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Medical English Education

The 21st JASMEE Academic Meeting
Program and abstracts

第21回日本医学英語教育学会
学術集会プログラム・抄録集

Dates 会期

Saturday, July 28 & Sunday, July 29, 2018 2018年7月28・29日 (土・日)

President 会長

Ikuo Kageyama 影山 幾男

The Nippon Dental University School of Life Dentistry at Niigata
日本歯科大学新潟生命歯学部

Executive Committee Chairperson 実行委員長

Akira Hamura 羽村 章

The Nippon Dental University School of Life Dentistry at Tokyo
日本歯科大学生命歯学部

Venue 会場

The Nippon Dental University School of Life Dentistry at Tokyo
日本歯科大学生命歯学部

1-9-20 Fujimi, Chiyoda-ku, Tokyo 102-8159
〒102-8159 東京都千代田区富士見1-9-20

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Medical English Education

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

Journal of Medical English Education

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Greetings from the President

It is my great privilege to extend a cordial invitation to the 21st Academic Meeting of the Japan Society for Medical English Education (JASMEE), which will be held on Saturday, July 28 and Sunday, July 29, 2018 at the Nippon Dental University at Tokyo, Japan (<http://www.tky.ndu.ac.jp/index.html>). This year's president is Ikuo Kageyama of the Nippon Dental University School of Life Dentistry at Niigata, and the main theme of the Meeting will be "Medical English for All Needs."

The Nippon Dental University (NDU) is Japan's first and oldest dental university. It was founded by Ichigoro Nakahara in 1907 in accordance with a new dental law, introducing regulations for the accreditation of both public and private dental schools. We are honored to host this year's JASMEE Meeting, the first to be held at a dental school, and we hope it will attract a lot of academics engaged in English teaching at dental universities in addition, of course, to those promoting the teaching of English for Medical Purposes at other institutions.

JASMEE was established in 1998 to promote and enhance Medical English Education in Japan. The Society now has a membership of over 400 physicians, nurses, pharmacologists, students, teachers, interpreters, and translators. JASMEE's activities include not only its annual Academic Meetings, but also medical English textbooks for reading, writing, listening and speaking, Examination of Proficiency in English for Medical Purposes (Levels 1–4), and seminars for manuscript submissions to prestigious journals.

At this year's Meeting, we will be presenting talks by invited speakers, including a notable expert in dental English education from the UK. And in addition to the usual oral presentations and workshops, poster presentations and a luncheon seminar are also included in the program.

The special sessions I would like to draw your attention to are as follows:

- 1) Special lecture on Saturday afternoon (July 28th): Prof. Haruko Akatsu, Dean of Medical Education, International University of Health and Welfare, will give a lecture entitled "Innovative English education for 21st-century health care professionals."
- 2) Special lecture on Sunday afternoon (July 29th): Dr. Tetsuya Miyamoto, The Tokyo Organising Committee of the Olympic and Paralympic Games, will give a lecture entitled "Medical care support system for the 2020 Tokyo Olympics and Paralympics Games."
- 3) Invited Lecture on Sunday morning (July 29th): Dr. Neil Patel, the Director for International Dental Education at Manchester Dental School, will give a lecture entitled "Dental education for UK dental students and dentists who are non-native English speakers."

A banquet will be held at Enkaen, a Chinese restaurant in Kagurazaka, on Saturday, starting at 18:10. The restaurant is located about 10–15 minutes on foot from the venue.

We are greatly looking forward to seeing you in Tokyo in July and to extending our hospitality during your stay.

Ikuo Kageyama

Department of Anatomy, The Nippon Dental University School of Life Dentistry at Niigata
President, The 21st JASMEE Academic Meeting

会長挨拶

この度、第21回日本医学英語教育学会学術集会会長を仰せつかり、平成30年7月28日（土）・29日（日）に、日本歯科大学生命歯学部において開催することになりました。今回のメインテーマは“全医療関係者のための医学英語”です。

日本歯科大学は、中原市五郎によって、1907年6月、公立私立歯科医学校指定規則に基づくわが国最初の歯科医学校として東京都千代田区に創立されました。私学の歯科大学として創立者の「自主独立」という建学の精神を継承し、この111年に及ぶ歴史と伝統は、本学がわが国の“歯科界の源流”といわれる由縁となりました。今回初めての歯学部での開催となり、歯学部での医学英語教育者の参加を期待しております。

日本医学英語教育学会は、医学英語教育の普及・充実・実践を目的に1998年に創設されました。現在、会員として医師、看護師、薬剤師などの医療従事者をはじめ、医学生、外国語担当教員、翻訳・通訳者など約400名が所属しております。この学会では、年に1回の学術集会だけに留まらず、医学英語の4技能（Reading, Writing, Listening, Speaking）を網羅する教科書の出版、日本医学英語検定試験（1～4級）の実施、学術誌への投稿方法のセミナーの開催など、枚挙に暇がないほどに活動しております。

今回の学会では国際医療福祉大学・医学教育統轄センター長 赤津晴子教授に特別講演“*Innovative English education for 21st-century health care professionals*”をお願いし、英語で講義を実施している新設医学部の近況をお伺いする予定です。さらに、東京オリンピック・パラリンピック競技大会組織委員会医療サービス部長 宮本哲也先生には特別講演「東京2020オリンピック・パラリンピック競技大会における医療体制について」をお願いし、オリンピックに向けどのような協力が可能かご講演いただきます。また、英国マンチェスター大学歯学部国際交流部長 Dr. Neil Patel には招待講演として、“*Dental education for UK dental students and dentists who are non-native speakers*”をお願いしてあります。なお、今回は演題の申込数が過去最多の36演題となりましたので、10演題を初めてポスター発表とさせていただきました。すなわち一般口頭演題は26演題となります。他にも英語教育のワークショップなど盛りだくさんの内容となっております。

なお、7月28日（土）の懇親会は神楽坂の縁香園（エンカエン）にて中華料理をご用意しました。

最後になりますが、演者一人一人の医学英語教育研究の成果をご発表賜り、活発なご討論、ご成果を得られますよう、衷心よりお祈り申し上げます。

第21回日本医学英語教育学会学術集会

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）

General information ご案内

Dates 会期

Saturday, July 28 & Sunday, July 29, 2018 2018年7月28日(土)・29日(日)

Venue 会場

The Nippon Dental University School of Life Dentistry at Tokyo 日本歯科大学生命歯学部
1-9-20 Fujimi, Chiyoda-ku, Tokyo 102-8159 〒102-8159 東京都千代田区富士見1-9-20
<http://www.tky.ndu.ac.jp/index.html>
<https://jasmee.jp/21st-academic-meeting-2018-7-28-29/>

Registration 受付

- All participants should register on arrival at the registration desk on the 3rd floor of The Nippon Dental University. Applications to attend the Saturday evening reception will also be accepted.
参加登録, 演者登録, 新入会・年会費, 懇親会の申し込み・お支払い等は, すべて日本歯科大学生命歯学部3階の「受付」で行います。
- The registration desk will open at 9:00 a.m. on both days.
受付開始時刻は両日ともに午前9時です。

Attendance fees 参加登録

- Attendance fees: members 8,000 yen, student members 3,000 yen, non-members 9,000 yen.
参加費は一般会員8,000円, 学生会員3,000円, 非会員9,000円です。
- Attendance ID badges must be worn at all times during the Meeting.
会期中は必ず参加証を着用してください。

Membership applications, Membership fees 入会申込・年会費納入

- Those wishing to apply for JASMEE membership or pay outstanding annual membership fees may do so at the registration desk.
参加登録時に「新入会・年会費受付」にて行ってください。
- The membership fee for 2018 is 9,000 yen (includes 3 issues of the *Journal of Medical English Education*). The membership fee for student members is 1,000 yen (Journal subscription not included).
平成30年度の年会費は9,000円(年3回発行の学会誌購読料を含む)です。
学生会員の年会費は1,000円(学会誌購読料を含まない)です。

Posters ポスター会場

- Posters will be exhibited in Room 132 from noon on Saturday, July 28 to 3:00 p.m. on Sunday, July 29.
132講堂で, ポスター発表の掲示を行います。閲覧時間は28日(土)12:00~29日(日)15:00です。
- A discussion session will be held from 12:10 p.m. to 1:00 p.m. on Sunday, July 29.
29日(日)12:10~13:00にポスター討論を行います。

Paging services 会場内の呼び出し

- Please visit the registration desk for paging services or other urgent matters.
会場内での呼び出しおよび緊急連絡は「受付」までご連絡ください。

Coffee service コーヒーサービス

- Coffee is available at no charge in the exhibition space at Room 133.
会期中、展示会場(133講堂)ではコーヒーサービス(無料)がごございます。

Lunch service 昼食

- A luncheon seminar will be held on the 28th. On the 29th, snacks will be served at the poster discussion session(Room 132).
28日はランチョンセミナーがごございます。また29日はポスター討論会場(132講堂)に軽食をご用意いたします。

Meeting schedule 関連会議日程

EPEMP steering committee meeting 日本医学英語検定試験制度委員会	Friday, July 27, 16:00-18:00 7月27日(金)16:00 - 18:00	Medical View office メジカルビュー社会議室
Board meeting 理事会	Friday, July 27, 18:00-20:00 7月27日(金)18:00 - 20:00	Medical View office メジカルビュー社会議室
Councilors' meeting 評議員会	Saturday, July 28, 9:00-9:30 7月28日(土)9:00 - 9:30	Presentation room 発表会場(131講堂)
General assembly 会員報告会	Sunday, July 29, 9:00-9:30 7月29日(日) 9:00 - 9:30	Presentation room 発表会場(131講堂)
Editorial board meeting 学会誌編集委員会	Sunday, July 29, 12:10-12:40 7月29日(日)12:10 - 12:40	Meeting room 会議室(セミナー室3)
ICT subcommittee meeting ICT小委員会	Sunday, July 29, 12:40-13:10 7月29日(日)12:40 - 13:10	Meeting room 会議室(セミナー室3)

Reception 懇親会

- A reception will be held at Enka-en (Chinese restaurant in Kagurazaka, 10 minutes' walk from the venue) starting at 18:10, Saturday, July 28. The attendance fee is 6,000 yen (payable in advance at the reception desk).
懇親会は7月28日(土)の18:10より、縁香園(神楽坂、会場から徒歩約10分)にて開催いたします。参加費は6,000円です。

Exhibits 展示会場

- Please visit the exhibits of our sponsors (ALC Press Inc., J. Morita Corporation, Nellies and Medical View) in Room 133.
(株)アルク, (株)モリタ, (株)ネリーズ, (株)メジカルビュー社から協賛をいただき開催しております。会期中は、133講堂を展示会場として、協賛各社の展示を行います。ぜひお立ち寄りください。

The 22nd JASMEE Academic Meeting, 2019 第22回 日本医学英語教育学会 学術集会のご案内

- Dates: Saturday, August 3 & Sunday, August 4, 2019 (provisional) 会期: 2019年8月3・4日(土・日)[予定]
- Venue: Nakano Sun-Plaza (provisional) 会場: 中野サンプラザ [予定]
4-1-1 Nakano, Nakano-ku, Tokyo 164-8512 (〒164-8512 東京都中野区中野4-1-1)
- President: Hiroaki Igarashi (Kawakita General Hospital) 会長: 五十嵐裕章(河北総合病院)

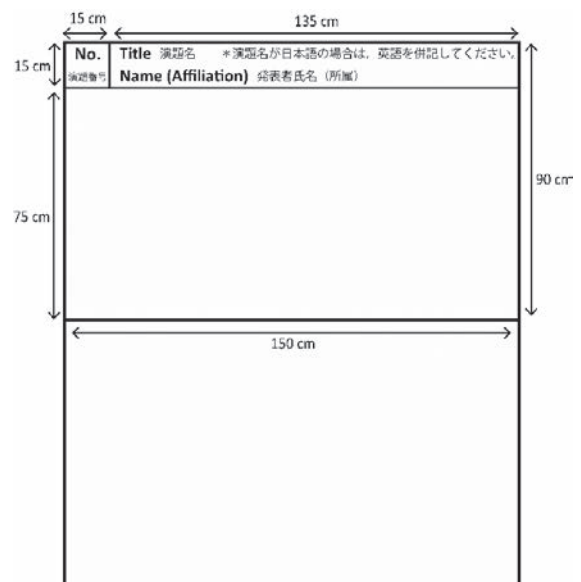
Instructions to speakers 講演規定

Oral presentations

- Speakers are asked to register at the reception desk at least 30 minutes before their session starts, and to take up their assigned seating in the auditorium at least 10 minutes before the presentation begins.
 - [1] Each presentation will be allotted 12 minutes, with an additional 3 minutes for questions. A bell will be rung once at 11 minutes, and twice at 12 minutes.
 - [2] Presentation slides should be in PowerPoint 2010 format, OS Windows 7. Speakers wishing to use a Macintosh are requested to bring and use their own PC and a connecting device.
 - [3] Speakers are asked to bring their PowerPoint slides on a USB memory stick to the registration desk at least 30 minutes before their session starts. Windows standard fonts should be used in the PowerPoint slides. All presentation files will be deleted from the conference computer after the meeting.
 - [4] Speakers wishing to use handouts should provide the reception desk staff with 100 copies when they register 30 minutes before their presentation is scheduled to begin. No copy machine is available at the venue.
 - [5] The secretariat should be notified by Friday, July 6 if a speaker wishes to cancel his/her presentation (email: jasmee@medicalview.co.jp, phone: 03-5228-2274).
 - [6] Cancellations on the day should be announced to the reception desk staff at least 1 hour before the presentation is due to begin.
- Members of the audience who wish to ask questions during the 3-minute question time are requested to stand at the microphones placed in the aisles. Those selected by the chairperson should give their name and affiliation before asking their question. Questions should be short and to the point.

Poster presentations

- Poster exhibits should be set up between 10:00 a.m. and noon on Saturday, July 28.
- Posters will be exhibited from noon on Saturday, July 28 to 3:00 p.m. on Sunday, July 29.
- Posters should be removed by 4:00 p.m. on Sunday, July 29. Any posters that are not removed by this time will be disposed of by the secretariat.
- The title along with the presenters' names and affiliations should be displayed in an area of the poster measuring 15 cm in height by 135 cm in width.
- Text, figures, tables, and/or photos should be displayed in an area measuring 75 cm in height by 150 cm in width.
- Thumbtacks will be provided at the venue, and these should be used to put up the posters.
- A discussion session will be held from 12:10 p.m. to 1:00 p.m. on Sunday, July 29. Speakers should be ready in front of their panel by 10 minutes before the presentation time.
- Five minutes will be assigned to each presentation, and five minutes to discussion.

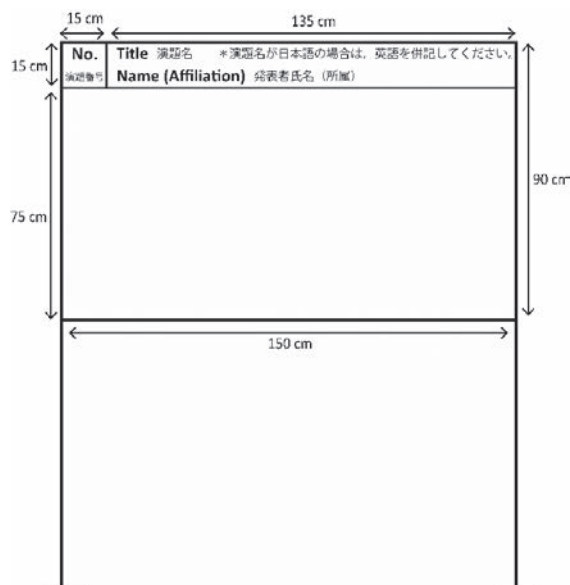


一般演題

- ・ 演者はセッション開始時刻の30分前までに「受付」で演者登録をお済ませください。
演者登録後、発表予定時刻の10分前までに発表会場の「次演者席」へご着席ください。
- [1] 口演時間は12分、討論時間は演者の交代を含めて3分です(時間厳守をお願いします)。11分に予告ベル1回、12分に終了ベル2回でお知らせします。
- [2] 発表は原則として液晶プロジェクターを用いたPowerPointをお願いいたします。会場で使用できるコンピュータのOSはWindows 7、アプリケーションはPowerPoint 2010です。Macintoshの使用をご希望の方は、接続ケーブルとともにご自身で持参してください。
- [3] 発表者はファイル名に「発表者氏名」を明記のうえ、USBメモリーに入れてセッション開始時刻の30分前までに会場受付にご持参ください。ファイルの作成にあたっては、必ずWindowsの標準フォントを使用してください。なお、お預かりした発表データは、学会終了後に責任をもって消去いたします。
- [4] ハンドアウトを使用して発表される場合は、発表当日、各自で photocopy を100部ご持参いただき、演者登録の際、必ずコピーを受付の係員にお渡しください。
- [5] 発表を取り消される場合は、7月6日(金)までにお知らせ下さい。またご質問などございましたら、ご遠慮なくメール(jasmee@medicalview.co.jp)あるいは電話(03-5228-2274)でお問合せください。
- [6] 学会当日に急遽、発表を取り消される場合は、発表予定時刻の1時間前までに「受付」にお知らせください。
- ・ 質問・発言を希望される方は、会場備え付けのマイクの前でお待ちください。
- ・ 発言は座長の指名順とし、発言の前には所属・氏名を名乗ってください。

ポスター発表

- ・ ポスターは、28日(土)10:00~12:00に貼付してください。
- ・ 閲覧時間は、28日(土)12:00~29日(日)15:00です。
- ・ 閲覧時間終了後、29日(日)16:00までに撤去してください。時間内に撤去されなかった場合は事務局にて処分いたします。
- ・ 演題名・発表者氏名・所属のスペースは、縦15 cm、横135 cmです。演題名が日本語の場合は英語を併記してください。
- ・ 本文のスペースは、縦75 cm、横150 cmです。
- ・ ボードには押しピンで貼り付けてください。押しピンは展示会場に用意しています。
- ・ 29日(日)12:10~13:00に、ポスター討論を行います。発表者はご自身の発表時間の10分前までにご自身のポスターパネル前で待機してください。
- ・ 時間は1題につき10分(発表5分・討論5分)です。発表時間を厳守してください。



Transportation 交通のご案内

Venue 会場

The Nippon Dental University School of Life Dentistry at Tokyo 日本歯科大学生命歯学部

1-9-20 Fujimi, Chiyoda-ku, Tokyo 102-8159
〒102-8159 東京都千代田区富士見1-9-20

Closest station 最寄駅

- **lidabashi Station**

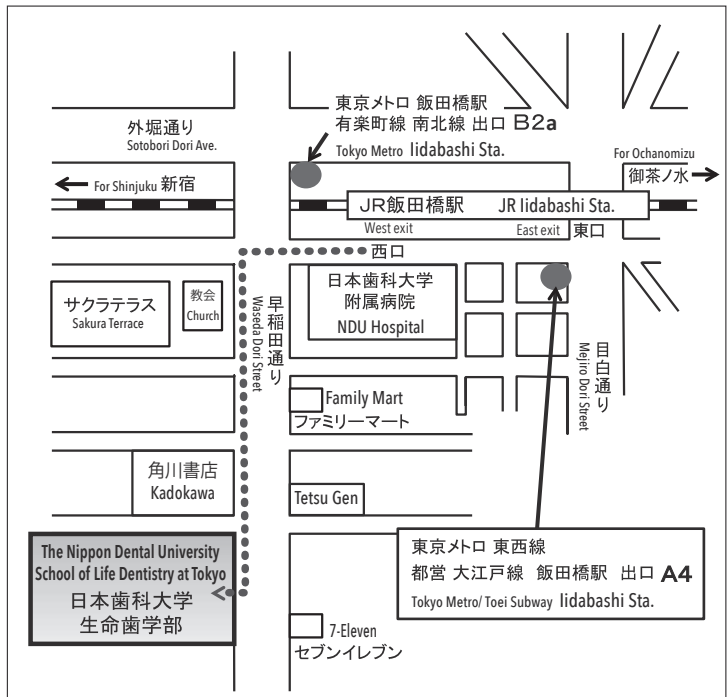
(JR / Tokyo Metro / Toei Subway)

Construction work on the west exit of the JR station necessitates the use of stairs. Those for whom this is a problem should use the east exit.

JR/東京メトロ/都営地下鉄 飯田橋駅より徒歩 5分

JR駅西口は工事のため、階段のみ利用可能です。

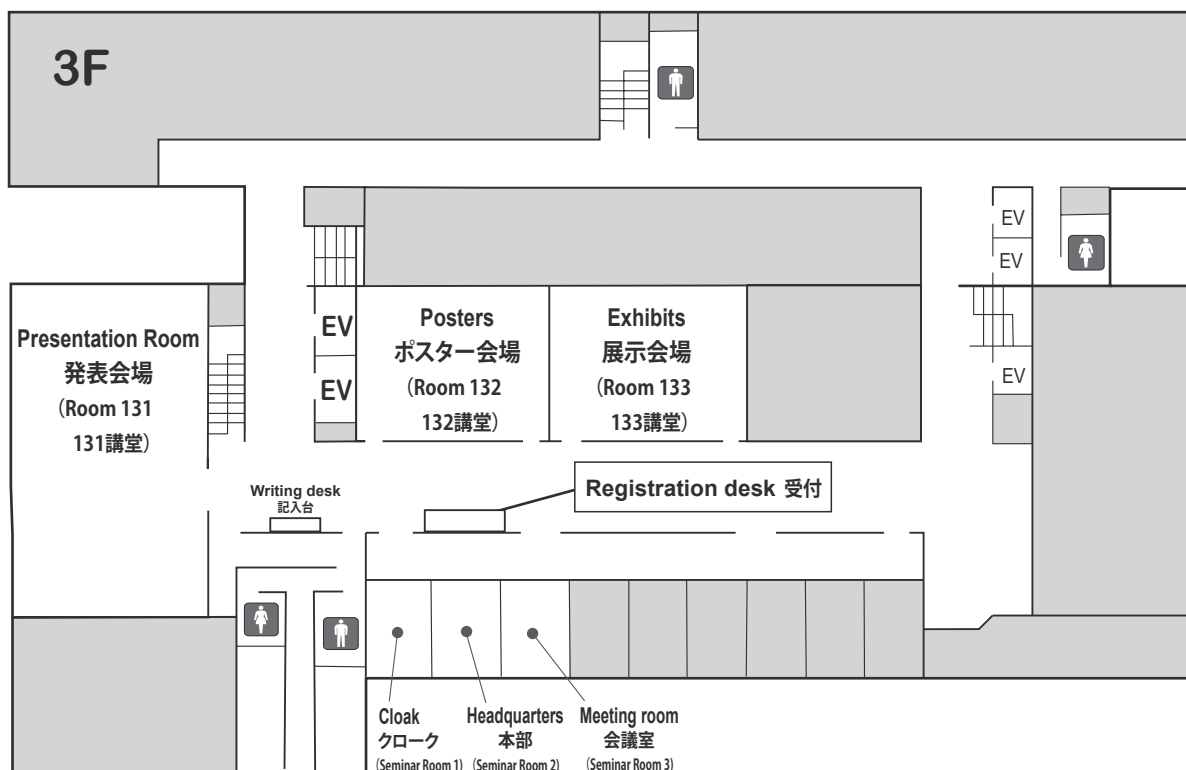
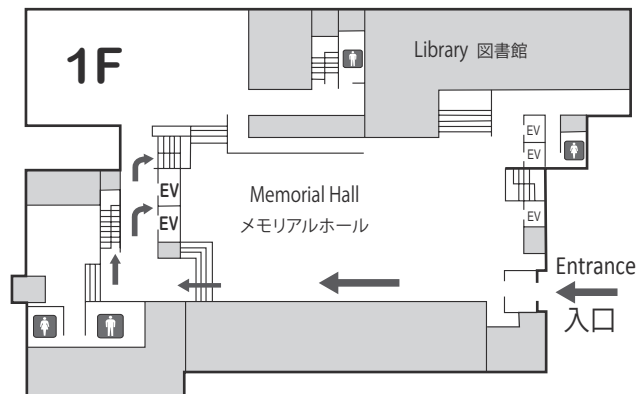
バリアフリー通路をご希望の場合は東口をご利用ください。



Floor map 会場案内図

- Please take the elevator (EV) behind the Memorial Hall and go up to the 3rd floor.

メモリアルホール奥のエレベーターで3階へおいでください。



Accommodations 宿泊のご案内

Hotels ホテル名 (in order of distance from the venue 会場に近い順)	URL
① APA Hotel Iidabashi-Ekiminami アパホテル飯田橋駅南	https://www.apahotel.com/hotel/shutoken/iidabashi-ekiminami/
② APA Hotel Iidabashi-Ekimae アパホテル飯田橋駅前	https://www.apahotel.com/hotel/shutoken/iidabashi-ekimae/
③ Hotel Metropolitan Edmont Tokyo ホテルメトロポリタンエドモント	http://www.edmont.co.jp/
④ APA Hotel Tokyo-Kudanshita アパホテル東京九段下	https://www.apahotel.com/hotel/shutoken/21_tokyo-kudanshita/
⑤ Hotel Grand Palace ホテルグランドパレス	https://www.grandpalace.co.jp/
⑥ Tokyo Central Youth Hostel 東京セントラルユースホステル	http://www.jyh.gr.jp/tcyh/index.php
⑦ Keio Presso Inn Kudanshita 京王プレッソイン九段下	https://www.presso-inn.com/kudanshita/
⑧ The Agnes Hotel and Apartments Tokyo アグネス ホテルアンド アパートメンツ 東京	http://www.agneshotel.com/
⑨ Hotel Villa Fontaine Tokyo-Kudanshita ヴィラフォンテーヌ東京九段下	https://www.hvf.jp/kudanshita/
⑩ Arcadia Ichigaya (Shigaku Kaikan) アルカディア市ヶ谷 (私学会館)	www.arcadia-jp.org/top.htm
⑪ Kouraku Garden Hotel 後楽ガーデンホテル (後楽賓館)	http://www.jcfc.or.jp/shisetsu/hotel
⑫ Tokyo Green Hotel Korakuen 東京グリーンホテル後楽園	http://www.greenhotel.co.jp/
⑬ Tokyo Dome Hotel 東京ドームホテル	https://www.tokyodome-hotels.co.jp/
⑭ Tokyu Stay Suidobashi 東急ステイ水道橋	https://www.tokyustay.co.jp/hotel/SUI/
⑮ Hotel Niwa Tokyo 庭のホテル 東京	http://www.hotelniwa.jp/





Timetables
プログラム

Timetable, Saturday, July 28

Presentation room (Room 131)		Posters (Room 132)
9	<p>900 Councilors' meeting</p> <p>930 Opening remarks</p> <p>940 General topics 1: Medical English teaching programs (1) Chairs: Shinobu Hattori (Fujita Health University), Alan Hauk (Toho University) 1. 'Poverty and medicine' as a potential English education topic in the medical humanities [in Japanese] Shozo Yokoyama (University of Miyazaki) 2. Evaluating a flipped learning course for third-year medical students Kazumichi Enokida (Hiroshima University) 3. Effectiveness of a medical English course taught by an all-Japanese clinician team Yoshiko Yamada (Tokushima University), et al 4. Using social media in the pharmacy English classroom to promote active learning and professionalism Denise A. Epp (Daiichi University of Pharmacy)</p>	Posters will be exhibited from noon on Saturday, July 28 to 15:00 on Sunday, July 29. A discussion session will be held from 12:10 to 13:00 on Sunday, July 29.
10	<p>1040 General topics 2: Medical English teaching programs (2) Chairs: Kazuhiko Kurozumi (Okayama University), James Thomas (Keio University) 1. Creating an effective peer evaluation Can-do list for medical interviews in English Sean Chidlow (Oita University), et al 2. Patient Talks: Motivating future doctors with patient stories Thomas Mayers (University of Tsukuba), et al 3. English ward rounds for well-rounded Japanese medical students! Alexander Zaboronok (University of Tsukuba), et al 4. The case for teaching clinical case presentation skills Michael Guest (University of Miyazaki)</p>	
11	<p>1150 Luncheon seminar: Development and application of SIMROID[®], an educational simulator of attitudes and communication, which can also be useful in the education of dental English Chair: Ikuo Kageyama (The Nippon Dental University) Speaker: Akira Hamura (The Nippon Dental University) (supported by J. Morita Corporation)</p>	Setting up time
12	<p>1200 Special lecture 1: Innovative English education for 21st-century health care professionals Chair: Ikuo Kageyama (The Nippon Dental University) Speaker: Haruko Akatsu (International University of Health and Welfare [IUHW])</p>	Poster exhibits
13	<p>1300 General topics 3: TOEFL ITP[®] Chairs: Jun Iwata (Shimane University), Eric H. Jago (Nihon University) 1. Can we improve TOEFL ITP[®] scores by teaching test-taking strategies? Cosmin Mihail Florescu (IUHW), et al 2. Application of active learning methods to language teaching of L2 medical students Barnabas Jon Martin (IUHW), et al 3. English language proficiency and history-taking performance of first-year medical students Takayuki Oshimi (IUHW), et al</p>	
14	<p>1400 General topics 4: Doctor-patient communication Chairs: Kazuaki Shimoji (Juntendo University), Flaminia Miyamasu (University of Tsukuba) 1. Terminology, register and convergence: An analysis of "everyday English" use in medical interviews Timothy P. Williams (Nihon University), et al 2. Developing strategies to teach medical English at acupuncture and judo therapy schools Sako Ikegami (Sakotrans Medical), et al 3. 'Empathy' in English as a lingua franca: How student doctors solicit concerns from simulated patients by turn-taking Yukako Nozawa (Waseda University), et al 4. Usefulness of a history-taking communication skills assessment rubric: A comparative study between Nihon University and Thammasat University Eric H. Jago (Nihon University), et al 5. How many staff members know about the Examination of Proficiency in English for Medical Purposes? Questionnaire results of international patient management in Harasanshin Hospital [in Japanese] Yoichi Takaki (Harasanshin Hospital)</p>	
15	<p>1455 General topics 5: English writing/reading Chairs: Joji Tokugawa (Juntendo University), Takako Kojima (Tokyo Medical University) 1. How I mark papers: Shorthand for quick correction of written work Christopher Holmes (ex University of Tokyo) 2. Move analysis of English medical papers and its application to the writing of papers: In the case of Introduction and Discussion [in Japanese] Takeshi Kawamoto (Hiroshima University), et al 3. Applying an ESP approach to teach the reading of medical research article abstracts [in Japanese] Motoko Asano (Osaka Medical University) 4. Student-designed survey on the education of evidence-based medicine Tomoki Hirata (Student, Aichi Medical University), et al</p>	
16	<p>1505 The 14th Kenichi Uemura award ceremony</p>	
17	<p>1620 Reception (at Enka-en, Chinese restaurant in Kagurazaka)</p>	
18		
19		

Timetable, Sunday, July 29

Presentation room (Room 131)		Posters (Room 132)
9	<p>900 Debriefing of JASMEE activities</p> <p>930 JASMEE now and in the future: Implementation report of the Examination of Proficiency in English for Medical Purposes [in Japanese]</p>	<p>Posters will be exhibited from noon on Saturday, July 28 to 15:00 on Sunday, July 29. A discussion session will be held from 12:10 to 13:00 on Sunday, July 29.</p>
10	<p>950 General topics 6: Study abroad programs Chairs: Mika Endo (Tokyo Women's Medical University), Christopher Holmes (ex University of Tokyo)</p> <p>1. Learning experiences and identity development of nursing students through study abroad Jeffrey Huffman (St. Luke's International University), et al</p> <p>2. Medical electives abroad: Do they contribute to the "globalization" of physicians? Ruri Ashida (The Jikei University), et al</p> <p>3. Setting up for success: A workshop for Japanese medical students in preparation for overseas clinical electives Kris Siriatsivawong (Showa University), et al</p> <p>4. Study abroad program for first-year students at Japanese comprehensive medical university Michael Myers (Showa University), et al</p>	
11	<p>1050 Invited lecture: Dental education for UK dental students and dentists who are non-native speakers</p> <p>Chair: Omar Rodis (Tokushima University)</p> <p>Speaker: Neil Patel (The University of Manchester)</p>	<p>1000 Poster exhibits</p>
12	<p>1200</p>	
13	<p>1310 Special lecture 2: Medical care support system for the 2020 Tokyo Olympic and Paralympic Games [in Japanese]</p> <p>Chair: Isao Date (Okayama University)</p> <p>Speaker: Tetsuya Miyamoto (The Tokyo Organising Committee of the Olympic and Paralympic Games)</p>	<p>1210 Poster discussion Sandwiches with beverages will be provided for lunch.</p>
14	<p>1410</p> <p>1420 General topics 7: Cross-cultural understanding Chairs: Hiroaki Igarashi (Kawakita General Hospital), Raoul Breugelmans (Tokyo Medical University)</p> <p>1. Teaching medical anthropology to future physicians: Content-based EMP for cultural competence, critical thinking, and cosmopolitanism Donald Wood (Akita University)</p> <p>2. A course for cross-cultural competence Najma Janjua (Kagawa Prefectural University of Health Sciences)</p>	<p>1300</p>
15	<p>1450 Closing remarks</p> <p>1500 Workshop: EMP lesson plans: PechaKucha style presentation Facilitator: Takayuki Oshimi (International University of Health and Welfare), et al</p>	
16	<p>1640</p>	<p>1500 Removal time</p>
17	<p>Posters 1: Activity reports Chair: Junichi Kameoka (Tohoku Medical and Pharmaceutical University)</p> <p>1210-1220 1. Learn dental English Kyoko Matsuo (The Nippon Dental University), et al</p> <p>1220-1230 2. Medical English education for radiological technologists [in Japanese] Chiemi Still Yoshida (Butsuryo College of Osaka), et al</p> <p>1230-1240 3. The role of medical interpreters in Sapporo [in Japanese] Saori Kitama (Hokkaido University)</p> <p>1240-1250 4. Nurses' and doctors' approaches to medical English conversation at Shikoku Central Hospital Miho Ishikawa (Giovanni English School), et al</p> <p>1250-1300 5. Introducing JANET – The Japan Association for Nursing English Teaching Simon Capper (Japanese Red Cross Hiroshima College of Nursing), et al</p> <p>Posters 2: Development of teaching materials Chair: Jun Takata (Kochi University)</p> <p>1210-1220 1. Development of e-learning strategies for Japanese medical students to meet current clinical English needs [in Japanese] Masumi Nishimura (Okayama University), et al</p> <p>1220-1230 2. Development of teaching materials for medical English using virtual reality tools and communication robots [in Japanese] Yoko Sakamoto (Dokkyo Medical University), et al</p> <p>1230-1240 3. Building vocabulary-rich teaching materials through dialogue with a neurosurgeon Walter Davies (Hiroshima University)</p> <p>1240-1250 4. The neurosurgery/neurology component of a general medical word list Simon Fraser (Hiroshima University)</p> <p>1250-1300 5. Welcome to the Chiyoda-ward in Japan. Dental consultation with OMOTENASHI using a multilingual support visual description tool Terumi Yamazaki (The Nippon Dental University), et al</p>	

発表会場(131講堂)

ポスター会場
(132講堂)

*ポスターは7月28日(土) 12時から29日(日)15時まで展示会場(132講堂)に掲示します。
また29日(日)12時10分～13時にポスター討論を行います。

9	900	評議員会
	930	開会挨拶
	940	一般演題 1: 医学英語教育プログラム(1) 座長: 服部しのぶ(藤田保健衛生大学), Alan Hauk(東邦大学)
10		1. 医療人文学としての英語教育の可能性:「貧困と医療」をひとつの題材として 横山彰三(宮崎大学)
		2. Evaluating a flipped learning course for third-year medical students 榎田一路(広島大学)
		3. Effectiveness of a medical English course taught by an all-Japanese clinician team 山田佳子(徳島大学), 他
		4. Using social media in the pharmacy English classroom to promote active learning and professionalism Denise A. Epp(第一薬科大学)
	1040	
	1050	一般演題 2: 医学英語教育プログラム(2) 座長: 黒住和彦(岡山大学), James Thomas(慶應義塾大学)
11		1. Creating an effective peer evaluation Can-do list for medical interviews in English Sean Chidlow(大分大学), 他
		2. Patient Talks: Motivating future doctors with patient stories Thomas Mayers(筑波大学), 他
		3. English ward rounds for well-rounded Japanese medical students! Alexander Zaboronok(筑波大学), 他
		4. The case for teaching clinical case presentation skills Michael Guest(宮崎大学)
	1150	
12	1200	ランチョンセミナー: 歯科医学英語教育に応用可能な, 態度・コミュニケーション教育用シミュレーター「シムロイド®」の開発と応用
		座長: 影山幾男(日本歯科大学)
		演者: 羽村 章(日本歯科大学) (協賛:株式会社モリタ)
	1240	
13	1300	特別講演 1: Innovative English education for 21st-century health care professionals
		座長: 影山幾男(日本歯科大学)
		演者: 赤津晴子(国際医療福祉大学)
14	1400	
	1410	一般演題 3: TOEFL ITP® 座長: 岩田 淳(島根大学), Eric H. Jago(日本大学)
		1. Can we improve TOEFL ITP® scores by teaching test-taking strategies? Cosmin Mihail Florescu(国際医療福祉大学), 他
		2. Application of active learning methods to language teaching of L2 medical students Barnabas J. Martin(国際医療福祉大学), 他
		3. English language proficiency and history-taking performance of first-year medical students 押味貴之(国際医療福祉大学), 他
	1455	
15	1505	一般演題 4: 医師-患者コミュニケーション 座長: 下地一彰(順天堂大学), Flaminia Miyamasu(筑波大学)
		1. Terminology, register and convergence: An analysis of "everyday English" use in medical interviews Timothy P. Williams(日本大学), 他
		2. Developing strategies to teach medical English at acupuncture and judo therapy schools 池上小湖(Sakotrans Medical), 他
		3. 'Empathy' in English as a lingua franca: How student doctors solicit concerns from simulated patients by turn-taking 野澤佑佳子(早稲田大学), 他
		4. Usefulness of a history-taking communication skills assessment rubric: A comparative study between Nihon University and Thammasat University Eric H. Jago(日本大学), 他
16		5. 病院のスタッフで何人が日本医学英語検定試験を知っているのか? 高木陽一(原三信病院)
	1620	原三信病院医学総会での外国人診療に関するアンケート調査の結果
	1630	一般演題 5: 英文ライティング/リーディング 座長: 徳川城治(順天堂大学), 小島多香子(東京医科大学)
		1. How I mark papers: Shorthand for quick correction of written work Christopher Holmes(前・東京大学)
17		2. 医学英語論文の Move 解析とその論文執筆への応用 河本 健(広島大学), 他
		3. ESP 的視点による英語医学論文抄録 Reading 授業の実践報告 浅野元子(大阪医科大学)
		4. Student-designed survey on the education of evidence-based medicine 平田智基(愛知医科大学 学生), 他
	1730	第14回 植村研一賞 授賞式
	1740	
18	1810	懇親会(於 神楽坂・縁香園)
19		

1000	ポスター貼付
1200	ポスター掲示
1700	

発表会場(131講堂)

ポスター会場
(132講堂)

9	900	会員報告会
	930	JASMEE now and in the future: 日本医学英語検定試験実施報告
	940	
10	950	一般演題 6: 海外研修 座長: 遠藤美香 (東京女子医科大学), Christopher Holmes (前・東京大学) 1. Learning experiences and identify development of nursing students through study abroad Jeffrey Huffman (聖路加国際大学), 他 2. Medical electives abroad: Do they contribute to the "globalization" of physicians? 芦田ルリ (東京慈恵会医科大学), 他 3. Setting up for success: A workshop for Japanese medical students in preparation for overseas clinical electives Kris Siriatsivawong (昭和大学), 他 4. Study abroad program for first-year students at Japanese comprehensive medical university Michael Myers (昭和大学), 他
11	1050	
	1100	招待講演: Dental education for UK dental students and dentists who are non-native speakers 座長: Omar Rodis (徳島大学) 演者: Neil Patel (マンチェスター大学)
12	1200	
13	1310	特別講演 2: 東京2020オリンピック・パラリンピック競技大会における医療体制について 座長: 伊達 勲 (岡山大学) 演者: 宮本哲也 (東京オリンピック・パラリンピック競技大会組織委員会)
14	1410	
	1420	一般演題 7: 異文化理解 座長: 五十嵐裕章 (河北総合病院), Raoul Breugelmanns (東京医科大学) 1. Teaching medical anthropology to future physicians: Content-based EMP for cultural competence, critical thinking, and cosmopolitanism Donald Wood (秋田大学) 2. A course for cross-cultural competence Najma Janjua (香川県立保健医療大学)
15	1450	
	1500	閉会挨拶
	1510	ワークショップ: EMP lesson plans: PechaKucha style presentation ファシリテーター: 押味貴之 (国際医療福祉大学), 他
16	1640	

*ポスターは7月28日(土) 12時から29日(日) 15時まで展示会場(132講堂)に掲示します。
また29日(日)12時10分~13時にポスター討論を行います。

1000	ポスター掲示
1210	ポスター討論* 昼食としてサンドイッチ(飲物付)が用意されます。
1300	
1500	ポスター撤去
1600	

ポスター発表 1: 活動報告	座長: 亀岡淳一 (東北医科薬科大学)
1210-1220 1. Learn dental English	松尾恭子 (日本歯科大学), 他
1220-1230 2. 診療放射線技師向け医療英語教育の取り組み	吉田智美 (大阪物療大学), 他
1230-1240 3. 札幌英語医療通訳グループの役割	北間砂織 (北海道大学)
1240-1250 4. Nurses' and doctors' approaches to medical English conversation at Shikoku Central Hospital	石川美穂 (英語教育のジョバンニ株式会社), 他
1250-1300 5. Introducing JANET - The Japan Association for Nursing English Teaching	Simon Capper (日本赤十字広島看護大学), 他
ポスター発表 2: 教材開発	座長: 高田 淳 (高知大学)
1210-1220 1. 医療現場のグローバル化に対応した e-learning 英語学習教材の提案: 日本の医学部学生のニーズを考慮して	西村真澄 (岡山大学), 他
1220-1230 2. 医学英語教材の新たな形の作成と試用: VRとコミュニケーションロボットを活用した教材の検討	坂本洋子 (獨協医科大学), 他
1230-1240 3. Building vocabulary-rich teaching materials through dialogue with a neurosurgeon	Walter Davies (広島大学)
1240-1250 4. The neurosurgery/neurology component of a general medical word list	Simon Fraser (広島大学)
1250-1300 5. Welcome to the Chiyoda-ward in Japan. Dental consultation with OMOTENASHI using a multilingual support visual description tool	山崎てるみ (日本歯科大学), 他

S a t u r d a y , J u l y 2 8

7月28日(土)

Special lecture 1:

Innovative English education for 21st-century
health care professionals.....20

General topics 1:

Medical English teaching programs (1)
医学英語教育プログラム (1).....22

General topics 2:

Medical English teaching programs (2)
医学英語教育プログラム (2).....24

General topics 3:

TOEFL ITP®.....26

General topics 4:

Doctor-patient communication
医師－患者コミュニケーション28

General topics 5:

English writing/reading
英文ライティング／リーディング31

For presentations in English, the titles and abstracts are given in English only.
For those in Japanese, English translations of the titles are provided, but the
abstracts are in Japanese only.

日本語で発表される演題は、演題名を英日併記、抄録を日本語で掲載しています。
一方、英語で発表される演題は、演題名・抄録とも英語のみで掲載しています。

Special lecture 1 (特別講演 1)

Innovative English education for 21st-century health care professionals

Chair

Ikuo Kageyama 影山幾男

(The Nippon Dental University School of Life Dentistry at Niigata
日本歯科大学新潟生命歯学部)

Speaker

Haruko Akatsu 赤津晴子

(International University of Health and Welfare School of Medicine
国際医療福祉大学医学部)

International University of Health and Welfare (IUHW) School of Medicine, which opened in April 2017, is vastly different from any other Japanese medical schools. IUHW School of Medicine's vision is to create a new generation of internationally-minded, bilingual and highly professional 21st-century physicians in Japan who will go on to serve around the globe.

To work towards this ambitious goal, the first two years of medical courses at IUHW School of Medicine are taught in English; IUHW also provides intensive English education based on Content and Language Integrated Learning (CLIL) policy. Each of the 140 first-year students is placed into one of four levels based on their initial TOEFL ITP scores, and attends 240 hours of freshman English courses tailored to their specific abilities. All English levels cover four crucial content areas: "Culture", "International Current Affairs", "Medicine and Science", and "Patient Encounter." Second-year students, during 120 hours of required "Medical English", learn how to approach a patient with common clinical symptoms, formulate a differential diagnosis, write up a case, and present their case—entirely in English. Furthermore, many first- and second-year students also opt to take an additional 180-hour "English Communication" elective, which includes USMLE preparatory classes. In 2017, after just nine months on IUHW's English education program, the first-year students' average TOEF ITP score improved from 519 to 551, reaching the CEFR B2 level.

To support this innovative English curriculum, IUHW implemented a novel educational system. Elements of this system include one-hour-long entrance examination interviews for prospective students to assess their general communication skills, which are important not only for physicians, but also in terms of foreign language acquisition; and a fun, first-name-based freshman orientation aimed at creating the collaborative, synergistic student community necessary for active learning and comfortable student participation during unfamiliar English courses.

Haruko Akatsu, M.D. (赤津晴子 あかつ・はるこ)

Dean of Medical Education, International University of Health and Welfare School of Medicine.

After graduating from Sophia University in Japan, Dr. Akatsu traveled to America as a Fulbright Scholar and graduated from Harvard School of Public Health and Brown University School of Medicine. She underwent internal medicine residency and endocrine fellowship training at Stanford University, after which she taught and practiced endocrinology at the University of Pittsburgh and Stanford University. Dr. Akatsu served as Medical Director of the Thyroid Cancer Program and Chief of the Endocrine Clinic at Stanford University, and has received several honors, including the Top Doctors in America and Best Doctors in America awards. After 25 years of American medical education experience, Dr. Akatsu returned to Japan to take up her current position in 2017.

1 'Poverty and medicine' as a potential English education topic in the medical humanities 医療人文学としての英語教育の可能性: 「貧困と医療」をひとつの題材として

9:40–9:55

Shozo Yokoyama 横山彰三 (University of Miyazaki School of Medicine 宮崎大学医学部)

平成28年度に改定された医学部コアカリキュラムでは、医師として習得すべきコミュニケーション能力を「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」と規定している。これは異文化理解や他者性までを視野にいたした医療コミュニケーション能力といえよう。それはTACCT (2006)が強調する異文化能力の重要性とも軌を一にする。その一方で、筆者が十数年、医学部という教育現場に身を置き強く感じることは学生のもつ表現力や共感、想像力の低下である。考えたことはそれなりに表現するが、感じたことを表現できない。また衝突を避けようとするためか当たり障りのない意見を周りの反応を見ながら述べる学生たち。さらには、患者さんの気持ちにより添う大切さを入学直後から説かれつつ、社会的弱者への理解や社会正義と医療の関係について深く考える機会もなく進級していく学生たち。有り体に言えば、い

わゆる「医学英語」という括りで語られる専門用語の習得と留学時に必要となる鑑別診断や問診のための英語運用能力のみを志向することが果たして医学部の英語教育として妥当なのかという疑問である。この点は上述のTACCTやコアカリの理念とも関連するが、弱者にたいする医師としてのまなざしとともに、患者・同僚を問わず、相手に配慮を示しつつ自らの主張を論理的に主張し折り合うことのできる能力の獲得は医学部における言語教育の果たす重要な役割ともいえよう。本発表では、筆者が医学部医学科1年生の英語授業で扱っている人文・社会科学的視点から貧困と医療を考える課題を一例として、今後、言語教育が医学教育で果たすその新たな役割について考察する。(参考文献:横山彰三「信念、価値観、異文化への気づき—医学教育に英語教育が果たす新たな役割」『ESPの研究と実践』大学英語教育学会・九州沖縄ESP研究会、印刷中)

2 Evaluating a flipped learning course for third-year medical students

9:55–10:10

Kazumichi Enokida 榎田一路 (The Institute for Foreign Language Research and Education, Hiroshima University 広島大学外国語教育研究センター)

In this presentation, I outline and evaluate a flipped learning course (2017), which was based on a primarily classroom-oriented course (2016). The change involved a reduction in classroom contact time per student from 18 hours to 11.6 hours including evaluation tasks (a vocabulary test and writing tasks). The students covered the same amount of material. The flipped learning course included a self-study component, primarily focused on receptive skills, as well as a taught component. Self-study materials were placed online and made accessible to students through the university's learning management system (Blackboard Learn 9). The process of putting study materials online was completed in July 2017, and students were given approximately six weeks to complete the component. The classroom component was taught over two days, with evaluation tasks being given separately on a third day. In addition, on a separate day, a new experimental unit of extra material was taught in a non-flipped way (3 hours). Evaluation of the course was made through an

online student questionnaire, the results of the vocabulary test and writing tasks, as well as teacher reflection on the course. Out of 121 students, 98 completed the questionnaire. Almost all the respondents (95%) had a positive impression of the course. Comparison of results on the multiple-choice vocabulary test showed no significant difference between 2016 and 2017, indicating that with encouragement from medical teaching staff and sufficient structuring of a self-student component, students are able to learn medical English effectively through self-study linked to classroom activities. Teacher views of the course were that although a shorter course was less energy-consuming overall, the classes themselves required a more intense teaching style. Also, students were able to produce better evaluated writing due to having more time. In addition, the support of senior medical staff was a key success factor.

3

Effectiveness of a medical English course taught by an all-Japanese clinician team

10:10–10:25

Yoshiko Yamada 山田佳子,^{1,2} Keigo Yada 矢田圭吾,³ Hiroyuki Nodera 野寺裕之,³ Koichi Sairyō 西良浩一,³ Masashi Akaike 赤池雅史,^{2,3} Akiyoshi Nishimura 西村明儒^{2,3} (1Kuramoto Division, Technical Support Department, Tokushima University 徳島大学技術支援部蔵本技術部門, 2Support Center for Medical Education, Tokushima University 徳島大学医学部教育支援センター, 3Graduate School of Biomedical Sciences, Tokushima University 徳島大学大学院医歯薬学研究所)

Background: With an increase in demand for healthcare professionals who can communicate with patients in English, medical schools face the challenge of meeting the expectations and needs to provide the appropriate education for globalization. Yet, not all medical schools are fortunate enough to have instructors dedicated to teaching English for medical purposes.

Aim: In this study, we investigated the effectiveness of a new medical English course taught by an all-Japanese team of clinicians in motivating students for learning medical English.

Method: Since 2016, three clinicians at Tokushima University School of Medicine have been teaching approximately 15 hours of classes in a relaying manner coordinated by an assistant. At the beginning of the course, students watch an original demonstration video at home to learn the basic format of history taking.

This is followed by in-class roleplaying practice of three to four clinical cases. This course also includes a new component in which the clinicians present their experiences in taking the United States Medical Licensing Examination (USMLE) and career paths after passing the USMLE.

Results: The results of the end-of-the-course questionnaire indicated that, despite the limited number of hours allocated to it, the new course had been effective in promoting students' interests in (1) learning medical English and (2) taking the USMLE. Students also pointed out some shortcomings of the course that need to be addressed in future.

Conclusion: A medical English course taught by Japanese clinicians alone could be effective in motivating Japanese medical students to learn English for medical purposes.

4

Using social media in the pharmacy English classroom to promote active learning and professionalism

10:25–10:40

Denise A. Epp (Daiichi University of Pharmacy 第一薬科大学)

Social media can be used practically in the pharmacy classrooms to promote learning and professionalism, but blending personal and professional uses of SM requires education.

Objective: To encourage the practical use of social media (SM) in pharmacy education to meet modern students' learning needs, encourage appropriate use of it in pharmacy practice, and promote professionalism in SM.

Methods: A search of the literature on PubMed and ERIC provided articles on social media in pharmacy and communication education for pharmacists led to the further development of a communication survey given to the students in their fourth and fifth-year of pharmacy study. In-class learning activities used SM for research and building knowledge.

Results: The pharmacy students who participated in

the questionnaire responded similarly to the personal use of SM, mainly using direct conversation, phones, SNS, and body language. Both groups upheld the traditional forms of communication with face-to-face conversation, body language, and labels and written explanations in the pharmacy.

Conclusion: The results indicate that students still perceive pharmacist communication with patients to be within traditional means, avoiding SM options and even the phone. Concerns about privacy, safety, and e-professionalism are main reasons why it is excluded in present education programs. Students should be introduced to various technology and media in school to encourage future pharmacists to use social media appropriately, effectively, and professionally in pharmacy practice.

1 Creating an effective peer evaluation Can-do list for medical interviews in English

10:50–11:05 Sean Chidlow, Harumi Oshita 大下晴美 (Oita University School of Medicine 大分大学医学部)

In a previous study on the use of Can-do lists in an English for Medical Purposes (EMP) class, we concluded that giving students specific clinical situations improved the accuracy of their English proficiency self-evaluations. In our current study, we used similar specific clinical scenarios to assess the accuracy of peer evaluations of English-language medical interviews. After five 90-minute classes focused on teaching medical interview English to 107 fourth-year medical students, we paired students up and asked them to role-play medical interviews based on various case reports. The “patient” partner was responsible for assessing the “doctor” partner’s performance based on a provided Can-do evaluation

sheet. The students’ performances were video recorded and later evaluated by teachers using the same evaluation sheet. After conducting an analysis of the “patient” students’ peer evaluations, we found that the accuracy of their assessments was limited by their English proficiency level, by the structure of the evaluation sheet itself, and by the omission of a very significant evaluation factor: “relevance.” In this presentation we will discuss these findings in detail. We will also outline why the peer evaluation Can-do list shows promise as a tool to help students better understand how to assess the English proficiency level of a classmate simulating the doctor’s role in a medical interview.

2 Patient Talks: Motivating future doctors with patient stories

11:05–11:20 Thomas Mayers, Flaminia Miyamasu (Medical English Communications Center, University of Tsukuba 筑波大学医学英語コミュニケーションズセンター)

In 2017, as part of our newly established English for medical purposes class for second-year medical students we included a special lecture entitled “Patient Talks.” This lecture, gives students the opportunity to listen to and interact with a non-Japanese person who has experienced hospitalization in Japan. The rationale behind this lecture is that through hearing patient

narratives of dealing with sickness and medical care in Japan, students will be able to imagine themselves being faced with a patient who cannot speak Japanese and thereby increase their motivation to study medical English. In this presentation we will introduce the Patient Talks lecture and share some student feedback about this activity.

3 English ward rounds for well-rounded Japanese medical students!

11:20–11:35 **Alexander Zaboronok**,¹ **Takao Enomoto** 榎本貴夫,² **Bryan J. Mathis**,³ **Ai Muroi** 室井愛,¹ **Eiichi Ishikawa** 石川栄一,¹ **Akira Matsumura** 松村明¹ (Faculty of Medicine, University of Tsukuba 筑波大学医学医療系, ²Tsukuba Central Hospital つくばセントラル病院, ³Medical English Communications Center, University of Tsukuba 筑波大学医学英語コミュニケーションズセンター)

Do medical students in Japan really need English ward rounds? As a rule and tradition, all medical students (4th and 5th year) that go through the neurosurgery course at the University of Tsukuba must prepare and present a clinical case in English during the “English ward rounds” held once a month. We provide a preparatory class filled with example clinical case presentations specific for neurosurgery and students choose their patients. We have two clinical groups within our department (general neurosurgery and vascular neurosurgery) and students can choose patients from either category. After the preparatory class, the students are given sample reports from which they can select the most appropriate phrases and expressions. Students have at least one week to practice and will present their case at the bedside to an

English-speaking staff member or a chief resident during morning ward rounds. The supervising Japanese professor has an excellent comprehension of medical English while residents typically assist students in answering difficult and detail-oriented questions. We retrospectively analyzed student attitudes and feedback on this ward round experience by a questionnaire. Though challenging, we believe that such a course contributes to their total development as medical doctors and brings the understanding and feeling of studying in an English speaking country. Additionally, as Japan moves towards the Tokyo Olympics in 2020, we feel that programs such as these provide a critical boost to prepare for a massive influx of English speakers.

4 The case for teaching clinical case presentation skills

11:35–11:50 **Michael Guest** (University of Miyazaki School of Medicine 宮崎大学医学部)

Clinical case presentation is an established speech event practiced in most hospitals and medical institutions. Case presentation sessions are often performed in English in order to enhance clinicians’ English skills as well as for the dissemination of clinical knowledge. Although such case presentations are generally performed for the edification of one’s medical peers, they are also used for training and assessment purposes. Moreover, aspects of clinical case presentation structure are employed in conference research presentations, research papers, and in-service clinical interactive discourse. Yet, while many medical English programs focus upon history taking and academic writing as primary clinical skills to be addressed, clinical case presentations are often ignored or practiced only tangentially. In this presentation, a

canonical structure of clinical case presentations, based upon the presenter’s field research, will be displayed and explained. Standardized clinical English discourse forms used to express these features will also be introduced. Based on the presenter’s teaching of these skills to his own medical students, the effective prioritization of data, questions of relevance, omissible data, alternative constructions, and the importance of negative case data will then be discussed. The presenter will finish by demonstrating the many ways in which developing both an understanding of the structure of clinical case presentations and the ability to convey this data effectively and accurately in English can have a positive washback effect onto the holistic cognitive development of Japanese medical students.

1 Can we improve TOEFL ITP® scores by teaching test-taking strategies?

14:10–14:25 **Cosmin Mihail Florescu, Yusuke Hayasaka** 早坂裕介, **Tamerlan Babayev, Takayuki Oshimi** 押味貴之, **Vitalii Lytnev, Arif Ul Hasan, Barnabas Jon Martin, Mutsumi Inokawa** 井之川睦美, **Shawn De Haven** (International University of Health and Welfare School of Medicine 国際医療福祉大学医学部)

Background: The English language program in our medical school uses Content and Language Integrated Learning methodology to engage students in active learning. The Test of English as a Foreign Language Institutional Testing Program (TOEFL ITP®) is the main tool used for placement and measuring areas of improvement. We aim to examine if preparation in and out the classroom is effective in improving TOEFL ITP® scores.

Methods: Whereas no test coaching took place in mandatory courses, test-taking strategies were explicitly taught to students with lower TOEFL ITP® scores taking the elective courses. Additionally, all students were required to complete an online TOEFL ITP® preparation course. A correlation analysis was carried out involving 32 factors.

Results: We found a weak positive correlation ($r = 0.191$, $p = 0.024$) between attendance of TOEFL preparatory lessons and overall TOEFL ITP® score improvement. A moderate negative correlation was identified between attendance of TOEFL preparatory lessons and pre- / post-program TOEFL ITP® test scores ($r = -0.548$ and $r = -0.472$, respectively; $p < 0.001$), as well as a weak negative correlation with the online course score ($r = -0.331$, $p < 0.001$).

Conclusion: Students who perform poorly on the TOEFL ITP® test and online preparatory course more frequently attend lessons explicitly aimed at preparing them for taking this test. On the other hand, attending these preparatory lessons will not have a significant impact on improving their performance in the TOEFL ITP® test itself or in the online course.

2 Application of active learning methods to language teaching of L2 medical students

14:25–14:40 **Barnabas Jon Martin, Yusuke Hayasaka** 早坂裕介, **Tamerlan Babayev, Takayuki Oshimi** 押味貴之, **Vitalii Lytnev, Arif Ul Hasan, Cosmin Mihail Florescu, Mutsumi Inokawa** 井之川睦美, **Shawn De Haven** (International University of Health and Welfare School of Medicine 国際医療福祉大学医学部)

Background: There is extensive evidence of the value of active learning in education, however minimal research has considered its effects where content is delivered in L2. No research addresses effective student-teacher ratios in such an environment. This preliminary work examines the influence of student-teacher ratios in this setting compared with a passive learning methodology and critically appraises approaches we think help students best internalize medical content in L2.

Methods: Non-native English speaking students ($n = 23$) were assigned to single-teacher ($n = 12$; student-teacher ratio 12:1) and multiple-teacher ($n = 11$; student-teacher ratio 11:8) groups. Each group studied two topics related to English literature by active and passive learning methods in two separate sessions. Pre- and post-assessments were conducted using a free response type quiz.

Results: Baseline average TOEFL-ITP® scores of the single-teacher group were higher than that of the multiple-teacher group (means: 559.67 and 525.27 respectively; $p = 0.018$ by Student's *t* test). In the single-teacher group, only the active learning methodology augmented students' post-intervention scores ($p < 0.001$ by repeated measures ANOVA). In the multiple-teacher group, both active and passive learning methods augmented scores ($p = 0.085$ by repeated measures ANOVA). There were no correlations among TOEFL and post-intervention scores (active vs. passive $p = 0.581$; TOEFL vs. active $p = 0.748$; and TOEFL vs. passive $p = 0.379$).

Conclusion: Active learning approaches are more effective than passive approaches at encouraging student learning in L2 where teacher numbers are limited.

14:40–14:55 Takayuki Oshimi 押味貴之, Yusuke Hayasaka 早坂裕介, Tamerlan Babayev, Cosmin Mihail Florescu, Vitalii Lytnev, Arif Ul Hasan, Barnabas Jon Martin, Mutsumi Inokawa 井之川睦美, Shawn De Haven (International University of Health and Welfare School of Medicine 国際医療福祉大学医学部)

Background: No other medical schools in Japan have conducted their preclinical program in English. The purpose of this cross-sectional study was to investigate whether an association existed between English language proficiency and history-taking performance in English.

Methods: First-year medical students (120 domestic and 20 international) completed a preclinical program taught in English as well as 45 hours of history-taking skills training in English. Their history-taking skills (three domains: spoken English proficiency, communication/interpersonal skills, and sequence of questions) and pre- and post-program scores of Test of

English as a Foreign Language Institutional Testing Program (TOEFL ITP®) were analyzed in a cross-sectional study.

Results: Pre-program TOEFL ITP® scores had significantly positive correlations with all three domains (Pearson correlation coefficient: r values ranged between 0.448 and 0.745, $p < 0.01$). The strongest correlation was found between pre-program TOEFL ITP® Section 1 (listening skills) and spoken English proficiency ($r = 0.745$, $p < 0.01$).

Conclusion: English language proficiency is an important factor in predicting history-taking performance in English.

1 Terminology, register and convergence: An analysis of “everyday English” use in medical interviews

15:05–15:20 Timothy P. Williams, Eric H. Jago (Nihon University School of Medicine 日本大学医学部)

Background: Communicative convergence between doctor and patient plays a key role in patient-centered healthcare by increasing mutual understanding and reducing anxiety and uncertainty. Much of the research on this subject focuses on L1 speaking doctors modifying their medical language (ML) to converge with the everyday language (EL) used by their patients. However, the adoption of these principles to inform pedagogy in an English for Medical Purposes (EMP) context has not yet been explored extensively.

Aim: To identify salient features of convergent doctor/patient communication and evaluate how these features can be used to develop a simplified and more convergent approach to the teaching of patient interview skills to 1st and 2nd year medical students.

Method: This study focused on the register and

terminology used in a corpus of 46 recordings of real doctor-patient interactions which was analyzed to identify which lexical and socio-linguistic features were instrumental in creating a convergent interaction between doctor and patient.

Result: Corpus analysis suggested that doctors made an appreciable effort to modify their language use away from ML towards the EL used by their patients. This effect was demonstrated by a preponderance of non-technical medical language over specialized medical terms and the use of less formal registers by both doctor and patient. From a pedagogic perspective these findings suggest that the fluency and communicative ability of medical students could be enhanced by adopting an approach to SP interviews that more closely conforms to the less formal and non-technical language identified in this study.

2 Developing strategies to teach medical English at acupuncture and judo therapy schools

15:20–15:35 Sako Ikegami 池上小湖,¹ Masumi Nishimura 西村真澄² (¹Sakotrans Medical, ²Okayama University 岡山大学)

Alternative medicine has become increasingly popular as the general public, daunted by the co-pay prices of cutting-edge pharmacotherapies and advanced medicine and the inevitable adverse events, search for “natural therapies” to deal with their medical issues. In Japan, acupuncture, judo therapy, and other traditional forms of medicine are taught at vocational schools. Unlike those in medical, dental, or pharmaceutical programs, these students may not even have a high school education and often lack basic English skills. Yet when foreign patients come to their clinics they must conduct a patient interview, obtain an accurate medical

history, do a specialized physical examination, and explain the prescribed treatment to their patients, all, most likely in English. In addition to these challenges, acupuncture is based on traditional Chinese philosophy and thus requires an explanation of profound theories involving Qi, the Five Elements, acu-points, meridians, and more. Judo therapy is not quite as complex, yet still calls for basic medical English abilities. In this presentation, I will present some of the material used to teach these students including those developed from existing resources and texts. There will also be a short student video.

3

'Empathy' in English as a lingua franca: How student doctors solicit concerns from simulated patients by turn-taking

15:35–15:50 Yukako Nozawa 野澤佑佳子,¹ Kazuyo Yamauchi 山内かづ代,² Daniel Salcedo² (¹Waseda University School of Social Sciences 早稲田大学社会科学部, ²Chiba University School of Medicine 千葉大学医学部)

This study examines how student doctors can solicit concerns from simulated patients in English as a lingua franca (ELF). An ethnographic approach and framework of conversation analysis is employed within the context of primary care consultations in a medical English classroom at a university in Japan. To practise patient-centred care, the use of verbal and non-verbal features, which can convey 'empathy', is of marked importance. Although numerous studies have investigated communication in healthcare, little is known about communication between doctors and patients from different lingua-cultural backgrounds. Many studies have focused on interactions between

doctors and patients in a mono-lingual context; however, the number of patients and doctors who use ELF has increased markedly over the last decade. This study, therefore, observes and analyses micro-language practices of student doctors and simulated patients from different lingua-cultural backgrounds, who share English as their common medium of communication. Initial analysis of the clinical diagnosis and delivery of the treatment plan will be presented, indicating that micro-language practices, such as turn-taking and repair sequences, contribute to soliciting concerns from simulated patients and collaborative efforts for diagnosis.

4

Usefulness of a history-taking communication skills assessment rubric: a comparative study between Nihon University and Thammasat University

15:50–16:05 Eric H. Jago,¹ Timothy P. Williams,¹ Todd Mason Stoudt,¹ Yasuyuki Nomura 野村泰之,¹ Kazunori Kawasaki 川崎和基,² Takahiko Yamamori 山森孝彦,³ Yukiko Kuru 久留友紀子,³ Prakitpunthu Tomittchong⁴ (¹Nihon University School of Medicine 日本大学医学部, ²Nihon University School of Engineering 日本大学工学部, ³Aichi Medical University School of Medicine 愛知医科大学医学部, ⁴Thammasat University)

A rubric designed to measure English oral proficiency, based on the United-States Medical Licensing Examination Step 2 Clinical Skills assessment, was developed specifically for non-native English speaking pre-clinical medical students. This rubric was first used in 2009 and has since gone through various developmental stages up to the current format. Using this most recent iteration of the rubric, this study sought to assess the oral proficiency of Japanese students and Thai students performing basic history-taking role plays and compare the results from various evaluators to determine the extent of the rubric's

reliability. Moreover, the study made use quantitative data obtained from text analysis of transcribed role-play recordings of the student performances to ascertain objective metrics of the student performances in order to compare them with the quantitative results obtained from the evaluators. Pedagogical implications of the qualitative and quantitative data obtained in the study, as well as future directions for medical English education, are discussed.

This research is supported by Kakenhi funding JP15K01091.

5

How many staff members know about the Examination of Proficiency in English for Medical Purposes? Questionnaire results of international patient management in Harasanshin Hospital
 病院のスタッフで何人が日本医学英語検定試験を知っているのか？ 原三信病院医学総会での外国人診療に関するアンケート調査の結果

16:05–16:20 Yoichi Takaki 高木陽一 (Harasanshin Hospital 原三信病院)

近年、国内では外国人の労働者と旅行者が増加しており、原三信病院でも日本語を話せない患者の診療機会が増えている。必要時は病院と契約をしている通訳を依頼するが、現場では各部署でコミュニケーション力不足の問題が発生している。しかし、どの程度の問題が発生しているかは評価されていない。一方、医療関係者が自分の医学英語の能力を客観的に評価しようとする時、日本医学英語教育学会の日本医学英語検定試験 (Examination of Proficiency in English for Medical Purposes) が有用である。また厚生労働省が支援している一般財団法人日本医療教育財団の医療通訳技能認定試験(専門・基礎)も、

医療英語通訳能力の評価に役立つと考えられる。しかし、この2つの試験を知っている同僚は少なく、認知度は低いと予想される。今回、当院の全職員が参加する医学総会で外国人診療がテーマとなり、医学英語に関する講演後、外国人診療に対する職員の意識調査と、日本医学英語検定試験および医療通訳技能認定試験の認知度調査を、アンケート形式で行なった。職種別では看護師が最も外国人患者とのコミュニケーションに関し問題点を感じていた。参加職員218名中、日本医学英語検定試験を知っていたのは8名(4%)、医療通訳技能認定試験を知っていたのは20名(9%)であった。

1 How I mark papers: Shorthand for quick correction of written work

16:30–16:45 Christopher Holmes (ex. Faculty of Medicine, The University of Tokyo 前・東京大学医学部)

Any purely passive approach to acquisition of language skills (merely reading without attempting to construct one's own original sentences, for example, or listening without speaking) is flawed. In every Medical English class I teach, students listen, speak, and read, and in the last 15 minutes, they write something, which I collect, correct, and return to them the next week. They are required to resubmit their writing the following week, revised and typed. In this way they use actively what they would otherwise have learned only passively in the classroom, and they practice both writing in longhand and typing according to English language conventions. This intensive full-spectrum teaching is time consuming, as I have over 100 students during the first trimester, but I do it because

English composition cannot be taught effectively unless students' mistakes are corrected and returned to them and students do something themselves to increase the chances that they will learn from past mistakes in future writing. To facilitate this task for myself and make the process of teaching what students need to know smoother and more effective, I have devised a system consisting of a variety of symbols, both standard and homemade, that I use when marking their papers to identify types of errors. For example, I circle misspelled words; students must learn the correct spelling themselves. The system also bypasses lengthy explanations. In the hope that it may help you, I want to share this time-saving system with you.

2 Move analysis of English medical papers and its application to the writing of papers: In the case of Introduction and Discussion 医学英語論文のMove解析とその論文執筆への応用

16:45–17:00 Takeshi Kawamoto 河本 健,¹ Tatsuya Ishii 石井達也² (Hiroshima University Writing Center 広島大学ライティングセンター,¹Hiroshima University Graduate School of Education 広島大学大学院教育学研究科)

医学英語論文を効率よく執筆するためには、論文を構成する要素やその組み立て方を知ること、およびそれらに類出の英語表現を使って論の展開を行う方法を学ぶことが必要である。そのための情報の多くは、コーパス研究によって抽出できる。そこで本研究では、教育利用を念頭において、Swales J. M.らの報告に準じて医学英語論文のコーパス解析を行った。対象としては、臨床医学系の代表的ジャーナルである*NEJM*, *Lancet*, *BMJ*, *AMJ*の4誌に2013~2014年に掲載された論文のうち、インパクトの高いものをそれぞれ約100編ずつ選択した。各々の論文を、論の展開に基づいて以下の12のパート(Move)に分割してコーパス(データベース)の作成を行った。Move 1: 研究対象の特徴や重要性の提示, Move 2: 論点の絞り込み, Move 3: 本研究の紹介, Move 4: 研究

概略や研究対象の提示, Move 5: 研究の実施方法, Move 6: 統計解析, Move 7: 資金提供者および著者の役割, Move 8: 注目すべき研究結果, Move 9: 副作用や安全面の結果, Move 10: 問題の再提示と研究概略のまとめ, Move 11: 個々の研究結果の検討, Move 12: 結論または研究のまとめ。

コーパスの解析には、AntConc (Anthony, L.)を用いた。各Moveのコーパスでの類出単語を比較し、Moveごとに特徴的な類出単語を抽出した。そこから、単純類出ランキングでも上位であった動詞や名詞を中心とする重要語を選定し、それらの共起検索から重要なフレーズを抽出した。このようなMove分析は、重要フレーズの抽出だけでなく、論文の構成を理解して執筆に応用するためにも有効であろう。

3 Applying an ESP approach to teach the reading of medical research article abstracts ESP的視点による英語医学論文抄録 Reading 授業の実践報告

17:00–17:15 Motoko Asano 浅野元子 (Osaka Medical College 大阪医科大学医学部)

医学論文を読むことは、医学生にとって必須の英語運用能力である。しかし、論文を読むには、難解な専門分野の用語に加えて、専門分野の用語をつなぐ単語やフレーズの意味も習得する必要がある。ESP教育では、コミュニケーションにおける論理展開のパターンである「ムーブ」に従って言語を取り扱うストラテジーを身に付けて、効率的に読み書きができるようになることを目指す。本研究では、ESPの考え方を取り入れて医学論文抄録のムーブおよび各ムーブにおいて読み手に注意喚起する「ヒント表現」を明示的に指導する授業を行い、抄録の論理構成に対する理解を深める上で役立つかどうかを調査した。私立大学に所属する医学部第4学年の学生90名余りを対象に、ESPの考え方を伝え、英語医学研究論文の抄録について1文ごとにムーブとヒント表現を示した教材を読んでもらい、抄録に示された研究についての緒言、方法、結果、考察 (IMRD) を尋ねた。回答は挙手による発言で

得ることとし、発言者には発言チケットと称する券を手渡して、成績への加対象とした。授業外の課題として、英語論文抄録のミニコーパスを構築してもらい、コンコーダンス・ツールを用いて興味のあるヒント表現の使用例をIMRD形式の短いレポートにまとめて提出してもらった。授業の開始前と終了時に、教材とは異なる論文の抄録をムーブに沿って並び替えるクイズを辞書や参考資料なしで行ってもらった。授業の開始前と終了時に正解の学生数は各々47名と87名であり、授業終了時には大半の学生が正解であった。しかし、授業終了時の質問紙調査では、難しかったこととして、授業外の課題を挙げる学生が散見された。ムーブとヒント表現に注目することで抄録の論理展開のパターンに対する理解が促される可能性が示唆されたが、授業外の課題については、はじめに電子的ツールの使い方をより明示的に指導する必要があると考えられた。

4 Student-designed survey on the education of evidence-based medicine

17:15–17:30 Tomoki Hirata 平田智基,¹ Takuya Hanabayashi 花林卓哉,¹ Hiroyuki Oishi 大石紘之,¹ Kazutaka Kajiuira 梶浦知尚,¹ Koushiro Tanamoto 棚本晃士朗,¹ Yukiko Kuru 久留友紀子,¹ Takahiko Yamamori 山森孝彦,¹ Yoshitaka Fukuzawa 福沢嘉孝 (Aichi Medical University School of Medicine 愛知医科大学医学部,¹ Undergraduate 学生)

In 2017, the Ministry of Education, Culture, Sports, Science and Technology revised the Model Core Curriculum for Medical Education, so that every medical university would teach Evidence-based Medicine (EBM). However, comparing the syllabi on university homepages, we received an impression that EBM teaching programs at different universities seemed to vary. In this presentation, we would like to report the results of a survey we conducted on the current status of EBM education at each university from students' viewpoints. By using Google Form, we administered an online questionnaire, to which 286 medical students in nineteen schools responded in total. The survey specifically focused on three areas: 1) current curriculum of EBM in each university, 2) the students' evaluation of EBM education, and 3) their

acquisition of basic EBM skills in reading English journals. Of all the responders, 44% studied EBM in class and only 67% of these students were taught how to read clinical research papers written in English. Still, more than three quarters of all students felt there was a necessity to study EBM in class. Fifty-five percent of the students who had studied EBM said they were able to tell where the research question appeared in the paper. The results of our survey show that EBM education in Japanese medical schools is still in a transition period. This presentation will provide more detailed information about EBM education, and students' motivation and acquisition of EBM skills. As student researchers, we would also like to suggest ways of improving EBM education.

Sunday, July 29

7月29日(日)

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For presentations in English, the titles and abstracts are given in English only.
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日本語で発表される演題は、演題名を英日併記、抄録を日本語で掲載しています。
一方、英語で発表される演題は、演題名・抄録とも英語のみで掲載しています。

Special lecture 2 (特別講演 2)

Medical care support system for the 2020 Tokyo Olympic and Paralympic Games

東京 2020 オリンピック・パラリンピック競技大会における医療体制について

Chair

Isao Date 伊達 勲

(Okayama University Graduate School of Medicine; Chairperson, JASMEE
岡山大学大学院医歯薬学総合研究科・日本医学英語教育学会理事長)

Speaker

Tetsuya Miyamoto 宮本哲也

(The Tokyo Organising Committee of the Olympic and Paralympic Games
東京オリンピック・パラリンピック競技大会組織委員会医療サービス部)

東京 2020 オリンピック・パラリンピック競技大会（東京 2020 大会）は、2020 年 7 月 24 日～8 月 9 日までオリンピックが開催され、8 月 25 日～9 月 6 日までパラリンピックが開催される。東京オリンピック・パラリンピック競技大会組織委員会は、選手その他の大会関係者や観客に向けて医療・救護サービスを提供することとされており、43 カ所に及ぶ競技会場、選手村に開設する診療所、その他の関係施設において、広範な医療活動を展開する予定である。

競技会場においては、選手対象のサービスと、観客対象のサービスを区分して整備することが求められている。選手用の医療サービスでは、選手用医務室、競技区域内 (field of play; FOP) とウォームアップエリアの救急体制が必要である。観客用の医療サービスでは、観客数に応じて、医務室と医師・看護師を準備することとしている。

選手村においては、ポリクリニックとよばれる診療所を開設する。選手・コーチなどの各国選手団は原則として選手村に滞在しており、選手団員が病気や外傷を負った場合、ポリクリニックを受診する。

この他、国際オリンピック委員会や国際パラリンピック委員会の役員などが宿泊するホテルでの医療サービスや、メディア関係者を対象とした医療サービス提供も行うこととしている。

医療・救護サービスの対象者としては、オリンピックにおいて、選手および各国チーム役員など 18,200 人、国際競技団体関係者 2,900 人、メディア関係者 25,800 人、スポンサー関係者 17,100 人等と想定しており、そのほとんどは国外からの来訪と予想される。また、観客については延べ 780 万人と想定しており、海外からの観客も多数に上ると予想される。

また、医療・救護サービスの提供者としては、医師、看護師等の医療資格者の他、大会ボランティアとして、競技会場内で観客の救護を担当する「ファースト・レスポnder」(学

生など、医療資格がない方も含まれる) など、多数の参加を予定している。

このように、東京 2020 大会の医療・救護の現場において、外国人に対応する機会が多いと予想されることから、円滑なコミュニケーションを図るための言語力、なかでも英語力は、たいへん重要である。東京 2020 大会を円滑に実施するため、多くの大会医療・救護サービスの参加者に語学力の向上に努めていただくことが期待される。さらに、東京 2020 大会を契機として、わが国における外国人を対象とした医療サービスの向上も期待される。

宮本哲也 (みやもと・てつや)

公益財団法人 東京オリンピック・パラリンピック競技大会組織委員会 医療サービス部長

1967 年生まれ、鳥取大学医学部卒業。淀川キリスト教病院での臨床研修を経て、(旧)厚生省入省。以降、保健医療行政の各分野に従事。2016 年より現職。

Invited lecture (招待講演)

**Dental education for UK dental students and dentists
who are non-native speakers**

Chair

Omar Rodis

(Institute of Health Biosciences, Tokushima University
徳島大学大学院ヘルスバイオサイエンス研究部)

Speaker

Neil Patel

(Division of Dentistry, The University of Manchester
マンチェスター大学歯学部)

The University of Manchester welcomes more international students than any other University in the United Kingdom. Over 10,000 of our students and a third of our staff are from overseas, representing more than 129 different nationalities. The city of Manchester is similarly culturally diverse, with over 200 languages spoken in the region. With this large international base, implementing support programmes in English to enhance integration of our international staff and students is essential.

International communication, conference presentations, and publication of high impact journals within medicine and dentistry is now largely conducted in English. Current research also suggests a poor grasp of English can hinder medical professionals' efforts to practice evidence-based medicine (Letelier, et al. 2007).

As educators of the future generation of medical and dental professionals, it is essential we equip our students with not only the necessary technical skills, but also the required communication skills to be able to excel both nationally and in the international academic arena.

This presentation will share the experiences of Manchester Dental School in supporting students and staff whose first language is not English.

The presentation will focus on:

- International English Language Testing System (IELTS) examination.
- Experiences of staff and students who are non-native speakers.
- Designing selection processes to test communication skills.
- Enquiry-based learning to support medical English.
- Assessment in medical English and communication.
- Role of the University Language Centre.
- Importance of medical English in evidence-based practice.
- Barriers and solutions for improving medical English and internationalisation.

Neil Patel, BDS (Hons), MSc (Dist), MFDS RCSEd, MJDF RCSEng, MOral Surg, PGCert, FHEA, MDTFEd
Neil is a specialist oral surgeon and clinical lecturer in evidence-based practice for International Dental Education. He is lead for Year 3 at Manchester Dental School and director for international collaborations.

JASMEE now and in the future

Implementation report of the Examination of Proficiency in English for Medical Purposes

日本医学英語検定試験実施報告

Chair

Isao Date 伊達 勲

(Okayama University Graduate School of Medicine; Chairperson, JASMEE
岡山大学大学院医歯薬学総合研究科・日本医学英語教育学会理事長)

Speaker

EPEMP Steering Committee 日本医学英語検定試験制度委員会

Chiharu Ando 安藤千春

(Himeji Dokkyo University School of Nursing 姫路獨協大学看護学部)

2018年1月7日(日)実施のエキスパート級(1級)とプロフェッショナル級(2級),その後6月17日(日)実施の応用級(3級)と基礎級(4級)について概要報告する。受験者数は,1級が4名,2級が5名。そして,筆記試験合格/リスニング試験不合格の準3級受験者が15名,3級が213名,4級が345名であった。

[1] 受験資格と医学英語運用能力レベル

エキスパート級(1級):医学英語教育を行えるレベル(プロフェッショナル級[2級]受験者を指導できるレベル)

プロフェッショナル級(2級):英語での論文執筆・学会発表・討論を行えるレベル(3級取得者に受験資格がある。)

応用級(3級):英語で医療に従事できるレベル(医師・看護師・医療従事者,通訳・翻訳者,等)

基礎級(4級):基礎的な医学英語運用能力を有するレベル(医科大学・医療系大学在学あるいは卒業程度)

[2] 事前提出書類(1級・2級)

受験者が事前に提出する書類は以下の通りである。

- ・事務局で用意した様式1—受験申請書,履歴書,業績リスト(1.英語での論文発表,2.英語での学会発表,3.その他英語・医学英語の研究や教育における実績や業績)に記入の上,提出する。受験申請書は日本語で,履歴書と業績リストは英語で記入する。
- ・口頭発表用資料(300 words以内の抄録),発表原稿,スライド原稿(PowerPoint, KeyNote等)を提出する。

[3] 試験内容

1級は書類審査と30分の面接試験。2級は80分の筆記試験(筆記2問と小論文)と25分のプレゼンテーション試験(10分と質疑応答およびフリートーク15分)である。特に2級に関しては,

1. 英語の論文執筆に準じた自由筆記問題と小論文・エッセー(第6回より)が出題される。解答は自分のPCで作成して提出する。辞書アプリケーション等の使用,インターネットへの接続は許可されていない。
2. 口頭試験の英語プレゼンテーションでは,事前に用意した原稿を読み上げることはできない。PowerPoint, Keynoteなどプレゼンテーションソフトの発表者ツール機能は使用できない。

3級は90分の筆記試験(マークシート方式)と30分間のリスニング試験(マークシート方式),4級は90分の筆記試験(マークシート方式)で行う。

[4] 試験評価法

2級は3名の試験官が担当し,内訳は医療系2名,英語系母語話者1名である。筆記試験は「論旨,構成」と「英語力」の2項目について5段階評価を行った。プレゼンテーション試験では「論旨・構成」,「英語運用能力(文法・構文力)」,「発表技法」,「発表技法(スライド:文字,略語,図,配置,行数,フォント,個人情報保護)」,および「質疑応答(今回より質疑応答の配点に重きが置かれた)」の5項目について5段階評価を行った。

[5] 試験結果・合否判定

合否の判定は直近の理事会で行われる。

Workshop

EMP lesson plans: PechaKucha style presentation

Facilitator

Takayuki Oshimi 押味貴之

(International University of Health and Welfare School of Medicine
国際医療福祉大学医学部)

After the success of the first PechaKucha style workshop in JASMEE 2012, JASMEE 2018 will be hosting its second PechaKucha style workshop for sharing English for Medical Purposes (EMP) lesson plans at 15:10-16:40 on July 29.

For those of you who are new to the PechaKucha style presentation, it is a global presentation phenomenon which was started in Tokyo in 2003 by Dytham and Klein, two architects who trademarked the PechaKucha format. Presentations are 6 minutes and 40 seconds long. According to the PechaKucha creators, “PechaKucha 20x20 is a simple presentation format where you show 20 images, each for 20 seconds.” Speakers must present while the images advance automatically on a timer. The objective of these simple but tight constraints is to keep the presentations brief and focused to give more people a chance to present in a short period of time.

In this workshop, we will invite 12 JASMEE members to give 3 minute 20 second presentations about their own EMP lesson plans. These presentations will consist of 10 slides (not the typical 20 slides) shown for 20 seconds each. After all presentations are finished, there will be a 30-minute floor discussion.

Workshop schedule:

- 15:10-15:20: Introduction
- 15:20-16:10: PechaKucha presentations by 12 speakers
- 16:10-16:40: Floor discussion and Q&A

This creative event promises to be a rewarding experience for all involved, where people can have fun sharing ideas and thoughts about their EMP classroom experiences.

1 Learning experiences and identity development of nursing students through study abroad

9:50–10:05 Jeffrey Huffman, Mami Inoue 井上麻未 (St. Luke's International University 聖路加国際大学)

Study abroad programs are becoming more common in nursing education, often focusing on the development of cultural competence. We conducted a qualitative analysis of the reflection papers of 50 Japanese undergraduate nursing students who participated in 9 study abroad programs in Asia and North America. The findings reveal perceived benefits in the areas of English language proficiency and motivation; knowledge of nursing practices, healthcare systems, and global health; cultural awareness and sensitivity; and various aspects of identity development (second-language identity and motivation, national/ethnic

identity, professional identity, identity as a global citizen, and personal growth). Such experiences are often critical turning points that enhance nursing students' identity formation in the context of multiple and overlapping communities of practice. They also enhance core elements of the educational mission of an internationally-oriented nursing college, particularly relating to liberal arts and internationalization. These findings can inform the development of assessment tools to be used in conjunction with study abroad programs at nursing colleges.

2 Medical electives abroad: Do they contribute to the "globalization" of physicians?

10:05–10:20 Ruri Ashida 芦田ルリ,¹ Kunihiro Fukuda 福田国彦,¹ Susumu Minamisawa 南沢 享,¹ Kimihiko Oishi 大石公彦²
(¹The Jikei University School of Medicine 東京慈恵会医科大学, ²Icahn School of Medicine at Mount Sinai)

Background: As globalization increases, more medical schools in Japan are encouraging students to do elective rotations abroad with the hope that they would become more capable of practicing in the global society. Indeed, on returning to Japan, students seem to be more globally minded as they talk about their experiences abroad. However, whether medical electives abroad truly contribute to fostering global doctors over the long term is unclear.

Summary of work: The Jikei University School of Medicine has been sending 2-4 students to King's College London (KCL) for medical electives every year for more than 35 years. We conducted a survey by sending questionnaires to 79 alumni who had been to KCL (KCL alumni) and 395 alumni who had not been to KCL (non-KCL alumni) to examine the effect of

medical electives abroad on fostering future global physicians.

Results and discussion: We received responses from 36 KCL alumni (45.6%) and 62 non-KCL alumni (15.7%). Though the response rate was very low in the non-KCL alumni group, results showed that more KCL alumni had lived abroad, leaving their comfort zone to make challenges in the world, had made presentations at international conferences, and had published papers in English than the non-KCL alumni. KCL alumni had also collaborated more with researchers abroad.

Conclusion: We found that medical electives abroad contribute to fostering global physicians. Physicians who had done elective rotations abroad were continuing to communicate with and practice in the global society.

3

Setting up for success: A workshop for Japanese medical students in preparation for overseas clinical electives

10:20–10:35 **Kris Siriratsivawong,¹ Michael W. Myers,² Miyuki Hashimoto 橋本みゆき,² Yuka Hiraizumi 平泉由香,² Shizuma Tsuchiya 土屋静馬,¹ Miki Izumi 泉美貴,¹ Yuji Kiuchi 木内祐二,¹ Takashi Miyazaki 宮崎隆²** (¹Showa University School of Medicine 昭和大学医学部, ²International Exchange Center, Showa University 昭和大学国際交流センター)

In order to prepare medical students for their overseas clinical elective, we developed a clinical English workshop that focuses on both the clinical interview and the clinical case presentation. The two-day workshop, which was administered to a total of 19 fifth-year Japanese medical students, was divided into four phases: an (1) interactive lecture, (2) role-play, (3) clinical interview with Standardized Patients (SP's), and (4) clinical case presentation. During day one of the workshop, the lecture, taught by a U.S. physician, introduced students to questions and phrases used during clinical history-taking, along with common patient responses. It also emphasized the principles of the clinical case presentation and clinical reasoning. The students then practiced the clinical interview with their fellow classmates via role-play. On the second day

of the workshop, the students had an opportunity to conduct two separate clinical interviews with English-speaking SP's. During the one-on-one SP interview, other students were able to observe in the same room, which promoted learning. Based on the interview, the students were then tasked with presenting the clinical case to a U.S. board-certified physician, who gave direct and immediate feedback to the students. This was meant to simulate the students' clinical environment, where they would have to present their patient's clinical history in an orderly fashion to their supervising attending in English. We propose that such a workshop modeled after ours would be a valuable introductory course in clinical English, which would be immensely beneficial for all Japanese medical students going overseas for clinical training.

4

Study abroad program for first-year students at Japanese comprehensive medical university

10:35–10:50 **Michael W. Myers,¹ Yuka Hiraizumi 平泉由香,¹ Miyuki Hashimoto 橋本みゆき,¹ Norimitsu Kurata 倉田知光,² Takashi Miyazaki 宮崎隆¹** (¹International Exchange Center, Showa University 昭和大学国際交流センター, ²Faculty of Arts and Sciences at Fujiyoshida, Showa University 昭和大学富士吉田教育部)

Japanese students have become increasingly interested in studying abroad, but incorporating this educational component into the existing curriculum can be difficult for specialized universities, such as medical-related schools. This presentation describes a four-week study abroad program that our university developed with a United States university for 1st-year students in the schools of medicine, dentistry, pharmacy, and nursing and rehabilitation sciences. This program focuses on: 1) global communication, 2) international culture exposure, and 3) comparison of healthcare systems. Activities include ESL classes in the morning, culture-related activities/sightseeing, and medical-related tours/activities (such as visits to local medical settings

and medical-related lectures). Students spend half of the time with a host family for an enhanced immersion experience. Since 2007, over 240 students have participated in this program. Feedback from students indicates that the main reasons for participating in this program were to improve English skills, for self-development/growth, and to learn about foreign culture. Main worries were language skill, homestay, and living abroad in general. We discuss challenges and insights in running this program for the past 11 years, and future plans to examine how this program contributes to the development of our students in their respective fields.

1 Teaching medical anthropology to future physicians: Content-based EMP for cultural competence, critical thinking, and cosmopolitanism

14:20–14:35 **Donald Wood** (Akita University Graduate School of Medicine 秋田大学大学院医学系研究科)

Since 2012, one-half of the second term English for Medical Purposes (EMP) course for first-year medical students at Akita University has consisted of an Introduction to Medical Anthropology sub-course. This represents a major step in the ongoing effort to improve the mandatory English courses for the university's medical students by making these more relevant to their future careers, more inspiring, and more challenging. The main message of the sub-course is that human disease, health, and healing can never be separated from culture, as these are always cultural. The primary objective of the sub-course, to quote the syllabus, 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 progress from a general consideration of anthropology and the culture

concept (including ethnocentrism and cultural relativism) to more focused coverage of medical anthropology, health, disease, and healing in different cultures, conditions in particular societies, development, applied medical anthropology, contemporary biomedicine, and finally to caring for patients from different cultures. Video materials are used, and reading assignments are given. This presentation outlines the sub-course and examines the effects of this content-based educational approach on the students. It affirms the value of content-based EMP, and specifically of studying medical anthropology, for future physicians. It also asserts that studying medical anthropology in English can boost medical students' motivation and help them to become better doctors—and physicians of the world—in the future.

2 A course for cross-cultural competence

14:35–14:50 **Najma Janjua** (Kagawa Prefectural University of Health Sciences 香川県立保健医療大学)

In the present day world, human societies are becoming increasingly diverse ethnically. In such a world, healthcare professionals need to acquire cross-cultural competence, that is, the ability to provide safe and effective care regardless of the ethnic backgrounds of the populations they serve. However, in countries like Japan where both in and outside the classroom there is ethnic homogeneity, students are largely unprepared to work in a multiethnic setting. A recent study where a Japanese nursing student after attending classes with a group of Canadian students for the first time reflects that “Canadians are a lot of skin color, but we are same skin color,” is just one example showing the need to familiarize Japanese students in healthcare disciplines with diversity in their profession. This presentation introduces a medical English course

aimed at nurturing students with the ability to function in a multiethnic workplace. Examples include real-life cases featuring patients and families from diverse ethnic backgrounds such as English, Japanese, Russian, and Spanish. As one example, while ethnic backgrounds of a Russian and a Japanese family battling with terminal cancer are different, the two are quite similar when it comes to the needs for caring and coping with the loss of a loved one. The presenter shares the course materials and describes pedagogical approaches for their implementation in the classroom. The course underscores to the role of medical English education in Japan in raising healthcare professionals who are culturally competent and can work in harmony in an ethnically diverse world.

1 Learn dental English

12:10–12:20 **Kyoko Matsuo** 松尾恭子,¹**Terumi Yamazaki** 山崎てるみ,¹**Akira Hamura** 羽村 章,²**Tomomi Yokoyama** 横山知美,²**Norihiro Tsunoda** 角田 憲祐¹ (¹The Nippon Dental University Hospital 日本歯科大学附属病院, ²The Nippon Dental University School of Life Dentistry at Tokyo 日本歯科大学生命歯学部)

At Nippon Dental University Hospital, training for human resources to effectively communicate in English with foreign patients who do not understand Japanese is needed immediately. We report on the progress and perspective of English workshops. Cooperation was obtained from Our Foreign Neighbors We Care (We care), a non-profit organization conducting workshops on medical interpretation. Interested staff members could participate in the workshops, which had already been held twice before as trials in 2017. We conducted a survey after each workshop to improve the five upcoming workshops in 2018. Dental hygienists comprised the largest number of all the participating staff members. We conducted

role-play sessions to practice speaking English in the Initial workshops, and the contents were basic questions that were expected to be used in everyday hospital conversations. According to the post-workshop survey of the participants, we found that the most troubling situation was answering phone calls, and the participants had realized the necessity of practicing it. Due to the participants' concerns, we focused on answering phone calls in the second workshop. The hospital needs reliable human resources who can play an active part in interpretation. Therefore, we are planning to raise the level of the programs to include learning specialized contents for actual dental treatment throughout the five workshops in 2018.

2 Medical English education for radiological technologists 診療放射線技師向け医療英語教育の取り組み

12:20–12:30 **Chiemi Still Yoshida** 吉田智美,¹**Yuka Matsuura** 松浦由佳,²**Kentaro Sakata** 坂田健太郎³ (¹Butsuryo College of Osaka 大阪物療大学, ²Tokyo Women's Medical University–Waseda University Joint Institution for Advanced Biomedical Sciences 東京女子医科大学・早稲田大学共同大学院, ³The University of Tokyo Hospital 東京大学医学部附属病院)

近年、在日・訪日外国語話者数の増加に伴い、各種医療機関における英語による患者対応の需要が増えている。その数は各診療科により偏りがあるものと考えられるが、全診療科からの患者を受け入れる検査部門では、その増加は著しい。特に画像診断検査においては、患者との意思疎通が検査自体の質を左右することから、英語対応力の強化を望む声は大きい。今回我々は、多文化共生および地球規模で活躍できる医療人の育成を目的とし、新たな研究会を発足、診療放射線技術分野に特化した医療英語の教育を開始した。当研究会ではまず、多くの診療放射線技師が英語に対する強い苦手意識を抱えていることに着目した。そこで本ワークショップでは、専門医療英語に先立ち、発音の基礎となる Phonics の習得から始め、発音記号、クリアスピーチへと進むカリキュラムを設定した。なお、医療に用いられる単語を例として扱うことにより、基礎分野における教育の時点より専門性の高さ

を確保し、また専門分野の英語教育についてはより日常業務に近い例文を用いることで、受講者のモチベーションの向上に努めた。本カリキュラムでは、現役の診療放射線技師が学生時分に教育を受けていない分野から講義を始めることで、英語の基礎を再学習することへの抵抗を抑え、同時に苦手意識を払拭し、さらには発話練習への積極的な参加を促す効果を得られた。また、基礎力の向上により、専門領域の医療英語の上達を加速することができた。現在、隔月の週末半日開催とすることで継続学習を可能としているものの、開催地の制約により、主に首都圏在住の勤務の診療放射線技師を対象に限られてしまうことが問題点として挙げられる。今後は、国内各地での開催やICTを用いた遠隔講義等、より多くの受講希望者に本プログラムを提供できるような体制の整備、及びレベル別プログラムやモダリティ別プログラムの提供等、教育の充実を図りたいと考える。

3 The role of medical interpreters in Sapporo 札幌英語医療通訳グループの役割

12:30–12:40 Saori Kitama 北間砂織 (Hokkaido University School of Pharmacy 北海道大学薬学部)

札幌英語医療通訳グループ (Sapporo English Medical Interpreters' Group; SEMI) は2009年4月に13名の有志により設立された任意団体である。医療機関受診の際にことばが障壁となっていたが、医療機関も外国人患者も通訳のために費用を負担することができず、問題が解決されずにいたため、まずはボランティアで活動を始めた。医療通訳者が入ることで診察がスムーズになり、ことばだけではなく医療通訳者は文化や習慣の違いを理解するための架け橋にもなることを理解してもらうことを目指した。週に一度3時間の勉強会を開催し、英語・医学知識・通訳スキル・倫理規定などについて学んでいる。その結果、外国人の出産が多い病院が、産婦人科に限るも

の医療通訳者をパート職員として雇用するようになった。患者は北海道大学の留学生と研究者およびその家族が中心で、国別のコミュニティで募金を集めて寄付を行うケースも何度もあった。また、北海道大学が大学関係者のための通訳に対して謝金を払うようになり、この金額は他団体が医療通訳者に支払う金額よりも高い。病院として通訳のために費用を払う予算を計上できなくても、外国人患者への対応が必要であるとの考えより、臨床研修の一部として医療英会話を学ぶ機会を設けてSEMI通訳者が講師を務めるようになった。本発表では、特に病院と医療通訳者双方に利点の多い臨床研修医向けの英語学習について紹介する。

4 Nurses' and doctors' approaches to medical English conversation at Shikoku Central Hospital

12:40–12:50 Miho Ishikawa 石川美穂, Hiroki Wake 和家裕樹 (Giovanni English School 英語教育のジョバンニ株式会社)

Background and purposes: Shikoku Central Hospital, Ehime offered free medical English conversation (MEC) classes for its nurses and doctors biweekly for 6 months. The purposes of this study were to research their approaches to MEC and to consider their problems and improvement plans from the viewpoints of medical English education.

Materials and methods: The nurses mainly learned basic expressions by role playing in a history taking section of their textbooks. The doctors' class had an examining foreign outpatients section as well as a section on making presentations at international medical conferences. They learned basic expressions through role playing and using listening materials.

Results: The nurses' class observed a gradual decrease in the number of attendees for a couple of

reasons. Moreover, they had some problems in using interpretation apps to talk to foreign patients. On the other hand, the doctors' class kept high motivation in all areas and had successful completion. However, the doctors' class had low residents' attendance and little demand for the presentation section.

Conclusions: The following are the considerations and improvement plans. For the nurses: 1) increasing their opportunities to attend MEC lessons, 2) improving their basic English skills, and 3) raising their motivation to study MEC. For the doctors: 1) reinforcing their listening skills, 2) improving their speaking skills with the help of English-speaking "patients", and 3) inviting young doctors and residents to MEC lessons.

5 Introducing JANET – The Japan Association for Nursing English Teaching

12:50–13:00 **Simon Capper**,¹ **Mathew Porter**² (¹Japanese Red Cross Hiroshima College of Nursing 日本赤十字広島看護大学, ²Fukuoka Jo Gakuin Nursing University 福岡女学院看護大学)

In recent years, Japan has experienced considerable growth in the field of nursing education, and at the tertiary level, almost all nursing colleges and universities now include English in their curriculum. This has given rise to a growing number of teachers who aim to address the needs of nursing English learners, but who often lack experience in teaching nursing English, or have to operate largely in isolation, without professional support, unable to enjoy the benefits of collaboration. To this end, the presenters established JANET 全国看護英語教育学会 (The Japan Association for Nursing English Teaching). While

JASMEE provides an excellent forum for the needs of medical English educators, the founders of JANET felt that there was also space for a non-fee-based organization that could provide support specifically for teachers of nursing English. This presentation outlines the progress that JANET has made since its inception in 2016, and introduces some of its plans for future directions. JANET is keen to work closely with JASMEE, and invites participants to share their suggestions as to how JANET might continue to grow in the future.

1

Development of e-learning strategies for Japanese medical students to meet current clinical English needs 医療現場のグローバル化に対応した e-learning 英語学習教材の提案：日本の医学部学生のニーズを考慮して

12:10–12:20 Masumi Nishimura 西村眞澄,¹ Sako Ikegami 池上小湖² (¹Okayama University 岡山大学, ²Sakotrans Medical)

本発表では、日本の医学部生のニーズを反映した独自の英語 e-learning 学習法の開発を目的に、発表者が作成した教材を紹介し、その教育的効果と今後の改善点について考察を加える。発表ではまず、日本の各大学医学部大学のシラバスをもとに、日本の医学部での英語教育の実情についての調査結果を報告する。引き続き、医療現場での英語コミュニケーション教育の改善を目的に実施した実験(英語模擬講義)を取り上げ、実験から浮かび上がった医学部生および英語教材・教授法の問題点についてまとめる。この模擬講義は、翻訳論を援用したコミュニケーションモデルに基づいた授業案に沿って実施され、対象は国公立大学医学部学生および私立大学医学部に所属する医師および学生である。以上の先行研究を踏まえ、発表者は新たに e-learning プログラム教材サンプルを作成し、医学部学生を対象に、新たに実験を行う予定であり、本発表ではその結果を報告する予定である。実験で

は、学生の医学習得内容に合わせて作成した、呼吸器系のサンプル問題を使用する。以下に実験で用いる教材およびその手順を示す。

- 1 オンライン教材を用いた medical terminology の問題演習
- 2 英語で翻訳した国家試験問題を使った演習
- 3 オンライン医学英語から問題演習を行い、その後、類似問題への応用が利くかどうかを採点し、その成果を検討する。
- 4 オンラインプログラムのグラフや計算式の説明のプレゼンを見ることで、実際に学生のプレゼンを通して、グラフや計算式の英語説明を経験してもらい、今後活用できるよう指導する。

この実験結果を踏まえ、今後はさらに、プログラムの充実を図り、まずは、人体全体の各組織系について、完成を目指す。

2

Development of teaching materials for medical English using virtual reality tools and communication robots 医学英語教材の新たな形の作成と試用：VRとコミュニケーションロボットを活用した教材の検討

12:20–12:30 Yoko Sakamoto 坂本洋子, Nobuhiro Sakata 坂田信裕 (Dokkyo Medical University 獨協医科大学)

医学英語教材の新たな形として、virtual reality (VR) と人型コミュニケーションロボット(人型ロボット)を活用したコンテンツを作成している。今回、そのコンテンツの授業や自習での試用について報告を行う。VRは、ヘッドマウントディスプレイ(HMD)を装着し、全方向に表示される映像を見られることから、場所や空間を超えた疑似体験が可能である。また、人型ロボットは、人との会話よりも不安感が少ない環境で、会話の練習を繰り返して行うことが可能である。これらの2つを用いることで、より深い学びに繋げる教材を作成することができないかと考えている。VRを用いたコンテンツ作成では、360度カメラを用い、医学部海外研修の引率教員の協力を得て、フィリピン、ドイツ、米国の講義や病院内を撮影し、VR動画とした。これらはHMDを使用した自習を行うことで、研修学生の準備教育としての英語力向上や、

研修をより具体的に事前を知ることで、海外研修への不安の軽減に繋がる可能性を考えている。またVR動画は教室でスクリーンに映しての利用も可能であり、多人数の授業でも、その様子を見せることが可能と考える。また、他のVRコンテンツとして、手術室の様子を撮影し、VR動画の試作を行った。手術室の動画では、手術室設備、器具、解剖学に関する英単語を学ぶことが可能である。また、ダヴィンチ(手術支援ロボット)による手術など新しい機器なども紹介でき、とくに医学部の低学年時には、実際に手術室に入る機会は少ないことから、実際の臨床現場を疑似体験しながら、英単語や英語表現を学ぶことが可能であると考えられる。どちらの教材も、一通りVR動画を視聴することと、要点である英単語や関連表現を人型ロボットのコンテンツで、繰り返し単語等を学ぶことが可能とすることを考えている。

3 Building vocabulary-rich teaching materials through dialogue with a neurosurgeon

12:30–12:40 **Walter Davies** (The Institute for Foreign Language Research and Education, Hiroshima University 広島大学外国語教育研究センター)

In this presentation, I discuss the process of developing a unit of teaching material that incorporates key vocabulary relating to neurosurgery/neurology. The use of a Learning Management System (LMS) has offered us the opportunity to extend learning materials for students through online self-study. A key aim for the materials is to build students' vocabulary through contextualized tasks. In this research the way to identify key vocabulary has been through communication with a neurosurgeon. The first step was the construction of a word list, primarily from three sources Structure and Function of the Body, our research group's pedagogic materials on the nervous system, and a medical brochure, Basic sets of neurosurgical instruments. The word list was used as a starting point for a set of three interviews on

neurosurgery and treatments. In the first interview, the categorization of words discussed along with major omissions, leading to additions to the word list, particularly in relation to physiology. In the second meeting the neurosurgeon explained how the field of neurosurgery can be conceptually organized. In the third meeting, the neurosurgeon explained a surgical procedure: the clipping of an aneurysm. Based on the interviews, with the aid of the neurosurgeon, a section on treatments was designed to extend our existing unit of materials and expose students to high value words. For example, the original materials used the general terms malignant tumor and benign tumor. The section on treatments has been used to extend the vocabulary to glioma, medulloblastoma, meningioma, nerve sheath tumor, pituitary adenoma, and angioma.

4 The neurosurgery/neurology component of a general medical word list

12:40–12:50 **Simon Fraser** (The Institute for Foreign Language Research and Education, Hiroshima University 広島大学外国語教育研究センター)

At Hiroshima University, a main aim of our medical English research is to produce a core medical English word list for undergraduates. This list is emerging through the construction of pedagogic units of material based on body systems. Our first complete unit, covering the neurosurgery/neurology component, has been constructed with vocabulary learning in mind, and has a glossary of words attached. In this presentation, I examine the words and word parts in the component, along with their interrelationships, and show how the findings are informing the content of the materials. I consider the neurosurgery/neurology terms from the perspective of *fully technical*, *lay-technical*, and *cryptotechnical* categories. Fully technical terms are rarely found outside the subject area. Many

of them are multiword units (*anterior cerebral artery*), compound terms (*hemiparesis*), or a mixture of both (*anaplastic astrocytoma*). Lay-technical terms are those likely to be familiar to the L1 non-specialist (*limp*), but might not be known to the L2 learner. The third group of cryptotechnical terms contains words that ostensibly have clear everyday meanings, but take on new senses in a medical context (*progressive* as in *progressive hemiparesis*, or *reflect* as in "The skin is reflected."). I also address the issue of word families (*digestion*, *digestive*, *digest*), and how such families may be presented in a list. Finally, I discuss how pedagogic tasks can be designed and used to sensitize students to the different terms and word parts in order to consolidate their vocabulary.

5

Welcome to the Chiyoda-ward in Japan. Dental consultation with OMOTENASHI using a multilingual support visual description tool

12:50–13:00 Terumi Yamazaki 山崎てるみ,¹ Akira Hamura 羽村 章² (¹The Nippon Dental University Hospital 日本歯科大学附属病院, ²The Nippon Dental University School of Life Dentistry at Tokyo 日本歯科大学生命歯学部)

Our Dental University Hospital is located in the center of Tokyo, and the number of non-Japanese speaking patients has been increasing. The 2020 Tokyo Olympics will increase this number further. It is necessary to treat them; however, there are no proper items to aid us because we lack appropriate communication tools, and dentistry textbooks rarely focus on communication with foreign patients. This study aims to develop a multilingual visual description tablet application in order to promote mutual comprehension during dental situations. This study was aided by a Chiyoda-gaku grant, and some of our pediatric dentistry colleagues have collaborated with us in completing it. The progress report of our study is as follows. The contents of patients' information and the medical and dental questionnaires, which were all

written in English and Chinese, were improved and adjusted based on a check-box system with Japanese subtitles to help dental staff understand their foreign patients. Some improvements were made to the consent forms in order to avoid causing legal trouble to the patients. These forms were treated as mandatory requirements before starting dental treatment sessions. Various dental situations were chosen, and appropriate descriptions in three languages were placed next to each scene. We will be developing our study, beginning with creating illustrations of our chosen dental scenes and adding descriptions to each drawing. Our final goal is to improve the multilingual visual description tool on tablet so that it will be easy to use in clinical dental situations.

The 14th Kenichi Uemura award ceremony 第14回植村研一賞授賞式

Awardee: James Thomas

James Thomas is a physician and full-time lecturer at the Medical Education Center, Keio University School of Medicine. He graduated from The University of Leeds and worked in general medicine and primary care in Sheffield, UK. He moved to Japan in 2012 and now devotes his time to clinical medicine, education, and research. He has written two books on medical communication and worked as a reviewer for the British Medical Journal Publishing Group. He has been invited to speak at various hospitals and medical schools within Japan and is currently completing a master's degree in clinical education with The University of Edinburgh. His research interests include clinical communication, healthcare simulation, and student assessment and evaluation.



How can we use students more effectively as simulated patients in medical education and training?

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

The use of simulated patients can be hugely beneficial for training medical students in doctor-patient encounters. The effective use of role-plays and simulation can help students improve their English language proficiency, verbal and non-verbal communication skills, and clinical reasoning skills in a safe learning environment; it also helps them develop empathy. Using native English-speaking simulated patients (SPs) when training students has many advantages, but it can also involve problems such as SP availability, financial costs, and logistical challenges. Using students as SPs allows some of these problems to be avoided whilst at the same time increasing the students' ability to

empathise with the patients they portray and providing them with opportunities to critique their peers' performance as doctors. Keio University School of Medicine, like many other institutions in Japan, utilises doctor-patient role-plays in medical English classes for pre-clinical students, in addition to training fifth-year students who go overseas for clinical elective placements. This presentation will outline some of the strategies we use to train students to act as SPs, and the ways in which these strategies are integrated throughout the curriculum. The potential benefits and limitations of using students as SPs will also be examined in detail.

Past academic meetings

日本医学英語教育学会 学術集会一覧

回	会長	開催期日	開催会場
第1回	植村研一	1998年7月11, 12日	アクトシティ浜松コンgresセンター
第2回	小林充尚	1999年8月9, 10日	日本教育会館
第3回	平松慶博	2000年7月8, 9日	こまばエミナース
第4回	大木俊夫	2001年8月4, 5日	こまばエミナース
第5回	清水雅子	2002年8月3, 4日	川崎医療福祉大学
第6回	小林茂昭	2003年7月12, 13日	こまばエミナース
第7回	大野典也	2004年7月10, 11日	東京慈恵会医科大学
第8回	西澤 茂	2005年7月9, 10日	こまばエミナース
第9回	大瀧祥子	2006年7月15, 16日	ウェルシティ金沢 (石川厚生年金会館)
第10回	大石 実	2007年7月14, 15日	メトロポリタンプラザ
第11回	佐地 勉	2008年7月12, 13日	笹川記念会館
第12回	亀田政則	2009年7月18, 19日	福島県立医科大学
第13回	菱田治子	2010年7月3, 4日	聖路加看護大学
第14回	吉岡俊正	2011年7月9, 10日	東京女子医科大学
第15回	安藤千春	2012年7月21, 22日	ホテルグランドヒル市ヶ谷
第16回	伊藤昌徳	2013年7月20, 21日	東京ベイ舞浜ホテルクラブリゾート
第17回	西村月満	2014年7月19, 20日	東京ガーデンパレス
第18回	伊達 勲	2015年7月18, 19日	岡山コンベンションセンター
第19回	Timothy D. Minton	2016年7月16, 17日	慶應義塾大学 日吉キャンパス
第20回	福沢嘉孝	2017年7月22, 23日	オルクドール・サロン
第21回	影山幾男	2018年7月28, 29日	日本歯科大学生命歯学部
第22回	五十嵐裕章	2019年8月3, 4日 (予定)	中野サンプラザ (予定)
第23回	高田 淳	2020年	高知市内 (予定)

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