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 Japan Society for
Medical English Education

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

第24回 日本医学英語教育学会 学術集会 開催案内

第2報

第24回 日本医学英語教育学会 学術集会
会長 元雄 良治
金沢医科大学 腫瘍内科学

開催概要

学会名：第24回日本医学英語教育学会学術集会

テーマ：医学英語への多職種連携

日時：2021年7月17日（土）～7月18日（日）

会長：元雄 良治（金沢医科大学 腫瘍内科学）

会場：金沢市文化ホール（〒920-0864 石川県金沢市高岡町15-1）

演題募集締切：2021年3月22日（月）

<募集テーマ> 英語論文作成・投稿、国際的医学ジャーナルの動向、国際的交流活動、医療現場と医学英語、USMLE対策、医学英語達成度評価、医学英語教育における新たな取り組み、JASMEEの今とこれから、その他

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

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

<https://jasmee.jp/24th-academic-meeting-2021-7-17-18/>

プログラム

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有田 正規 国立遺伝学研究所教授

特別セッション1 International Journal の論文執筆と査読の経験（仮題）
藤岡 和美 日本大学医学部放射線医学系放射線医学分野

特別セッション2 論文ライティングの分業時にみられる問題（仮題）
橘 尚子 アスカコーポレーション 営業制作部 統括課長

シンポジウム1：英語論文作成の分業化：多職種連携の現状

オーガナイザー・座長：津谷 喜一郎 東京有明医療大学特任教授、元WHO medical officer

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5. 植谷 可恵 スタットコム株式会社シニアメディカルライター、京都大学大学院医学研究科非常勤講師

シンポジウム2：コロナパンデミック下での医学英語教育の取組と工夫（仮）

問合せ先

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Second Announcement

The 24th Academic Meeting of the Japan Society for Medical English Education

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

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

Information about the 24th JASMEE academic meeting is presented below. In consideration of the Tokyo 2020 Olympics, the meeting will be held in mid July, in Kanazawa, Ishikawa. We look forward to welcoming JASMEE members and non-members alike to this meeting, where they will be able to share their experience and expertise with others in the field to the greater benefit of medical English education in Japan and beyond.

Yoshiharu Motoo,

President of the 24th JASMEE academic meeting

Dates: Saturday, July 17 and Sunday, July 18, 2021

Venue: Kanazawa City Culture Hall

15-1, Takaoka-machi, Kanazawa, Ishikawa, 920-0864 Japan

President: Yoshiharu Motoo, MD, PhD, FACP (Kanazawa Medical University)

Call for papers: Proposals for papers on the following subjects (or similar) should be submitted by March 22, 2021.

- Preparation and submission of medical English papers
- Trends in international medical journals
- Medical English in Clinical Settings
- USMLE Preparation
- Evaluation of Proficiency in Medical English
- New Developments in Medical English Teaching
- JASMEE—Now and in the Future

Submissions will only be accepted from JASMEE members in good standing. To submit a proposal, please access the JASMEE homepage below.

<https://jasmee.jp/24th-academic-meeting-2021-7-17-18/>

Inquiries should be addressed to the JASMEE Secretariat (c/o Narunia, Inc. Attn: Ms. A. Tomidokoro)

TEL 03-3818-6450 FAX 03-3818-0554 E-mail jasmee@narunia.co.jp

Journal of Medical English Education

The official journal of the Japan Society for Medical English Education

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From the editor

As you will have discerned from the slimness of this volume, the journal did not receive a large number of submissions between October and January. I think this was just one of the many negative effects of the pandemic, so in an attempt to increase the number of submissions, I would like to invite to JASMEE members to consider submitting positive reports about how they coped with their teaching duties during what was a very difficult year in many ways. Although it seems likely that most of us will be back in the classroom teaching our students face-to-face at some point this year, it also seems probable that many of us will not completely abandon the innovative online programmes we put together to allow us to continue providing medical English education in the age of COVID. I have no doubt that we can all learn from each other in this respect, and JMEE will be a good forum in which to share our tips.

Another good forum will be the JASMEE Academic Meeting of the Society planned for the weekend of 17th and 18th July in Kanazawa, Ishikawa Prefecture. The President of this year's Meeting is Professor Yoshiharu Motoo of Kanazawa Medical University, who has selected the use of medical English in multidisciplinary collaboration as the theme of the conference. Although it is too early to tell whether it will be possible to hold the conference as planned, the organizers are already accepting presentation proposals. Prof. Motoo tells me he is optimistic about being able to welcome us all to his city, where in addition to enjoying a splendid conference venue (Kanazawa City Culture Hall), we can look forward to experiencing the rich culture and traditions of Kanazawa. He particularly recommends Kenrokuen (which will be lit up at night), Kanazawa Castle Park, the Samurai houses, Ninja Temple, Oyama Shrine, Nezumita Gate Bridge, Omicho Market, Higashi-Chayagai, Utatsuyama, and the National Crafts Museum (which moved from Tokyo to Kanazawa in 2020). He also says we should not leave without trying nodoguro (a kind of sea perch) and Kanazawa oden. Plenty to keep us occupied, then, so let's keep our fingers crossed!

T.D. Minton OBE

Editor-in-Chief
Journal of Medical English Education



Kanazawa City Culture Hall



Kanazawa Castle

The 24th JASMEE Academic Meeting

第24回日本医学英語教育学会学術集会

メインテーマ Main theme

医学英語への多職種連携 Inter-professional Work for Medical English



写真提供：金沢市

会期: 2021年7月17日(土)~18日(日)

Dates: July 17(Sat) - 18(Sun), 2021

会場: 金沢市文化ホール(石川県金沢市高岡町15-1)

Venue: Kanazawa City Culture Hall (15-1 Takaoka-machi, Kanazawa)

会長: 元雄良治(金沢医科大学)

President: Yoshiharu Motoo, MD, PhD, FACP (Kanazawa Medical University)

日本医学英語教育学会事務局

Japan Society for Medical English Education TEL:03-3818-6450

<https://jasmee.jp/category/events/academic-meetings/>



Health-seeking behaviors among short-term international students in Japan

Daniel Lilley

Momoyama Gakuin University, Izumi, Osaka

Abstract

As Japan increases its efforts to attract international students, the number of international students studying in Japan has markedly increased over the past decade. Seeking medical treatment in any country can be challenging, but even more so for those who face language and cultural barriers. This article will review the results of a mixed-method questionnaire conducted on short-term international students studying at a university in Japan about health-seeking experiences, behaviors, and beliefs. Satisfaction among students who accessed medical treatment is high, despite concerns and anxieties regarding language barrier and cost being evident. The misconception of high cost of treatment is investigated and proven to not be a barrier to seeking medical treatment, and suggestions to ease anxiety among students are discussed. A reliance on formal support networks, primarily in the form of accompaniment to medical facilities by the university is found to be greater than that of longer-term international students. These support networks and access to information are further discussed. This research aims to give program providers and medical practitioners in Japan a deeper insight into health-seeking behaviors of non-Japanese students, through examination of student experiences. As Japan's society continues to diversify, challenges faced by foreign residents including short-term international students will need to be addressed in order to aid positive health outcomes through delivering the highest possible level of medical treatment.

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Keywords international students, health-seeking behaviors, study abroad, Japan

1. Introduction

Japan has long been a popular destination for those wishing to study in Asia, and in recent years has welcomed an increasing number of international students. According to JASSO (2018)¹, as many as 65,457 people were studying on short-term programs of one year or less in 2017, an increase of 8.1% on the previous year. Programs and initiatives endorsed by the Japanese Government, such as the 300,000 International Student Plan, have contributed to this increase. Students enrolled in courses of one year or less at Japanese language schools, vocational schools, non degree-seeking programs in universities and junior colleges, and postgraduate programs are also included in the Japanese government's definition of a short-term international student. As Japanese higher institutions further encourage enrollment of students from abroad, it is expected that both

the number of short-term and degree-seeking international students will continue to increase.

A pilot study conducted by Kotera, Uetani, Nakashima & Senba² investigated health issues and health seeking behaviors of degree-seeking inbound international students, whose period of stay was between one and five years. However, the author was unable to find similar studies conducted among short-term students with a stay of less than one year in Japan. Kotera (et al) investigated health behavior and health-seeking behaviors of international students including social support, access to health information, medical facilities visited and related anxieties, and health literacy. Their statistical analysis found a meaningful relationship between the number of Japanese acquaintances held and health behavior, and concluded there is no significant relationship between financial anxiety and health-seeking behaviors.

International students come from numerous countries, and as such, each student will have varying impressions and expectations of Japan's health system. Being in Japan for a year or less, short-term international students have specific motivations and behaviors related to maintenance of their own health. Individual interviews and survey results from previous international program participants provided

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a base to this study's questions: what barriers existed for this group; and how did their impressions, whether good or bad, contribute to their health-seeking behaviors. Support networks, quality of care, language barrier, and cultural competence were found to be the most common influences on student's decisions to seek medical treatment and were used as categories for this study.

1.1. Support networks

Foreign students new to a host culture require various types of support networks in order to develop new social networks. When coming to a new country and new environment students require various types of support, such as emotional, informational, tangible, and belonging, and the host institution is often the initial support network.³ Newly formed informal social networks, whether it be among other international students or Japanese students, also aid transmission of information and increase support when medical assistance is required. Social networks relate directly to health behaviors and provide better health outcomes.² International students in this study had a period of stay of a year or less, so had a much shorter period to acclimatize and make new social networks.

1.2. Language barrier

A language barrier is one of the many factors causing foreign students to have difficulty finding and receiving health services in Japan.⁴ Entrance to most undergraduate programs in Japan require Japanese language proficiency; either sitting the Examination for Japanese University Admission for International Students (EJU) or the National Center Test, both conducted in Japanese. However, Japanese language prerequisites for short-term programs taught in English vary, with some programs not requiring any fluency in Japanese. While some physicians may be able to provide treatment in English, it is assumed that medical services and medical information in Japan (outside of expatriate communities) is provided only in the Japanese language. Being unable to communicate independently in Japanese can pose a barrier to seeking medical assistance for students, especially or those not possessing a high communicative ability in Japanese.

1.3. Cultural competence

Cultural competence is also important to consider in the context of health-seeking behavior. Japan is renowned for its strict social rules and social hierarchy, so for students new to Japan not knowing the way or appropriacy of consulting a physician can pose a problem. Non-dominant cultural groups are linked to poorer health outcomes, so students demonstrating cultural competence in health behaviors would be able to understand and follow the norms of the society they are experiencing with regard to hygiene etiquette.⁵ Personal hygiene also practices vary

from country to country, and international students new to Japan are required to learn and adopt a new set of norms. Awareness of cultural differences regarding health-seeking habits and having cultural competence is essential for anybody intending to reside or be employed in Japan long-term. However, short-term students new to Japan arrive with cultural norms of their country of origin and must adapt quickly to a new set of cultural norms.

1.4. Research questions

The goal of this research is to identify health-seeking behaviors through assessment of international students' health seeking experiences and beliefs. Therefore, the following questions relating to short-term international students were employed:

- 1) What behaviors do international students use or are likely to use in seeking medical treatment?
- 2) What beliefs held by international students coming to Japan may influence health seeking behaviors?

Answers to these questions should give insights into ways to improve support services and information for international students to ensure that access to health services is maximized and sufficient academic performance can be maintained. Any possible barriers that exist can be identified and addressed to improve the experiences of both students and medical professionals in Japan.

2. Method

A mixed-method questionnaire (Appendix) was designed and conducted with a cohort of short-term international students ($n = 49$) at the end of a Japanese language & culture exchange program at a mid-level private Japanese university.

A questionnaire was employed to assess demographic information (Section A). Section C employed multiple choice and open questions to examine experiences, support networks, concerns and anxieties and relating reasons to seeking (or not seeking) medical treatment in Japan. This is followed by a series of belief statements regarding impressions of healthcare in Japan, and behaviors employed.

Belief statements were determined through an informal qualitative study of student feedback from previous international student programs and international student support data collected from previous semesters. This information was developed into statements grouped into three categories to measure beliefs relating to quality of care, language barrier, and cultural competence. Each statement was evaluated using a 7-point Likert Scale (1 = Strongly agree, 7 = Strongly disagree) to provide a more accurate measure of a participant's true evaluation, while remaining relatively compact. Data was analyzed using descriptive statistics. Section B results have been omitted due to relevance. A 20-item instrument was initially developed and tested with 10 students to check reliability of results and

ease of understanding of language used. Sixteen items were employed in the final version of the questionnaire. Split half reliability testing was not conducted due to time constraints. Content validity was undertaken through requesting the opinions of two experts in the field of inbound study abroad. Both individuals felt that all belief statements were of relevance to international students studying in Japan. One expert consulted commented that reliability and compatibility of medicines (for students with pre-existing medical conditions) was an issue for students from North America.

All questions were provided in both Japanese & English, and further explanation of questions was given for those students who were not proficient in either. In accordance with the practices of the university, the researcher obtained consent from all the students who participated in this study.

3. Results

3.1. Demographic results

Participants in this cohort elected to study Japanese language and interdisciplinary studies in either Japanese or English as part of their undergraduate studies at their home universities. Twenty-two participants (45%) had finished one semester of study with the remaining students being at the end of their second semester (**Table 1**).

Among the short-term international students, the

Table 1. Demographic characteristics of respondents (n = 49)

Characteristic	No. (%)
Sex	
Male	17 (34.7)
Female	32 (65.3)
Age	
18-21	19 (38.8)
22-25	25 (51.0)
26 or above	5 (10.2)
Period of study	
1 semester (4 months)	22 (44.9)
2 semesters (8 months)	27 (55.1)
Previous amount of time in Japan	
None	26 (53.1)
Less than 2 weeks	15 (30.6)
2 weeks to 1 month	5 (10.2)
1 month to 6 months	1 (2.0)
6 months or more	2 (4.1)
Nationality	
Chinese	10
Korean	9
Taiwanese	6
Finnish	4
American	3
French	3
German	2
Czech	2
Dutch	2
Thai	2
Other (Asian)	3
Other (European)	2
Other (Australasian)	1

majority considered themselves as lower intermediate or intermediate learners (**Table 2**), with no significant difference between reading & writing and speaking skills.

3.2. Behavior results

Sixteen respondents (32.6%) sought medical treatment a total of 25 times at medical facilities during their study abroad period, averaging 1.56 visits per student. The facilities most commonly utilized were local clinics: internal medicine (24.0%), otolaryngology (20.0%), and general hospitals (20.0%). The university health center, although recommended by the university as a first point of call for consultation about any health issue or concern was utilized by only three students (12.0%).

Twenty-eight of the 33 students who did not seek medical treatment responses (84.8%) gave the reason as 'I did not need to see a doctor'. 'I do not want to see a doctor in Japan', and 'I do not trust Japanese doctors' had two responses (6.0%) each. Additionally, 'Language Barrier' was written as a reason by two respondents. One respondent wrote "My sickness wasn't that bad" indicating that they had experienced illness but made a conscious decision to not seek medical consultation.

Accompaniment to medical facilities, including language interpretation [translation] support, was primarily conducted as formal support by university staff (**Table 3**), at 37.5%. The respondent who responded to 'Other' gave a follow up answer of "きゅうきゅうしゃ", or ambulance, which can also be considered a form of formal support.

The questionnaire asked students' concerns and anxieties about seeking medical assistance before consulting a physician from the following four categories: language barrier, cost of treatment, unfamiliarity of medicine, and quality of care. Anxiety related to perceived language barrier was the most common response (48%), followed by a perceived high cost of treatment (30%).

Satisfaction among students who sought medical

Table 2. Student self evaluation of Japanese language proficiency

Level of proficiency	Skill	
	Reading & writing	Speaking
Beginner	8	6
Lower intermediate	13	13
Intermediate	19	23
Advanced	8	5
Fluent	1	2

Table 3. Forms of accompaniment to medical facilities

Type of support	No.
Formal: University staff	9
Informal: Non-Japanese friend	4
Japanese friend	3
Host family	1
None	6
Other	1

Table 4. Belief statement scores for groups that did and did not seek medical treatment

Statement	M ^a		SD	
	Y	N	Y	N
Quality of care				
Japanese clinics/hospitals give good quality care	2.75	2.39	1.34	1.08
Japanese doctors care about patients	2.06	2.79	1.12	1.14
Japanese nurses care about patients	2.31	2.78	1.13	1.13
I have a good impression of Japanese doctors	2.31	2.57	1.07	1.03
I can discuss my physical symptoms freely with doctors	2.81	2.45	1.90	1.39
I can discuss mental health concerns freely with doctors	3.75	3.03	2.08	1.48
The doctor gives me medicine I don't need	4.43	3.36	2.06	1.58
Medicine in Japan does not work well	4.81	4.15	1.93	1.98
I would rather see a doctor from my own country	3.25	2.69	1.91	1.28
Language barrier				
I want a Japanese doctor to speak my language	4.12	3.57	2.02	1.96
I don't want the translator to know my personal information	4.93	3.66	2.01	1.70
I am concerned that using a translator may create miscommunication	3.37	3.09	1.66	1.48
I'm confident in communicating my health issues in Japanese	4.25	3.48	2.01	1.95
Cultural competence				
I don't want to take up the doctor's time	3.43	3.60	1.82	1.93
The doctor should see me when I want, even only for minor symptoms	3.87	3.51	1.82	1.62
I would like to be treated differently because I'm not a Japanese person	5.75	3.81	1.77	1.77

Note: Y = Did seek medical treatment N = Did not seek medical treatment

treatment tended positive, scoring a mean of 4.38 and standard distribution 2.78 on a linear scale of 1 (positive) to 10 (negative). Students who did not see a doctor were asked what their biggest concern or anxiety would be. Anxiety related to a perceived language barrier was again the most common response (41.1%), followed by a perceived high cost of treatment (32.3%).

3.3. Belief statement results

Results of the belief statements (**Table 4**) regarding impressions of healthcare in Japan and behaviors employed for both groups were analyzed and calculated as means, and standard deviation (SD).

4. Discussion

Forty-one students (83%) had not previously been to Japan or had visited for only two weeks or less, so were not acclimatized to living in Japan before this study abroad sojourn. Several factors are considered when seeking medical treatment, one being the seriousness of symptoms. One assumption of this study is that due to the length of the study abroad sojourn, acute symptoms or issues that did not require urgent treatment could be put off until the return to the students' home country. This includes informal treatment (self-medication, etc.) and while not specifically mentioned in this study could be looked at in more detail in further investigations. One student commented, "my illness was not that severe" (S46) indicating that the student was aware that they had illness but made a decision not seek any treatment for it. While numerous studies of mental health and cultural acclimatization of international students have been conducted to date many of these studies have focused

mainly on students from China and Korea as they made up the majority of inbound students in the 1990's and 2000's. The sample for this study, however, was a diverse cohort from a total of 16 countries & regions with the majority from Asia and Europe.

Support networks

International students who do not possess sufficient communicative ability to seek medical treatment in Japanese by themselves must rely on their social networks (informal networks) and formal support networks provided to them, such as the university's international student center staff, or friends. Only three respondents were accompanied to medical facilities by Japanese friends, which suggests that social networks between Japanese students and international students may not have been strongly developed. In Momose & Esaki's⁶ study of international students 47.6% of those who sought medical treatment were accompanied by a support person. In contrast, results of this study show 76.0% of students were accompanied, with the majority being accompanied by dedicated university staff. Although Japanese volunteer students were recruited to support international students, the results showed they and other Japanese friends were not actively utilized as support network. Social networks with other international students are also vital. "When you look at providers and the amount of support in accommodating and accepting international students in Japan, support from other international students, not Japanese people is linked to accommodating well".⁷ (p145) This is evident in programs with predominantly non-Japanese students, having less opportunity to interact on regular basis and build social networks. More opportunities should be provided to socialize with Japanese peers to

further enhance their social networks.² This should help to relieve burden on education providers.

Hospital services rely on non-profit organizations to help with translation and language services, however, the medical facilities in the vicinity of the university in this study have no interpretation services or multi-lingual medical professionals available, and although a free telephone helpline was available, this was not practical for students who only had wi-fi-/data capable smartphones. Encouraging medical providers on a local or regional level to coordinate their services to provide a region-specific guide of clinics with consultation times and any language support available will also benefit students. Access to this by means of distribution at the education provider and being available online will further increase its effectiveness.

Concerns and anxieties

Satisfaction of medical treatment was positive overall with a mean of 4.38 ($n = 16$), however the standard distribution was high at 2.78 showing some students had predominantly positive or predominantly negative experiences. One student (S48) stated “I was given medicine that did not suit the level of symptoms- a weaker medicine”, demonstrating low trust in the physician’s judgement and high level of autonomy in self-diagnosis. Qualitative feedback from 13 respondents also demonstrated positive experiences. For example, “The [proficient] English speaking of the doctor”, indicating students initially had low or no expectation of medical explanation or treatment in language other than Japanese.

Results of anxieties are consistent with the results of the belief statements given later in the questionnaire. A perceived language barrier was the most evident, and may have prevented students freely seeking medical treatment unaided. One student (S20) stated “I don’t know how to explain my problems to doktor [sic]”, clearly demonstrating the student’s awareness that they would need to communicate in Japanese or seek assistance to do so.

The next most prominent concern was the cost. International students who reside in Japan for 6 months or longer are required by Japanese law to enroll into Japan’s National Health Insurance (NHI) system and pay monthly premiums of between 3,000 to 4,000 yen based on the assumption they have no or minimal income. Students are expected to pay 30% of the medical costs incurred in Japan. Liability insurance and Study Abroad Insurance (both domestically and in the home county) are also requirements of many short-term programs. The NHI does not have any cap for the amount the patient pays for a consultation, and quotations are not available. Not knowing how much medical treatment could end up costing is a barrier for students who are not financially independent. Fujii & Kadokura⁸ found 22% of international students considered themselves to have financial difficulties and could not spend

money on medical treatment. Earlier studies are, however, from a period when the Japanese yen was stronger on the international stage, and cost of living comparatively higher. Japan’s consumer price index for the last two decades has remained relatively stable, and years of deflation occurring between 1995 and 2013 led to weakening of the yen against foreign currencies. This has lessened the financial burden of living costs for international students compared to countries such as Korea, China and Vietnam, but the financial burden of paying compulsory National Health Insurance premiums on top of foreign insurance premiums and treatment costs does still exist for short-term international students. One student (S16) made a comment that he was surprised by “lots of administrative documents. I have to pay in order to get documents for foreign insurance”. Unforeseen costs for administrative documents borne by the patient adds to the perception of treatment being expensive. Four respondents made comments that they were surprised by the cost of medical treatment. One respondent (S8) expressed this clearly (S8) by stating “*kusuri ga yasukatta*” (the medicine was cheap), confirming that students had a misconception of treatment and medicine being financially burdensome.

The impression of basic medical treatment in Japan being expensive is a barrier that needs to be rectified in order to reduce anxiety among short-term international students. This can be done by providing a guide listing approximate costs for commonly occurring treatments, specifically 1) charges for initial visits to a clinic or hospital, or visit without letter of referral; 2) charges for basic consultations, such as x-rays, blood tests, and influenza tests; and 3) charges for documents such as certificates and translations required by foreign insurance providers.

Belief statements

Belief statement results relating to quality of care showed generally positive results, with a low standard deviation indicating the overall belief that the quality of treatment of patients is high. However, the mean for mental health consultation is comparatively higher, with a high standard deviation and variation in answers. This indicates mental health concerns may be less freely discussed than physical health concerns. Information distributed to international students about counseling or mental health concerns is currently at the discretion of each program provider. Multi-lingual mental health providers could not be found in the prefecture that this study was conducted, highlighting a clear need for this to be addressed by a regional or national body.

There was no strong preference for the physician to speak the student’s language, indicated by results from $Y = 4.12$, and $N = 3.57$. In the case of interpretation [translation] support, these results proved no strong aversion to translators knowing personal information about them. The statement ‘I am confident in communicating my health issues in Japanese’ gave lower results for students who

actually did access treatment. This shows language barrier is an anxiety, but does not prevent access to care.

The broad capacity to understand, communicate with and effectively interact with people across cultures is also referred to as cultural competency.⁹ This competency needs to be considered in order to aid better health outcomes for both patients and providers. This study did not measure cultural competency of health behaviors directly, but as Japan's population quickly diversifies there will be a need to address this. Addressing this in future research and practice will foster clearer expectations, improved customer satisfaction and improved public image of health services.⁵

Short-term international students, in addition to language barriers and forging new social networks, have the added challenge of going through cultural adaptation in their new environment which causes further stress and anxiety for many students. The level of social connectedness and acculturative stress were major factors in reported depression among undergraduate students, both international and domestic.¹⁰ Struggling with reduced independence and feeling embarrassed to ask for help may also occur. Losing a sense of independence, particularly for western students who are used to having a lot of autonomy, can be challenging. Individuals in Western cultures are generally taught to be independent,³ implying that people should attempt to handle their health problems on their own. A person may perceive a high availability of support but not decide to utilize it because of concerns about network members' perceptions of their competence. Short-term international students are assumed to have low cultural competency upon arrival and require adequate support when seeking medical advice. Perceptions of healthcare, level of health literacy, and autonomy must be considered as factors contributing to health outcomes.

The results of the final statements did not demonstrate any significant findings about being a bother to the physician, or desire in seeking preferential treatment. One remarkable result from these statements the indication that those who had sought medical treatment wanted to be treated equal to local Japanese patients, but were unable to do so unaided.

Health literacy

When students new to Japan are oriented into a new study abroad program, health literacy must be considered. This is the cognitive and social skills which determine the motivation and ability of individuals to gain access, understand and use information in ways which promote and maintain good health.¹¹ Improving health literacy by combatting concerns and anxieties, providing easy to understand information about available health services, and how to access them in the student's native or second language is important.

In the case of this study, the target university had

received exchange students with low health literacy in the past so health literacy was prioritized in the current program. Students were provided with a multi-lingual orientation to local health services upon arrival in Japan, including locations of medical facilities on-campus, and in the vicinity of campus and student accommodations. All students were escorted to municipal offices to register for the NHI program. The transmission of information and support to act on this knowledge was fostered early and health literacy among participants from this survey is assumed to be high. Despite this, concerns and anxieties as outlined above were still evident. Kotera (et al) also suggests timely delivery of information relating to specific clinics, access times, and their location. Not having this information available at hand in their language becomes a barrier for international students.

Considerations

The small sample size was one of the major limitations to this study and prevented a deeper analysis of statistical data. However, the qualitative data in comments from respondents proved useful. As indicated earlier, reliability of results assumes that the target population of students can fluently read Japanese (with kana readings above) or English. If given online as an anonymous survey, as in the case of Kotera (et al) did, the respondents' level of understanding of the language used is unknown and may affect responses. This study was given to international students, with support staff on hand to clarify any language related questions (especially for those whom did not have Japanese or English as second language) as required.

5. Conclusion

Results among short-term international students have shown that there is a positive perception of quality of care given in Japan, and satisfaction among those who accessed it is also high. No evidence of aversion to treatment by Japanese doctors was found. However, the number of students which did not access medical care is high, and there were indications that some may avoid non-urgent treatment due to a short period of stay.

As the number of short-term international students coming to Japan to study increases, the need for multi-lingual support at medical facilities will increase accordingly. Questionnaire results showed no aversion to accessing the same local specialized clinics and medical facilities as those used by the local population, but doing so requires support from both formal and informal networks. Heavy reliance exists on the host educational institutions to provide information about medical facilities, accompany students to them, and provide interpretation services. Students who believe they had strong communicative ability in Japanese still utilize their social networks for support when seeking

medical treatment. Suggestions have been made to better utilize other networks to help students and reduce reliance on the institution. In addition, despite information being provided, underutilization of campus health centers was also identified in this study and measures should be implemented to address this.

Anxiety and perception of a perceived language barrier was confirmed to not be a barrier to seeking medical treatment. No concern about using translators or privacy concerns were found among student beliefs.

Medical treatment in Japan being expensive is still a strongly held perception, but As the results of this research show it is a misconception that does not have a marked effect on health-seeking behavior. Western students sacrifice their autonomy to rely support networks when they are unable to communicate independently in Japanese, and for short-term students this represents a larger proportion than other international students. As recommended here, providing additional information about treatment providers and costs as a guide to students will foster greater outcomes for short-term international students in Japan.

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Appendix: Questionnaire (Section C) "Your Experience in Japan"

Have you been to a clinic or hospital in Japan?

If Yes:

1. How many times?
2. What types of clinics/hospitals did you go to?
(Clinic (internal medicine) /Clinic (Orthopedics) / Clinic (Gynecology) / Clinic (ENT) / Clinic (Psychology) /Large Hospital / University Clinic / Other)
3. Who did you go to the clinic/hospital with?
(By myself / With Japanese friend / With Non-Japanese friend / With Host Family / With university staff / Other)
4. What symptoms did you have?
5. Before going to the doctor, what were your concerns/ anxieties about getting treatment in Japan?
(Language barrier / High cost of treatment / Unfamiliarity of medicine / Quality of Care / Other)
- 6.a) How was your experience of getting treatment in Japan on a scale of 1 to 10. (1= Positive, 10= Negative)
- b) What surprised you the most?
7. Mark a number from 1 to 7 showing whether you agree or disagree with the following statements:
(1=Strongly agree, 7=Strongly disagree)
 - Japanese clinics/hospitals give good quality care
 - Japanese doctors care about patients
 - Japanese nurses care about patients
 - I have a good impression of Japanese doctors
 - I can discuss my physical symptoms freely with doctors
 - I can discuss mental health concerns freely with doctors
 - I don't want to take up the doctor's time
 - The doctor should see me when I want, even only for minor symptoms
 - I would rather see a doctor from my own country
 - I want a Japanese doctor to speak my language
 - I don't want the translator to know my personal information
 - I am concerned that using a translator may create miscommunication
 - I'm confident in communicating my health issues in Japanese
 - I would like be treated differently because I'm not a Japanese person.
 - The doctor sometimes gives me medicine I don't need
 - Medicine in Japan does not work well.

If No:

1. Select the reason for not seeing a doctor:
(I have not needed to see a doctor / I do not want to see a doctor in Japan / I do not trust Japanese doctors / Other)
2. If you were to see a doctor in Japan, what would your biggest concerns/ anxieties be?
(Language barrier / High cost of treatment / Unfamiliarity of medicine / Quality of Care / Other)
3. Mark a number from 1 to 7 showing whether you agree or disagree with the following statements:
(1=Strongly agree, 7=Strongly disagree)
 - Japanese clinics/hospitals give good quality care
 - Japanese doctors care about patients
 - Japanese nurses care about patients
 - I have a good impression of Japanese doctors

- I would discuss my physical symptoms freely with doctors
- I would discuss mental health concerns freely with doctors
- I don't want to take up the doctor's time
- The doctor should see me when I want, even only for minor symptoms
- I would rather see a doctor from my own country
- I want a Japanese doctor to speak my language
- I don't want the translator to know my personal information
- I am concerned that using a translator may create miscommunication
- I'm confident in communicating my health issues in Japanese
- I would like be treated differently because I'm not a Japanese person.
- The doctor might give me medicine I don't need
- Medicine in Japan probably does not work well.

医療福祉系大学における海外研修参加を希望しない学生の意識調査

An attitudinal survey of students at a healthcare college who opt not to go abroad

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Abstract

Objectives. Although exploring diversity is critical in improving communication among people with differing linguistic or cultural backgrounds, many students decline or hesitate to grasp opportunities to attend seminars abroad. The primary aim of this study was to investigate the reasons for this phenomenon.

Methods. A survey of students at a healthcare college was conducted.

Results. The predominant reason was financial difficulty, followed by anxiety about communicating in English and failing to meet university course work requirements.

Discussion. Although their English skills are constantly evaluated, many students do not regard English as a communication medium. We language educators should construct practical language courses for future medical professionals.

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Keywords healthcare college students, attitudinal survey, opting not to go abroad

1. 序 文

訪日・在日外国人の増加により、医療機関で受け入れる外国人患者数が増加している。東京や大阪など大都市以外に位置する病院でも週に1回は医師も看護師も英語を使う場面があるという。¹外国人患者とのコミュニケーションは説明責任の観点から必要に応じて通訳や自動翻訳デバイスなどが活用されるが、あいさつや気遣いなどの言葉かけ、あるいは救急や終末ケアの場面では患者の第一言語で、もしくは「共通語としての英語 (English as a Lingua Franca)」で行われることが望ましい。医療従事者にとって、英語運用能力はコミュニケーションツールとして習得すべきツールの一つである。

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日本医学英語教育学会は「グローバルスタンダードに対応するための医学英語教育ガイドライン」の中で、医師が最低限習得すべきコミュニケーション技能の一つとして「英語で患者を案内することや、良好な関係を築くことができ、基本的な医療面接を行える」ことを例示している。² English for Medical Purposes (EMP) の重要性が医学部を中心にさらに注目されており、多くの医学部で English as a Medium of Instruction (EMI) や Content and Language Integrated Learning (CLIL) などを取り入れ、「英語を学ぶ」のではなく、「英語で学ぶ」授業が増加している。

一方、医師同様に医療現場を支える看護師など医療のエキスパートたちもコミュニケーションツールとしての英語運用能力を備えていることが望まれるが、医療福祉系大学では履修要件の制約上、語学留学の機会や英語系科目の履修を増やすことは容易ではない。医療を志す多くの学生にとって英語とは1～2年次の必修科目という位置づけであり、英語学習を継続する動機づけを持ちにくい。さらに、日本で医療に従事する限り、英語運用能力は重要ではないと考える学生も少なくない。多様に触れる機会が多い人

ほど外国人への寛容性が高いことは明らかであり³、異なる言語や文化背景に関わらず質の高い医療ケアを提供する医療従事者養成のためにも、医療福祉系大学においても多様性に触れる機会を積極的に取り入れていくべきである。

筆者の本務校（国際医療福祉大学大田原キャンパス）では主に2年次を対象に、「海外保健福祉事情」という選択科目が設置されており、イギリス、オーストラリア、中国、タイなど16か国に短期間で学生を派遣し、現地の医療福祉制度を学ぶ機会を設けている。多くの学生が海外研修に参加意欲を示す一方で、参加を希望しない学生もいる。これまでその理由が調査されたことはなかったものの、研修参加にあたり学生の費用負担があることから、経済的理由から海外研修に参加しない学生が多いと漠然と考えられてきた。本調査では、海外研修に参加しない学生を対象にその理由を調査し、医療を学ぶ学生が海外に目を向けにくい理由が経済的理由以外にもあるか否かを明らかにすることを目的とする。

2. 方法

2.1. 調査方法

Google form を利用したオンライン調査

2.2. 被調査者

医療福祉系大学で看護、理学療法、作業療法、言語療法、薬学を学ぶ1年生 計253人

同集団のTOEIC IP (L&R) スコア 平均355.8、中央値340.0（本調査の1か月前に実施）

表1 海外研修先の国（16か国）

（アジア）中国、韓国、台湾、ミャンマー、ラオス、タイ、ベトナム、カンボジア、フィリピン、マレーシア、インドネシア、シンガポール、モンゴル
（オセアニア）オーストラリア
（ヨーロッパ）イギリス、ハンガリー

表2 海外研修不参加またはためらう理由

経済的理由
学科の勉強に支障が出る
異文化での生活が不安
英語でのコミュニケーションが不安
海外に行くことに興味がない
将来も海外に行く予定はない
研修で何をもらえるかが分からない
もう十分に海外での経験がある
訪れたいと思う研修国がない
その他

2.3. 調査内容

まず予備調査として2019年4月に、薬および医療保健学部2年生120名を対象に、渡航先のリストを提示しつつ（表1）海外研修への参加意向を「①参加したい、②興味がある、③分からない、④興味がない、⑤参加しない」から一つ選択させ、③～⑤を選んだ学生にはその理由を自由記述させた。予備調査は紙媒体の質問紙で行われた。その記述内容をラベル化して似ている記述ごとにまとめ、最終的に9項目の理由を抽出し（表2参照）、本調査の選択肢とした。

2020年1月実施の本調査では予備調査同様、海外研修への参加意向を選択させたのち、「分からない、興味がない、参加しない」を選んだ学生にその理由を予備調査から得た9項目の選択肢から複数回答で選択させ、また「その他」を選んだ学生にはその理由を記述させた。

2.4. 手続き

2.4.1. 日時：2020年1月中旬

2.4.2. 場所：大学内コンピュータ室

2.4.3. 調査者：必修英語科目を担当する語学教員1名（筆者）

2.4.4. 調査の方法：調査者が担当する必修英語科目の秋学期最終授業回の授業終了後、任意回答である旨の説明と共に各学生のパソコンにGoogle formのリンクを送付し、調査協力を依頼した。

3. 結果

被調査者253人のうち242人から有効データを収集し、Microsoft Excelで集計した。そのうち海外研修に「参加したい」「興味がある」と回答した学生は115名（47.5%）、「分からない」「興味がない」「参加しない」と回答した学生は127名（52.5%）であった（図1）。

それらの学生に海外研修に参加しない、もしくはためら

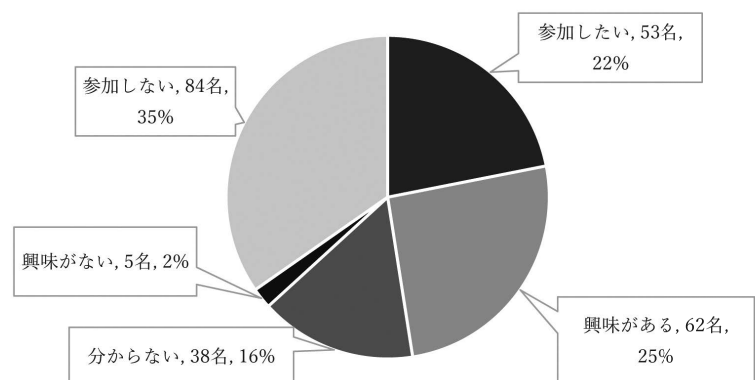


図1 海外研修参加意向

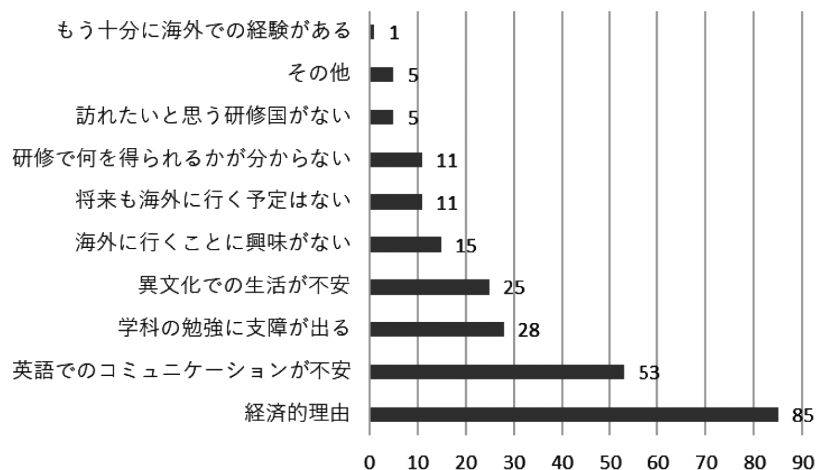


図2 不参加もしくは参加をためらう理由

う理由を複数回答可として選択させたところ、回答の多い順に「経済的理由」が85件（35.6%）、ついで、「英語でのコミュニケーションが不安」が53件（22.2%）、「学科の勉強に支障が出る」が28件（11.7%）、「異文化での生活が不安」が25件（10.5%）であった。「その他」を選んだ理由には「海外に行くのであれば研修ではなく旅行したい」などの記述がみられた（図2）。

4. 考察

今回の調査では多くの学生が海外に赴くことに意欲的であった一方で、約半数の学生が海外研修参加に「参加しない」、もしくは「分からない」と回答した。その理由として最も多かったのが経済的理由によるもので、これまで海外研修不参加の主な理由として考えられてきたことが今回の調査で実証された。

新たに分かったことは、第一に英語でコミュニケーションを取ることへの不安から海外に赴くことを避ける傾向がみられた点である。英語学習者が最も不安を感じる場面とは、準備していない内容について突発的に英語で話す“Spontaneous speech”であることが指摘されている。⁴これまで多くの学生にとって英語とは常に評価の対象であり、誤った文法や未熟な発音に対して低い評価を受けてきた経験が英語を使うことへの不安につながっていると考えられる。英語とは本来コミュニケーションのためのツールにすぎず、高等教育機関における英語教育ではその認識を新たにし、英語を使うことが不安だからその場面を避けるのではなく、その不安を解消するための行動につなげられるようなサポート体制の構築が必要であろう。英語でのコミュニケーション不安に合わせて「異文化での生活が不安」とあるという回答も合わせると32.7%にもなり、大学生が「不

安だからやめておく」という選択をすることは寂しいものである。

次に、研修国はイギリスやオーストラリアなど英語圏だけではなく、中国、韓国、ベトナム等アジア諸国も選択肢にあるにも関わらず、「英語でのコミュニケーションが不安」であることを指摘する学生が多かった。これは、英語を第一言語としないアジア諸国でも英語が共通語として用いられるであろうことを学生が認識していることを明らかにしている。

最後に、「学科の勉強に支障が出る」ことを理由に海外に赴くことをためらう学生が多いことにも着目すべきである。医療福祉系大学では長期休暇期間に追試、補講、実習などが行われることが多く、学生の時間的余裕は比較的少ない。専門分野の学習を1年間終えた時点で今後学ぶべき内容の多さに圧倒され、海外研修に参加する期間およびその準備時間などが専門科目の学習に障ることへの不安が、海外に目を向けることを妨げていると考えられる。履修要件の制約が大きい医療福祉系大学ならではのニーズに適合する語学教育のカリキュラム構築が求められる。

5. 展望と課題

医療の現場では患者やチーム医療のスタッフとの円滑なコミュニケーション能力が求められる。コミュニケーションを取るか否かの選択の余地がある場面で、自らコミュニケーションを取ることを選ぶ“Willingness To Communication”⁵の概念を英語学習に取り入れ、英語使用が予想される場面でも進んで患者とのコミュニケーションを図ることができるといった人材育成が必要であると考えられる。近年、一般教育・専門科目を英語で学ぶEMIが多くの高等教育で注目を集めている。医療系大学においても学生が英語運用能力の必要

性を強く意識できるような授業を積極的に取り入れ、学習内容が臨床での実践に密接につながるような機会を多く設けていくべきである。

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文 献

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