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Medical English Education

The 22nd JASMEE Academic Meeting Program and abstracts 第22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, August 3 & Sunday, August 4, 2019 2019年8月3日(土) · 4日(日)

President 会長

Hiroaki Igarashi 五十嵐 裕章

Kawakita General Hospital 河北総合病院

Venue 会場

Nakano Sunplaza, Tokyo 中野サンプラザ

4-1-1 Nakano, Nakano-ku, Tokyo 164-8512 〒164-8512 東京都中野区中野4-1-1



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The Japan Society for Medical English Education

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The official journal of the Japan Society for Medical English Education

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Greetings from the President

Dear friends and colleagues,

It is a great honor and pleasure for me to serve as President of the 22nd JASMEE Academic Meeting, which will be held on August 3rd and 4th, 2019. I would like to extend a very warm welcome to all of you. At the same time, I would also like to thank all those who have helped and supported me in making the arrangements for this Meeting, including previous JASMEE Academic Meeting Presidents, the JASMEE Secretariat, and my colleagues at Kawakita General Hospital, where I have been working in the Section of Internal Medicine since 2007. My hospital will be celebrating its 100th anniversary in 2028, and in the 92 years since it was founded, it has grown from a small 30-bed hospital to



being the largest hospital in Suginami Ward. Kawakita General Hospital is honored to have played a role in organizing this Meeting.

The venue for this year's Meeting is Nakano Sunplaza. This is very close to JR Nakano Station on the Chuo Line, which is only four minutes' ride from JR Shinjuku Station, one of the most accessible places in Tokyo. I myself was born and grew up in the neighborhood of Nakano Sunplaza, and I remember, at the age of 20, being on stage as the chairperson of a discussion event in Nakano Sunplaza Hall. As you probably know, there are many good restaurants and interesting shops near Nakano Station. I hope that you will enjoy the food, shopping, and atmosphere of Nakano!

The main theme of this year's Meeting is "Towards More Practical Medical English – Tokyo 2020 is coming!" Practical English skills will become all the more necessary, because a large number of foreign visitors are expected to come to Japan for the Tokyo Olympic Games in 2020, and for EXPO 2025 in Osaka, too. We have received 35 presentation abstracts on various topics for the Meeting, and we are grateful to those who submitted them. We also have three exceptional invited speakers. The first is Dr. Hirobumi Kawakita, who is the Chief Director of the Kawakita Medical Foundation, Chair of the Japan Council for Quality Health Care, and the Honorary President of the Tokyo Metropolitan Hospitals Association. He will give a lecture entitled "How I learned the difference between healthcare and medicine". The second speaker is Dr. Rikuo Machinami, Professor Emeritus of the University of Tokyo and Director of Pathology at Kawakita General Hospital, who will talk about his struggle to acquire medical English proficiency as a pathologist. The third speaker is Dr. Gautam A. Deshpande, Professor of General Internal Medicine and Vice Chief of the Department of International Healthcare at Juntendo University, who will give us a lecture entitled "Less classroom, more clinic: Redesigning curricula to incorporate medical English into medical practice". I hope attendees will not miss the opportunity to hear these attractive lectures.

On August 3rd, we have arranged an evening banquet in Nakano Sunplaza, where you will be able to enjoy a Japanese-Western-style dinner with a variety of drinks. We hope you will take the opportunity to exchange opinions and get to know other attendees.

I believe that the 22nd JASMEE Academic Meeting will continue our tradition as a congress where English teachers and medical doctors can gather for interdisciplinary discussions, and where the sharing of invaluable insights and experiences will serve to enrich our quest to provide the best practice in medical English education in Japan. I am afraid that Tokyo is awfully hot and muggy at the beginning of August, but I hope you will enjoy hot discussions in the cool air-conditioned conference rooms at Nakano "Sun"plaza!

I am looking forward to seeing all of you at Nakano Sunplaza this August. Tokyo 2020 is just around the corner!

Hiroaki Igarashi, MD

Section of Internal Medicine, Kawakita General Hospital President of the 22nd JASMEE Academic Meeting

会長挨拶

この度第22回日本医学英語教育学会学術集会会長を、2019年8月3日から4日の会期で務めさせて頂きます河北総合病院内科の五十嵐裕章でございます。今回で22回目を数える伝統あるこの学会の会長を仰せつかり、大変光栄であると同時に、非常に身の引きしまる思いです。今回は東京都中野区にある、アクセスの良い中野サンプラザでの開催といたしました。

医学英語は医療人すべてに重要な communication tool であり、医療系大学のみならず一般病院、診療所に勤務する者にとってもその習得は極めて意義のあることと考えており、小生が幹事を仰せつかった縁で、河北総合病院でも今後医学英語学習熱が起こることと思います。

さて、社会医療法人河北医療財団河北総合病院は杉並区の現在の場所に 1928 年に創立され、当初は内科と小児科計 30 床の小さな病院でした。その後一貫して地域医療に



貢献することを旨として発展, 現在は杉並区最大の 407 床, 27 の診療科を有し, 毎日 1,200 人以上の外来患者を受け入れる病院になっています。当院には毎年 11 人の初期研修医が入職し, 若い人材にあふれ非常に活気のある病院であり, また救急車の受け入れ数は年間 7,000 台を越え, これは東京都でも有数の受け入れ数であり, 常に忙しい病院でもあります。2028 年には創立 100 周年を迎える我々の河北総合病院が, 今回 1998 年第1回以来の伝統あるJASMEE の学会開催に協力できることは, 職員一同非常に光栄なことと存じております。

今回の学会場は杉並区の隣の中野区にある中野サンプラザを選んだわけですが、私自身も中野区出身で、家はサンプラザから徒歩20分程度のところにありました。私にとって中野駅周辺は、特にブロードウェイを中心に、子供の頃よく遊びに来たところであり、成人式ではサンプラザの舞台に上がった懐かしい記憶があります。この会場はJR中野駅の目の前にあり、中野駅は新宿駅から中央線でわずか4分と至近の距離にありアクセス抜群です。付近には無数の多種類のレストランや気さくな店が立ち並び、来る人を飽きさせません。学会に参加される先生方もぜひいろいろな店を覗いて楽しんでみて下さい。

今回は学術集会のメインテーマを「Towards More Practical Medical English-Tokyo 2020 is coming!」に設定いたしました。来年に開催される東京オリンピックでは多くの外国人客の来日が予想され、医療界でも外国人対応が緊急の課題になっています。さらには 2025 年には大阪で万国博覧会の開催も決定しました。そこでは communication tool としての医学英語が重要なことは言を俟ちません。医学英語が東京・大阪のみならず日本中で、外国からの訪問客相手に重要な役割を果たすことと思います。このメインテーマのもと今回も 35 の演題応募をいただきました。ご応募いただいた先生方には厚く御礼申し上げます。

今回の学会では、3つの招待講演を企画いたしました。ひとつは当河北医療財団理事長、日本医療機能評価機構理事長、東京都病院協会名誉会長の河北博文先生に「How I learned the difference between healthcare and medicine」というタイトルで、若い時に医療についての考えの転機になったエピソードを中心に講演をしていただきます。また、東京大学名誉教授の町並陸生当病院病理診断科部長がロンドン留学時代の医学英語との邂逅について、さらにアメリカ大使館付医師として来日、聖路加国際大学・病院で医学英語を教授、現在は順天堂大学総合診療科教授、国際診療部副部長として臨床にも携わっておられる Gautam A. Deshpande 先生には「Less classroom, more clinic: Redesigning curricula to incorporate medical English into medical practice」という演題で実践的な内容をご講演いただく予定です。

3日夜は同じサンプラザ内で懇親会を予定しております。和洋折衷料理と多くの種類の free drink をお楽しみいただきたいと思います。また懇親会を参加者の皆さんの交流や意見交換の場にしていただければ幸甚です。是非足をお運びいただきたく存じます。

8月上旬の東京は、湿度も高く蒸し暑いことが予想されますが、冷房の効いた会場で熱い発表と討論をして有意義な会にして頂ければと思います。

今回の学術集会は、英語教師と医師が一同に集い開催されるという JASMEE の伝統を受け継ぎ、医学英語教育の 実践やさらなる発展に寄与するものと確信しております。そのためには参加者の先生方のご協力が最も重要であることは言を俟ちません。JASMEE 会員の皆様、医学英語(教育)に興味のある皆様のご参加を心よりお待ちしております。Tokyo 2020 は目前です!

> 第 22 回日本医学英語教育学会学術集会 会長 **五十嵐 裕章** (河北総合病院 内科)

General information ご案内

Dates 会期

Saturday, August 3 & Sunday, August 4, 2019 2019年8月3日(土) · 4日(日)

Venue 会場

Nakano Sunplaza, Tokyo

4-1-1 Nakano, Nakano-ku, Tokyo 164-8512

http://www.sunplaza.jp

https://jasmee.jp/22nd-academic-meeting-2019-8-3-4/

中野サンプラザ

〒164-8512 東京都中野区中野4-1-1

Registration 受付

・All participants should register on arrival at the registration desk on the 14th floor of Nakano Sunplaza. 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,すべて中野サンプラザ14階の「受付」で行います。

・The registration desk will open at 8:45 a.m. on both days. 受付開始時刻は両日ともに午前8時45分です。

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 2019 is 10,000 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). 2019年度の年会費は10,000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。

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.
 会期中、展示会場ではコーヒーサービス(無料)がございます。

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, August 2, 16:00-18:00 8月2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, August 2, 18:00-20:00 8月2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	Sunday, August 4, 9:00-9:30 8月4日(日)9:00-9:30	Presentation room 発表会場(中野サンプラザ14階 クレセントルーム)
General assembly 会員報告会	Sunday, August 4, 9:30-10:00 8月4日(日)9:30-10:00	Presentation room 発表会場(中野サンプラザ14階 クレセントルーム)
ICT subcommittee meeting ICT小委員会	Saturday, August 3, 12:30-13:00 8月3日(土)12:30-13:00	Meeting room 会議室(中野サンプラザ6階バ ードルーム)

Reception 懇親会

· A reception will be held on at the 15th floor of Nakano Sunplaza, starting at 18:00 on Saturday, August 3. The attendance fee is 6,000 yen (payable in advance at the reception desk).

懇親会は8月3日(土)の18:00より、中野サンプラザ15階エトワール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., Nellies, Medical View and Language One Corporation) in the lobby on the 14th floor.

(株)アルク、(株)ネリーズ、(株)メジカルビュー社、ランゲージワン(株)から協賛をいただき開催しております。 会期中は、14階ロビーを展示会場として、協賛各社の展示を行います。ぜひお立ち寄りください。

The 23rd JASMEE Academic Meeting, 2020 第23回日本医学英語教育学会 学術集会のご案内

・Dates: Saturday, June 27 & Sunday, June 28, 2020 会期: 2020年6月27・28日(土・日)
・Venue: Kochi Prefectural Culture Hall 会場: 高知県立県民文化ホール

4-3-30 Honmachi, Kochi-shi, Kochi 780-0870 (〒780-0870 高知県高知市本町4-3-30)

· President: Jun Takata (Kochi Medical School, Kochi University) 会長: 高田 淳(高知大学医学部)

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 computer are requested to bring 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. No copy machine is available at the venue.
- (5) The secretariat should be notified by Friday, July 5 if a speaker wishes to cancel his/her presentation (email: jasmee@medicalview.co.jp, phone: 03-5228-2274).
- (6) Cancellations on the day should be announced to the reception desk staff at least 1 hour before the presentation is due to begin.

Members of the audience who wish to ask questions during the 5-minute question time are requested to stand at the microphones placed in the aisles. Those selected by the chairperson should give their name and affiliation before asking their question. Questions should be short and to the point.

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(時間厳守でお願いします)。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でお願いいたします。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) PowerPointファイルは、ファイル名に「発表者氏名」を明記の上、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、**各自でフォトコピーを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。会場ではコピー機は使用できません。
 - (5) 発表を取り消される場合は、7月5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。

Transportation 交通のご案内

Venue 会場

Nakano Sunplaza, Tokyo 中野サンプラザ

4-1-1 Nakano, Nakano-ku, Tokyo 164-8512 〒164-8512 東京都中野区中野4-1-1

Closest station 最寄駅

Nakano Station

(JR/Tokyo Metro)

Nakano Sunplaza is about 2 minutes' walk from the North Exit of Nakano Station

JR中央線・総武線 / 東京メトロ東西線 **中野駅北口** から徒歩約2分

Access アクセス

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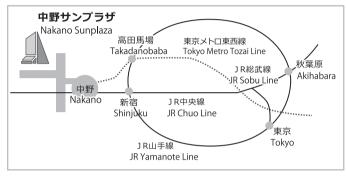
19 minutes from Tokyo Station on the Chuo Line 5 minutes from Shinjuku Station on the Chuo Line

Tokyo Metro (subway):

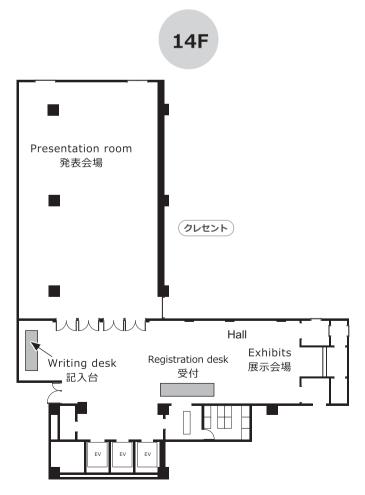
6 minutes from Takadanobaba Station on the Tozai Line

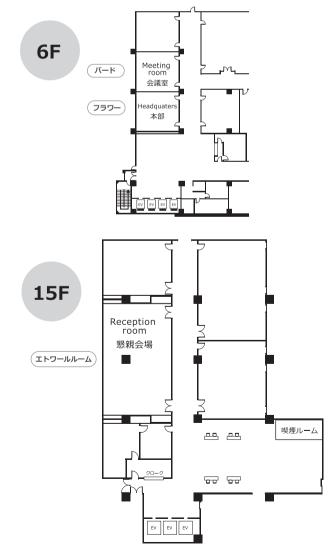
- JR ご利用の場合
 - ・東京駅から中央線で中野駅まで19分
 - ・新宿駅から中央線で中野駅まで5分
- ●東京メトロご利用の場合
 - ・高田馬場駅から東西線で中野駅まで6分

早稲田通り 中野サンプラザ Nakano Sunplaza 区 役 野 所 JR中央線·総武線 ロータリー JR Chuo / Sobu Line 北口 North Exit ←至高円寺 至新宿→ To Shinjuku To Koenji 中野 駅 Nakano Sta. 東京メトロ東西線 Tokyo Metro Tozai Line 至高田馬場→ To Takadanobaba



Floor map 会場案内図





Accommodations 宿泊のご案内

最寄り駅 Closest station	ホテル名 Hotels	URL
中野駅周辺 Near Nakano Si		
中野 Nakano	中野サンプラザ Nakano Sunplaza	https://www.sunplaza.jp
中野・東高円寺 Nakano,Higashi-Koenji	ビジネスホテル クレセント Business Hotel Crescent	http://hotel-crescent.co.jp/index.html
総武線沿線(吉祥寺·三鷹方)	面)On the Sobu Line (toward Kichijoji, M	itaka) *Local trains only
高円寺 Koenji	JR 東日本ホテルメッツ高円寺 JR-East Hotel Mets Koenji	https://www.hotelmets.jp/koenji/
高円寺 Koenji	ホテルアークタワー高円寺 Hotel Ark Tower Koenji	https://arktower.jp
阿佐ヶ谷 Asagaya	ホテルルートイン東京阿佐ヶ谷 Hotel Route-inn Tokyo Asagaya	https://www.route-inn.co.jp/hotel_list/tokyo/index_hotel_id_599/
阿佐ヶ谷 Asagaya	スマイルホテル東京阿佐ヶ谷 Smile Hotel Tokyo Asagaya	https://smile-hotels.com/hotels/show/tokyoasagaya
中央線沿線(吉祥寺・三鷹方)	面)On the Chuo Line (toward Kichijoji, M	itaka) *Rapid and local trains
荻窪 Ogikubo	ホテルメルディア荻窪 Hotel Meldia Ogikubo	https://www.hotel-meldia.com/ogikubo/
吉祥寺 Kichijoji	吉祥寺第一ホテル Kichijoji Dai-ichi Hotel	https://www.hankyu-hotel.com/hotel/dh/kichijojidh/
吉祥寺 Kichijoji	吉祥寺東急 REI ホテル Kichijoji Tokyu REI Hotel	https://www.tokyuhotels.co.jp/kichijoji-r/index.html
三鷹 Mitaka	リッチモンドホテル東京武蔵野 Richmond Hotel Tokyo Musashino	https://richmondhotel.jp/musashino/
武蔵境 Musashi-Sakai	JR 東日本ホテルメッツ武蔵境 JR-East Hotel Mets Musashisakai	https://www.hotelmets.jp/musashisakai/
新宿駅周辺 Near Shinjuku S	Station	
新宿 Shinjuku	新宿ワシントンホテル Shinjuku Washington Hotel	https://www.shinjyuku-wh.com
新宿 Shinjuku	小田急ホテルセンチュリーサザンタワー Odakyu Hotel Century Southern Tower	http://www.southerntower.co.jp
新宿 Shinjuku	京王プレッソイン新宿 Keio Presso Inn Shinjuku	https://www.presso-inn.com/shinjuku/
新宿 Shinjuku	京王プラザホテル Keio Plaza Hotel	https://www.keioplaza.co.jp
新宿 Shinjuku	アパホテル新宿歌舞伎町タワー Apa Hotel Shinjuku Kabukicho Tower	https://www.apahotel.com/hotel/shutoken/39_shinjuku-kabukichotower/
新宿 Shinjuku	ホテルサンルートプラザ新宿 Hotel Sunroute Plaza Shinjuku	https://sunrouteplazashinjuku.jp
新宿 Shinjuku	JR 九州 ホテルブラッサム新宿 JR Kyushu Hotel Blossom Shinjuku	https://www.jrk-hotels.co.jp/Shinjuku/
新宿 Shinjuku	ハイアットリージェンシー東京 Hyatt Regency Tokyo	https://www.hyatt.com/ja-JP/hotel/japan/hyatt-regency-tokyo/tyoty
新宿 Shinjuku	新宿プリンスホテル Shinjuku Prince Hotel	https://www.princehotels.co.jp/shinjuku/
新宿 Shinjuku	イビス東京新宿 Ibis Tokyo Shinjuku	https://www.accorhotels.com/ja/hotel-8620-イビス東京新宿/index. shtml#origin=accorhotels
新宿 Shinjuku	アパホテル新宿歌舞伎町中央 Apa Hotel Shinjuku Kabukicho Chuo	https://www.apahotel.com/hotel/shutoken/shinjuku-kabukicho-chuo/
新宿 Shinjuku	ヒルトン東京 Hilton Tokyo	http://www.hiltontokyo.jp
新宿 Shinjuku	ホテルマイステイズ西新宿 Hotel Mystays Nishi-Shinjuku	https://www.mystays.com/hotel-mystays-nishi-shinjuku-tokyo/
西新宿・新宿 Nishi-Shinjuku,Shinjuku	ホテルローズガーデン新宿 Hotel Rose Garden Shinjuku	http://www.hotel-rosegarden.jp
西新宿・新宿 Nishi-Shinjuku,Shinjuku	西鉄イン新宿 Nishitetsu Inn Shinjuku	https://nnr-h.com/n-inn/shinjuku/
西新宿・新宿 Nishi-Shinjuku,Shinjuku	ダイワロイネットホテル西新宿 Daiwa Roynet Hotel Nishi-Shinjuku	https://www.daiwaroynet.jp/nishi-shinjuku/
享用用提即用初 Near Takad		

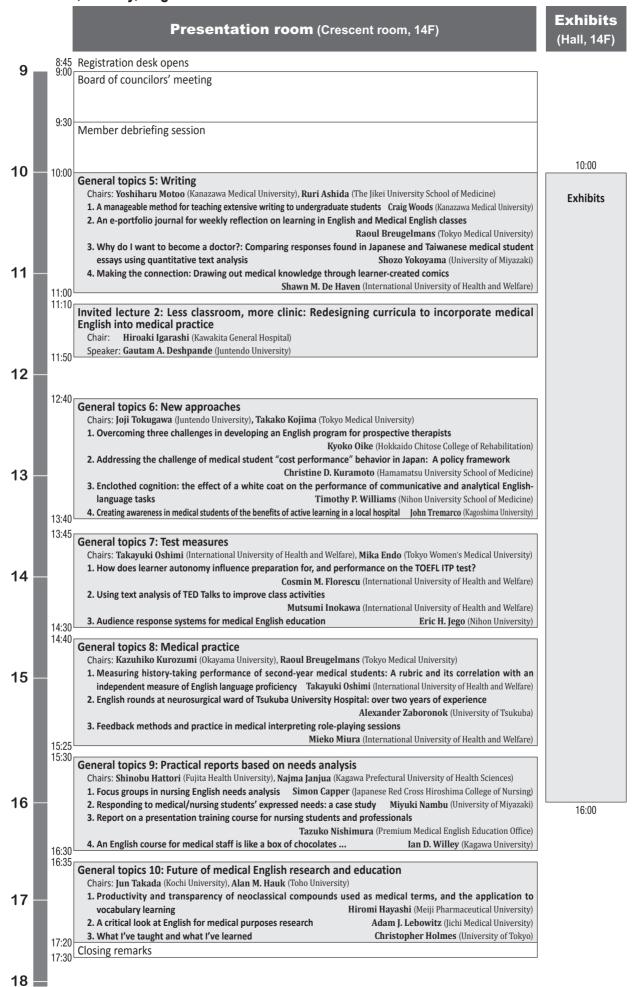
高田馬場駅周辺 Near Takadanobaba Station

ホテルリブマックス高田馬場駅前 高田馬場 Takadanobaba https://www.hotel-livemax.com/tokyo/takadanobabast/

Hotel Livemax Takadanobaba-Ekimae

Timetables

		Presentation room (Crescent room, 14F)	Exhibits (Hall, 14F)
9	8:45	Registration desk opens	
10	9:20 9:30	Opening remarks General topics 1: Reading/Vocabulary Chairs: Kazuaki Shimoji (Juntendo University), Mitsuyo Suzuki (Tokyo Women's Medical University) 1. Japanese medical students' reading of English academic papers and an evaluation of their ability to put grammatical knowledge to practical use Maki Shimizu (Gunma University) 2. Trialling a third-year medical English course with second-year students 3. A body-systems-based medical English glossary for undergraduates Simon Fraser (Hiroshima University)	10:00 Exhibits
11	10:30 10:35	General topics 2: Studying abroad Chairs: Shigeo Irimajiri (Rinku General Medical Center), James Hobbs (Iwate Medical University) 1. Changes in students' perceptions and grit after participating in a study-abroad program Michael Myers (Showa University)	
12	11:20 11:30	Special lecture: How I learned the difference between healthcare and medicine Chair: Isao Date (Okayama University) Speaker: Hirobumi Kawakita (Kawakita Medical Foundation)	
13	12:20		
14	14:20 14:30	2. A first-year undergraduate elective course that teaches English communication, professionalism, and empathy using graduate students as simulated patients Jeanette Dennisson (Tokyo Medical and Dental University) 3. Starting small and speaking plain – Teaching health literacy Sako Ikegami (Hirai-Ikegami Clinic) 4. A tool for intelligibility: Towards Tokyo 2020 and beyond Najma Janjua (Kagawa Prefectural University of Health Sciences)	
15	15:15 15:25		
16	l	Panel discussion: CLIL approaches for EMP education: EMP learning tips from Japanese medical students studying at medical Schools in European countries Chair: Takayuki Oshimi (International University of Health and Welfare) Speakers: Kenji Odajima (International Medical Universities), Izumi Yoshida (Semmelweis University Faculty of Medicine), et al	
17	16:55 17:00 17:30 17:35	Invited lecture 1: My relationship with medicine, English, and education as a pathologist Chair: Masahito Hitosugi (Shiga University of Medical Science) Speaker: Rikuo Machinami (Kawakita General Hospital)	17:00
18	17:45 18:00 20:00	The 15th Kenichi Uemura award ceremony	



発表会場 (14F, クレセントルーム)

展示会場 (14F, ホール)

		(141, 1)
9	8:45 受付開始	
10	9:20 9:30 開会挨拶 一般演題 1:読解と語彙の指導 座長:下地一彰(順天堂大学),鈴木光代(東京女子医科大学) 1. Japanese medical students' reading of English academic papers and an evaluation of their ability to put grammatical knowledge to practical use 清水真紀(群馬大学) 2. Trialling a third-year medical English course with second-year students Walter Davies(広島大学) 3. A body-systems-based medical English glossary for undergraduates Simon Fraser(広島大学) 4. Students' perceptions about the use of digital badges in an online medical terminology course 岩田 淳(島根大学)	10:00
11	10:30 10:35 - 般演題 2 : 留学 座長: 入交重雄(りんくう総合医療センター), James Hobbs(岩手医科大学) 1. Changes in students' perceptions and grit after participating in a study-abroad program Michael Myers(昭和大学) 2. Multi-module istudy tour program for dental students 向井正太(神奈川歯科大学) 3. Involving high school students in medical science exchange programs: experiences from the University of Tsukuba Thomas Mayers(筑波大学)	
12	11:20 11:30 特別講演:How I learned the difference between healthcare and medicine 座長:伊達 勲(岡山大学) 演者:河北博文(河北医療財団) 12:20	
13	13:20 一般演題 3:スピーキングの指導 座長: 岩田 淳(島根大学)、Eric H. Jego(日本大学) 1. Presenting without slides Reuben M. Gerling 2. A first-year undergraduate elective course that teaches English communication, professionalism, and empathy using graduate students as simulated patients Jeanette Dennisson(東京医科歯科大学) 3. Starting small and speaking plain – Teaching health literacy 池上小湖(平井・池上クリニック) 4. A tool for intelligibility: Towards Tokyo 2020 and beyond Najma Janjua(香川県立保健医療大学)	
15	14:20 14:30 - 他演題 4: 国際交流 座長: 青木洋介(佐賀大学), Christopher Holmes(前・東京大学) 1. Disability compensation evaluation for US veterans in Japan 入交重雄(りんくう総合医療センター) 2. 札幌での外国籍市民を対象とした母子保健セミナーの実践 北間砂織(北海道大学) 3. 日本の大学病院で英語のホームページを持っている割合はどのくらいか? 高木陽一(原三信病院)	
16	15:15 15:25 パネルディスカッション:海外の医学部で学ぶ医学生と考える日本の医学英語教育 座長:押味貴之(国際医療福祉大学) 演者:小田島憲司(海外医科大学事務局),吉田いづみ(ハンガリー国立センメルワイス大学),他	
17	16:55 17:00 招待講演1:私の病理医としての「医学,英語,教育」との関わり 座長:一杉正仁(滋賀医科大学) 演者: 町並陸生(河北総合病院) 17:35 第15回 植村研一賞 授賞式	
18	17:45 18:00 15F, エトワールルーム 20:00 20	

	発表会場 (14F, クレセントルーム)	展示会場 (14F, ホール)
^		
9	9:30 評議員会 9:30 会員報告会	
- 1		
40		10:00
10	10:00 一般演題 5:ライティングの指導 座長:元雄良治(金沢医科大学),芦田ルリ(東京慈恵会医科大学) 1. A manageable method for teaching extensive writing to undergraduate students Craig Woods(金沢医科大学) 2. An e-portfolio journal for weekly reflection on learning in English and Medical English classes Raoul Breugelmans(東京医科大学) 3. Why do I want to become a doctor?: 日本・台湾医学生による英文エッセイライティングの計量テキスト分析 横山彰三(宮崎大学) 4. Making the connection: Drawing out medical knowledge through learner-created comics	展示
11	4. Making the connection: Drawing out medical knowledge through learner-created comics Shawn M. De Haven (国際医療福祉大学)	
- ' '	11:00	
	11:10 11:10	
12		
	40.40	
	12:40 一般演題 6:新たな取り組み 座長:徳川城治(順天堂大学),小島多香子(東京医科大学) 1. Overcoming three challenges in developing an English program for prospective therapists 大池京子(北海道千歳リハビリテーション大学) 2. Addressing the challenge of medical student "cost performance" behavior in Japan: A policy framework Christine D. Kuramoto(浜松医科大学)	
13	3. Enclothed cognition: the effect of a white coat on the performance of communicative and analytical English-language tasks. Timothy P. Williams(日本大学) 4. Creating awareness in medical students of the benefits of active learning in a local hospital	
- 1	John Tremarco (鹿児島大学)	
14	13:45 一般演題 7 : テスト対策 座長: 押味貴之(国際医療福祉大学), 遠藤美香(東京女子医科大学) 1. How does learner autonomy influence preparation for, and performance on the TOEFL ITP test? Cosmin M. Florescu (国際医療福祉大学) 2. Using text analysis of TED Talks to improve class activities 井之川睦美(国際医療福祉大学) 3. Audience response systems for medical English education Eric H. Jego(日本大学)	
15 -	14:30 14:40 - 般演題 8 : 医療実践 座長: 黒住和彦(岡山大学), Raoul Breugelmans(東京医科大学) 1. Measuring history-taking performance of second-year medical students: A rubric and its correlation with an independent measure of English language proficiency 押味貴之(国際医療福祉大学) 2. English rounds at neurosurgical ward of Tsukuba University Hospital: over two years of experience Alexander Zaboronok (筑波大学) 3. 医療通訳ロールプレイ訓練におけるフィードバックの方法と実践 三浦美惠子(国際医療福祉大学)	
16	15:30 一般演題 9:二一ズ解析に基づく実践報告 座長:服部しのぶ(藤田医科大学)、Najma Janjua(香川県立保健医療大学) 1. Focus groups in nursing English needs analysis Simon Capper(日本赤十字広島看護大学) 2. 学習者ニーズに対応する:医学生・看護学生向けの授業実践報告と今後の展望 南部みゆき(宮崎大学) 3. 看護系の大学院生と看護専門職を対象にした英語プレゼンテーション講座の実施報告	16:00
	西村多寿子(プレミアム医学英語教育事務所) 4. An English course for medical staff is like a box of chocolates … Ian D. Willey(香川大学) 16:30	10.00
17	16:35 - 他演題 10: 医学英語研究と医学英語教育の今後 座長: 高田 淳(高知大学), Alan M. Hauk(東邦大学) 1. 医学用語における新古典複合語の生産性と透明性, および, 語彙学習への応用 林 弘美(明治薬科大学) 2. A critical look at English for medical purposes research 3. What I've taught and what I've learned Christopher Holmes(東京大学)	
	17:20 閉会挨拶	
	11.00	
18		

MEMO ______

Saturday, August 3 8月3日(土)

Special lecture
How I learned the difference between
healthcare and medicine18
Invited lecture 1
My relationship with medicine, English, and
education as a pathologist 私の病理医と
しての「医学, 英語, 教育」との関わり20
Panel discussion
CLIL approaches for EMP education: EMP
learning tips from Japanese medical students
studying at medical schools in European
countries 海外の医学部で学ぶ医学生と考える
日本の医学英語教育22
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Reading/Vocabulary
読解と語彙の指導24
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Studying abroad
留学26
General topics 3
Speaking
スピーキングの指導28
General topics 4
International exchange
国際交流30

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

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

Special lecture(特別講演)

How I learned the difference between healthcare and medicine

Chair

Isao Date 伊達 勲

(Department of Neurological Surgery, Okayama University Graduate School of Medicine; Chairperson, JASMEE 岡山大学大学院 脳神経外科・日本医学英語教育学会 理事長)

Speaker

Hirobumi Kawakita 河北博文

(Chief Director, Kawakita Medical Foundation 河北医療財団 理事長)

As part of the reverse culture shock I experienced when I returned to Japan in 1981 after studying in the United States for several years, there were three things I noticed. The first was that Japan's homogeneity made people here unwilling to accept differences. The second was that Japanese society does not follow clear rules of logic, and the last one was that Japanese medicine was not evidence-based. That same year, I received a call from Dr. Carl Walter, an emeritus professor of Harvard Medical School and a well-known surgeon and researcher in medicine; he was also the Chairman of the Alumni Association of Harvard Medical School, Dr. Walter asked me if we could meet with Dr. Taro Takemi, who was then the President of the Japan Medical Association, a position he had held for 25 years; he was also the Chairman of the World Medical Association. Early the following year, the three of us got together in a Japanese restaurant in Tsukiji. During dinner, Dr. Walter said he had heard that Dr. Takemi was planning to endow a program in international health science at Harvard, adding that he hoped the endowment would be made to Harvard Medical School. Dr. Takemi just laughed and did not reply. The following year, having retired as President of the Japan Medical Association, Dr. Takemi established his program not at Harvard Medical School but at Harvard's School of Public Health. Thus, it was Dr. Takemi who taught me the difference between medicine and health care. Medicine is a basic science, but health care is both a basic science and a social science, covering such diverse areas as culture, education, economics, politics, and engineering. I also think that health care is more an art than a science, playing an important role in human spirituality, and elevating human interaction to a higher level.

1981年に米国での留学を終え帰国した時に感じたことが3つありました。逆のカルチャーショックだったと言えますが、1番目は"この国は同質性の社会である"、2番目は"社会にマネジメントが無い"、そして3番目は"診療に科学性がない"ということでした。その年1981年12月にカール・ウォルター氏から電話があり、武見太郎先生と会いたいということでした。武見先生にお願いをすると、「それでは食事をしましょう」ということで、確か翌年の1月末か2月だったと思いますが築地の吉兆で食事することになりました。武見先生は、当時、日本医師会会長であり、25年間日本医師会の会長をなさり、世界医師会会長もされた方です。カール・ウォルター氏はハーバード大学医学部の名誉教授であり、外科学では有名な臨床医と研究者でありました。そして、ハーバード大学医学部の同窓会長でもありました。

会食の中で、ウォルター氏から「武見先生はハーバード大学に寄附講座をつくると聞いています。是非、医学部につくって欲しい」という話でした。武見先生は笑っただけで何も返事をしませんでした。

翌年に日本医師会会長を退いた武見先生が寄附講座をつくられたのは医学部ではなく, 医療学部でありました。医学部はスクールオブメディスンですが, 医療学部のスクールオ ブパブリックヘルスを私は医療学部と訳しています。まさに, 医学と医療の違いを私に教 えて下さったのは武見太郎先生です。

医学はベーシックサイエンスですが、医療学はソーシャルサイエンスであり、かつ、ソーシャルアートであると考えています。医療の方が医学よりはるかに広い分野を包括しています。例えば文化、教育、経済、政治、工学等々です。

人間のさまざまな心の揺らぎ、人間間の対話を高度に用いること、そして、人間のスピリチュアリティに大きく影響を与えるものであり、それゆえにサイエンスよりアートに近いものだと考えています。

河北博文 (かわきた・ひろぶみ)

●現職

社会医療法人 河北医療財団 理事長(昭和63年10月31日~)

公益財団法人 日本医療機能評価機構 理事長 (平成28年6月24日~)

評議員・理事・代表理事・副理事長兼専務理事(平成7年8月~)

一般社団法人 東京都病院協会 名誉会長

東京大学医学部 講師 (平成3年10月~)

京都大学大学院 医学研究科 講師 (平成12年10月~)

●学歴

昭和52年3月 慶應義塾大学医学部卒業

昭和58年8月 シカゴ大学大学院ビジネススクール修了

昭和59年3月 慶應義塾大学医学部大学院博士課程修了(病理学)

●前職

社団法人日本病院会 副会長(平成元年4月~平成7年3月31日)

老人保健審議会委員 医療保険審議会委員 規制改革委員会委員 等 歴任

●平成18年2月8日 渋沢栄一賞受賞

Invited lecture 1(招待講演 1)

My relationship with medicine, English, and education as a pathologist

私の病理医としての「医学、英語、教育」との関わり

Chair

Masahito Hitosugi 一杉正仁

(Department of Legal Medicine, Shiga University of Medical Science 滋賀医科大学 社会医学講座〈法医学部門〉)

Speaker

Rikuo Machinami 町並陸生

(Department of Pathology, Kawakita General Hospital 河北総合病院 病理診断部)

私は病理医(Pathologist)ですので医学の中では病理学(Pathology)を専門としております。病理学とはどういう学問かということになりますが、病理診断を行っている病理医が勉強し研究する学問であると思います。病理診断は病理専門医がメスを使って人間の臓器の割面をつくり、病変部を肉眼的に観察し、さらに組織を切り出し、それを顕微鏡を用いて観察して行う病気の最も確実な診断であります。したがって病気の形態学であります。病院の中では病理診断科が病理医が専門医として働く場であります。

医学・医療に国境はありません。したがって病理学の研究成果は英文の論文として発表する必要がありますし、国際学会も英語で話さなければなりません。British Council の留学生として London University のがん研究所に留学したこと、群馬大学及び東京大学の病理学教授を務めたことなどを元に私の医学、英語、教育との関わりについて述べたいと思います。

英語という言葉を聞くと論文を英語で書くことが先ず頭に浮かびます。医学・医療に携わる我々にとって、これが最も重要であると思います。しかし、そのためには英語の論文を読むことも必要であります。これは読み書きという言葉で表現され、日本では中学生から重要な教科として大学まで教育がなされてきました。しかし、学会での演説や友人との会話を英語で行う教育は日本の学校では、これまで殆どなされておりません。日本には日本語という立派な言語がありますから、これは当然であると思います。私は日本の学校での英語教育はこれでよいと思っております。英語での演説及び会話は英語が公用語である外国に短期間ホームステイをして勉強するのが適切であると思います。英会話は聞く耳(listening skills)が大切であり、それは英語を話す国に滞在しなければ向上しないと思います。我々日本人の正式の文章は漢字仮名交じり文であり、これを大切に思う気持ちを持って英語での表現を勉強する必要があると考えます。

町並陸生 (まちなみ・りくお)

●略歴

- 1965年 東京大学医学部卒業, インターン開始。
- 1966年 東京大学医学部大学院病理学教室入局。
- 1970年 医学博士,病理学教室助手。
- 1972年—1974年 London大学Chester Beatty癌研究所留学。
- 1974年 東京大学医学部病理学教室講師。
- 1977年 同助教授。
- 1981年 群馬大学医学部病理学教室教授。
- 1988年 東京大学医学部病理学教室教授, 付属病院病理部長。
- 1997年 日本病理学会理事長。
- 1999年 河北総合病院病理部長, 東京大学名誉教授。
- 2011年 河北総合病院病理診断科部長。
- 現在に至る。

Panel Discussion

CLIL approaches for EMP education: EMP learning tips from Japanese medical students studying at medical schools in European countries

海外の医学部で学ぶ医学生と考える日本の医学英語教育

Chair

Takayuki Oshimi 押味貴之

(Office of Medical Education, International University of Health and Welfare School of Medicine 国際医療福祉大学医学部 医学教育統括センター)

Speakers

Kenji Odajima 小田島憲司

(International Medical Universities 海外医科大学事務局)

Izumi Yoshida 吉田いづみ

(Semmelweis University Faculty of Medicine ハンガリー国立センメルワイス大学医学部)

et al 他

Content and Language Integrated Learning (CLIL) is an approach for teaching content in a foreign language. It is widely used at medical schools in non-English speaking countries, but not many medical schools in Japan have implemented the CLIL approach in their English for medical purposes (EMP) programs. In this 90-minute panel discussion, we will invite 4 speakers, including 3 Japanese medical students who are currently studying at European medical schools, and a representative of an agency that helps Japanese students secure places in medical schools in Europe, to discuss the implementation of the CLIL approach in EMP programs at Japanese medical shools.

医学部人気に伴い、東ヨーロッパの国立大学医学部に進学する日本人学生が増えている。こういった医学部では学生の母国語に関わらず、授業と試験は全て英語で実施されている。現在、日本の医学英語教育でも「医学英語を学ぶ」のではなく、「医学を英語で学ぶ」という「内容言語統合型学習: Content and Language Integrated Learning (CLIL)」が注目されているが、日本の医学部で医学英語教育をCLILを通して実施するには様々な障壁がある。この90分間のパネルディスカッションでは、こうした東ヨーロッパの国立大学医学部で学ぶ日本人医学生と、彼らの留学をサポートする「海外医科大学事務局」を招き、日本人医学生がどのように医学を英語で学んでいるのか、その具体的な体験を語ってもらい、そこから日本の医学部において「医学を英語で学ぶ」ためにはどのような教育環境を整えるべきかを考えていきたい。

MEMO ______ ______

4

Japanese medical students' reading of English academic papers and an evaluation of thier ability to put grammatical knowledge to practical use

9:30-9:45 Maki Shimizu 清水真紀 (Gunma University 群馬大学)

Background

The aim of this study was to demonstrate how first-year Japanese medical students read English academic papers, focusing on their understanding of passage structure and their grammatical knowledge.

Methods

Fifty freshmen medical students at Gunma University participated in this study. They started by reading the abstract of a paper entitled "Effect of Aspirin on Cardiovascular Events and Bleeding in the Healthy Elderly" in the *New England Journal of Medicine* at their own pace. The abstract consisted of the following unmarked sections: Background, Methods, Results, and Conclusion. Subsequently, they were instructed to use their judgment to insert slash marks to demarcate these sections at the appropriate places, and to answer comprehension questions. They were also given a grammar test from the reference book *Grammar in Use*.

Results

By section, 89.2% of the students accurately separated the Methods from Background sections, 29.7% accurately separated Results from Methods, and 86.5% accurately separated Conclusion from Results. Overall, 18.9% of the students scored full marks; that is, they accurately differentiated between all of the sections of the abstract. The students who scored full marks also obtained significantly higher marks in the grammar test than the other students (p < .05).

Conclusion

Firstly, medical students equipped with effective knowledge of English grammar were able to distinguish between the sections of the abstract. Secondly, many students had difficulty in differentiating between the end of the Methods section and the start of the Results section, which may have been partly due to the characteristics of the first sentence of the Results section.

2

August 3: General topics 1

Trialling a third-year medical English course with second-year students

9:45–10:00 Walter Davies, Kazumichi Enokida 榎田一路, Simon Fraser, Keiso Tatsukawa 達川奎三 (Hiroshima University 広島大学)

In this presentation, we describe and evaluate an experimental flipped learning course for second-year students, involving an online component and a classroom component, and using body-systems-based units of material. It was experimental primarily because the course materials were originally designed for third-year students. The success of the course was evaluated using 1) final-day test results and 2) student feedback in the form of both qualitative and quantitative data gathered from an end-of-course questionnaire. On a vocabulary test, the second-year students performed almost as well as third-year students taking the test in the same year. Data from the quantitative feedback show that student motivation was very high, the students considered the course to be useful, and the

teaching and materials were clear. Qualitative data indicates that some students considered the course to be too difficult, suggesting that the materials were not suitable for all participants. There were also some minor weaknesses relating to the classroom materials. A key factor in the success of the course is considered to be timing (October and November): Second-year students had a good grounding in anatomy and physiology by the time they took the course, which gave them the schematic knowledge to be successful in their medical English studies. Also, because the course had less time pressure than the current third-year intensive course, it created the space to focus on word roots and affixes in relation to medical terms.

3

A body-systems-based medical English glossary for undergraduates

10:00-10:15 Simon Fraser, Walter Davies (Hiroshima University 広島大学)

In this presentation, we detail the construction of a medical English glossary for undergraduate students. The glossary is an extension of a word list emerging from the interplay of materials design and corpus analysis. Our materials are divided into units based on body systems, and have been informed by the input of medical specialists as well as corpus analytic methods. We begin by describing the three major parts of the glossary: Part 1 lists key terms, appearing by unit, alongside other members of the same word family (e.g. abnormal, abnormality) and semantically linked word parts (e.g. tumor, -oma, onco-); Part 2 lists all the key headwords in the materials; Part 3 lists word parts (e.g.

-oma) with examples drawn from Part 1 (e.g. adenoma, angioma, astrocytoma, glioblastoma, glioma). Each section of the glossary has been carefully designed for ease of use by students of medical English. We then highlight the lexical characteristics of the items from Part 1, with a particular focus on the morphology of words and the ways in which word parts and affixes combine to form complex medical terms. We conclude by showing how this analysis is used in the construction of a detailed teacher's guide for the classroom materials which gives advice on how to approach the presentation and illustration of the complex terms.

4

Students' perceptions about the use of digital badges in an online medical terminology course

10:15–10:30 Jun Iwata 岩田 淳, Shudong Wang 汪 曙東 (Shimane University 島根大学)

In e-learning environments, digital portfolios can provide a space where evidence of a learner's accomplishments or achievements is stored. 'Digital badges', often referred to as 'micro-credentials', are expected to function not only as valid indicators of learners' accomplishments, skills and knowledge, but also as useful tools for motivational and reward purposes. In this study, the authors developed a Basic Medical English Terminology course on Moodle, one of the most popular learning management system (LMSs), using the badge function of the LMS. The badges students earned for the course were designed to function as a validated indicators to their teachers of their achievements. We hypothesized that the use of badges would not only help the learners confirm their

achievements on the course but also help motivate them toward further autonomous study. Through a three-year survey of students' perceptions, we found that the majority (82.6%) were satisfied with their study through this course, and that the majority (82.8%) also found the use of badges helpful in confirming their course achievements. The results also showed that two-thirds of them (64.1%) found that earning badges helped motivate them toward further autonomous study. These findings indicate that while there is still room for improvements regarding motivation, the use of digital badges has the potential to provide students with opportunities to confirm their achievements and enhance their learner autonomy in online self-study courses.

Chairs: Shigeo Irimajiri 入交重雄(Department of Internal Medicine of Collagenosis, Rinku General Medical Center りんくう総合医療センター 膠原病内科) James Hobbs (Iwate Medical University, 岩手医科大学)

1

Changes in students' perceptions and grit after participating in a study-abroad program

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 宮﨑 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 昭和大学富士吉田教育部)

Since 2006, Showa University has organized a 4-week summer study-abroad program through Portland State University (Oregon, USA) for 1st-year students. To better understand this program's effects on the students, we assessed changes in their reasons for participating, the worries they had about the program, and the personality trait of grit (perseverance and passion for long-term goals). Before participating in the 2018 program, 31 students (10 medical, 8 dental, 9 pharmacy, and 4 nursing and rehabilitation sciences; 13 males, 18 females) completed a questionnaire and rated several reasons/worries on a 5-point Likert scale; they also rated their grit on a previously validated scale from the psychology literature. After the program, the students completed another questionnaire and again rated their reasons/worries and grit. Before the program, the students' top reasons for participating were to interact with foreigners (MN=4.7), experience foreign culture (MN=4.6), improve their English

(MN=4.6), and enhance self-development/growth (MN=4.5). Afterwards, the following reasons were rated significantly higher: unique opportunity (except for males), parents' recommendation, and future career benefits. The top worries at the start of the program were English ability (MN=3.9), staying with a host family (MN=3.5), and security (MN=3.2). Afterwards, each of these worries was either rated at the same level or lower; English ability (except for dental students), dorm life, and staying abroad were rated significantly lower (p<.05) after the program. Regarding grit, different levels were observed among the 4 schools. Additionally, post-program ratings for the grit sub-scale "perseverance of effort" correlated significantly with greater agreement to the item "I changed". Although limited by a small sample size, these preliminary results suggest some of the changes in perception that occur while students are studying abroad. Follow-up assessment of these students will also be discussed.

2

Multi-module study tour program for dental students

10:50-11:05 Shota Mukai 向井正太 (Kanagawa Dental University 神奈川歯科大学)

This paper discusses the processes of developing and operating a short-term study-tour program for dental university students. The two-week program for Kanagawa Dental University (KDU) undergraduate students was designed and developed in 2018 and launched early in spring, 2019, with the three modules of 'language', 'dentistry', and 'social activity'. Sixteen students from Year 1 to 4 participated in the program. This paper reports on (1) the idea behind the design and running of a study-tour program with three learning modules that aim to help students develop five focused resources: second language, disciplinary knowledge, intercultural understanding, collaborative autonomy, and social bond. The paper also focuses on (2) the students' perceptions of the short-term program

as active participants, as well as (3) potential future trajectories of the program. Inspired by social constructivism, this paper particularly emphasizes a wide range of interaction and collaboration among the program designers, local coordinators, and student participants, who are inseparably essential actors for the successful development and operation of this educational program. The students were invited to work as co-designers and co-coordinators throughout the processes, took on a range of roles across the modules, and developed the target resources through the course of their participation in the program. The voices of participant students are documented through qualitative analysis of their interview data.

3

Involving high school students in medical science exchange programs: experiences from the University of Tsukuba

11:05–11:20 Thomas Mayers, C. Kiong Ho, Aya Fukuda 福田 綾, Yukihide Watanabe 渡邊幸秀, Yukari Okita 沖田結花里, Kazuya Morikawa, 森川一也 (Faculty of Medicine, University of Tsukuba 筑波大学医学部)

Since 2016, in an effort to strengthen ties with high schools locally and overseas, we began involving high school students in some of our international activities at the Faculty of Medicine, University of Tsukuba. These activities—exchange programs in medical science—were initially developed as a way to foster a more international outlook in our students, and increase their motivation for scientific research and English study. The addition of high school students into these programs, while presenting certain challenges, has been largely successful. It has given them a taste of university-level research in medical

sciences, including laboratory experiments, as well as helping them to forge international friendships with high school and university students. Furthermore, it has encouraged our university students to take the role of supervisors and teachers, which we have found to be effective for developing scientific communication skills and confidence in English. In this presentation, we will describe the high school students' involvement and achievements in the courses, share some student feedback, and also reflect on our experiences as instructors and organizers, with particular emphasis on English language education.

August 3: General topics 3

Presenting without slides

13:20-13:35 Reuben M. Gerling

This presentation will argue that when working with presentations, the results of the EMP class should be reflected in the language of the learners. A class of 30 students are told to find topics they find interesting within the current teaching material. They are asked to come up with a 5- to 7- minute presentation. At presentation time, the students, typically in groups of 3-5, will have a number of slides with text, images and pictures. They will talk through their presentation and, at times, there may be some questions. Yet, most of the material is not the presenters', and their interest in it is questionable. Achieving results in a class may depend

on the students' interest in the topic they present. Trying to generate interest should, therefore, be the first step in the presentation. The students need to be able to converse about their topic and to explain it. Working with the topic, rather than formally presenting it, needs to be the focus of the program. It is possible that time restrictions may mean that this kind of teaching will end in no formal presentations at all. Although the sense of 'we have presented' provides some satisfaction, the genuine achievement may compensate for the loss of the grand finale.

A first-year undergraduate elective course that teaches English communication, professionalism, and empathy using graduate students as simulated patients

13:35–13:50 **Jeanette Dennisson** (College of Liberal Arts and Sciences, Tokyo Medical and Dental University 東京医科歯科大学教養学部)

A new elective course for first-year undergraduate students at Tokyo Medical and Dental University (TMDU) was offered in 2018 with the aim of teaching healthcare majors (medicine, nursing, and dentistry) how to communicate with English-speaking foreign patients using the SOAP method—a method of gathering patients' Subjective and Objective symptoms, Assessing the medical problem and Planning the course of medical treatment. This course covered the common symptoms, diagnostic methods and possible treatment options of 8 common medical cases related to the major body systems (cardiovascular, respiratory, systemic, and digestive). Students practiced the SOAP method for each case in doctor-patient interactions; the first interaction involved students role-playing both doctor and patient roles, and subsequent interactions were with simulated patients (SPs) recruited from

amongst TMDU's foreign graduate students. None of the graduate students, despite their varying backgrounds of medical knowledge, had any experience of acting as SPs, so they were given a short introductory course on simulating a patient. As part of the new undergraduate course, students practiced basic examination techniques for each body system on fellow classmates and on the SPs. After each interaction, the SPs were asked to evaluate the students based on 10 criteria, including professionalism, method of communicating, and the ability to use the SOAP method. Although improvements were observed in English communication and professionalism in dealing with foreign patients, limitations were observed in effective physical examination, the ability to diagnose, and expressing empathy.

3

Starting small and speaking plain—teaching health literacy

13:50-14:05 **Sako Ikegami 池上小湖, ' Shiho Koizumi 小泉志保**² ['Hirai Ikegami Clinic平井・池上 クリニック, ²Japan Association of Translators 日本翻訳者協会(JAT)]

One year to the 2020 Olympics and universities, educators, and clinical facilities everywhere (especially small ones like ours) are feeling the pressure to become "globally-friendly." Lack of resources and time make things exponentially more difficult. So, what's a clinic to do? As with the old geriatric dosing adage, "Start low, go slow," we need to start small and speak "plain." We're a 5-minute walk from Shin-Osaka Station and given how few psychiatric clinics are open to foreigners, we need to prepare. Honoring the Japanese *mottainai!* ("reduce, reuse, recycle") spirit, the idea is to reuse and recycle the materials written for our Japanese patients by asking our students to translate

them into **plain language** to enhance health literacy; providing students with assignments that will eventually be read by patients should prove a further incentive. Recycling the drug info sheets and rendering them into patient-ready English requires some dexterity—the use of **plain English**—something I always cover with my students. Assisting me in this endeavor is my colleague and partner-in-translation-mischief, Shiho Koizumi. We'd like to share how our *mottainai* project will generate patient-friendly information documents (relatively pain-free) for our non-Japanese patients.

4

A tool for intelligibility: Towards Tokyo 2020 and beyond

14:05–14:20 Najma Janjua (Kagawa Prefectural University of Health Sciences香川県立保健医療大学)

In no other profession is the need for intelligibility in oral communication more critical than in healthcare. This presentation describes the development of a pedagogical tool in the form of a pronunciation practice guide to help Japanese students and professionals in healthcare disciplines improve their ability to pronounce commonly used medical English terms and expressions more intelligibly. The tool, named medical pronunciation practice guide-1 (MPPG1) developed as phase-1 of a Kakenhi project, uses a unique way of acquiring intelligibility by training the learners to compare the English way of pronunciation (EWP) of English words with their Japanese way of pronunciation (JWP). Results of a test trial of MPPG1 conducted on a class of 87 nursing and medical technology majors at a Japanese university demonstrated a remarkable increase in EWP frequency in the students at the end of

a 15-week semester during which they did weekly practice using the guide, as compared to values at the start. Results also showed an increase in student motivation to improve their pronunciation and a gain in confidence upon acquiring intelligibility in their speech. The presentation gives a theoretical background to MPPG1 development, describes its main features and procedures for use in the classroom, and recommends its use in medical English classrooms and other healthcare settings across Japan where the English language is being used. MPPG1 has the potential not only to facilitate the use of more practical medical English in preparation for Tokyo 2020 but beyond as Japan continues to move toward being a more global society.

August 3: General topics 4

Disability compensation evaluation for US veterans in Japan

14:30-14:45 Shigeo Irimajiri 入交重雄 (Rinku General Medical Center りんくう総合医療センター)

Our hospital, Rinku General Medical Center (RGMC), which is located in the south of Osaka Prefecture near Kansai International Airport, is one of the few designated evaluating facilities for disability compensation of United States Veterans. We have so far evaluated about sixty veterans since 2012. The total number of veterans around the world is over twenty million, and their social welfare, including healthcare, is under the administration of the United States Department of Veterans Affairs (VA). Generally, veterans visit a VA hospital inside the U.S. for healthcare issues. However, veterans living outside the U.S. need to find a designated medical facility in the country where they reside. The amount or grade of

compensation is determined on the basis of test results and DBQs (Disability Benefit Questionnaires) administered online. The costs of evaluation are not covered by individual health insurance, but are paid by the U.S. Department of Veterans Affairs. Most disorders that we encounter during evaluation are musculoskeletal problems such as joint pain and extremity numbness secondary to trauma during training or war. Others include hearing impairment due to combat plane noise, advanced cognitive disturbance due to carbon monoxide poisoning from exhaust gas, PTSD, health issues due to exposure to such toxic substances as Agent Orange, and shrapnel eye injuries.

2 Maternal and childcare seminar for foreign residents of Sapporo 札幌での外国籍市民を対象とした母子保健セミナーの実践

14:45–15:00 Saori Kitama 北間砂織 (Hokkaido University 北海道大学)

NPO法人SEMI さっぽろ(旧札幌英語医療通訳グループ) は、札幌市及び近郊に在住している外国人の医療通訳サ ポートを行っている。2009年4月に設立以来,4000件を 超える通訳派遣を行っており、2019年1月に特定非営利 活動法人SEMIさっぽろに改組した。また、事業の一環 として、2010年から公益財団法人札幌国際プラザと一緒 に外国籍市民のための母子保健セミナーを毎年共催して いる。妊娠中および3歳までの子どもがいる家庭を対象 としたもので、このセミナーをきっかけに札幌市が提供 するさまざまな資料が英訳されるようになった。参加者 の多くが北海道大学の留学生と研究者およびその家族だ が、その他にも国際結婚の家庭や仕事で札幌に来ている 家庭からの参加者もいる。当初は区の保健センターの保 健師による母子保健に関する講話(英語逐次通訳),子ど も未来局職員による札幌市の保育サービスに関する講話 (英語逐次通訳), 小児科医による講話(英語)が一度に行 われていたが、それぞれに対する質疑応答も多いことか ら、ここ3年ほどは保健師と小児科医の講話と、保育サ ービスに関する講話を別の日程で開催するようになって いる。昨年度は、暖かい国や地域から札幌に来て冬の生 活に不安があるという声を受け、札幌市子育て総合支援 センターの保育士による冬の過ごし方セミナーを開催し, 冬の生活上の情報や、屋外および屋内での北海道ならで はの過ごし方について実演を交えながら講話を行った。 このようなセミナーを開催することで、外国籍市民が抱 える問題を公的機関が把握するきっかけにもなっている と同時に、参加する外国籍市民にとっても、どこに行け ばどのような情報が得られるのかを知るきっかけにもな り、知人や親類のいない外国での子育てで親子が孤立し ないようなしくみ作りにもなっている。参加者同士の交 流の場ともなっており、子育て支援を通した国際交流の 場となっている。

3

How many Japanese university hospitals have websites in English? 日本の大学病院で英語のホームページを持っている割合はどのくらいか?

15:00–15:15 Yoichi Takaki 高木陽一 (Harasanshin Hospital 原三信病院)

医療機関への外国人受診者数が増加する中、一部の病院は外国語のホームページ(HP)を作成している。また、各病院が外国人患者受け入れ医療機関認証制度(Japan Medical Service Accreditation for International Patients: JMIP)の認証を取得する場合には、英語のHP作成が必要となる。原三信病院では、JMIP取得に向けた活動の中、英語のHPを作成する必要性に迫られ、多数の病院の外国語HPを参照した。外国語HPの言語数に関しては、多言語のHPを持っている病院、英語のみの

病院、外国語HPのない病院が存在した。HPの内容に関しては、住所・連絡先・診療科が主体のシンプルなHP、外国人が病院を受診の際の手続きが詳細に記載されている充実したHPと、内容に差を認めた。そこで、日本の各地区の中核病院と考えられる、82の大学病院に関して、英語または多言語HPをもつ病院の割合、HPの内容を調べた。結果は、全国の大学病院で、英語のHPをもつ割合は約60%であり、充実した内容をもつHPの割合は45%であった。

MEMO

Sunday, August 4 8月4日(日)

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

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

Invited lecture 2(招待講演 2)

Less classroom, more clinic: Redesigning curricula to incorporate medical English into medical practice

Chair

Hiroaki Igarashi 五十嵐裕章

(Section of Internal Medicine, Kawakita General Hospital 河北総合病院 内科)

Speaker

Gautam A. Deshpande

(General internal medicine, Juntendo University 順天堂大学総合診療科教授・国際診療部副部長)

BACKGROUND

Though the overall level of English ability amongst Japanese medical professionals continues to rise, English language learning in the medical school curriculum in Japan continues to be highly variable with questionable effectiveness in terms of real-world language competency. Despite the long hours that many medical students are required to spend in English classes, existing competency gaps suggest that fundamental curricular changes are warranted. Japan continues to be a strongly work-oriented culture, in which theoretical or 'soft skill' learning in medicine continues to lag behind its Western counterparts. In contrast, Japan continues to excel at productivity-oriented activities in which concrete, 'hard skills' are gained within the explicit context of specific work needs. This general disposition is quite clearly manifested in the relative strength, when compared to other developed countries, of Japan's procedurally-oriented specialties (e.g., endoscopically-driven gastrointestinal medicine, interventional cardiology and radiology, and many surgical subspecialties) versus Japan's relative weakness in the patient-oriented fields of medicine (e.g., public health and infectious disease, family medicine, general medicine, and psychiatry).

INTERVENTION

In order to translate the soft skills inherent in both language-learning and patient-oriented medicine into the 'vocabulary' of procedural medicine's hard skills, redesigning medical English educational curricula is essential. The University of Hawaii's [UH] Clinical Reasoning Workshop provides a model on which to base a redesign of medical English education. Since 1997, the University of Hawaii School of Medicine has invited senior medical students from across Japan to study patient-centered medical interview and clinical reasoning skills in Honolulu. In 2010, a version of this program was imported to Japan by UH faculty and conducted in similar fashion at St. Luke's International Hospital in Tokyo. The Clinical Reasoning Workshop runs over five days and incorporates approximately forty hours of learning time. The program hinges on several key factors that we believe are

essential to its success in Japan:

- [1] The program focuses on real-world situations faced by practicing clinicians, and the real-world skills needed by them to care for patients, thus marrying medical English with other 'hard' and 'soft' skills required for a medical practice.
- [2] The program has a logical structure in which each day's activities build towards the next day's activities, simulating the ideal structure of a four-year US medical school curriculum, and 'easing' students into progressively more challenging language situations.
- [3] The program incorporates humanistic, patient-centered practice in all activities, emphasizing communication skills.
- [4] The program spends the majority of time on student-driven activities including interactive lectures, problem-based learning, and mock interviews with English-speaking simulated patients.
- [5] The program emphasizes skills not widely found in current Japanese medical education curricula, particularly clinical history-taking and diagnostic reasoning skills, as well as physical exam skills.

DISCUSSION

The Clinical Reasoning Workshop in Japan ran from 2010 to 2017, educating over 160 Japanese senior medical students, who are now young residents in a variety of top residency programs throughout Japan and overseas. Year after year, feedback for the program was overwhelmingly positive. In addition to the skills gained in the program, an added benefit was found to be the network gained by students of like-minded progressive education-forward learners. Many of these relationships have lasted for years onwards. Now with many of our alumnae in positions as Clinical Directors, Medical Education Directors, and supervisors of younger physicians, we anticipate that the Clinical Reasoning Workshop will continue to exert a ripple effect in terms of onward positive benefit to the Japanese medical education community.

Gautam A. Deshpande (ゴータム A. デシュパンデ)

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●略歴
1999年 スタンフォード大学卒業。
2004年 ペンシルバニア州立大学で医師免許取得。
2007年 カリフォルニア大学サンディエゴ校で内科レジデント修了。
ハワイ大学でチーフレジデント。
2009年 来日、米国大使館医師。聖路加国際大学大学院公衆衛生学教授、副院長。
2018年 順天堂大学総合診療科教授、国際診療部副部長。
現在に至る。
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A manageable method for teaching extensive writing to undergraduate students

10:00-10:15 Craig Woods (Kanazawa Medical University 金沢医科大学)

In Japan, hospitals designated as Advanced Treatment Hospitals by the Ministry of Health, Labour and Welfare are required to publish in English at least 70 research papers per year, and this number is likely to increase in the near future. Kanazawa Medical University Hospital is currently designated as an Advanced Treatment Hospital, and many undergraduates choose to work at the hospital after graduation. Therefore, there is a clear need for teaching structured writing at our university. We believe that the most appropriate time to teach writing is during students' 1st and 2nd years of undergraduate study, because there is minimal teaching of English

writing in high schools, and in the later years at a medical university students need to focus on medical studies. This presentation introduces a method for teaching extensive writing to 1st-year students that allows for submission and revision of student assignments based on actionable feedback while not overwhelming the teacher with grading demands. The class structure, and the tools and methods used for collection, grading and revision of student work will be shared. Also shown will be the support information that students need to correctly format their work, manage their documents and communicate by email.

2

An e-portfolio journal for weekly reflection on learning in English and Medical English classes

10:15–10:30 Raoul Breugelmans, Mihoko Hayashi 林 美穂子 (Tokyo Medical University 東京医科大学)

Tokyo Medical University is in the process of revising its English and Medical English courses in accordance with the JASMEE Medical English Education Guidelines Corresponding to the Global Standards for Medical Education. As part of this revision, we have introduced an e-portfolio journal in which all first-year students write weekly entries on the topic "What I learned in English I and Medical English I class this week", adapted from the method reported by Holmes at the 16th JASMEE Academic Meeting. The ICT software used for the English journals is the Mahara e-portfolio system, which is already used extensively in our medical school curriculum. Our experience with a successful clinical rotation journal in which fifth-year students write daily entries reflecting on their experience on the ward encouraged us to implement a

journal for English-related courses, starting with the first-year courses as a trial. The journals are shared with 11 part-time and 2 full-time teachers in charge of the English I and Medical English I courses. Each teacher is assigned about 10 entries from different students every week. The teacher reads the entries, and posts a short feedback comment on each entry. In addition to the objectives reported by Holmes, it also serves as a means to evaluate the achievement of the JASMEE guideline requirements, it provides students with regular writing practice with feedback from teachers, and it gives teachers an overview of all English-related classes. In this presentation, we will report on our preliminary findings in terms of benefits and challenges.

Why do I want to become a doctor?: Comparing responses found in Japanese and Taiwanese medical student essays using quantitative text analysis Why do I want to become a doctor?: 日本・台湾医学生による英文エッセイライティングの計量テキスト分析

10:30-10:45 Shozo Yokoyama 横山彰三 (Faculty of Medicine, University of Miyazaki 宮崎大学医学部)

2015年から Moodle を利用した国際協同学習ネットワークによるアジアの医学生とのライティング交流を継続している。昨年(2018年)は台湾の医学生に参加して貰いこれを実施した。このプロジェクトの目的は、異文化への気づきを高め、多様な価値観や信念に幅広く対応し、将来の医療者として自分自身の健全な価値観や信念形成をサポートすることである。課題は全部で4つある【①なぜ医師を目指すのか(Why do I want to become a doctor?)について述べる。②家族が自動車事故により脳死となったというシナリオを読んで、臓器移植についての自分の考えを述べる。③貧困についての物語を読み、貧困と医療の関係について述べる。④映画「おくりびと」を観賞して、死生観について考えを述べる】。参加する日本人医学生は1年生と2年生なので(台湾は2年生)、専門的過ぎない身近な医療に関連するトピックについて

200~300語の英文エッセイを書き、それを掲示板にアップして参加者相互が読んで簡単なフィードバックをアップするという手順を踏む。参加後の学生からの感想については横山(2018)「オンライン協同学習によるアジア医学生との交流」[JMEE Vol.17(1)]で報告したが、本発表では上記①について書かれたエッセイを日本人医学生(70名)と台湾人医学生(30名)の2グループに分けてコーパスデータ化し、計量テキスト分析を試みた結果を報告する。頻出語や共起関係さらに多変量解析により得られたデータを詳細に検討することにより、日・台の医学生が抱く医師になる目的意識の違いがいくつか浮かび上がった。分析ソフトはKH Coderを使用した。なお本研究は科学研究費補助金(B)「国際協同学習ネットワークによるグローバル英語ライティング教育システムの構築」の研究成果の一部である。

4

Making the connection: drawing-out medical knowledge through learner-created comics

10:45-11:00 Shawn M. De Ha #之川睦美 ² Takay

Shawn M. De Haven,¹Yusuke Hayasaka 早坂裕介,² Florescu Cosmin,² Barnabas Jon Martin,² Mutsumi Inokawa 井之川睦美,² Takayuki Oshimi 押味貴之² (¹General Education Center, International University of Health and Welfare School of Medicine 国際医療福祉大学医学部 総合教育センター,² International University of Health and Welfare School of Medicine 国際医療福祉大学医学部)

Using art, specifically the medium of comics, can be an effective method of educating students while promoting self-directed learning and ultimately student-led production of visual material using the target language. This study highlights how to effectively utilize comics in an educational setting with the final goal of having students produce and present comics in English, allowing them to demonstrate medical knowledge gained from other courses. The International University of Health and Welfare's ultimate goal is to raise doctors who can be active internationally, so all courses for the first two years are taught in English and incorporate "active learning". However, in courses not directly related to medicine it is not always easy to conduct truly active classes and

maintain medical students' motivation. This can especially be the case in the culture and humanity courses given by the authors of this study. With these challenges in mind, we based a unit on a TED (Technology, Entertainment, Design) Talks video addressing the use of comics in education, which provided the students with a chance to explore the medium as a learning tool. After reviewing different styles of comics, students worked in groups to create their own comics in poster form, utilizing medical knowledge gained from other courses. The comics they produced tackled a medical issue, illustrated a medical procedure, or educated the reader on a historical figure in the medical world.

Overcoming three challenges in developing an English program for prospective therapists

12:40-12:55 Kyoko Oike 大池京子 (Hokkaido Chitose College of Rehabilitation 北海道千歳リハビリテーション大学)

Practitioners of Teaching English to Speakers of Other Languages (TESOL) face an endless cycle of teaching and carrying out research aimed at improving programs and resolving the various challenges they face along the way. In my case, the main challenges are 1) dealing with students with relatively low motivation for and proficiency in English learning, 2) meeting high program goals with only two required courses, and 3) being a novice when it comes to teaching appropriate materials for prospective therapists. To overcome these challenges, I have used various techniques based on the concepts of backward design of syllabi, learner autonomy, active and collaborative learning, and

teaching of learning strategies. My foremost focus has been on how to create an English program in which students enjoy learning and simultaneously acquire the high level of English skills they need for their future professional development. In this in-progress research report, I will present the course design and methodological approaches taken, giving a quantitative analysis of the students' progress over a 2-year period based on their initial placement test scores, synthesized final exam scores, and final grades. I will also present an analysis of the students' overall perceptions of the course, as reflected in their course evaluations.

2

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Addressing the challenge of medical student "cost performance" behavior in Japan: A policy framework

12:55–13:10 Christine D. Kuramoto, Gregory V. G. O'Dowd (Hamamatsu University School of Medicine 浜松医科大学)

As medical universities in Japan transition to implement globally recognized standards in their medical curriculums, the medical humanities are being given the least amount of time in medical students' schedules. Consequently, our subjects are less regarded by students as crucial to their futures as doctors. A growing trend toward a "cost-performance" attitude in matriculating students has created a perfect storm. Freshman apathy combines with misinformation from other students, giving rise to increasing incidents of short-cutting (e.g. plagiarism and the use of Google Translate) and creeping dishonesty in their academic performance. Unfortunately, the effect of this "cost-performance" is not one-sided, as we teachers pay a heavy price through ever-increasing micro-monitoring

of student output, dissipating trust, stricter class policy updates, and even teacher burnout. In this presentation, an academic policy framework will be outlined which we believe is also fair and appropriate for our premedical courses. Our proposed policy is created with global standards in mind and the intention of discouraging the cost-performance paradigm. The goal is to motivate our freshman students to do their best in our subjects, as opposed to the current trend of aiming for the minimum possible to squeak by with a passing grade. In particular, we wish to elucidate the value of employing GPA minimums as a catalyst to lift the efforts our students are making.



Enclothed cognition: the effect of a white coat on the performance of communicative and analytical English-language tasks

13:10-13:25 Timothy P. Williams, Eric H. Jego (Nihon University School of Medicine 日本大学医学部)

Enclothed cognition is the term coined by Adam and Galinsky (2012) to describe the systematic effect that clothing can have on the performance of attention-related tasks. This situational relevance is most observable when subjects are asked to wear items of clothing imbued with particular symbolic meaning. Previous studies have shown that native English-speaking undergraduate students randomly assigned to wear white lab/doctor's coats performed better in tasks associated with deliberative thinking and attentiveness. However, no studies have investigated how the effect of enclothed cognition applies to medical students operating in a 2nd language. To investigate whether the

greater attentional control associated with the wearing of white lab/doctor's coats can be observed to produce improved results we divided 1st- and 2nd-year medical students into two randomly assigned groups. One group was asked to wear a white coat, and the other was not. Both groups were then set the same range of communicative and analytical English-language tasks. These included simulated patient (SP) history-taking, TOEFL tests, and online quiz activities. When a comparison was made between the performances of the white coat/non-white coat groups, the results suggested that how we dress affects not only how other people perceive us, but also how we perceive ourselves.

4

Creating awareness in medical students of the benefits of active learning in a local hospital

13:25–13:40 **John Tremarco** (Kagoshima University 鹿児島大学)

This presentation is an account of an 'Active Learning' and CLIL-based practical activity involving students studying medical English at Kagoshima University during a local hospital visit. The hospital visit was designed to expose the students to medical encounters and discourse with real medical practitioners and patients in a working medical environment. Creating and maintaining motivation is one of the key components of a successful language programme. With the aim of motivating the students, we decided to join in the preparation and execution of an asthma seminar for parents and children at a local hospital. This presentation will describe the rationale and reasoning behind the visit, what it gave to all the participants

involved, and how this kind of activity informs our instruction in the classroom. It will also discuss how we can best motivate and prepare students studying medical English for their acquisition of English and create an awareness of what is expected of them if they are to flourish in an English-speaking medical environment. It will outline a plan on how all of this can be achieved; in essence, it is a 4-part programme:

- 1. Make lessons interesting and meaningful
- 2. Make students aware of their role in patient-doctor discourse
- 3. Create awareness of the 'vertical nature' of language
- 4. Facilitate opportunities for students to try out/ witness patient-doctor discourse

Chairs: Takayuki Oshimi 押味貴之 (Center for Medical Education, International University of Health and Welfare School of Medicine 国際医療福祉大学医学部 医学教育統括センター), Mika Endo 遠藤美香 (Department of English School of Medicine Tokyo Women's Medical University 東京女子医科大学医学部 英語研究室)

1

How does learner autonomy influence preparation for and performance on the TOEFL ITP test?

13:45-14:00

Cosmin M. Florescu,¹Yusuke Hayasaka 早 坂 裕介 ,² Takayuki Oshimi 押 味貴之 ,² Barnabas Jon Martin,² Mutsumi Inokawa 井之川睦美,² Shawn M. De Haven ² (¹General Education Center, International University of Health and Welfare School of Medicine 国際医療福祉大学医学部 総合教育センター,²International University of Health and Welfare School of Medicine 国際医療福祉大学医学部)

Background

Research carried out for the 1st cohort of IUHW medical students showed that test preparation in the classroom is only weakly correlated with improvements in TOEFL ITP scores, while out-of-class preparation showed no correlation with score improvement. In this paper we try to fill the gap in the previous report by looking at how learner autonomy affects the way students prepare for and perform on the test.

Methods

Test-taking strategies were explicitly taught only to 1styear students (2nd cohort) choosing autonomously to attend an elective course aimed to prepare them for taking the TOEFL ITP test. All students (n=139) were required to complete the same online TOEFL preparation course, and data were collected at four points in time to identify learners undertaking the assignment proactively. A correlation analysis was carried out involving 43 factors including test scores, online course progress, scores and time spent, as well as attendance in the elective course.

Results

We found a weak positive correlation (0.247; p < 0.005) between attendance and TOEFL ITP listening score improvement, and a weak negative correlation (-0.258; p < 0.005) between attendance and pre-program test scores. Remarkably, we found no significant correlation at any of the four points between the online course score, time spent or assignment progress and TOEFL ITP test score improvement.

Conclusion

The results indicate that formal (in-class or out-of-class) test-preparation for the TOEFL ITP test does not yield significant score gains even for highly motivated students who enjoy learning autonomy.

2

Using text analysis of TED Talks to improve class activities

14:00-14:15

Mutsumi Inokawa 井之川睦美,¹ Florescu Cosmin,² Yusuke Hayasaka 早坂裕介,² Barnabas Jon Martin,² Shawn M. De Haven,² Takayuki Oshimi 押味貴之² (Center for Medical Education, International University of Health and Welfare School of Medicine 国際医療福祉大学医学部 総合教育センター,¹ International University of Health and Welfare School of Medicine 国際医療福祉大学医学部)

First-year students at IUHW learn English through various activities in an English language program based on active learning. These activities include using TED Talks as authentic materials to introduce various topics. We designed vocabulary exercises to improve students' understanding of the TED Talks. Although most of the students' TOEFL ITP test scores were significantly higher at the end of the first-year English program than they were at the beginning of the academic year, some students struggled to understand the TED Talks. To develop more effective activities, we analyzed the texts of the TED Talks in an attempt to identify the sources of their difficulties. To carry out the analyses, we used Text Inspector, a web tool that

rates the difficulty levels of text and vocabulary according to the Common European Framework of Reference for Languages (CEFR). The TOEFL ITP listening materials were also analyzed to compare the difficulty levels of the texts. Most of the texts of the TED Talks were revealed to be at C1 or C2 level on the CEFR by Text Inspector. The texts of some of the TOEFL ITP Part 3 listening materials were also at C1 level, so from the perspective of text difficulty, the TED Talks and the TOEFL ITP Part 3 listening tests are at approximately the same level. These analyses help instructors to prepare class activities which are more suitable for students with different English proficiency levels.

Audience response systems for medical English education

14:15–14:30 **Eric H. Jego, Timothy P. Williams, Allie Patterson, Richard O'Shea, Todd Stoudt** (Nihon University School of Medicine, Dept of Liberal Arts, Division of English 日本大学医学部一般教育学系英語学分野)

While audience response systems have been gaining popularity in recent years, there is little evidence of their educational effectiveness, and no known studies within the context of medical English education in Japan exist. Because there is anecdotal evidence of a growing number of Japanese medical schools currently using some form of audience response system in their English classes, it would be useful for all medical English educators to be informed of the latest developments in the area of audience response

systems. Our research aims were 1) to review the current literature on audience response systems, and 2) to compare and contrast the various systems to identify the advantages and disadvantages of each with respect to their application in medical English classrooms. The presentation will close by inviting the audience to participate in a live demonstration so everyone present can experience an audience response system for themselves.

Measuring history-taking performance of second-year medical students: A rubric and its correlation with an independent measure of English language proficiency

14:40-14:55

Takayuki Oshimi 押味貴之,¹ Yusuke Hayasaka 早坂裕介,² Tamerlan Babayev¹ (¹Office of Medical Education, International University of Health and Welfare School of Medicine 国際保健福祉大学医学部 医学教育統括センター, ²Office of General Education, Inter-national University of Health and Welfare School of Medicine 国際保健福祉大学医学部 総合教育センター)

Background

International University of Health and Welfare School of Medicine is the only medical school in Japan that has conducted its medical 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

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Second-year medical students (120 domestic and 20 international) completed a clinical program taught in English as well as 45 hours of history-taking skills training in English and 120 hours of medical English lessons. We used a modified rubric for non-native English-speaking medical students created by Yamamori et al. (2018) to measure history-taking skills in three domains: spoken English proficiency, communication/ interpersonal skills, and sequence of questions. All three

domains of the rubric and the students' pre- and postprogram scores on Test of English as a Foreign Language Institutional Testing Program (TOEFL ITP) were analyzed in a cross-sectional study.

Results

The students' pre- and post-program TOEFL ITP scores, particularly in Section 1 (listening skills), showed strong positive correlations with all three domains (Pearson correlation coefficient: r values ranged between 0.685 and 0.806, p 0.01 for total, and between 0.716 and 0.815, p 0.01 for listening skills).

Conclusion

The rubric for history-taking performance in English for non-native English-speaking medical students shows a strong positive correlation with TOEFL ITP scores. Further investigation is needed to assess its reliability.

English rounds at neurosurgical ward of Tsukuba University Hospital: Over two years of experience

14:55-15:10

Alexander Zaboronok,¹Takao Enomoto 榎本貴夫,² Bryan J. Mathis³, Eiichi Ishikawa 石川栄一,¹ Akira Matsumura 松村 明1 (Department of Neurosurgery, Faculty of Medicine, University of Tsukuba筑波大学医学医療系脳神経外科, ²Department of Neurosurgery,Tsukuba Central Hospital つくばセントラル病院 脳神経外科, Faculty of Medicine, University ofTsukuba 筑波大学医学部)

Our Neurosurgical Department is the only department at the Faculty of Medicine of the University of Tsukuba that provides 4th- and 5th-year medical students with a unique opportunity to participate in English ward rounds, which they do during their one-month neurosurgical training. The preparatory class includes a basic human anatomy and symptoms review plus examples of clinical case presentations related to neurosurgery. Students choose their patients from a general neurosurgery or vascular neurosurgery group, and, after preparation, report to the professor of neurosurgery in English. If a patient has been discharged before the presentation, they report in front of a screen showing neuroimaging, and if the patient is in the ward, they report at the bedside. The patients are informed in advance about the program, and all

issues are figured out beforehand. Residents also join the rounds to help students answer the professor's questions. We analyzed over 50 completed student feedback questionnaires and found a very positive attitude to English rounds, in spite of the compulsory nature of this part of the educational program. Even though most respondents would not choose neurosurgery as a specialty, they were universally highly motivated to participate because of the unique opportunity to practice medical English. We believe that such courses contribute to students' development as internationally-oriented medical doctors, and that they will further ready the Japanese medical system for international events, such as the Olympic Games in 2020.

Feedback methods and practice in medical interpreting role-playing sessions 医療通訳ロールプレイ訓練におけるフィードバックの方法と実践

15:10–15:25 **Mieko Miura** 三浦美恵子 (Language Education Department, International University of Health and Welfare, Ohtawara Campus 国際医療福祉大学 大田原キャンパス 語学教育部)

国際医療福祉大学(大田原キャンパス)では、2015年から選択科目として「英語医療通訳入門」を開講しており、特に医師-外国人患者-医療通訳者役に扮して行うロールプレイの訓練に力を入れて医療通訳スキルの向上を目指している。近年は、学生の通訳パフォーマンスに対して系統的かつ効果的なフィードバックを行うということを目標に指導しており、今のところ以下の方法・順番で行っている:①学生が行ったロールプレイの様子を録画したビデオ映像を見て、良い点と改善点についてグループで話し合う、②①の内容を紙面にまとめ、グループごとに発表する、③Evaluation Sheetを使って、学生同士が互いのパフォーマンスについて評価・採点する、④留学生を交えたロールプレイ(医師:教員、外国人患者:

留学生、医療通訳者:学生)を行った後に、教員から個々の学生にEvaluation Sheet と口頭によるフィードバックを与える。英語医療通訳入門では、学期末にロールプレイの試験を行っているが、このようなフィードバックは、学生が比較的早い時期からロールプレイの試験を意識して練習する動機づけとなり、自分自身と他者のパフォーマンスについて振り返り、適切な声量、アイコンタクト、態度、英語の発音とアクセント、通訳の正確さなどに対する意識を高める上で役に立つと考えている。本発表では、2018年(前期・後期)と2019年(前期)の英語医療通訳入門で行ったフィードバックの詳細について、ビデオ映像を交えて報告する。

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Focus groups in nursing English needs analysis

15:30–15:45 Simon Capper,¹ Porter Mathew² (¹Japanese Red Cross Hiroshima College of Nursing 日 本 赤 十 字 広 島 看 護 大 学 ²Fukuoka Jo Gakuin Nursing Unversity 福岡女学院大学)

In ESP, needs analysis plays a central role in determining learning goals, teaching methods, teaching materials, and learning assessment. In order to maximise the validity of a needs analysis survey tool, Long (2005) recommended using combinations of various sources of information, including 'domain insiders' (those working in the specialised field that is being studied) and 'domain outsiders' (such as language teachers, who do not have direct experience of the specialised field). The presenters received a JSPS grant to conduct a nationwide needs analysis of nursing English, focusing on identifying the general English needs of nurses for professional development, and more specifically, on identifying the tasks that nurses need to achieve in English in order to carry out patient care and general work duties. Having already

created a survey tool in consultation with 'domain outsiders'-language teaching professionals and nursing educators-we conducted a series of focus group interviews with 'domain insiders'-nurses. These interviews were based on semi-structured discussions to elicit details of the English needs of nurses for professional development and for their provision of healthcare to non-Japanese patients. This presentation reports on practical considerations in conducting focus groups, and how various obstacles were overcome. We will explain the ways in which data were evaluated, categorised and assimilated into the survey instrument. Finally, we will exemplify the ways in which the 'domain insiders' provided insights into the tasks carried out by nurses in Japanese hospitals, and their use of English for professional development.

2 Responding to medical/nursing students' expressed needs: a case study 学習者ニーズに対応する:医学生・看護学生向けの授業実践報告と今後の展望

15:45-16:00 Miyuki Nambu 南部みゆき, Noriko Nagai 永射紀子 (University of Miyazaki 宮崎大学)

医学英語教育を始めとするESP教育においては学習者のニーズを知ることが大前提である。近年、過密化する専門授業を受ける学生が医学英語教育に対して抱くニーズは何か、学年別にニーズの違いはあるか等、教員は問い続ける姿勢を大切にすべきであろう。

南部は、4年前より医学科2年生向けの基礎教育の英語の授業において、生理学の一助となるような授業をスタートさせた。「生理学の授業で出てくる英語が難しい」という切実な声を学生から聞いたからであった。始めた当初は、授業用に準備したのはスライドとハンドアウトのみであったが、近年は取り扱う内容によって、エクササイズの作成、Tutorialのビデオ教材を取り入れている。医学生が目の当たりにしている専門科目における英語の脅威に寄り添いつつ、英語力に開きのある学生にいかに興味を持たせるか、を模索しながら続けてきた授業の、構成・具体的に使用した教材・非専門分野を取り上げる英語教員の存在意義、学生からのフィードバックなどに

ついて報告する。

永射は、本学協定校であるタイ王国プリンス・オブ・ソンクラ大学で4年次の総合実習を受ける看護学科の学生のために、学部2年次および3年次の2年間にわたって行われている看護英語の授業「ENP < English for Nursing Professionals >」について報告する。この授業では、これまで病院内での会話や医療に関する専門用語を中心に指導してきたが、「日常的な事柄を伝達する能力も必要」という実習を終えた学生たちの生の声を聴き、実際にどのようなコミュニケーションが図られているのかを確認するため、2018年9月に約1週間の現地視察を行った。その結果、看護英語はもちろんだが、自国の文化や習慣を説明する力も身につけておくと互いの理解に役立つことが新たにわかった。本発表では、実習におけるコミュニケーション上のニーズを再検討し、新しいシラバス案とともに今後の方針について報告する。

Report on a presentation training course for nursing students and professionals 看護系の大学院生と看護専門職を対象にした英語プレゼンテーション講座の実施報告

16:00–16:15 **Tazuko Nishimura** 西村多寿子**, Kimiko Murakami** 村上紀美子 (Premium Medical English Education Office プレミアム 医学英語教育事務所)

近年,看護系の国際学会が増加し、大学教員だけでなく、 大学院生や臨床の看護師が発表するチャンスも増えてき たが、プレゼンテーションやディスカッションで自信を 持って話せないという悩みが聞かれる。そこで我々は、 参加者がそれぞれの研究課題と資料を用いて発表用スラ イドを作成し、実際に発表するところまで仕上げていく、 少人数の実践的な講座『英語で学会発表・集中トレーニ ング』を企画・実施した。2018年10月~12月に月1回(日 曜日), 講義と演習を含む1回6時間の講座を, 計3回実 施した。参加者は、看護系大学の院生や教員、臨床や地 域で働く看護専門職など計13名で、事前準備として、英 語での一般的な自己紹介文、専門分野や関心領域につい ての紹介文を作成した。提出された英文は、講座開催前 に添削指導を行った上で、当日はビデオ収録下で各自発 表した。講義では、日本語や韓国語なまりの強い英語の サンプル音声を実際に聞いたり、自らが英語で話すペー

ス(1分間に話す語数)を測定したり、シャドーイングの 練習を行った。スライド発表については、自己評価・他 者評価を行い、各自の課題や前回より向上した部分につ いての意見や感想を述べ合った。ゲスト講師には、英語 の堪能な看護系大学教授や同時通訳者を迎え、国際学会 での看護研究の発表の現状と意義、国際会議通訳の経験 等を伝えた。参加者には、自分の発表のビデオを送った り、英語学習に関するアドバイスを書いたレターを定期 的に送付したり、オンライン英会話講師を紹介するなど して、継続的な英語学習を支援した。参加者の英語力(英 文読解力・文法力など)には個人差があったが、3回の講 座により、いずれの参加者も自信を持って発表できるよ うになり、英語発音や発表時の姿勢(声の大きさ、スラ イド内容、聴衆への意識など)にも一定の向上が認めら れた。

4

An English course for medical staff is like a box of chocolates...

16:15–16:30 Ian D. Willey, Gerardine McCrohan, Hiromi Suzuki (Kagawa University 香川大学)

This project builds upon an English needs analysis of medical doctors and nurses in western Japan, which showed that these professionals need basic English speaking skills more than specialized terminology and expressions. Based upon needs analysis findings, two in-service English courses, each running for eightweek sessions, were organized and conducted during a one-year period for staff at one university hospital in Shikoku. Approximately twenty staff members (both medical and paramedical) participated in each course. The primary objective of this one-year trial was to identify successful elements in the course design and methodology in order to establish in-service courses on a permanent basis. An emergent syllabus design was used to test various methods as the instructors became

more aware of participants' abilities and interests. Tasks included fluency-building exercises, instruction in compensatory strategies, and techniques from improvisational theater to accustom participants to impromptu speaking. Feedback from participants on the courses was gained through questionnaires and focus group interviews. Although feedback was generally positive, several barriers to participation were identified, including the participants' busy schedules and their diverse English abilities and goals. This project has revealed the unpredictable nature of voluntary in-service English courses for Japanese medical staff, and points to the importance of tailoring in-service courses to the needs and interests of specific groups of participants.

Chairs: Jun Takata 高田

Productivity and transparency of neoclassical compounds used as medical terms, and the application to vocabulary learning 医学用語における新古典複合語の生産性と透明性,および,語彙学習への応用

16:35-16:50 Hiromi Hayashi 林 弘美 (Meiji Pharmaceutical University 明治薬科大学)

本発表では、gastrology (胃病学) やenteralgia (腸痛) な ど、医学用語に多く見られる新古典複合語 (neoclassical compound) [cf. Warren (1990), Bauer (1998) 等] にっ いて生産性 (productivity)の観点から論じ, 医療系の学 部で学ぶ学習者に対して英語の授業内で可能な指導法を 提案する。そして、新古典複合語に習熟することが医学 用語以外の語彙の増強にもつながることを示す。

生産性という概念は、語形成に関し、「新たな語が作ら れ得るか」という観点と「新たな語をどの程度作り出し 得るか」という観点の両面で論じられている。 Fernández-Domínguez (2009, 2013) は前者をavailability, 後者をprofitabilityと呼び、長野(2018)は、それぞれに 対する訳語として「生産性」と「生産力/生産量」を提 唱している。本発表では、新古典複合語の特徴を概観し

た上で、新古典複合語には availability の意味での「生産 性」があり、「生産力/生産量」も高いことを示す。また、 新古典複合語の意味は、構成要素の意味の合成として決 まることが多いという点で「透明性」があるとされる。 この意味の透明性から、構成要素を覚えることで新たな 新古典複合語にも対応しやすいという,学習者にとって の利点が生じることを示す。併せて、新古典複合語にお ける連結母音 (combining vowel) の重要性を取り上げ, 新たな新古典複合語が作り出される仕組みを見る。さら に, 医学用語(あるいは, より一般的に科学用語)にお ける新古典複合語の位置づけを確認することにより、新 古典複合語と通常の複合語・派生語・略語等の関係を捉 え、より一般的な語彙の増強につなげていく方法を示す。

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A critical look at English for medical purposes research

16:50-17:05 Adam J. Lebowitz (Jichi Medical University 自治医科大学)

This presentation looks critically at problems appearing in English for Medical Purposes (EMP) research. These include intervention vs. non-intervention studies, self-reported outcomes, student "satisfaction", biased questionnaires, and "innovative" program/ curriculum reports. Suggestions are made regarding study reliability, validity, and data management based on standards from highly competitive medical

education journals. Ethical standards for data collection and management come from medical "best practices". Adopting more rigorous standards for research methodology and analysis could raise EMP research quality by ensuring result validity and applicability. Following "best practices" in particular could integrate EMP closer to the general medical field.



What I've taught and what I've learned

17:05–17:20 **Christopher Holmes** (The University of Tokyo Faculty of Medicine, retired)

In this personal account, my swan song in effect, I want to sum up and share in less than 15 minutes what I've learned in the 20 years I've spent teaching English to Japanese medical students at the University of Tokyo. In my talks at our previous academic meetings I've focused on the nuts and bolts of teaching; this time I want to take a step back from the practical details and think about general trends I've observed and share some lessons I've learned. I promise nothing new, no

surprises, no cosmic insights: instead, I intend to overview experiences shared, consciously or unconsciously, by most of my colleagues. We've all been there, but we haven't considered collectively what it all means, what the big picture looks like. With you I will briefly revisit the past in the hope that this will help others (presumably our younger colleagues) navigating the future in our times of momentous change.

The 15th Kenichi Uemura award ceremony 第 15 回植村研一賞 授賞式

Awardee: Kris "Siri"

Kris "Siri" Siriratsivawong is a U.S. board-certified General Surgeon, who is a senior lecturer in the Department of Medical Education at Showa University. He obtained his Bachelors of Science degree in Molecular Biophysics and Biochemistry from Yale University, and then attended medical school at the University of Pittsburgh, where he conducted clinical research in trauma surgery with a focus on geriatric medicine. Upon graduation from medical school, he worked as a Medical Corps officer in the U.S. Navy for over 11 years. As the Department Head of General Surgery at U.S. Naval Hospital Yokosuka, he was the lead surgery educator in the Graduate Medical Education committee. His passion for teaching led him to Showa University, where he leads a clinical



English course for medical students. His interests are in clinical education and simulation training, and he continues to be engaged in clinical work in acute care surgery and trauma.

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

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 宮﨑 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 (SPs), and (4) clinical case presentation. During day one of the workshop, the lecture, given 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 SPs. 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.

Past academic meetings

日本医学英語教育学会 学術集会一覧

	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グレスセンター
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	中野サンプラザ
第23回	高田 淳	2020年6月27,28日	高知県立県民文化ホール
第24回	元雄良治	2021年7月 (予定)	金沢市内(予定)