these, and recording the scores, usually takes about one hour. The papers are laid out on the desks at the front of the classroom, and the correct answers are written on the whiteboard, before class on Wednesdays. This avoids: 1) having to spend precious EMP sub-course class time on handing back quizzes and discussing answers, and 2) mixing the medical anthropology sub-course with the EMP sub-course.

Giving quizzes regularly serves many purposes, including: 1) encouraging regular attendance and facilitating its accurate monitoring, 2) discouraging "coasting" through the term followed by frantic cramming for the final exam, and 3) ensuring maximum learning (the most important one). If a student misses a quiz without an acceptable, documented reason, he or she receives a zero on that quiz. However, if a student enters the classroom before the "one minute left" notice is given he or she will still be allowed to take the quiz. To be counted as pres-

32) It was explained in class that the disease called Koro _____. [A) has been seen only in areas of strong Chinese influence; B) tends to affect women and men equally; C) no doubt stems from a deep fear of losing sexual identity and strength; D) is the only situation in the world that involves penis loss or stealing; E) relates to mass hysteria]

33) It was said in a lecture that a traditional Maori diagnosis for infertility might be _____. [A) that the woman's womb is ritually polluted; B) that the woman did not eat the placenta after her first birth; C) that an ancestor is angry; D) that her life force is too weak.]

34) Which of the following did we NOT learn about placentas? [A) They are eaten in some cultures. B) Some in China say that powdered placenta pills can fortify the "qi" and enrich the blood. C) Apparently, most new mothers in China do not eat their placentas. D) They are buried in the ground in some cultures for various reasons. E) We learned all of these.]

35) We learned that _____ in China. [A) organ trade was banned in 2005; B) some doctors sell placentas for money to have parties; C) there is not a long history of placenta eating]

36) Which of the following is NOT true about *Doctors of Two Worlds*? [A) Richard had a hard time getting the mothers to allow him to vaccinate their small children. B) It was not easy for Richard to get the children to use proper toothbrushes. C) Clement, the yafini, rejected Richard's healing methods and refused to be treated by Richard. D) Richard appeared to respect the locals' traditional healing beliefs, at least to a degree. E) All of these are true.]

37) Which was NOT presented as a barrier to preventing the spread of HIV/AIDS in Africa? [A) religious beliefs; B) the tendency for people to blame those who get sick; C) an "us and them" way of thinking among people in other parts of the world; D) ideas about sexual freedom for men (single or married) in parts of Africa. E) All of these were presented.]

38) According to anthropologist J. Hickle, World Bank policies have _____. [A) had no negative effects in poor countries; B) allowed rich countries to benefit financially from development in poor countries; C) helped the poorest people in the world very much]

39) We learned about some of Paul Farmer's arguments. Which of the following was NOT one of them? [A) Treatment is not only for wealthy countries. B) Market principles must not be the only measure of health interventions. C) Social Justice is important. D) The belief in "limited resources" is incorrect. E) All four of these were argued by Paul Farmer.]

40) In the first half of *Sicko*, _____. [A) A married couple has to move in with their daughter because their daughter is sick. B) We learn that the Clinton healthcare plan of the 1990s was successful. C) Moore finds that even some politically conservative Canadians are happy with Canada's healthcare system. D) HMOs have been generous with money.]

41) In the second half of *Sicko*, _____. [A) Moore suggests that the USA has taken good care of all of its "9/11 heroes"; B) Moore discovers that medicines are costlier in Cuba and in Britain as compared to the USA. C) Tony Benn explains that Britain's NHS began soon after the First World War, but not as a charity. D) Moore compares two emergency cases involving little girls—one in the USA and one in France—that had different outcomes.]

42) Regarding *Sicko* and the USA healthcare situation, which of the following did we learn? [A) The HMO Humana defended itself against the way the company was portrayed in *Sicko*. B) People in the USA tend to live slightly longer than people in France and Britain. C) There is no need to make an appointment to see a physician in the USA. D) HMOs were originally intended to limit medical cost deflation. E) HMOs are generally popular.]

43) Which of the following did we learn about "Obamacare"? [A) President Trump seems to appreciate it. B) The individual states have no choice; they must adopt the program. C) It forces people who can afford health insurance, but who refuse to buy health insurance, to pay penalties. D) It allows people to stay on their parents' insurance to the age of 29.]

44) Which of the following did we NOT learn about disease and medical care in the past? [A) Ideas about the benefits of surgery have changed much over time. B) There was a time when surgeons and physicians were separate, with different social status. C) After the start of agriculture, the virus that causes Cholera spread from animals to humans.]

45) Which of the following did we learn in class? [A) The leprosy-causing bacteria was discovered by an Italian researcher in 1923. B) Rickets and Leprosy have existed for thousands of years. C) It is simply a coincidence that "cancer" means "crab" in Latin. D) Cancer is responsible for about one-quarter of annual human deaths.]

46) We read articles about disease in ancient times. Which of the following statements best summarizes the main point of that set of three articles? [A) Pollutants that cause cancer and atherosclerosis existed in medieval France and in ancient Africa. B) Medieval French people and ancient Africans had a lot of health problems. C) Cancer and atherosclerosis are not necessarily directly caused by modern lifestyles. D) Ancient organic material is very rare, precious, and delicate. E) None of these summarizes the main point.]

47) In the final lecture, it was explained that a young Buddhist monk from Cambodia who had been hospitalized in the USA became very angry after _____. [A) a female physician touched his hand; B) a homosexual male nurse touched his shoulder; C) a female nurse spoke directly to him; D) a female nurse touched his shoulder; E) he was touched by Matsuko Deluxe, who was also a patient in the hospital]

48) It was explained that Orthodox Jews believe that no work should be done on the Sabbath. Which was NOT presented as an example of a prohibited activity on the Sabbath? [A) telephone use; B) traveling with food; C) singing; D) money-handling; E) driving]

49) In the final lecture, a story was told about a nurse who incorrectly assumed that a female Middle Eastern patient's moans and groans were simply cultural reactions to gallstone pain. This was given as an example of _____. [A) stereophones; B) a generalization; C) stereotyping; D) monotyping; E) a generation]

50) Which of the following was NOT said in the final lecture on Jan. 10th? [A) Christian Scientists never agree to having any kind of medical procedures, including minor ones. B) Orthodox Jews and Jehovah's Witnesses both have strong beliefs about blood. C) Some people don't believe that disease is caused by bacteria and viruses. D) Some people believe in soul loss or theft. E) Some think that breaking a taboo can cause illness.]

Part 3 – essay (20 points) Choose ONE of the following problems and write an essay addressing that problem on the back of your answer sheet (p. 6), in the space provided. Put a check mark (✓) in the box next to the problem you have decided to tackle, and write the number in the blank at the top of your answer sheet. Remember: an essay needs an introduction (with a thesis statement), a body (with good supporting paragraphs), and a conclusion. Also, think about balance, and about adding a final thought.

(1) It was argued in this subcourse that the political and economic environment of a region or people is a primary epidemiological factor. Support this contention, giving two or three reasons.

(2) One article we read pointed to a widening health gap between people in higher-income and lower-income households in Japan. What do you think about this problem, and what do you think ought to be done? (It would be good to recall and mention specific points from the article.)

(3) We learned that *Sicko* received some criticism, although it was widely praised and appreciated. Take a critical stance on the film and support your position with 2-3 reasons.

Figure 2. Pages 3 and 4 of the 2016 academic year final exam, with correct answers for questions 32-50 underlined.

ent, a student must either turn in a completed quiz form or tell the teacher after class that he or she arrived too late to take the quiz. There is no quiz over the final lecture, as the following (penultimate) class meeting consists of a 90-minute final exam review, so a few questions covering the final lecture are included on the final exam. For the final exam review, each of the lectures for the sub-course are quickly revisited, using slides especially prepared for that day, with the quizzes serving as guides. Major points from video and reading materials are also reviewed.

3.2. Final exam

Students have the full 90 minutes to take the final exam, which usually consists of 20 true/false questions (one point each), 30 multiple-choice questions (two points each), and a 20-point essay question (see Figures 1 and 2). Final exam questions are always different from the questions that appeared on the quizzes—they are made by combining, dissecting, or otherwise reworking questions from the quizzes, and some totally new questions are included. For the essay, students must choose one from

among three or four different questions. By the time they take the final exam for this sub-course, they have already had considerable experience with TOEFL-style essay writing, so among the final exam essays there are some impressive examples (see section 4 below).

3.3. Grading system

The grading system for the medical anthropology sub-course is clearly explained to all freshmen on the first day of class. Each of the 12 quizzes is worth 5% (60% in total). This allows each student to easily monitor his or her own score in the sub-course as it progresses. Attendance, which is worth 10%, is also easy to monitor. The final exam carries the same weight as six quizzes; it is worth 30%. This system gives the students ample opportunity to avoid falling into a situation where passing the sub-course hinges on passing the final exam.

4. Educational effects and student receptiveness

One thing that the medical anthropology sub-course does is to clearly separate the more

motivated students from their less enthusiastic counterparts. Students in the former category rarely (if ever) miss class and tend to get higher scores on the quizzes, allowing them to pass easily with no final exam pressure, while those in the latter category tend to miss quizzes and to get lower scores on those they do take, thus resulting in considerable final exam pressure. However, students often compensate for poor performance in medical anthropology by doing well in the EMP sub-course. This is evidenced by the fact that the total average score for all students in the 2016 overall course was 79 even though the average for the medical anthropology sub-course was 71.

Quantitative data gleaned from the students' term-end course evaluation forms show that they are, in general, positively disposed toward the overall course; 98% indicated that they found the course meaningful/valuable at the end of the 2015 academic year, and 95% one year later. More specifically, in response to being asked midway through the 2016 autumn term if they felt that the medical anthropology sub-course would be beneficial to them in the future, 76% indicated that they did (**Figure 3**). As the course-end forms have no space for original questions such as this, the midpoint evaluations provide the only chance to ask this of the students.

Student evaluation form comments complement the quantitative results, indicating a high degree of satisfaction with the medical anthropology sub-course, and notable benefits from taking it: "The book you introduced to us in class had a wonderful impact on me" (2012). "The medical anthropology sub-course was very valuable—it boosted my motivation to become a doctor" (2012). "I really enjoyed the anthropological information, and learning many new and surprising things" (2012). "Medical anthropology was really interesting" (2014). "Your course was more fun than any other this term" (2015). "It was the most stimulating English course I've ever taken" (2015). "Your class was very meaningful for me because I could not only study in English but also gain knowledge of medical and general matters" (2016). "It was very fun because of the interesting content; I really

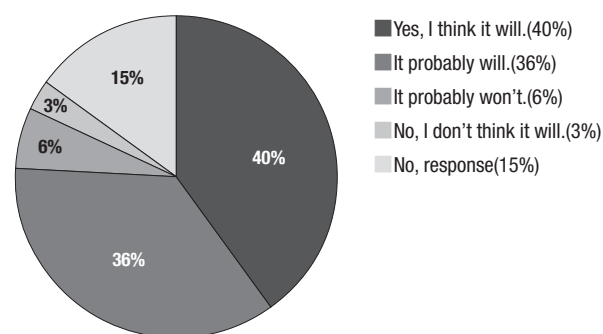


Figure 3. Student responses to being asked in November of 2016 if they felt that the medical anthropology sub-course would benefit them in the future (n=118).

learned a lot" (2016). "The videos were very interesting" (2016). "It was more fun than any other medical school course" (2016). In addition to this sort of very positive feedback, the author has observed from conversing with higher-level students a high degree of retention—many fourth or fifth-year students still remember much from the sub-course.

Regular writing assignments are not part of the medical anthropology sub-course, but as mentioned above, there is always a 20-point essay question on the final exam. Therefore, at the end of the term the students have an opportunity to not only make use of what they have learned over nearly one year about essay writing but to synthesize knowledge gained from the sub-course and express original opinions. In some cases, the results are quite remarkable (**Figures 4, 5 and 6**). The quality of the writing and the strength of the content demonstrate that most of the students have learned new things, and have come to use their minds in new ways, such as for critical thinking. Several of the top essays are always corrected, photocopied, and distributed to all of the students. This gives us an opportunity to revisit some important topics and concepts, and to achieve greater communication between the instructor and the students, and also among the students. It also helps encourage the students to continue to strive to improve their English writing skills.

5. Reflections

In conclusion, the medical anthropology sub-course holds many benefits for the first-year students of Akita University's medical school. It

When we see movies and TV programs, we sometimes forget that they show an opinion from one aspect and don't depict the whole truth or all the facts. That's why we should consider an idea again after being influenced by that idea. It's true that Moore's "Sicko" tells us about the negative points of the U.S. healthcare system, but I can't thoroughly agree with his opinion for the following two reasons.

First, it's not scientific. In the first part of the movie, he said that he collected a number of personal experiences related to bad points of the U.S. healthcare system. This way is not enough when criticizing something objectively because scientific research needs the whole picture of the subject. There must exist some good aspects of the U.S. healthcare system, and he should have shown these in the movie. We should try to be objective.

Second, it is mainly based on Moore's opinion. He makes other movies about social problems in the world, and the U.S. However, most of his films regard the U.S. as something bad. It is true that he loves the U.S., but his movies tend to criticize bad situations in the U.S. too much. He may love the U.S. so much that he sometimes focuses on problems in the U.S. too much.

For these two reasons, I can't agree with his opinions in the movie. It's difficult to be objective, but those who share their opinions with the public should try to be so.

Figure 4. A student's (minimally corrected) critique of Michael Moore's 2007 film, *Sicko* (2016 academic year). Critical thinking was strongly encouraged in the sub-course.

In the article we read, it said that there is a health gap between people in higher income and lower income households in Japan. That means people with lower incomes are less healthy than people with higher incomes. Is it up to them or is it the responsibility of society? I think it's not an individual problem, because the social situation should relate to health or money.

First, according to the article, those who have lower incomes eat fewer vegetables, get less exercise, and smoke more than those who have higher incomes. And also, I know that poor people tend to eat more rice or bread (from which we can get much energy), and eat less meat and fish (which include protein) than the rich. I think this means that people with lower incomes must get energy first, but they can't afford to get other nutrients. And they have work, and they can't do extra activities, so they don't have a chance to get daily exercise. Also, due to the stress at work, they may smoke more.

Some people say they're responsible for themselves; they should seek work. However, is it true? It's certain that they should get money, but many social situations cause barriers. For example, even young people have come to have difficulty in getting work. Even if they get a job, they may have to work long hours or sleep only a little. They must want to earn money and stay healthy, but these situations don't permit it. To solve this situation, poor people should learn that they have to get balanced nutrition and to exercise without depending on smoking. In addition, some system that increases the number of jobs would be needed.

But the important thing is that we learn from this situation and cooperate to raise Japan's health level, because it's not just an individual problem, but our problem. We should think of ways for all people to stay healthy without worrying about their income.

Figure 5. A student's (minimally corrected) response to a question about an article that reported on growing health disparities, related to wealth disparities, in Japan (2016 academic year).

Concern for social justice, a topic from the sub-course, is evident.

motivates most of them to study harder, as it is directly related to their future careers in medicine, and also relatively challenging. Critical thinking and a concern for social justice are encouraged. The sub-course has also opened their eyes to unfamiliar worlds and ideas, increased their curiosity in these, and inspired them to learn more about a variety of topics; they realize from taking the sub-course that thinking about disease, health, and healing only from a narrow, clinical perspective will not suf-

fice if they want to become the best physicians they can be.

Studying medical anthropology teaches the students how to better deal with cultural beliefs that they might find confusing or even shocking if unprepared, how to view other people, religions, and cultures with greater objectivity and flexibility, and how to avoid becoming ethnocentric—not only about their own culture but also about contemporary biomedicine. It is hoped that, from taking the sub-course, none of them

In the film, *Sicko*, Michael Moore claimed that the USA spends much money on health care per capita, but that the actual situation seems worse than other countries in the world. He argued for the importance of changing the USA's healthcare system. I disagree with his idea. There are three reasons.

First, in the USA, scientists and health care providers can develop many new drugs due to their abundant budget. The development of drugs is useful and meaningful not only for people in the USA but also for people all over the world. Poor countries would not be able to spend so much money researching drugs.

Second, most people living in the USA don't understand the idea that a person must pay money for others even if he/she is healthy and doesn't need insurance. Now this idea is popular in some countries, including Canada, the UK, France, and of course Japan. However, forcing people in the USA to think this way is behavior like ethnocentrism.

Third, any change in the USA would also influence other countries. Although a woman in *Sicko* said that the government is afraid of the people in France but that it is the reverse situation in the USA, changing the political situation is really difficult. Should they start a revolution? It might lead to numerous revolutions all over the world.

In conclusion, his idea is not like reality, just an ideal. I am against his idea even though I accept that the movie is interesting.

Figure 6. A student's (minimally corrected) critique of Michael Moore's *Sicko* that included a reference to ethnocentrism, a central concept from the sub-course (2014 academic year).

will ever fall into the trap of thinking that modern medicine is necessarily superior to all alternative methods and that it can cure any disease, and that science and technology (and drugs) can solve any problem. As is stressed at the end of each term, physicians, like shamans, are healers above all else—they simply do their work differently.

The fact that the sub-course is taught completely in English, with challenging readings and video materials, vastly increases the content-associated educational benefits for the students. With a smaller class, or with a team of teaching assistants, the sub-course could be improved by breaking the students into groups for discussions or debates, or by having them give oral presentations, but this is not possible under current circumstances. However, despite the large class size and the fact that there is little opportunity for discussion, the sub-course is a good example of successful content-based EMP education—one that provides variety to the students' academic lives, that motivates them, that is (hopefully) memorable, and that can help make them better physicians. Considering the contents, goals, and outcomes of this particular sub-course, medical students across in Japan ought to benefit from taking a similar class, or at least from taking more content-based EMP courses that touch on similar issues, that chal-

lenge them, and that encourage original and critical thinking about a broad variety of social, cultural, and ethical problems.

Acknowledgements

The author is deeply indebted to two anonymous referees, whose critiques of an earlier version of this article helped to greatly improve it. He also thanks Timothy Minton and Junji Eguchi for their support.

References

1. Wood DC. 2016. Large classes and great expectations: Establishing and evaluating an integrated, comprehensive English for medical purposes program for first-year medical students at Akita University. *J Med Eng Educ* **15**(3):154-161.
2. Wood DC. 2009. English textbook preferences among Japanese medical students: Textbook content and student motivation. *J Med Eng Educ* **8**(2):73-79.
3. Wood DC. 2011. English textbook preferences among Japanese medical students reconsidered: Textbook content, testing, and student performance as factors. *J Med Eng Educ* **10**(1):20-28.
4. Nagahashi, TL. 2008. Integrating language and content instruction in a health awareness course for medical students. *Akita U J Educ* **10**(3): 35-43.
5. Hall Haley M and Austin TY. 2013. *Content-based second language teaching and learning: An interactive approach*. Needham Heights, MA: Allyn & Bacon.
6. Cammarata L. 2016. *Content-based foreign language*

- teaching: Curriculum and pedagogy for developing advanced thinking and literacy*. NY: Routledge.
7. Joralemon D. 1999. *Exploring medical anthropology*. Needham Heights, MA: Allyn & Bacon.
 8. Katz, P. 1999. *The scalpel's edge: The culture of surgeons*. Needham Heights, MA: Allyn & Bacon.
 9. Farmer P. 1999. *Infections and inequalities: The modern plagues*. Berkeley, CA: UCLA Press.
 10. Farmer P. 2005. *Pathologies of power: Health, human rights, and the new war on the poor*. Berkeley, CA: UCLA Press.
 11. Galanti G-A. 2004. *Caring for patients from different cultures*. Philadelphia: U of Penn Press.
 12. Elthawy M. 2014. *Fighting female genital mutilation*. NY Times, Nov. 17 p.25.
 13. Barry, CT. 2013. Cultural taboos surrounding organ donation. [livercancer-genomics.com](http://www.livercancer-genomics.com), Jul. 21. <<http://www.livercancer-genomics.com/cultural-taboos-surround-organ-donation/>>
 14. AFP-JIJI. 2012. *Chinese swear by age-old practice of eating placenta after birth*. Japan Times, Jun. 27 p.4.
 15. AFP. 2016. Breastfeeding linked to better childhood behavior: Study. Japan Today, Jun. 28. <<https://www.japantoday.com/category/health/view/breastfeeding-linked-to-better-childhood-behavior-study>>
 16. JIJI. 2012. *Higher income translates into better health: Survey*. Japan Times, Feb. 9 p.3.
 17. Reuters. 2015. Modern science detects disease in 400-year-old embalmed hearts. Japan Times, Dec. 3. <<http://www.japantimes.co.jp/news/2015/12/03/world/science-health-world/modern-science-detects-disease-400-year-old-embalmed-hearts/#.WK6JIX-d7Gek>>
 18. AP. 2012. *Cancer found in Egyptian mummy*. Japan Times, Jan. 31 p.7.
 19. AFP-JIJI. 2014. *3,200-year-old skeleton shows trace of cancer*. Japan Times, Mar. 19 p.5.
 20. Prince R, Geissler W and Tuchtenhagen R. 2001. *Adhiambo: Born in the evening*. London: Royal Anthropological Institute.
 21. Solomons N. 1999. *Doctors of two worlds*. London: Royal Anthropological Institute.
 22. ICRC. 2009. *Safe delivery: Traditional birth attendants in Liberia*. Geneva: International Committee of the Red Cross.

Corresponding author:

Donald C. Wood, Ph.D.

Associate professor, Department of Medical Education,
Akita University Graduate School of Medicine

1-1-1 Hondo, Akita City, 010-8543 Japan

Email: wood@med.akita-u.ac.jp

Report

The 2017 EALTHY Conference

Michael Guest

Faculty of Medicine, University of Miyazaki

Did you know that JASMEE has an equivalent organization in Europe? It's called EALTHY (the European Association of Language Teachers for Healthcare), and the 3rd annual EALTHY Conference was recently held, Oct. 27-28th, 2017 in Bern, Switzerland.

The venue was the Berner Bildungszentrum Pflege, a highly-regarded nursing college near the center of Bern, which proved to be a perfectly suitable venue for this intimate conference. It was my first time to attend the conference and I found it to be exceptionally well-organized and welcoming (hey, isn't that what we expect of Switzerland?).

Attendees numbered just over 100 (4 from Japan, including myself) but covered a range of 24 countries. This number made networking, always a major feature of conferences, much more feasible. The concurrent sessions (one of which I presented in) were held in 3 rooms, making sure that there was always a healthy number of participants/audience on hand, many of whom were extremely knowledgeable in the field of medical English practice and education. I felt I had to be on my conferencing 'A' game here to make a positive impression.

What struck me most was that almost all of the presentations, discussions, and workshops I attended were of a high standard, not only in terms of presentation skills but also in terms of being well-researched and/or having stimulating contents. Presenters and participants included not only EMP teachers, but also medical translators, interpreters, healthcare workers, and field researchers. Domains ranged from standard Doctor-Patient scenarios to emergency care practices to healthcare services for refugees.

Also included in the program was a poster session and a 'Hot Tips for Teachers' session in which 12 presenters, including myself, had to briefly outline a successful EMP classroom activity within three minutes, before the next speaker immediately sprung into action. On-site lunches and snacks were plentiful (a lot of cheese and chocolate, to nobody's surprise) and a conference dinner was held (not attended by yours truly, thanks to the muscle of the Swiss Franc).

Hearing English used an academic and professional lingua franca by so many non-native English speakers was inspiring. It was perhaps apropos then that the plenary speaker was Prof. Jennifer Jenkins, arguably the leading figure in the English as a Lingua Franca (ELF) movement. Prof. Jenkins' plenary was bookended by an amusing closing presentation, a series of telling clinical communication vignettes, by Dr. John Skelton, Professor of Clinical Communication at the University of Birmingham.

Hats off to EALTHY organizers and leaders Ros Wright and Catherine Richards for the success of the conference and the growth of the organization as a whole. JASMEE members looking to expand their horizons in medical English education may want to attend the next conference (to be held in 2019 – the conferences are bi-annual – at a yet undetermined locale) or join the organization. Their website can be found at:

<http://www.ealthy.com/>



Letter to the Editors

Proposal for describing medical English education in the model core curriculum of medical education

Masahito Hitosugi

Department of Legal Medicine, Shiga University of Medical Science

Keywords medical English education, model core curriculum, guidelines

The content of medical education is vast and continues to grow with advances in science and technology. The selection of pertinent educational content that meets minimum requirements has been carefully considered by representatives from medical schools. The model core curriculum in medical education (MCCME) shows the content that should be acquired by students at the point of graduation. It is recommended that each medical school use two-thirds of the available study time for focusing on the subjects listed in MCCME, and the remainder for education specific to the independent focus of each medical school.

In 2016, The Ministry of Education, Culture, Sports, Science and Technology (MEXT) revised the MCCME, and a draft was made available to the public in November. Public comment on the revised edition was solicited by MEXT in December.

The revised edition is based on the overarching aim of “training to become a medical doctor who can meet various needs”. The detailed purpose is to train practitioners who can meet needs such as ethics, safe medical treatments, international public health, team medical treatment, and caring systems for healthy long life societies. However, the draft document fails to mention medical English education and related issues. Some members of the Japan Society of Medical English Education (JASMEE) were concerned that the draft did not address issues concerning medical English education, so JASMEE decided to submit a proposal to MEXT.

In January 2015, JASMEE developed guidelines for medical English education in Japan based on the “Global Standards for Quality Improvement, Basic Medical Education: Japanese Specifications” (2013).¹ The guidelines aimed to promote the English proficiency necessary for meeting global standards of medical education. Learning outcomes are central to the guidelines and specify competencies that must be achieved by all students by the time of graduation, referred to as “minimum requirements”. The guideline committee members proposed the inclusion of the following content in the revised MCCME.

Aim: To improve medical English ability for practical use

Outcome: Medical students will be able to:

1. understand and use basic technical terms related to medicine and health care.
2. produce technical writing.
3. conduct a basic medical interview in English.

The draft was composed of seven main sections with Section A focusing on “Basic nature and ability requested as a medical doctor.” This includes a subsection entitled “A-4: Communications skills”, which we considered to be an appropriate place for the proposed additions to be listed. In January 2017, the proposal was approved at JASMEE’s board meeting, and it was then submitted to MEXT. Unfortunately, our proposal was rejected at the committee meeting of the revised MCCME. The revised MCCME published in March 2017 did not include the specific descriptions regarding medical English education. However, the importance of studying English was described in another section, “A-7 Practice of medical care in society”. In the subsection “A-7-2: Contribution to international medical care”, the following sentence was included in one of the five outcomes: “While

● **Corresponding author:**

Masahito Hitosugi, MD, PhD

Professor, Department of Legal Medicine

Shiga University of Medical Science

Tsukinowa, Seta, Otsu, Shiga 520-2192

E-mail: hitosugi@belle.shiga-med.ac.jp

respecting the patient's cultural context, practitioners should be able to communicate in English."

The importance of medical English education has been frequently emphasized to both medical doctors and students, and some questions related to medical English have appeared in the annual National Examination for Physicians (*Ishi-Kokkashiken*). However, no mention of medical English education was included in MCCME-2017 Revised. I think the main reason for the omission is that JASMEE's guidelines on medical English education in Japan are not widely known to people working in the medical education field. I plan to send JASMEE's guideline to all teachers of medical English in Japan again and to educate and enlighten the public in this regard. It is my sincere hope that classes of medical English will be offered in all medical colleges and universities following JASMEE's guidelines.

References

1. Japan Society for Medical English Education Guidelines Committee. 2015. Medical English education guidelines corresponding to the Global Standards for Medical Education. *J Med Eng Educ* **14**(3): 127-135.

投稿申請書

Submission Form

受付番号 _____

(コピー可)

下記の論文を日本医学英語教育学会誌 *Journal of Medical English Education* に投稿します。なお、他誌への類似論文の投稿はいたしません。また、採用された場合、本論文の著作権が日本医学英語教育学会に帰属することに同意いたします。

The undersigned authors submit the manuscript detailed below to the Editorial Board of the *Journal of Medical English Education* and request that it be considered for publication. If the manuscript is accepted, we agree to transfer copyright ownership to the Japan Society for Medical English Education.

Date 申請日 _____

Title 論文題名

Manuscript classification 分類 (please circle 該当するものに○印) :

- | | |
|-----------------------------------|---|
| 1. Original article (research) | 2. Original article (teaching methods) |
| 3. Short communication (research) | 4. Short communication (teaching methods) |
| 5. Letter | |

Author(s) 著者

Name 氏名・Affiliation 所属

Signature 署名

_____	_____
_____	_____
_____	_____
_____	_____

Corresponding Author 通信著者

Name 氏名

Contact Address 連絡先 / 校正紙送付先

TEL

FAX

E-MAIL

日本医学英語教育学会

Japan Society for Medical English Education

入会のご案内

1. 下記のホームページで入会申し込みが可能です。

<<https://jasmee.jp/join/>>

2. ゆうちょ銀行の振替口座（旧・郵便振替口座）に年会費を振り込んでください。

[平成 30 年度年会費]

個人会員 ¥9,000

学生会員 ¥1,000

賛助会員 ¥35,000

[ゆうちょ銀行 振替口座]

口座番号 00120 - 7 - 417619

口座名称 日本医学英語教育学会

※ 入会申込書の受領ならびに年会費振込の確認をもって、入会手続きの完了とします。

※ 学生会員の年会費には会誌(年3回発行)の購読料が含まれませんのでご注意ください。学生会員で会誌購入をご希望の場合は個別にお申し込みいただくことになります(1部2,000円)。

3. ご不明な点がございましたら、下記の事務局までお問い合わせください。

[問合せ先]

〒162-0845

新宿区市谷本村町2-30 メジカルビュー社内

日本医学英語教育学会 事務局 (担当: 江口)

TEL 03-5228-2274

FAX 03-5228-2062

E-MAIL jasmee@medicalview.co.jp

URL <https://jasmee.jp/>

1. Prospective members can fill the forms and submit them online at:

<<https://jasmee.jp/join/>>

2. Please transfer the Membership fee through the Japan Post Bank (post office).

Annual fees are ¥9,000 for individual membership, ¥1,000 for student membership and ¥35,000 for supporting membership.

Japan Post Bank

Account No. 00120-7-417619,

Account Name “日本医学英語教育学会”.

Please note that individual membership fee includes three issues of the Journal, but that student membership fee does not include the journal which is available at an extra payment of ¥2,000 per issue.

3. Inquiries and postal applications, including application forms should be addressed to:

**The JASMEE Secretariat (Attn: Mr. Junji Eguchi)
c/o Medical View**

**2-30 Ichigaya-hommuracho, Shinjuku-ku,
Tokyo 162-0845, Japan**

TEL +81-3-5228-2274

FAX +81-3-5228-2062

E-MAIL jasmee@medicalview.co.jp

URL: <https://jasmee.jp/>

Journal of Medical English Education Vol.17 No.1

日本医学英語教育学会誌

2018年2月1日発行 第17巻第1号 頒価1部3,000円

編集人 ティモシー・D・ミントン

企画 日本医学英語教育学会

発行所 メジカルビュー社

〒162-0845 東京都新宿区市谷本村町 2-30

TEL 03-5228-2274 / FAX 03-5228-2062 / E-MAIL jasmee@medicalview.co.jp

(年会費には本誌の購読料を含む)

印刷 三美印刷株式会社