June
2025

Vol. 24
No. 2

Journal of Medical English Education
年3回2月・6月・10月発行　第24巻 第2号　2025年6月1日発行
ISSN 1883-0951

Journal of Medical English Education

The 28th JASMEE Academic Meeting Program and Abstracts

第28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

July 12 (Sat) & 13 (Sun), 2025
2025年7月12日(土)・13日(日)

President 会長

Shigeo Irimajiri (ISEIKAI International General Hospital)
入交　重雄（医誠会国際総合病院）

Venue 会場

Ogimachi Museum Cube (ISEIKAI International General Hospital)
扇町ミュージアムキューブ（医誠会国際総合病院）

Japan Society for Medical English Education

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

Journal of Medical English Education

The Official Journal of the Japan Society for Medical English Education

jasmee@narunia.co.jp

Journal of Medical English Education

Vol. 24, No. 2, June 2025

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

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Greetings from the President
会長挨拶

President of the 28th Annual Meeting of JASMEE
Shigeo Irimajiri

第 28 回日本医学英語教育学会学術集会
会長　**入交　重雄**

It is a great honor for me to be appointed as a President of the 28th Academic Meeting of the Japan Society for Medical English Education and to host this meeting in Osaka.

The theme of this year's meeting is "English for Healthcare Providers in the Clinical Setting". Due to the increase in inbound tourism after Covid-19, the importance of English among medical professionals in clinical practice is becoming increasingly important. In particular, the number of foreign visitors to Japan is expected to increase even more this year due to the 2025 Osaka Expo. In this age of globalization, good communication in English is essential in clinical practice to provide appropriate medical care to patients with different language and cultural backgrounds.

There are two featured lectures at this academic conference. On Saturday, Dr. Ota gives a lecture on "English Skills to Survive as a Private Family Medicine Physician in the United States". On Sunday, two officers from US Consulate General Osaka-Kobe give the lectures on "Supply and Demand: English Language Availability and Needs in Japanese Medical Facilities".

I hope that many English teachers and healthcare professionals will gather at the conference venue and engage in lively discussions about the latest research results and educational methods in the field of medical English education. Finally, I am sincerely grateful for Ms. Kimiko Sato's tireless efforts. Also, Professor Takako Kojima's dedication and hard work have not gone unnoticed. I greatly appreciate everyone who has kindly contributed to the 28th JASMEE Academic Meeting.

Shigeo Irimajiri, MD
ISEKAI International General Hospital

この度，第 28 回日本医学英語教育学会学術集会の会長を拝命し，本学会の学術集会を主催できますことを，大変光栄に思っております。

今回のテーマは「臨床現場における医療従事者の英語」です。コロナ後のインバウンド増加により，臨床現場における医療従事者の英語の重要性がますます高まっています。特に今年は，2025 年大阪万博が開催されるため，訪日外国人数がさらに増加することが予想されます。国際化が進む現代，異なる言語や文化背景を持つ患者さんに適切な医療を提供するためには臨床現場における英語による良好なコミュニケーションが不可欠です。

初日と 2 日目にはそれぞれ，今回のテーマに沿った講演が予定されています。一つはハワイ在住の太田医師による医療現場での英語の重要性についての招待講演です。もう一つは，在大阪・神戸アメリカ合衆国総領事館からの 2 名の方により，日本の医療機関における英語の有効性と必要性に関して特別講演が予定されています。

会場において多くの英語教員や医療従事者が一堂に会し，医学英語教育に関して最新の研究成果や教育方法について活発な議論が繰り広げられることを期待しております。末尾となりましたが，学会準備から開催に至るまでご尽力頂いた「編集室なるにあ」の佐藤公子様および事務局の方々，抄録の校閲に関して大変お世話になった小島多香子先生をはじめ，第 28 回 JASMEE 学術集会にご協力頂いたすべての皆さまに，心より改めて感謝申し上げます。

入交　重雄
医誠会国際総合病院

Contents｜目次

General Information｜参加の方へのご案内

■ Overview of the Meeting

Dates: Saturday, July 12 and Sunday, July 13, 2025
Venue: Ogimachi Museum Cube
(ISEIKAI International General Hospital)
6-26 Minami Ogimachi, Kitaku, Osaka, 530-0052
Tel: 06-6766-4166　https://omcube.jp
Access:
Osaka Metro Sakaisuji Line "Ogimachi Station" exit 5, 3-minute walk
JR Loop Line Shigino-Kyobashi Loop Line Inner Loop "Tenma Station" 7-minute walk
JR "Osaka Station" 15-minute walk

Registration fees:

Members	10,000 yen
Non-members	14,000 yen
Student members	Free

■ Reception Desk at the Venue

1. Fill out the registration form at the reception desk.
2. Submit the registration form to the receptionist. Receive your name tag card, write your name on it, and enter the venue.
※ Please make sure always to wear your name tag inside the venue.

● Participation Certificate and Receipt

The participation certificate and receipt are included in the name tag. Please note that the participation certificate and receipt will not be reissued.

■ Annual Membership Fee

The annual membership fees will not be accepted at the venue.

■ Lunch

There are two Family Mart stores (on the first floor and the third floor). When you register on Google Form in advance, you can order a lunch box, 1,500 yen. No food/beverages allowed inside the Ogimachi Museum Cube. You are allowed to bring your drink inside if it has a lid. You can eat at Sakura Terrace across the street.

■ 開催概要

会　期：2025 年 7 月 12 日（土）・13 日（日）
会　場：扇町ミュージアムキューブ（医誠会国際総合病院）
〒 530-0052 大阪府大阪市北区南扇町 6 番 26 号
Tel: 06-6766-4166　https://omcube.jp
アクセス：
大阪メトロ堺筋線「扇町」駅（5 番出口）から徒歩 3 分
JR 環状線「天満」駅から徒歩 7 分
JR「大阪」駅から徒歩 15 分

参加費：

会　員	10,000 円
非会員	14,000 円
学　生	無料

■ 会場受付

1. 受付にて参加申し込みカードをご記入ください。
2. 名札カードを受け取り，お名前を記入のうえ会場にご入場ください。
※会場では必ず名札を身に着けてください。

● 参加証および領収証

名札に参加証・領収書が含まれています。参加証・領収書は再発行いたしませんのでご注意ください。

■ 年会費について

会場での年会費の受付はいたしません。

■ 昼食について

コンビニ（ファミリーマート）が 2 店舗あります。
・医誠会国際総合病院 院内 3 階店（i-Mall 南棟 医誠会国際総合病院 3 階）
・ファミリーマート Touch To Go i-Mall 店（扇町ミュージアムキューブ向かい）
また，お弁当を有料（1,500 円）で準備します。学術集会参加申し込み（Google form）の際にお申し込みください。
※扇町ミュージアムキューブ館内での飲食は基本的に禁止です。ドリンクについては，ペットボトルなど蓋で密閉可能な容器の持ち込みは可能です。食事はさくらテラス 2 階の休憩スペースにてお願いいたします。

■ Networking Event／Social Gathering

Date: Saturday, July 12（17:15-18:45）
Venue: Sakura Terrace（i-Mall South Wing, on the first floor of the Hospital）
Access: Building across the street
Fees: 5,000 yen

■ For the General Topics Presenters

1. Presenters must be members of the Society. Please be sure to join the Society.
   https://jasmee.jp/join/
2. Presentations will be given on a single screen using PowerPoint.
3. Regarding Presentation Slides
   - Your data should be saved as .pptx, and requested to send it to the box in advance, later noticed.（a period of Monday, June 23 to Sunday, June 29）
     When you present your slides in advance, please note the following points:
     If you present your slides on July 12, title 6,
     Example: file name: 12 6_Jane Doe.pptx
   - If your slides have video and audio data, please check them in advance.
   - If you are a Mac user, check your fonts on different PCs.
   - The Cube's PCs are running on Windows 11 with PowerPoint 2021.
   - Please save your data in USB and bring it to the venue.
4. Total presentation time is 12 minutes, followed by 3 minutes for Q&A. A warning bell will ring once at 10 minutes, and twice at 12 minutes to signal the end. The 3 minutes for Q&A include the time for changing speakers, so please strictly adhere to the time limit.
   Be seated at the "next presenter seat" in the venue at least 15 minutes before your scheduled presentation time.
5. If you want to use your own laptop for the presentation, bring your power cord and HDMI cable converter, and switch the output settings at your own responsibility.
6. If your presentation includes videos or audio, please embed them in the PowerPoint slides and verify that they can be played on other PCs before sending the data. If your presentation includes videos or you plan to connect your own MacBook, notify the PC operator at the venue in advance and conduct a test run during a break.（Disable screensavers and power-saving settings beforehand.）
   If you create your slides on a Mac PowerPoint, make sure the fonts do not get distorted on a PC.（It is recommended to save the PowerPoint slides as a PDF format.）

■ 懇親会

日時：7 月 12 日（土）17：15 ～ 18：45
会場：さくらテラス 1 階
（i-Mall 南棟 医誠会国際総合病院 1 階）
大阪府大阪市北区南扇町 4 番 14 号
会費：5,000 円

■ 一般演題演者の方へ

1. ご発表者は本会会員に限ります。必ずご入会ください。入会については日本医学英語教育学会ホームページをご確認ください（https://jasmee.jp/join/）。
2. 発表はスクリーン 1 面，PowerPoint による口演です。
3. 発表用スライドについて
   - スライドは，PowerPoint 形式（.pptx）で保存し，後日メールにてご案内する提出先へ提出をお願いいたします。
   - 提出受付期間：2025 年 6 月 23 日（月）～ 6 月 29 日（日）
     ※期間内に必ず提出してください。
   - スライド提出時の注意事項
     ファイル名「発表日　演題番号（半角）　氏名」としてください。
     記載例：「7 月 12 日　演題 6　大阪太郎」の場合，
     ファイル名：12 6_ 大阪太郎 .pptx
   - 動画／音声がある場合は，別の PC 機器でも再生できることを確認してください。
   - Mac で作成した PowerPoint は，別の PC 機器でフォントが崩れていないことを確認してください。
   - 会場の PC は Windows11，ソフトは PowerPoint（PowerPoint 2021 対応）です。
   - 当日は念のため発表用スライドを保存した USB メモリをお持ちください。
4. 発表時間は 12 分＋質疑 3 分（計 15 分）です。10 分に予告ベル 1 回，12 分に終了ベル 2 回でお知らせいたします。質疑 3 分には演者交代の時間も含めていますので，時間厳守でお願いいたします。
   ※発表予定時刻の 15 分前までに会場の「次演者席」に着席してください。
5. 当日ご自身のノート PC や Macbook を繋いでの発表を希望する場合は，電源コードと HDMI 接続への変換コネクター等を必ず持参し，ご自身の責任で出力先設定を切り替えてください。
6. 動画がある場合やご自身の Macbook 等を接続する方は，休憩時間など使い事前に余裕を持って会場の PC オペレーターに申し出て試写をして動作確認してください。（スクリーンセーバーと省電力設定は事前に解除しておいてください）。

■ For Poster Presenters

Poster presenters should prepare their posters in A0 size（841 mm wide × 1,189 mm high）and include the presentation title, name, and affiliation. Panels and whiteboards will be set up in the middle floor of Cube. Please notify the reception on Saturday, July 12 and display your poster. Thumbtacks and magnets will be provided at the venue. Presenters must be present at their posters during the core time on Sunday, July 13, 11:25-11:55）to explain and answer questions. Posters must be removed by 15:00 on Sunday, July 13. Posters left after the removal time will be disposed of by the conference office.

■ For Chairpersons

1. The program will proceed according to the schedule. Please be seated at the "next chairperson seat" in the venue at least 15 minutes before your session starts. There might be a need to switch PCs（Mac）during the transition between speakers. Although the schedule is tight, please handle it flexibly to ensure smooth proceedings.
2. If you need to have a meeting with the chairpersons respectively for the same session, please do so via email in advance or use Sakura Terrace on the day as needed.
3. Bells will be provided. Please also take on the role of timekeeper.
4. The chairperson will designate the questioners. They move to the microphone location, follow the chairperson's instructions, and state their affiliation and name before asking their questions.

■ Sales of Program and Abstracts

Copy will be sold for 3,000 yen.

■ Break Room

Please feel free to use Sakura Terrace, available time: 11:00-15:00. Be careful not to spill drinks on the floor.

■ Kenichi Uemura Award

The 19th Kenichi Uemura Award Ceremony for 2024 will be held at 16:45 on Saturday, July 12.

Venue: 1F CUBE02

■ ポスター発表演者の方へ

ポスター発表の方は, A0 サイズ（横 841 mm ×縦 1,189 mm）で作成し，発表タイトル，氏名，所属を記載してください。扇町ミュージアムキューブ M2 階ホワイエにホワイトボードを設置しますので，7 月 12 日（土）受付の際その旨申し出て，掲示をお願いします。マグネットは会場で準備します。

発表者はコアタイム（7 月 13 日（日）11：25 ～ 11：55）の間必ずポスター横で待機し参加者への説明と質疑応答ができるようにしてください。撤去は，7 月 13 日（日）15 時までにお願いします。撤去時刻が過ぎても掲示してあるポスターは，大会事務局にて撤去処分します。

■ 座長の方へ

1. プログラムは日程表どおりに進めます。ご担当セッション開始 15 分前までに会場の「次座長席」に着席してください。

   演者交代時に PC（Mac）の付け替えをする場合があります。タイトなスケジュールですが，スムーズな進行になりますよう臨機応変にご対応ください。
2. 同じセッションを担当される座長同士で打合せをする場合は，事前にメール等で，あるいは当日，休憩室などを適宜ご利用ください。
3. ベルは準備します。タイムキーパーの役割も併せてお願いいたします。
4. ご質問者の指名は座長に一任となります。マイクの場所に移動して，座長の指示に従い，所属とお名前を名乗ってから発言いただきます。

■ プログラム・抄録号の販売

1 部　3,000 円で販売いたします。

■ 休憩スペース

さくらテラス 2 階（i-Mall 南棟 医誠会国際総合病院 2 階）を適宜ご利用ください。

※さくらテラス 1 階利用可能時間　11：00 ～ 15：00

■ 植村研一賞

日時：7 月 12 日（土）16：45

会場：扇町ミュージアムキューブ　1F CUBE02

2024 年第 19 回植村研一賞授賞式を開催いたします。

■ Related Meetings Schedule (on the 2nd floor of Sakura Terrace)

ICT Subcommittee: 13:00-17:00 on Friday, July 11
EPEMP Steering Committee: 16:00-17:00 on Friday, July 11
Board Meeting: 17:00-18:30 on Friday, July 11
Councilors' Meeting and Member Debriefing Session:
9:30-10:00 on Sunday, July 13
※ 1F CUBE02（Not at Sakura Terrace）

■ The 28th JASMEE Academic Meeting Secretariat

Shigeo Irimajiri, MD
（ISEIKAI International General Hospital）
Phone: 0570-099-166
E-mail: 123irima@gmail.com

■ During the Academic Meeting, headquarter is on the 3rd floor, CUBE09

■ JASMEE Secretariat

c／o NARUNIA Inc.
3-4-3 Hongo, Bunkyo-ku, Tokyo, 113-0033
Phone: 03-3818-6450
E-mail: jasmee@narunia.co.jp

■ 関連会議日程（会場：さくらテラス）

ICT 小委員会　7 月 11 日（金）13:00 ～ 17:00
さくらテラス 2 階
医英検制度委員会
7 月 11 日（金）16:00 ～ 17:00
さくらテラス 2 階
理事会　7 月 11 日（金）17:00 ～ 18:30
さくらテラス 2 階
評議員会・会員報告会
7 月 13 日（日）9:30 ～ 10:00
扇町ミュージアムキューブ 1 階　CUBE02

■ 第 28 回日本医学英語教育学会学術集会事務局

医誠会国際総合病院　入交重雄
〒 530-0052 大阪府大阪市北区南扇町 4-14
電話 0570-099-166
E-mail: 123irima@gmail.com

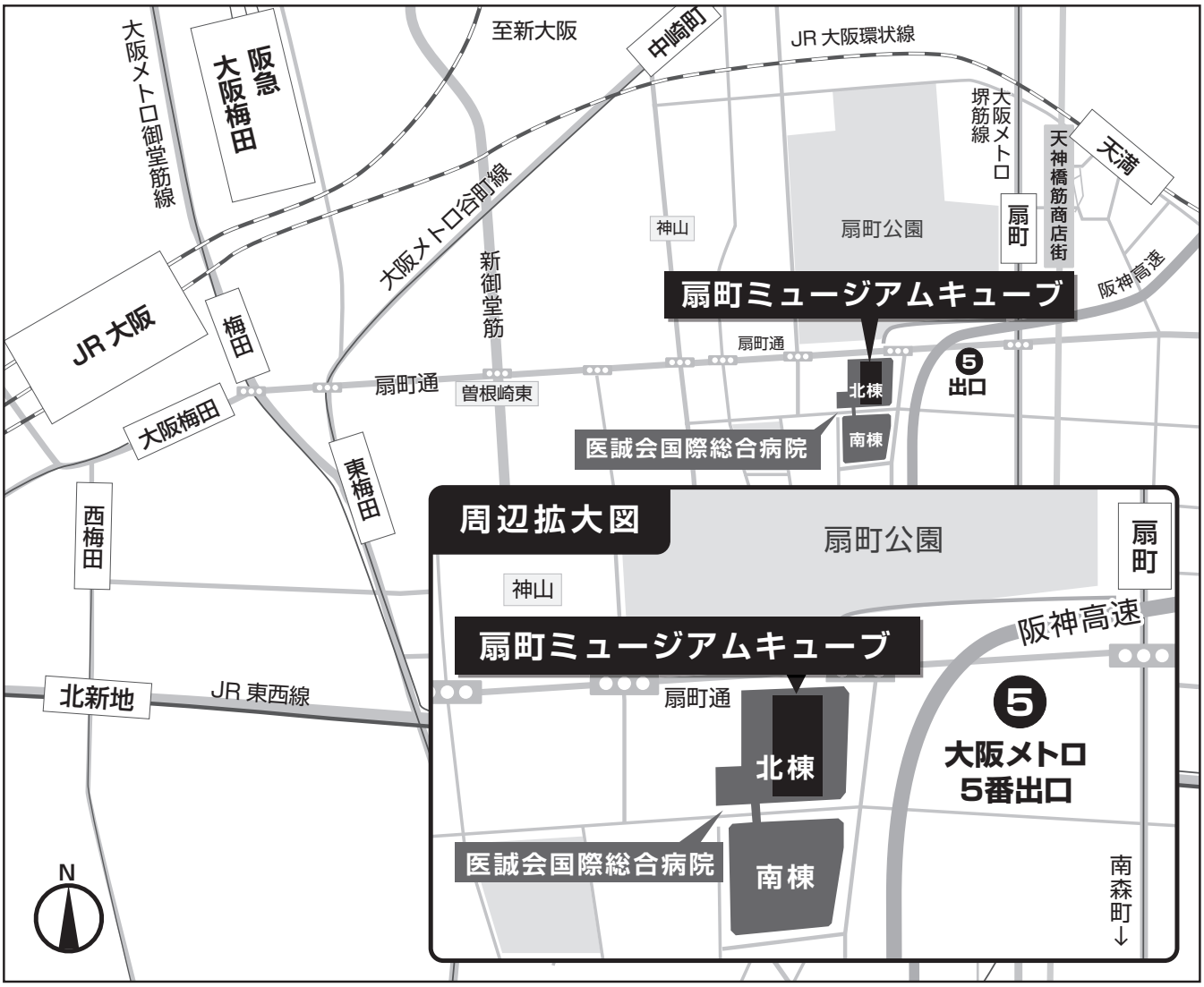
■ 学術集会会期中本部

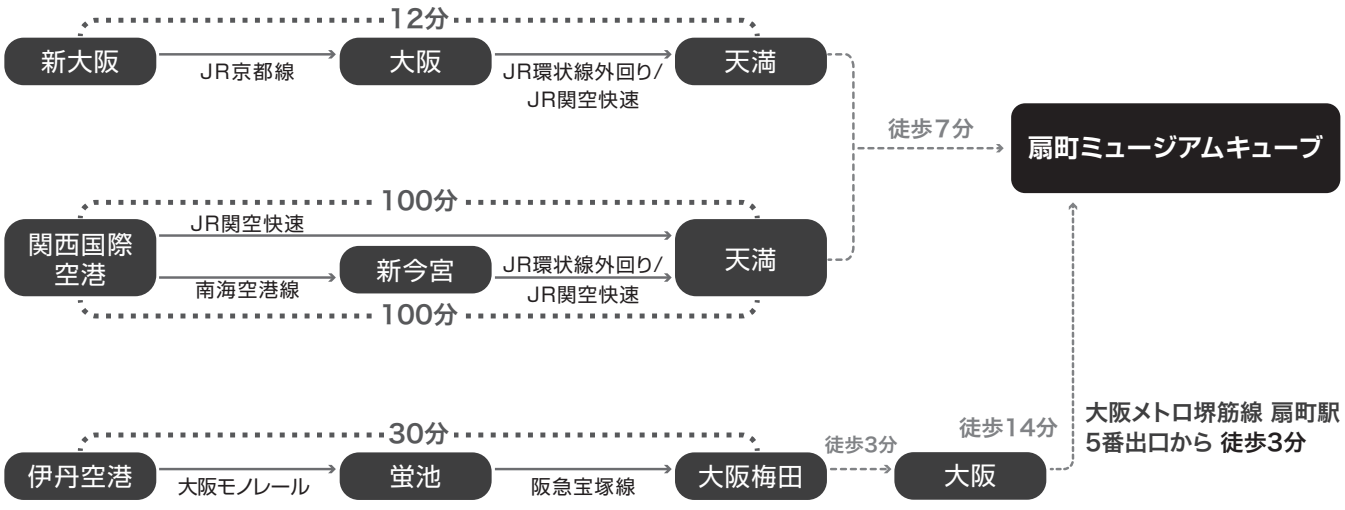
扇町ミュージアムキューブ 3 階　CUBE09

■ 日本医学英語教育学会事務局

編集室なるにあ
〒 113-0033 東京都文京区本郷 3-4-3 林ビル
電話：03-3818-6450
E-mail：jasmee@narunia.co.jp

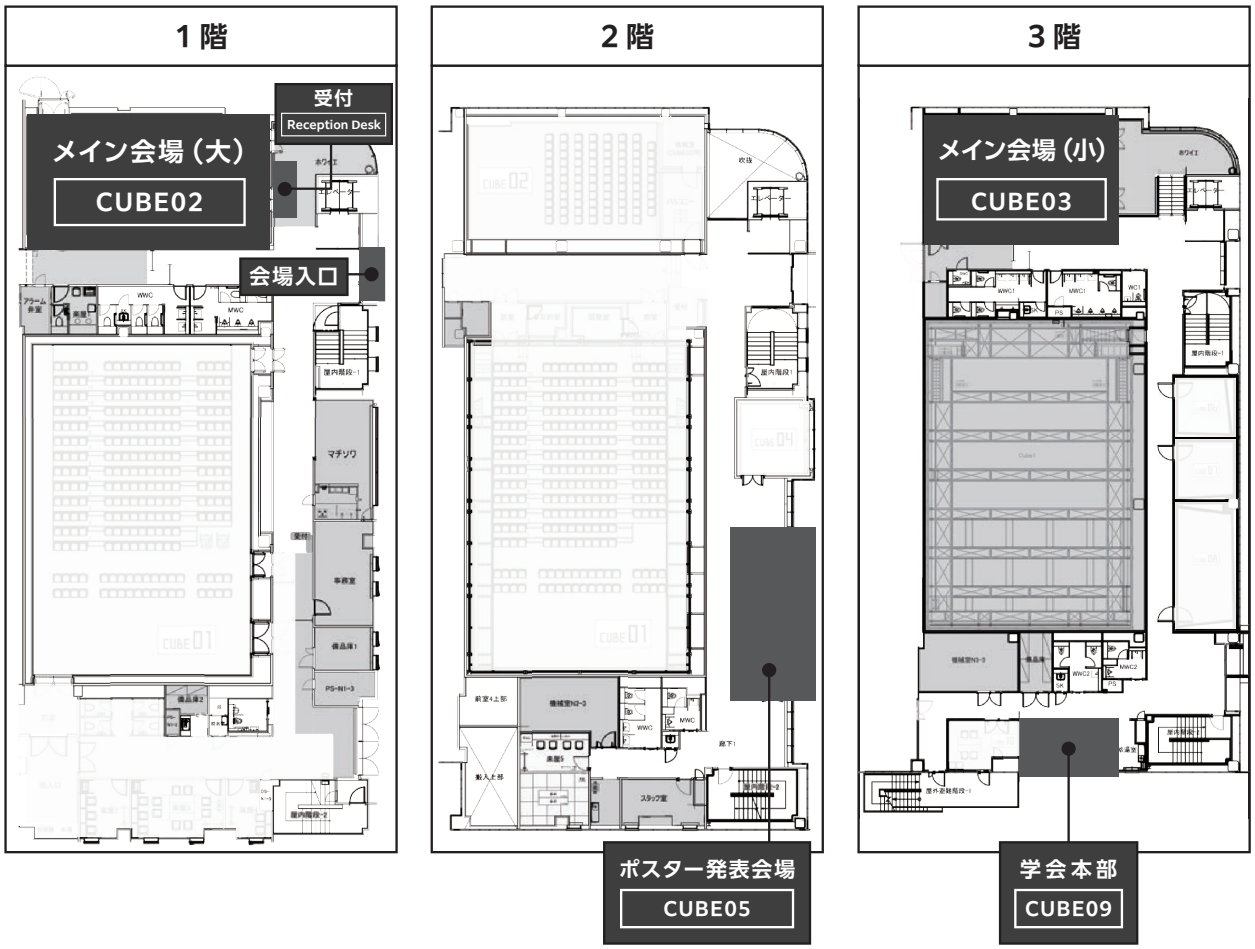
Transportation | 交通のご案内



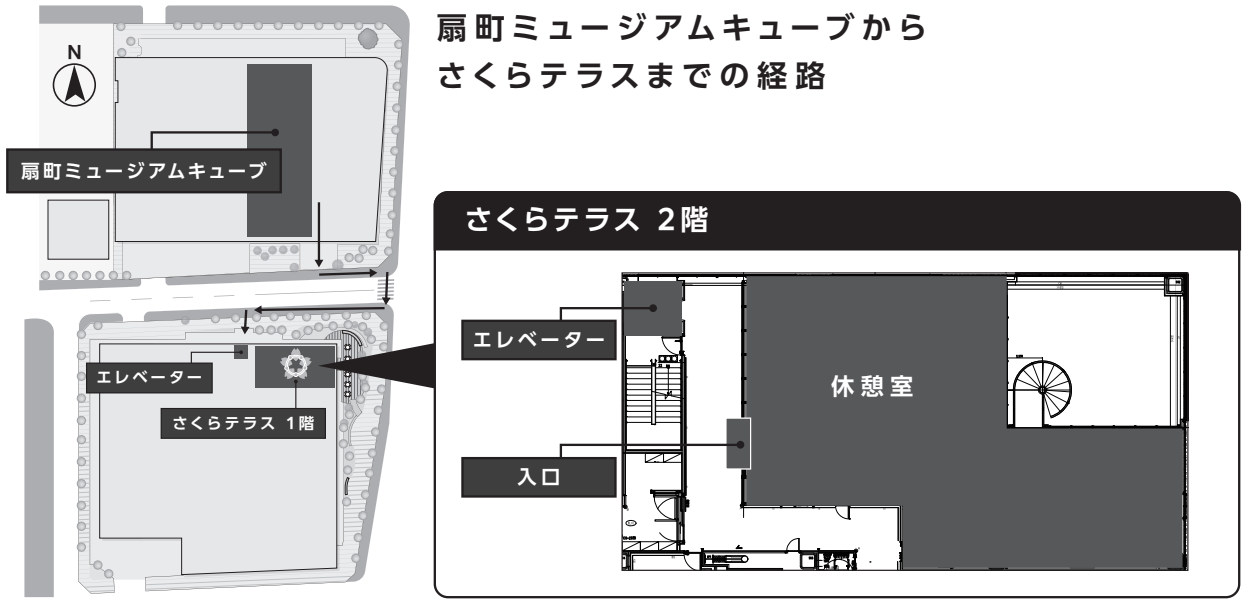


Floor Map｜会場のご案内

● 扇町ミュージアムキューブ



● さくらテラス



Timetable | 日程表

Sat July 12 | 7月12日(土)

CUBE02

10:20
Opening Remarks | 開会挨拶 … 会長 Shigeo Irimajiri 入交重雄

10:30
General Topics 1 | 一般演題 1
Medical English 医学英語
座長 Chairs：Masao Nagayama 永山正雄
Motoko Asano 浅野元子
演題番号 No.1～3

11:15
11:25
General Topics 3 | 一般演題 3
Preparation and Submission of Medical English Papers
英語論文作成・投稿

11:55
座長 Chairs：Ian D. Willey
Emiko Mizoguchi 溝口恵美子
演題番号 No.7・8

Lunch Break | 昼休み

13:00
Invited Lecture | 招待講演
English Skills to Survive As a Private Family Medicine Physician in the United States
Chair 座長：Shigeo Irimajiri 入交重雄
Speaker 演者：Emi Ota 太田恵美

14:00
14:10
General Topics 4 | 一般演題 4
International Exchange Activities
国際的交流活動
座長 Chairs：Yosuke Aoki 青木洋介
Joji Tokugawa 徳川城治
演題番号 No.9～14

15:40
16:05
General Topics 6 | 一般演題 6
Medical English in Clinical Practice 実臨床での医療英語
座長 Chairs：Jun Iwata 岩田 淳
Takahiko Yamamori 山森孝彦 演題番号 No.22・23

16:35
16:45
Kenichi Uemura Award Ceremony | 植村研一賞授賞式

17:00

CUBE03

10:30
General Topics 2 | 一般演題 2
Medical English and AI 医学英語と AI 利用
座長 Chairs：Takahiko Yamamori 山森孝彦
Naoko Ono 大野直子
演題番号 No.4～6

11:15
14:10
General Topics 5 | 一般演題 5
New Developments in Medical English Teaching (1)
医学英語教育における新たな取組み（1）
座長 Chairs：Eric Hajime Jego
Maiko Sakamoto 坂本麻衣子
演題番号 No.15～21

15:55
16:05
General Topics 7 | 一般演題 7
Others その他
座長 Chairs：Thomas Mayers
Shinobu Hattori 服部しのぶ
演題番号 No.24・25

16:35

17:15–18:45 **Networking Event / Social Gathering | 懇親会** 会場：さくらテラス 1 階（Venue: 1st floor of Sakura Terrace）

Sun July 13 | 7月13日(日)

CUBE02

9:30

Councilors' Meeting and Member Debriefing Session | 評議員会・会員報告会

10:00

Presidential Talk | 会長講演

Increase in the Number of Foreign Visitors to Japan and the Importance of English Communication Skills
訪日外国人旅行者の増加と英語コミュニケーションの重要性

Chair 座長：Isao Date 伊達 勲
Speaker 演者：Shigeo Irimajiri 入交重雄

11:00

11:10

Special Lecture | 特別講演

Supply and Demand: English Language Availability & Needs in Japanese Medical Facilities

1. How English Can Improve Outcomes for Americans in Distress
Speaker 演者：Mathew Luk

2. Addressing Unique Language Demands via CLIL
Speaker 演者：Kent Tonozuka

Chair 座長：Shigeo Irimajiri 入交重雄

12:10

Lunch Break | 昼休み

13:10

General Topics 8 | 一般演題 8
New Developments in Medical English Teaching (2)
医学英語教育における新たな取組み (2)

座長 Chairs：Kazuhiko Kurozumi 黒住和彦
Kazuaki Shimoji 下地一彰 演題番号 No. 26～28

13:55

14:05

General Topics 9 | 一般演題 9
USMLE, NCLEX, and Other International Healthcare Licensure Exams
USMLE, NCLEX など海外医療資格試験

座長 Chairs：Kazumi Fujioka 藤岡和美
Raoul Breugelmans

演題番号 No. 29・30

15:05

Closing Remarks and Speech by President of JASMEE2026 | 閉会および次期会長の挨拶

第28回会長 Shigeo Irimajiri 入交重雄
第29回会長 Raoul Breugelmans

CUBE M2F

11:25

Poster Presentations | ポスター発表

演題番号 No. 31～33

11:55

Program | プログラム

Sat July 12 | 7月12日(土)

CUBE02

10 : 20 — 10 : 25

Opening Remarks: President of JASMEE 2025 Shigeo Irimajiri

10 : 30 — 11 : 15

General Topics 1 **Medical English**

Chairs **Masao Nagayama** International University of Health and Welfare
Motoko Asano Osaka Medical and Pharmaceutical University

1 On the Replicability of Corpus-Derived Medical Word ListsOn the Replicability of Corpus-Derived Medical Word Lists
Florescu Mihail Cosmin University of Tsukuba

2 Psychological Factors Influencing Medical English Performance: A Study on First-Year University Students
Takako Inada Japan University of Health Sciences

3 Enhancing Empathetic Engagement, Confidence, and Psychosocial History-Taking Using Student-Created Simulated Patients: A Pilot Study
Timothy P. Williams Nihon University

11 : 25 — 11 : 55

General Topics 3

Preparation and Submission of Medical English Papers

Chairs **Ian D. Willey** Kagawa University
Emiko Mizoguchi Kurume University

7 Peer Review Diplomacy: How a Humble Editor Can Mediate between Authors and Reviewers
Benjamin Phillis Wakayama Medical University

8 From Letters to the Editor to Original Research: A Stepwise Approach to Cultivating Publication Skills
Tomonari Shimoda U.S. Naval Hospital Yokosuka

11 : 55 — 12 : 55

Lunch Break

13 : 00 — 14 : 00

Invited Lecture

Chair **Shigeo Irimajiri** ISEIKAI International General Hospital

English Skills to Survive As a Private Family Medicine Physician in the United States

Emi Ota Ohana Clinic

10 : 20 — 10 : 25

開会挨拶…会長 入交重雄

10 : 30 — 11 : 15

一般演題 1 **医学英語**

座長 **永山正雄** 国際医療福祉大学
浅野元子 大阪医科薬科大学

1 On the Replicability of Corpus-Derived Medical Word ListsOn the Replicability of Corpus-Derived Medical Word Lists
Florescu Mihail Cosmin 筑波大学

2 医学英語の成績に影響する心理的要因：大学 1 年生を対象とした研究
稲田貴子 日本保健医療大学

3 Enhancing Empathetic Engagement, Confidence, and Psychosocial History-Taking Using Student-Created Simulated Patients: A Pilot Study
Timothy P. Williams 日本大学

11 : 25 — 11 : 55

一般演題 3

英語論文作成・投稿

座長 **Ian D. Willey** 香川大学
溝口恵美子 久留米大学

7 Peer Review Diplomacy: How a Humble Editor Can Mediate between Authors and Reviewers
Benjamin Phillis 和歌山医科大学

8 From Letters to the Editor to Original Research: A Stepwise Approach to Cultivating Publication Skills
霜田智成 横須賀米海軍病院

11 : 55 — 12 : 55

昼休み

13 : 00 — 14 : 00

招待講演

座長：**入交重雄** 医誠会国際総合病院

米国で開業医として生き残るための英語

太田恵美 オハナクリニック

14 : 10 — 15 : 40

General Topics 4 International Exchange Activities

Chairs **Yosuke Aoki** Saga University
Joji Tokugawa Juntendo University

9 Developing Global Competence in Future Healthcare Professionals: Insights from a New Zealand Study Program (2009-2024)
John Telloyan Shimane University

10 Trends and Future Prospects of International Medical Exchange at Kurume University School of Medicine
Emiko Mizoguchi Kurume University

11 Balancing Language and Content in a Pre-Departure Training Course for an International Clinical Elective Programme
James Hobbs Keio University

12 International Exchange at Fukuoka International University of Health and Welfare: Program for Konyang University in Korea
Akiko Kato Fukuoka International University of Health and Welfare

13 The Effects of Short-Stay Overseas Training on the International Posture and Willingness to Communicate of Students in Health Sciences Department
Koko Yutaka International University of Health and Welfare, Fukuoka Internatoinal University of Health and Welfa

14 Tackling Antimicrobial Resistance through International Collaboration: Insights from the Infection Diagnosis Workshop
Thomas Mayers Institute of Medicine, University of Tsukuba

16 : 05 — 16 : 35

General Topics 6 Medical English in Clinical Practice

Chairs **Jun Iwata** Shimane University
Takahiko Yamamori Aichi Medical College of Rehabilitation

22 Health Screening Tourism: Toward Improving Hospitality for Foreign Tourists
Tsuyoshi Sakoda ISEIKAI International General Hospital

23 Teaching Japanese Medical Students to Present Neurosurgical Cases in English: Structured Approach, AI Integration, and Challenges
Alexander Zaboronok University of Tsukuba

16 : 45 — 17 : 00

Kenichi Uemura Award Ceremony

14 : 10 — 15 : 40

一般演題 4 国際的交流活動

座長 **青 木 洋 介** 佐賀大学
徳 川 城 治 順天堂大学

9 Developing Global Competence in Future Healthcare Professionals: Insights from a New Zealand Study Program (2009-2024)
Telloyan John 島根大学

10 久留米大学における国際医学交流の現状と将来展望
溝口恵美子 久留米大学

11 Balancing Language and Content in a Pre-Departure Training Course for an International Clinical Elective Programme
James Hobbs 慶應義塾大学

12 福岡国際医療福祉大学における国際交流
―韓国コニャン大学受入れプログラムについて
加藤明子 福岡国際医療福祉大学

13 保健医療学部生の海外研修は国際的志向性と WTC に影響するか？
豊　浩子 国際医療福祉大学，福岡国際医療福祉大学

14 Tackling Antimicrobial Resistance through International Collaboration: Insights from the Infection Diagnosis Workshop
Thomas Mayers 筑波大学

16 : 05 — 16 : 35

一般演題 6 実臨床での医療英語

座長 **岩 田　淳** 島根大学
山 森 孝 彦 愛知医療学院大学

22 Health Screening Tourism: Toward Improving Hospitality for Foreign Tourists
佐古田剛 医誠会国際総合病院

23 日本の医学生への英語での脳神経外科症例発表指導：体系的アプローチ，AI 活用，課題
Alexander Zaboronok 筑波大学

16 : 45 — 17 : 00

植村研一賞授賞式

CUBE03

10 : 30 — 11 : 15

General Topics 2 **Medical English and AI**

Chairs **Takahiko Yamamori** Aichi Medical College of Rehabilitation
Naoko Ono Juntendo University

4 Beyond AI: Ensuring Students Develop Essential Skills for Writing and Presenting Research in English
Maiko Sakamoto Pomeroy Saga University

5 Basic Model of English Clinical Discussion with AI Support
Hitoshi Ofuji Yokohama Rosai Hospital

6 An AI-Driven Simulated Speaking Training Tool for Medical English Courses
Jeanette Dennisson St. Marianna University School of Medicine

14 : 10 — 15 : 55

General Topics 5

New Developments in Medical English Teaching (1)

Chairs **Eric Hajime Jego** Nihon University
Maiko Sakamoto Saga University

15 A New Approach to Medical English for Physiotherapy and Occupational Therapy Students: Integrating Phonics, Grammar, and Clinical Communication
Takahiko Yamamori Aichi Medical College of Rehabilitation

16 Flipped-Classroom Approach to Teach Reading of English Research Articles
Michael W. Myers Showa Medical University

17 Do English Haiku Trigger Cognitive Empathy or Affective Empathy in Medical Students?
Ian D. Willey Kagawa University

18 Ideal Medical English Textbook: From Students' Perspectives
Chie Saito Teikyo University

19 Connect before Correct: Introducing Non-Violent Communication to Medical English Education
Shozo Yokoyama University of Miyazaki

20 Strengthening Clinical Reasoning and Medical English: An Online Initiative by Team WADA in Japan
Kota Tokunaga Team WADA (Non-Profit Organization)

21 A Case Study of Curriculum Development for Medical English Education Using Outcome-Based Education (OBE) and Content and Language Integrated Learning (CLIL)
Takayuki Oshimi International University of Health and Welfare

10 : 30 — 11 : 15

一般演題２ **医学英語と AI 利用**

座長 **山森孝彦** 愛知医療学院大学
大野直子 順天堂大学

4 Beyond AI: Ensuring Students Develop Essential Skills for Writing and Presenting Research in English
坂本ポメロイ麻衣子 佐賀大学

5 Basic Model of English Clinical Discussion with AI Support
大藤　均 横浜労災病院

6 An AI-Driven Simulated Speaking Training Tool for Medical English Courses
Jeanette Dennisson 聖マリアンナ医科大学

14 : 10 — 15 : 55

一般演題５

医学英語教育における新たな取組み（1）

座長 **Eric Hajime Jego** 日本大学
坂本麻衣子 佐賀大学

15 A New Approach to Medical English for Physiotherapy and Occupational Therapy Students: Integrating Phonics, Grammar, and Clinical Communication
山森孝彦 愛知医療学院大学

16 Flipped-Classroom Approach to Teach Reading of English Research Articles
Michael W. Myers 昭和医科大学

17 Do English Haiku Trigger Cognitive Empathy or Affective Empathy in Medical Students?
Ian D. Willey 香川大学

18 Ideal Medical English Textbook: From Students' Perspectives
齋藤智恵 帝京大学

19 Connect before Correct: Introducing Non-Violent Communication to Medical English Education
横山彰三 宮崎大学

20 Strengthening Clinical Reasoning and Medical English: An Online Initiative by Team WADA in Japan
Tokunaga Kota チーム WADA

21 A Case Study of Curriculum Development for Medical English Education Using Outcome-Based Education (OBE) and Content and Language Integrated Learning (CLIL)
押味貴之 国際医療福祉大学

16 : 05 — 16 : 35

General Topics 7 Others

Chairs **Thomas Mayers** Tsukuba University
Shinobu Hattori Suzuka University of Medical Science

24 Creating a Database for a Nursing Loanword Glossary for Nursing Students
Motoko Sando Wakayama Medical University

25 Accuracy of Oral Interpretation to Verify the Effectiveness of "Easy Japanese" in Medical Care
Naoko Ono Juntendo University

16 : 05 — 16 : 35

一般演題 7 その他

座長 **Thomas Mayers** 筑波大学
服部しのぶ 鈴鹿医療科学大学

24 Creating a Database for a Nursing Loanword Glossary for Nursing Students
Motoko Sando 和歌山医科大学

25 Accuracy of Oral Interpretation to Verify the Effectiveness of "Easy Japanese" in Medical Care
大野直子 順天堂大学

Sun July 13 | 7月13日(日)

CUBE02

10 : 00 — 11 : 00

Presidential Talk

Chair **Isao Date** Okayama Rosai Hospital

Increase in the Number of Foreign Visitors to Japan and the Importance of English Communication Skills

Shigeo Irimajiri ISEIKAI International General Hospital

11 : 10 — 12 : 10

Special Lecture

Supply and Demand: English Language Availability & Needs in Japanese Medical Facilities

Chair **Shigeo Irimajiri** ISEIKAI International General Hospital

1. How English Can Improve Outcomes for Americans in Distress

Mathew Luk Deputy Consular Chief, U.S. Consulate General Osaka-Kobe

2. Addressing Unique Language Demands via CLIL

Kent Tonozuka English Language Coordinator, Public Affairs Section, U.S. Consulate General Osaka-Kobe

12 : 10 — 13 : 10

Lunch Break

13 : 10 — 13 : 55

General Topics 8

New Developments in Medical English Teaching (2)

Chairs **Kazuhiko Kurozumi** Hamamatsu University School of Medicine
Kazuaki Shimoji International University of Health and Welfare

26 Enhancing English Presentation Skills for Early-Career Physicians and Medical Students: A Web-Based Collaboration with American Emergency Physicians
Shunichiro Nakao University of Osaka

27 Learning Medicine in English (LME) Project 2024-25: Clinical English Training for Medical Students Prior to Overseas Clinical Practice
Tomohiro Arai Fujita Health University School of Medicine

28 Analyzing Abstracts and Article Texts for Communicative Purposes: A Preliminary Study Toward the Development of a Parallel Corpus System
Motoko Asano Osaka Medical and Pharmaceutical University

10 : 00 — 11 : 00

会長講演

座長 **伊達 勲** 岡山労災病院

訪日外国人旅行者の増加と英語コミュニケーションの重要性

入交重雄 医誠会国際総合病院

11 : 10 — 12 : 10

特別講演

Supply and Demand: English Language Availability & Needs in Japanese Medical Facilities

座長 **入交重雄** 医誠会国際総合病院

1. How English Can Improve Outcomes for Americans in Distress

Mathew Luk Deputy Consular Chief, U.S. Consulate General Osaka-Kobe

2. Addressing Unique Language Demands via CLIL

Kent Tonozuka English Language Coordinator, Public Affairs Section, U.S. Consulate General Osaka-Kobe

12 : 10 — 13 : 10

昼休み

13 : 10 — 13 : 55

一般演題 8

医学英語教育における新たな取組み(2)

座長 **黒住和彦** 浜松医科大学
下地一彰 国際医療福祉大学

26 北米救急医との WEB 会議を利用した若手医師および医学生に対する英語発表指導の実践
中尾俊一郎 大阪大学医学部附属病院

27 Learning Medicine in English (LME) Project 2024-25: Clinical English Training for Medical Students Prior to Overseas Clinical Practice
新井大宏 藤田医科大学

28 抄録と論文テクストに関する探索的研究：対訳コーパスを用いたシステムの応用と開発の可能性を視野に
浅野元子 大阪医科薬科大学

14 : 05 — 15 : 05

General Topics 9

USMLE, NCLEX, and Other International Healthcare Licensure Exams

Chairs **Kazumi Fujioka** Nihon University
Raoul Breugelmans Kansai Medical University

29 Case-Based Medical English Learning: Integrating USMLE Questions and Interview Practice
Yui Okamura University of Tsukuba

30 Workshop: Integrating Occupational English Test (OET) Skills into Medical English Education: Guidance from an OET Expert
Takayuki Oshimi International University of Health and Welfare

15 : 05 — 15 : 20

Closing Remarks: President of JASMEE 2025 Shigeo Irimajiri
Speech by President of JASMEE2026: Raoul Breugelmans

14 : 05 — 15 : 05

一般演題 9

USMLE, NCLEX など海外医療資格試験

座長 **藤岡和美** 日本大学
Raoul Breugelmans 関西医科大学

29 Case-Based Medical English Learning: Integrating USMLE Questions and Interview Practice
岡村 結 筑波大学

30 Workshop: Integrating Occupational English Test (OET) Skills into Medical English Education: Guidance from an OET Expert
押味貴之 国際医療福祉大学医学部

15 : 05 — 15 : 20

閉会挨拶……会長 入交重雄
次期会長の挨拶…会長 Raoul Breugelmans

CUBE M2F

11 : 25 — 11 : 55

Poster Presentations

31 Delivering a Medical English Word List through Flipped Learning
Higa Marshall Hiroshima University

32 The COVID-19 Pandemic and Learning Outcomes: In What Ways Did the Pandemic Impact Students in Japan?
Yoshiki Oida Saitama Medical University

33 The Practice of English Education in the Netherlands
Hisatake Matsumoto Osaka University Graduate School of Medicine

11 : 25 — 11 : 55

ポスター発表

31 Delivering a Medical English Word List through Flipped Learning
Higa Marshall 広島大学

32 The COVID-19 Pandemic and Learning Outcomes: In What Ways Did the Pandemic Impact Students in Japan?
種田佳紀 埼玉医科大学

33 The Practice of English Education in the Netherlands
松本寿健 大阪大学医学部附属病院

Abstracts | 抄録

Increase in the Number of Foreign Visitors to Japan and the Importance of English Communication Skills

訪日外国人旅行者の増加と英語コミュニケーションの重要性

Shigeo Irimajiri, MD
入交　重雄

General Internal Medicine, International Medical Services, ISEIKAI International General Hospital
医誠会国際総合病院総合内科，国際診療部

訪日外国人旅行者数は，新型コロナウイルス感染症の影響で一時的に減少しました。しかし，コロナ禍を経た現在，日本政府の政策や円安の影響に加え，日本の魅力的な文化，食，観光資源が相まって，再び増加傾向にあります。2024 年には約 3,700 万人に達し，2019 年の記録を超えて過去最高となりました。国・地域別では，韓国（882 万人），中国（698 万人），台湾（604 万人）など東アジアからの旅行者が全体の約 70％を占めています。また，2019 年比では韓国（58％増），米国（58％増），オーストラリア（48％増）が特に大きな伸びを示しています。

訪日外国人の増加に伴い，旅行者の消費額も大幅に伸びています。2024 年の訪日外国人消費額は 8 兆円（2019 年比 69％増），1 人当たりの旅行支出は 23 万円（同 43％増）となり，日本経済に大きな影響をもたらしています。さらに，現在開催中の 2025 年大阪万博の効果により，2025 年も訪日外国人の増加が見込まれています。この急増は日本の国際化を加速させる要因となる一方，日本各地でオーバーツーリズムなどの課題が深刻化しており，適切な対策が求められています。

こうした状況の中，訪日外国人との円滑なコミュニケーションの重要性はさらに高まっています。英語は英語母語者に限らず，アジアからの旅行者を含め，多くの外国人との意思疎通において最も有用な言語の一つです。特に医療現場では，外国人患者との正確なコミュニケーションが不可欠であり，英語の活用が診療の質を向上させる鍵となります。大阪都心に位置する医誠会国際総合病院では，メディカルツーリズムを含め，積極的に外国人への医療提供を行っています。2024 年の外国人受診者数は外来 1,373 人，入院 142 人にのぼり，国際的な医療サービスの需要が高まっていることを示しています。

本講演では，医誠会国際総合病院における外国人診療の取り組みを紹介するとともに，医療現場における英語の必要性，訪日外国人の増加に伴う課題，そして今後の展望について考察します。本講演が，日本の国際化が進む中で，効果的な英語コミュニケーションの在り方を模索する一助となれば幸いです。

The number of foreign visitors to Japan temporarily declined due to the impact of the new coronavirus infection. However, now that the pandemic is over, the number of tourists is on the rise again, thanks to the Japanese government's policies and the foreign exchange rates, combined with Japan's attractive culture, food, and tourism resources. In 2024, the number of visitors reached approximately 37 million, surpassing the record set in 2019 and reaching a new high. By country/region, travelers from East Asia, including South Korea (8.9 million), China (7.0 million), and Taiwan (6.0 million), account for about 70% of the total. In addition, South Korea (+58%), the United States (+58%), and Australia (+48%) are showing particularly large growth compared to 2019.

With the increase in the number of foreign tourists to Japan, the amount spent by travelers is also growing significantly: in 2024, the amount spent by foreign visitors to Japan will be 8 trillion yen (up 69% from 2019) and travel spending per person will be 230,000 yen (up 43%), having a significant impact on the Japanese economy. Furthermore, the number of foreign travelers to Japan is expected to continue to increase in 2025 due to the effects of the 2025 Osaka Expo currently underway. While this rapid increase will accelerate Japan's internationalization, issues such as overtourism are becoming more serious in various parts of Japan, and appropriate countermeasures are required.

Under these circumstances, smooth communication with foreign visitors to Japan is becoming even more important. English is one of the most useful languages in communicating with many foreigners, including not only English speakers but also travelers from Asia. Especially in the medical field, accurate communication with foreign patients is essential, and the use of English is key to improving the quality of medical care. ISEIKAI International General Hospital, located in the center of Osaka, has been actively providing medical services to foreigners, including medical tourism, and the number of foreign patients in 2024 reached 1,373 outpatients and 142 inpatients, indicating the growing demand for international medical services.

In this lecture, ISEIKAI International General Hospital will introduce its efforts to provide medical services to foreigners and discuss the need for English in the medical field, challenges associated with the increase in the number of foreign travelers to Japan, and future prospects. I hope that this lecture will help you to explore effective ways of English communication skills in the midst of the ongoing internationalization of Japan.

Special Lecture | 特別講演

Supply & Demand : English Language Availability & Needs in Japanese Medical Facilities

1st Speaker

How English Can Improve Outcomes for Americans in Distress

Mathew Luk

Deputy Consular Chief, U.S. Consulate General Osaka-Kobe

The American Citizen Services (ACS) Unit of the Consular Section handles a wide variety of services for U.S. citizens, including providing guidance to and assisting U.S. citizens with medical issues in Japan. The presentation will describe some recent medical scenarios the ACS unit has seen where language barriers created complications in receiving and understanding care, and underscore the importance of English language within Japanese medical facilities in assuring the safety of Americans (and other English-speakers) living and traveling in Japan.

2nd Speaker

Addressing Unique Language Demands via CLIL

Kent Tonozuka

English Language Coordinator, Public Affairs Section, U.S. Consulate General Osaka-Kobe

While highlighting the general distinctions between CLIL (Content and Language Integrated Learning), ESP (English for Specific Purposes), and EMI (English as a Medium of Instruction), the presentation will review the importance of these language teaching approaches and how they may fit within the unique demands of healthcare in Japan.

Invited Lecture | 招待講演

English Skills to Survive As a Private Family Medicine Physician in the United States

米国で開業医として生き残るための英語

Emi Ota, M.D., Ph.D.
太田　恵美

American Board Certificated Family Medicine Physician
Ohana Clinic/Emi Ota, M.D., Inc. Honolulu, Hawaii, USA
Clinical Assistant Professor John A. Burns School of Medicine

The first step for a Japanese medical student or a physician to work as a medical doctor in the United States is to pass the United States Medical Licensing Examination (USMLE) and obtain the Educational Commission for Foreign Medical Graduates (ECFMG) Certificate. USMLE Step 1 focuses on fundamental medical science. Step 2 Clinical Knowledge (CK) focuses on clinical medicine. Step 1 is composed of 7 × 60-minute blocks, 8-hour testing sessions, up to 280 items. Step 2 CK is composed of 8 × 60-minute blocks, 9-hour testing session, up to 318 items. You should solve a lot of questions in a limited time. You need to have good test taking skills. Examinees also need stamina to concentrate for a long period of time. It would be better for them to start studying sooner when they desire to work in the US.

For Step 2 CK, it might be easier if you finish residency programs and fellowship programs in Japan. After you pass Step 1 and Step 2, you should satisfy the clinical skills requirements and the communication skills requirements for ECFMG Certification. For our generation, we took USMLE CS first. To pass USMLE CS, we should pronounce clearly on the testing site. Native English speakers just check examinees' pronunciation. It is not easy to obtain an ECFMG certificate, but it is worth trying.

After test takers obtain an ECFMG certificate, they should apply for residency programs. Accepting residency programs for international medical graduates (IMG) is extremely competitive. To be accepted, they should prepare an excellent CV and personal statement. Personal statement is a short essay, required for applications, which they showcase their personality, experiences, and aspirations. It helps residency committees understand who you are. It is a good opportunity to tell your story and demonstrate why you are a good fit for the program. You should prepare for interviews. You should be interviewed by the faculties and residents. After you start your practice, it would be important to improve the satisfaction of the patients because a physician's office is a place to provide medical service. To talk with the patients, one of the most important is to show empathy to the patients. Flow of the conversation is also important.

In addition to the above, I would like to briefly tell you about the patient-relationships and the complicated health system in the US. I hope this will be helpful for those who will work as physicians in the United States in the future.

1

On the Replicability of Corpus-Derived Medical Word Lists

Florescu Mihail Cosmin
Institute of Medicine, University of Tsukuba

Background: Currently, there are several English medical vocabulary lists available for use in the English for Medical Purposes (EMP) classroom or to develop materials for learners. Most of these lists have been developed using corpora containing medical research articles and/or medical textbooks. When deciding which words should be included, many researchers have adopted criteria from previous studies focused on academic vocabulary.
Aims: This study will introduce a more systematic approach to building a corpus with the goal of creating a medical word list for learners of English aiming to study or practice medicine in an English-speaking country.
Methods: A large corpus of medical textbooks (CoMeT; 28,384,681 running words) was developed using SketchEngine and was analyzed to extract high-frequency lemmas. Keyness and dispersion values for each lemma were used to plot a histogram to visualize clustering patterns. The histogram allowed for the determination of threshold values that appear to distinguish a medical vocabulary subset from a general vocabulary subset. Additionally, the replicability of the findings was evaluated the using two corpora (one medical, one non-medical) different from CoMeT.
Results & Discussion: Our original vocabulary list—the Core Medical List; CoMeL—comprises a total of 2881 lemmas, includes significantly more medicine-specific words and has higher replicability compared to existing lists. We believe CoMeL may be a useful tool for learners and educators in EMP programs, including those aiming to undertake challenging medical licensing examinations in English-speaking countries.

2

Psychological Factors Influencing Medical English Performance: A Study on First-Year University Students

医学英語の成績に影響する心理的要因：大学1年生を対象とした研究

Takako Inada（稲田貴子）
Japan University of Health Sciences
日本保健医療大学

In today's era of globalization, medical professionals must be proficient in English to provide appropriate medical care to patients of diverse linguistic and cultural backgrounds. Therefore, medical English education during university is essential and educators must consider not only what kind of medical English is taught but also how it is taught. This study focused on the psychological aspects of students rather than specific teaching methods to explore how medical English should be taught effectively. The textbook used in this study was designed to develop the four skills—listening, writing, reading, and speaking—along with grammar, and also incorporated role-playing exercises simulating real conversations in clinical settings and included extensive medical English vocabulary for memorization. The study involved a survey of 45 first-year university students, and examined six psychological dimensions—anxiety, enjoyment, motivation, confidence, autonomy, and growth mindset—as independent variables (measured on a five-point Likert scale), whist student performance, measured by grades, served as the dependent variable. The research questions were: 1) Which psychological factors are associated with higher student performance? 2) How do psychological factors such as anxiety, enjoyment, motivation, confidence, autonomy, and growth mindset associate and interact with academic performance? Linear multiple regression and Pearson correlation analyses were conducted. The results revealed that the overall model was statistically significant. Among the predictors, anxiety had a significant negative impact on performance, indicating that higher levels of anxiety were associated with lower academic outcomes. In contrast, enjoyment, confidence, autonomy, motivation, and growth mindset did not show statistically significant direct effects. However, correlation analysis revealed notable positive relationships between enjoyment and autonomy, as well as between enjoyment and growth mindset. These findings suggest that that while psychological factors may not directly impact academic performance, fostering positive emotions such as such as enjoyment and autonomy, may enhance the overall learning experience.

3

Enhancing Empathetic Engagement, Confidence, and Psychosocial History-Taking Using Student-Created Simulated Patients: A Pilot Study

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日本大学医学部医学英語教育部門

Although the use of simulated patients (SPs) in the history-taking classroom is a main-stay of medical education, it is often difficult to provide students with exposure to a sufficiently diverse, realistic and accessible pool of SPs. This presentation will examine the impact of student-created simulated patient profiles on second-year medical students' empathetic engagement, confidence, and psychosocial history-taking skills. Conducted in conjunction with a 2nd year English history-taking course, it examines how these activities influenced students' attitudes towards both the communicative and psychosocial aspects of patient care.

Using pre- and post-course surveys, the research evaluated changes in confidence levels, communication skills, and awareness of the importance of psychosocial factors in clinical practice. Results showed significant improvements in students' confidence in history-taking and their willingness to incorporate psychosocial considerations into patient interactions.

By asking students to create their own highly detailed SP profiles, this approach offers a practical and effective method for enhancing empathic engagement, communication skills, and deepening understanding of patient perspectives. These findings highlight the value of student-created SP-based activities as a tool for connecting foundational classroom learning with real-world clinical interactions.

This presentation will outline the study's methodology, key findings, and implications for medical curriculum development. It will specifically highlight the attitudes of students towards these SP-based activities as preparation for the challenges of clinical practice and their perceived utility in inculcating a patient-centered and empathetic approach to clinical care.

CUBE03 Sat July 12 | 7月12日(土) 10:30–11:15

General Topics 2 一般演題 2 — **Medical English and AI 医学英語と AI 利用**

4

Beyond AI: Ensuring Students Develop Essential Skills for Writing and Presenting Research in English

Maiko Sakamoto Pomeroy, Ph.D., Yosuke Aoki, MD, Ph.D.
Saga University, Faculty of Medicine

Publishing research papers and presenting studies in English are essential skills for young researchers aiming to build a successful career. At Saga University's Faculty of Medicine, we offer an Academic Writing course for graduate students to enhance their writing and presentation skills. They begin by summarizing English papers and learning useful phrases before progressing to writing their own research papers.

As lecturers, our primary role is to clarify and paraphrase unclear English statements and assist in structuring each section. However, with the increasing use of AI tools like DeepL and ChatGPT, grammar correction and paraphrasing require significantly less time. While this has made our job less demanding, it raises concerns about whether students are truly developing the necessary skills to become successful researchers. Although AI may improve publication rates, it does not appear to enhance young researchers' English proficiency.

This presents a common dilemma for Medical English instructors: discouraging the use of AI may be counterproductive, as these tools help students publish faster and advance their careers. At the same time, proficiency in spoken English remains crucial, particularly for presenting research at international conferences, where AI cannot assist during live Q&A sessions.

In this presentation, we will explore strategies to ensure that our Medical English course continues to provide graduate students with meaningful and effective learning experiences.

5

Basic Model of English Clinical Discussion with AI Support
AI を用いた臨床討論の基本的なモデルについて

Hitoshi Ohuji（大藤　均）
Laboratory Department, Yokohama Rosai Hospital

Introducing basic model of English clinical discussion is not so difficult, because we have AI support. AI can introduce a framework of clinical discussion and provide any information we need to engage in clinical discussion.

Start with a concise opening statement, followed by focusing on the first impression, and clarifying the differential diagnosis. By thorough evaluation, such as a detailed medical history, physical examination, and diagnostic tests, we can make an accurate diagnosis and treatment plan. The first line of the treatment, potential complications, and patient education are vital when it comes to engaging in clinical discussions.

Introducing a basic mode of English clinical discussion can provide a variety of skills on a global scale. It is significantly beneficial for both medical staff and patients.

Although medical terms or expressions are a bit complicated, by speaking easy to understand English as a universal language, everyone can share medical information quickly and avoid misunderstanding, which can result in a good outcome and empower relationship between medical professionals and patients. I believe we need to build up these skills by repeatedly practicing basic models of English clinical discussion. I would like to introduce some examples which can make you feel comfortable and contribute to letting your speech be fluid and clear when you deliver a presentation or engage in an English clinical discussion.

6

An AI-Driven Simulated Speaking Training Tool for Medical English Courses

Jeanette Dennisson（デニソン ジェネット）, **Gary Ross**（ロス ギャリー）
St. Marianna University School of Medicine, Kanazawa University
聖マリアンナ医科大学，金沢大学

The Medical Language Interactive Learning Agent (Med-LiLA) leverages AI-powered chatbot technology and speech-to-text processing to create an interactive, speech-driven learning environment for medical English education.

Med-LiLA supports and reinforces learning through simulated training, which can be personalized for language, medical content, and communication context—offering a level of adaptability that traditional textbook activities cannot provide.

Here we examine the implementation of Med-LiLA as a self-directed learning tool in a compulsory Medical English communication course for fourth-year Japanese medical students. Course-aligned simulation tasks were created within Med-LiLA to support teaching objectives and assessment criteria. We then analyzed student outcomes, student perceptions, and tool functionality, measured immediately following course assessments.

Based on the analysis, we will discuss the potential of Med-LiLA as an AI-powered learning tool and its applications in similar courses. Additionally, we will demonstrate how integrating chatbot technology with virtual reality can further enhance medical English education by simulating realistic medical environments for immersive learning.

7

Peer Review Diplomacy: How a Humble Editor Can Mediate between Authors and Reviewers

Benjamin Phillis
Clinical Study Support Center, Wakayama Medical University

Responding to the peer review is a vital but overlooked part of getting published. After the challenges of writing an academic paper and then meticulously preparing it for submission, authors can sometimes feel confused and deflated when they receive the peer review comments, leading to ineffective responses. Discrepancies between the reviewers' comments and the authors' responses can arise for various reasons, such as misunderstandings, differences of professional opinion, or simple language issues. An editor can act as a mediator between the two sides; they can point out items that have not received enough attention, they can clarify the meaning behind difficult reviewer feedback, and they can revisit the revised manuscript to ensure that it still meets the various requirements. In response to the peer review, editors can help to avoid reviewer dissatisfaction by assisting the authors with two essential components: useful and appropriate replies to each of the comments in the response letter, and always taking some kind of action in the revised manuscript. If a reviewer has asked a question or raised an issue, the readers of the journal will likely find similar issues, so I suggest it is insufficient to only attempt to satisfy the reviewer in the response letter. Further, authors often skip reading the long-form introductory and summary comments and entirely focus upon numbered items. An editor can sometimes detect miscommunication here, and they can point out items requiring attention. Finally, critical comments often mention the use of English, even after proofreading and editing. Many peer reviewers also use English as a second language, so they too may have issues with comprehension. Guidance in simplification or reorganization may be useful. An editor can therefore help authors in revisiting not only the English being used, but also the overall readability of the paper.

8

From Letters to the Editor to Original Research: A Stepwise Approach to Cultivating Publication Skills

Tomonari Maximilian Shimoda
United States Naval Hospital Yokosuka

Last year, I introduced an initiative engaging medical students in scientific writing through collaborative authorship of Letters to the Editor. This approach enhanced academic writing and critical reading skills while fostering a sense of achievement, motivating students to pursue further research. However, structured next steps are essential for deeper engagement in scientific publishing.

This presentation outlines a stepwise approach for medical students and residents to advance in research. Building on their experience with Letters to the Editor, they can transition into laboratory activities and clinical case report writing. Laboratory participation provides hands-on experience in hypothesis generation, experimental design, and data analysis, emphasizing learning over authorship. Concurrently, case report writing during clinical clerkship bridges clinical observations with potential research questions. These activities foster the development of research ideas.

Subsequently, engaging as a first author in meta-analyses or narrative reviews cultivates the ability to complete large projects responsibly, ultimately leading to the final step—authoring a full-length original article.

As members of medical English education community, we can facilitate this transition by providing mentorship and structured opportunities, lowering barriers for students to enter the research community.

9

Developing Global Competence in Future Healthcare Professionals: Insights from a New Zealand Study Program (2009-2024)

John Telloyan, Rie Sato, Jun Iwata
Shimane University Faculty of Medicine

With the rapid advancement of internationalization, diverse educational programs are increasingly needed in medical and nursing education. However, overseas learning opportunities for medical and nursing students in Japan, particularly in the early years, remain limited. To address this, Shimane University has offered a comprehensive two-week study tour to New Zealand (NZ) for 1st- and 2nd-year medical and nursing students since 2009. This program aims to improve English communication skills, expand knowledge of NZ's medical system and practices, broaden perspectives on healthcare, and develop global awareness through immersive experiences. It also emphasizes the importance of English, motivating students to improve their English language skills. The structured schedule includes English lessons, lectures on NZ healthcare, visits to medical facilities, exchanges with local students and young doctors, homestays with NZ families, and weekend sightseeing trips. At the end of the tour, participants complete an evaluation questionnaire assessing their perceptions of the program. Analysis of past evaluations indicates that the tour not only improves English proficiency but also cultivates interpersonal skills through cross-cultural interactions and exposure to a different healthcare system. Early engagement with diverse cultures in medical and nursing education develops internationally-minded professionals, encourages continued professional and language study, and broadens students' perspectives.

10

Trends and Future Prospects of International Medical Exchange at Kurume University School of Medicine

久留米大学における国際医学交流の現状と将来展望

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久留米大学医学部免疫学講座

現在，久留米大学は 17 ヵ国 37 校と大学間協定関係を結んでいる。このうち，アメリカのブラウン大学，韓国の建陽大学，マレーシアのサラワク大学，スリランカのスリジャヤワルダナプラ大学の 4 校とは医学部間交流を継続している。久留米大学医学教育研究センター内に国際交流部門を設立した 2022 年度以降は，協定校以外からも順調に研修生受け入れを継続しており，2022 年は，イギリスのオックスフォード大学をはじめ，計 3 ヵ国 4 名，2023 年はドイツのキール大学をはじめ，計 8 ヵ国 15 名，2024 年にイギリスのケンブリッジ大学をはじめ，計 5 ヵ国 6 名の学生が久留米大学で基礎研究または臨床研修に従事した。2024 年度は 73 名の臨床研修応募があったにも関わらず，大学指定の Immunization Form の提出不備や日程調整の不具合，研修希望講座とのアンマッチなどの理由で希望者の約 1 割程度しか受け入れられていないのが現状である。この点は今後，改善できるように努力していきたい。

また，2 年前より医学科 2 年生数名をカナダのビクトリア大学へ派遣し，短期（3 週間）の語学研修を行うことで英語学習に対するモチベーション向上に役立っている。医学科 3 年生は, 2015 年より実施している 5 週間の RMCP（Research Mind Cultivation Program）を利用して，若干名を 5 ヵ国 6 研究施設へ海外派遣することで基礎研究に従事させている。今後も福岡県筑後地方という地域にありながらも，世界へと医学教育を通して活発に発信していきたい所存である。

11

Balancing Language and Content in a Pre-Departure Training Course for an International Clinical Elective Programme

James Hobbs, Ying Foo
Keio University School of Medicine

Keio University's International Student Clinical Elective Programme has grown rapidly in the post-COVID years, and in the last academic year over 50 fifth-year students had the opportunity to study at partner institutions around the world. Every year, a 6-session pre-departure course organized and led by a native-speaker physician, is offered to give students valuable experience in the kind of patient interactions they will encounter during their overseas placement. As a physician, the course leader naturally finds her attention drawn to the medical aspects of students' performance, such as demonstrating correct techniques in examinations, choosing and ordering questions appropriately, and applying clinical reasoning to make a diagnosis. However, when an English teacher joined several sessions as a standardized patient, his attention was drawn to what he saw as a lack of structured language support, and to apparent gaps in the students' English and communication skills. These included things such as a lack of linguistic variety when giving instructions or explanations, failure to ask for repetition of unclear answers, and an inability to redirect the conversation when a patient drifted off topic and began talking at length. In subsequent discussions the physician listened with interest to the English teacher's suggestions for improvement, and is eager to implement many of them in this year's course. At the same time, the English teacher learned that there are sometimes specific clinical reasons for keeping communication simple and actively discouraging students from experimenting with more complex language. As a result of their discussions, both feel confident in their ability to improve the course, and to better prepare students for their overseas placement. We believe this adds further credibility to the argument that medical English education is best implemented by physicians and language teachers working in close collaboration.

12

International Exchange at Fukuoka International University of Health and Welfare: The Program for Konyang University in Korea

福岡国際医療福祉大学における国際交流―韓国コニャン大学受入れプログラムについて―

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福岡国際医療福祉大学

一般的な「国際交流」は外国の文化や言語を学び，自国の文化を対外的な角度から再考察することで，その文化を再確認し，視野を広げることを目的とする。福岡国際医療福祉大学では，この目的の他，海外の医療文化を学び，医療知識の幅を広げるために，海外研修をおこなう。本学は国際的な視野をもつ医療人材を輩出することを目標にしているため，海外研修先の提携校はすべて医療系の学科，大学である。必修科目の「海外保健福祉事情」で，学生は 17 の国々に 2 週間ほど海外研修に行くが，同様に海外の大学からも学生を受け入れている。

韓国のコニャン大学から，理学療法学科，作業療法学科，メガネ工学科，放射線学科の学生や教員を，2023 年度には 40 名，2024 年度には 51 名，10 日間ほど福岡国際医療福祉大学で受け入れた。プログラム内容は病院見学から医療分野の講義，日本文化の紹介や観光案内まで多岐にわたる。また学科独自のプログラム（3D 解剖台の実習や医療系の国家試験クイズなど）や異文化交流のワークショップで（テーマを決め，それについて現地調査をし発表），学生交流もおこなった。

海外研修受入れ時のプログラム内容や注意点，またその目的や成果などについて発表する。

13

The Effects of Short-Stay Overseas Training on the International Posture and Willingness to Communicate of Students in Health Sciences Department

保健医療学部生の海外研修は国際的志向性と WTC に影響するか？

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本研究は保健医療学部，看護学部の学生を対象に「いかなる国の人々も伸び伸びと協働できる真の国際人を養成すること」を目標として国際医療福祉大学が実施する，海外保健福祉事情の研修の教育効果を明らかにすることを目的とする。研修では主に 2 年次の学生が，前期の座学の授業で研修先の医療制度等について学び，夏季，冬季に分かれ，14 か国・地域，25 の医療機関や大学で 10 日から 2 週間の研修を受ける。この研修が学生の国際的志向性や英語運用能力，Willingness to Communicate（以下 WTC）などにどのような影響を与えるか，2025 年 2 ～ 3 月の研修の渡航前，渡航後に質問紙調査を実施。渡航前調査では回答者 161 名の結果より，国際的志向性，英語運用能力（自己申告），WTC に関するベースラインが明らかになり，特に国際的志向性の質問項目の一部と WTC は，英語運用能力，特にスピーキング力との間に相関が確認された。国際的志向性に関する「外国の人と話すのを避けられれば避けるほうだ」に対する回答は，英語のスピーキング力と相関 (Spearman Correlation=-0.3144) が見られた。英語のスピーキング力との相関は，WTC に関する「外国で道がわからないとき，誰かに英語で質問して助けを求めると思うか」に対し Spearman Correlation=0.3351，「日本での学生生活について英語で説明したいと思いますか」に対し Spearman Correlation=0.3685 であり，英語のスピーキング力と WTC との相関が確認された。これらの指標が研修の前後でどのように変化したか，またその結果から得られる考察について報告する。

14

Tackling Antimicrobial Resistance through International Collaboration: Insights from the Infection Diagnosis Workshop

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Antimicrobial resistance (AMR) poses a growing global threat, driving higher infection rates, increased healthcare burdens, and rising mortality. Addressing this crisis requires coordinated international efforts, particularly in education and skill development. This presentation highlights key outcomes from the Infection Diagnosis Workshop, hosted by the Infection Biology Laboratory at the University of Tsukuba in collaboration with partner institutions in Vietnam. The workshop provides participants with both theoretical knowledge and practical experience in identifying antibiotic-resistant bacteria. Attendees engage in laboratory-based activities such as sample collection, bacterial culturing, PCR-based detection of resistance genes, and microbial identification techniques. Through interactive lectures, hands-on training, and group discussions, participants not only develop technical expertise but also explore the broader implications of AMR and potential strategies to mitigate its impact. Furthermore, the workshop provides an excellent platform for cross-cultural and scientific communication in English. This session will discuss the workshop's structure, share insights from participant feedback, and emphasize the role of international collaboration in strengthening awareness of AMR, improving English-speaking confidence, and building international friendships.

15

A New Approach to Medical English for Physiotherapy and Occupational Therapy Students: Integrating Phonics, Grammar, and Clinical Communication

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With a rapid increase in inbound travelers to Japan, the demand for medical professionals to develop practical English communication skills has grown significantly. While much emphasis has been placed on training future doctors in medical English, less attention has been given to frontline healthcare professionals, such as physiotherapists (PTs) and occupational therapists (OTs), who must communicate concisely and empathetically in clinical settings. Although artificial intelligence now assists with medical documentation and translation, human interaction skills remain essential for conveying empathy and providing reassurance to patients. Effective rehabilitation relies on clear interdisciplinary communication, requiring PTs and OTs to understand key medical vocabulary and abbreviations. Familiarity with muscle names in English, as well as terms like range of motion (ROM) and manual muscle testing (MMT), is necessary for smooth collaboration with physicians. However, as English is not mandatory in many private university entrance exams, rehabilitation students enter these universities with limited English proficiency. Many struggle with grammar and phonics, which can affect their ability to read and pronounce medical terms accurately. Difficulty understanding the most basic phonics rules, can hinder their confidence in learning medical English. For PT and OT students, traditional rote memorization of medical vocabulary is ineffective. Instead, integrating phonics, grammar, and clinical communication into a structured, game-based learning format enhances retention and engagement. This approach emphasizes repeated oral practice of vocabulary and basic sentences in interactive settings, fostering long-term retention through peer interaction.

This academic year, we have developed remedial teaching materials that incorporate phonics instruction, grammar training, and clinically relevant English expressions tailored to the needs of PT and OT students. This presentation introduces these materials, outlines their design principles, and shares student feedback on the effectiveness of these materials in improving medical English communication.

16

Flipped-Classroom Approach to Teach Reading of English Research Articles

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Showa Medical University International Exchange Center

昭和医科大学国際交流センター

As part of a reorganization of the education curriculum, Showa University Graduate School of Pharmacy started a compulsory English course on reading research articles for all graduate students in 2020, which also was open to select undergraduate students planning to enter graduate school. It was decided that a “flipped classroom” approach would be incorporated into this new course. Pre-recorded lectures were posted online before each class, which students were required to watch and then complete a short quiz about the content. Then, during class students completed group assignments related to the class topic. To assess students’ evaluation of this course, we administered questionnaires before and upon completion of the course from 2022 to 2024, and 100 students (99%) completed both. Compared to the start of the course (M = 1.9), students’ confidence in reading English research articles significantly increased (M = 2.5). In particular, students reported greater confidence in knowing and understanding the basic structure of a research article and the vocabulary often used in research articles, and in comprehending and summarizing the main points of a research article. Regarding the flipped-classroom format of the course, most students preferred it over the traditional classroom format (M = 3.7), primarily because they found it more engaging and because it motivated them to study the class topics beforehand. Interestingly, students also reported greater objectivity from a self-report scale of critical thinking at the end of the course (Pre, M = 4.6; Post, M = 4.9, $p<.001$). Overall, these findings indicate that the flipped-classroom format may be a preferable strategy for teaching how to read English research articles, and also offers benefits to critical-thinking skills that extend beyond English education.

17

Do English Haiku Trigger Cognitive Empathy or Affective Empathy in Medical Students?

Willey Ian
Kagawa University
香川大学

Although perspectives on empathy vary in different fields, empathy is generally divided into two types: affective empathy and cognitive empathy. Affective empathy involves feeling what another person feels; cognitive empathy entails understanding another's feelings without feeling that same emotion. Cognitive empathy is generally viewed more positively than affective empathy, as the latter can lead to empathy fatigue and burnout. Our own study found evidence that reflecting on English haiku benefits the empathy of Japanese medical students. However, whether reflecting on haiku triggers cognitive or affective empathy is unclear. The present study attempted to identify which type of empathy is more involved in reflecting upon haiku. Participants were 50 third-year medical students enrolled in a Medical English course at one Japanese university. Each week students were introduced to one English haiku on a medical theme; students then completed a survey inquiring after the extent to which they agree with two statements: 1) "I feel what the author feels" (affective empathy); and 2) "I understand what the author feels" (cognitive empathy). In addition, participants completed the Multidimensional Empathy Scale (Suzuki & Kino, 2008) at the beginning and end of the 15-week semester. A group of 50 students in a separate Medical English course, using the same content but without the haiku task, served as the control group. Statistical analyses revealed that cognitive empathy was significantly more involved in reflecting upon English haiku than affective empathy. Moreover, the intervention group saw greater gains in empathy than the control group. This study shows that English haiku has the potential to promote cognitive empathy among students in healthcare-related fields.

18

Ideal Medical English Textbook: From Students' Perspectives

Chie Saito
Teikyo University

This study examines medical students' preferences regarding English textbooks used in medical education. A questionnaire survey was conducted with 91 medical students, comparing two textbooks currently used in class.

One textbook (A) is structured around anatomical and physiological articles, focusing on reading skills. The other (B) follows a communicative approach, incorporating reading, listening, and speaking exercises with numerous images and activities. While A is academically rigorous but visually monotonous, B is more accessible and engaging.

The survey assessed seven aspects: intelligibility of content, readability of sentences, vocabulary, exercises, visual support, unit structure, and relevance to the national medical exam and clinical practice. Results indicate that A received higher scores in readability, vocabulary, and exercises, suggesting it is seen as a strong resource for foundational learning. Both textbooks scored equally in visual support, indicating comparable effectiveness in aiding comprehension.

Student comments further highlight key differences. Feedback on A focused on content, with positive remarks like "It is great to learn medical content in English." However, concerns were raised about medical inaccuracies and outdated content. In contrast, feedback on B emphasized presentation and layout, with remarks on its engaging design and listening exercises. Notably, fewer students mentioned learning medical content from B.

The findings suggest that medical students prioritize accurate, content-rich textbooks but also value interactive exercises and visual aids. An ideal textbook should balance medical accuracy, structured content, and engaging learning tools to enhance both comprehension and engagement. These insights contribute to the ongoing improvement of medical English textbooks, aligning them more effectively with students' academic and professional needs.

19

Connect before Correct: Introducing Non-Violent Communication to Medical English Education

「正しさ」の前に「つながり」を：医療コミュニケーションにNVC（非暴力コミュニケーション）を導入する

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臨床現場において患者と医療者の関係性構築に「共感」が重要な役割を果たすことはよく知られたところであり，医療者のプロフェッショナリズムを構成する重要な一要素でもある。一方で, 医学部の過密なカリキュラム編成により「共感的」なコミュニケーションの教育が効果的に導入されているかについては疑問が残る。報告者は，過去 3 年ほど勤務先大学医学部の 1 年生向けに，NVC (Non-violent Communication：非暴力コミュニケーション) を援用したコミュニケーション教育を実施している。NVC は米国人マーシャル・ローゼンバーグが体系立てたコミュニケーションの手法で，アタマで判断・批判・分析・取引などをするかわりに感情とニーズを明確にしていくことで，誤解や偏見からではなく共感を伴ったコミュニケーションをめざす。授業では，最終的に英語により相手の感情とニーズを聞き取ることを目標とする。NVC の目的と手法について日本語も織り交ぜながら毎回解説し，映画も活用して全ての感情の奥には大切な願いや思い（ニーズ）が必ず紐付いていることを理解・練習させた。終了後の無記名アンケートのひとつ「将来の患者さんとコミュニケーションを取る際に NVC は役に立つと思いますか？」の問いに対して「役に立つ」61.9%，「まあ役に立つ」38.1% と全員が肯定した。発表では，最後に実施した英語による「共感テスト」の映像も交えて本研究の成果を報告する。

20

Strengthening Clinical Reasoning and Medical English: An Online Initiative by Team WADA in Japan

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Clinical reasoning training is extensively integrated into Western medical curricula, enhancing medical students' ability to analyze and solve clinical problems. Meanwhile, the demand for medical English proficiency continues to rise worldwide due to ongoing globalization. Although Japanese medical schools have introduced medical English courses and problem-based learning (PBL) clinical reasoning programs, these efforts are frequently inadequate in both quantity and quality, leaving many students unable to sufficiently improve their competencies.

To address this gap, we introduced an innovative approach by Team WADA, a nonprofit organization hosting online, English-based clinical reasoning sessions in Japan. Every two months, a U.S.-based hospitalist leads a real case presentation by portraying a patient, allowing students to practice medical interviewing online in a safe learning environment. This enables participants to develop diagnostic reasoning and refine their language skills simultaneously. Over the course of one year, five sessions were conducted, involving 46 Japanese medical students and junior residents. Feedback gathered at the end of the year revealed high satisfaction rates, with 100% of participants noting that this program provides an educational experience unavailable at their home institutions. Participants also reported marked improvements in English proficiency and clinical reasoning, as well as increased motivation to deepen their understanding of pathophysiology and to engage more actively in daily rotations and classes.

We propose that this initiative helps strengthen clinical reasoning education in Japan. In this presentation, we will describe our session format and discuss future plans for expansion. We will also share participant feedback to demonstrate effective methods for improving medical English education and bridging current gaps in clinical reasoning training.

21

A Case Study of Curriculum Development for Medical English Education Using Outcome-Based Education (OBE) and Content and Language Integrated Learning (CLIL)

Takayuki Oshimi

International University of Health and Welfare School of Medicine

This presentation introduces a case study of curriculum development for medical English education at the International University of Health and Welfare (IUHW) School of Medicine, where **Outcome-Based Education (OBE)** and **Content and Language Integrated Learning (CLIL)** have served as key pillars of the curriculum since the school's establishment in 2017. These approaches work together to ensure students develop not only strong English proficiency, but also practical communication skills essential for succeeding in global clinical settings.

As part of its OBE framework, IUHW defines clear language and communication outcomes that align with students' future roles in international healthcare. All students are required to achieve **CEFR B2 or higher** by their final year, preparing them for mandatory overseas **clinical clerkships**. Their progress is continuously monitored through **TOEFL ITP**, administered eight times over six years. Furthermore, the OBE framework directly links these outcomes to the **post-clinical clerkship OSCE (Post-CC OSCE)**, where students' abilities in **English patient encounters, case presentations, and patient note documentation** are formally assessed as graduation requirements. This direct alignment between learning objectives and final assessments ensures students graduate with practical, measurable communication skills necessary for international clinical practice.

To support these outcomes, IUHW employs **CLIL**, where students are immersed in **studying medicine in English** rather than simply learning medical English. From the first year, students study topics such as **Japanese culture, global issues, medical careers,** and **foundational clinical communication skills** entirely in English. In the second and third years, they develop **academic English** skills, including reading medical literature and presenting research. Additionally, students learn to manage **35 core symptoms** in English, mastering **English patient encounters, case presentations, and patient note documentation** as part of their ongoing medical training.

This presentation will explore how integrating OBE and CLIL supports the development of globally competent physicians and invites discussion on how these strategies can be adapted to other institutions.

CUBE02 **Sat July 12 | 7月12日(土) 16:05–16:35**

General Topics 6 一般演題 6	Medical English in Clinical Practice 実臨床での医療英語

22

Health Screening Tourism: Toward Improving Hospitality for Foreign Tourists

Tsuyoshi Sakoda, Koshiro Ando

ISEIKAI International General Hospital

医誠会国際総合病院人間ドック SOPHIA

Osaka's burgeoning tourism sector is witnessing a significant rise in foreign visitors seeking medical checkups. However, the provision of quality medical services is being challenged by language and cultural barriers. This study focuses on strategies to enhance the hospitality of health screening tourism, particularly within institutions that primarily operate in Japanese and have limited multilingual support. Key challenges include language barriers that impede the understanding of medical terminology and effective communication, cultural differences affecting patient expectations and attitudes toward care, and limitations in staff language proficiency. To address these issues, several proposed solutions are put forth: the implementation of visual aids, the utilization of digital translation tools for basic communication, the provision of cross-cultural training for staff; the simplification of medical terminology for improved clarity, and the proactive offering of English-language services. In one instance, providing English explanations to a Chinese tourist resulted in a smoother explanation of medical checkup results compared to using a Chinese interpreter. This suggests that many affluent Chinese tourists are proficient in English and prefer direct explanations from medical professionals over interpreter-mediated communication. Conversely, a Chinese couple, accompanied by a friend who claimed to speak Japanese, encountered difficulties at the reception desk due to the friend's limited language skills. When it came time to explain the results, the couple, who understood neither English nor Japanese, were assisted using translation AI, which proved to be time-consuming and labor-intensive. Health screening tourism encompasses the entire travel experience. Overcoming communication barriers and ensuring high-quality medical care and comfortable accommodations are essential for fostering repeat visits and positive referrals. By implementing these strategies, medical institutions in Osaka can significantly improve the reliability and quality of their health screening services for international tourists, thereby contributing to the sustainable growth of medical tourism.

23

Teaching Japanese Medical Students to Present Neurosurgical Cases in English: Structured Approach, AI Integration, and Challenges

日本の医学生への英語での脳神経外科症例発表指導：体系的アプローチ，AI 活用，課題

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At the Department of Neurosurgery, University of Tsukuba, we have developed a structured approach to teaching 4th- and 5th-year Japanese medical students how to present neurosurgical cases in English. This elective course is designed to enhance students' ability to communicate with an English-speaking audience, a critical skill in international medical practice.

In the course, students review essential medical terminology and neurosurgical concepts in English, and then receive instruction on structuring case presentations. They then draft their presentations using a standardized format. Special emphasis is placed on pronunciation practice for specialized vocabulary, enabling students to use medical terms accurately. We also discuss the role of AI-based language tools, highlighting their advantages and limitations in clinical case preparation. Students engage in critical discussions on the effectiveness of AI in refining medical English, the potential risks of over-reliance, and strategies for using these tools to enhance rather than replace their learning.

The final stage involves live case presentations in a hospital setting in front of a computer displaying neuroimaging and patient data, where students present to an invited English-speaking professor. They describe the patient history, analyze neuroimaging findings, and respond to the professor's questions, with support provided by department staff and residents.

The University of Tsukuba Hospital accepts approximately 20 foreign patients daily, with some requiring hospitalization. As students must communicate with patients to prepare their reports during clinical practice, they may encounter non-Japanese-speaking patients. This provides real-world opportunities for students to apply their medical English skills, enhancing both their confidence and preparedness for future professional interactions in an increasingly globalized healthcare environment.

CUBE03 **Sat July 12 | 7月12日(土) 16:05–16:35**

General Topics 7 一般演題 7	Others その他

24

Creating a Database for a Nursing Loanword Glossary for Nursing Students

Motoko Sando

School of Health and Nursing Science, Wakayama Medical University

In the Japanese language, katakana is mainly used for representing loanwords, which are adopted from other languages. The nursing field covers so many types of katakana expressions. Most of them are based on loanwords from English and have the same meanings as English. However, some are used differently from the original sense, others are abbreviations, and still others are Japanese creations. Several katakana nursing dictionaries have so far been published in Japan, but most of them only refer to Japanese meanings and simply list katakana spellings. Although katakana is useful for Japanese people, it may be a stumbling block to communicating in English with overseas people. With the rapid globalization, the presenter feels the powerful need for a bilingual nursing glossary, devoting space to original meanings and correct English usage.

Therefore, the purpose of this research is to collect the basic data required for creating a nursing loanword glossary. The presenter extracted katakana from the National Nursing Examination for the past 6 years. Except everyday language or proper nouns, katakana can be categorized into 5 types: (Type I) borrowed from languages other than English; (Type II) written directly in their original forms; (Type III) newly coined in Japan from existing English words; (Type IV) used differently from the original sense; (Type V) abbreviated or shortened. The presentation will show some distinctive examples and share findings.

25

Accuracy of Oral Interpretation to Verify the Effectiveness of “Easy Japanese” in Medical Care
医療における「やさしい日本語」の有効性検証に向けた口話通訳の正確性分析

Ono Naoko（大野直子）[1], **Hamai Taeko**（濱井妙子）[2], **Yang Jinghua**（楊セイカ）[1], **Takashi Kusumi**（楠見　孝）[3], **Takeda Yuko**（武田裕子）[1]

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背景：医療者の発話内容が複雑である場合，通訳者の負担が増大し，エラー発生の可能性が高まる。医療者が「やさしい日本語」を使用した場合の通訳しやすさについて，検証した先行研究は見当たらない。本研究の目的は，医療現場における「やさしい日本語」の活用と医療通訳の正確性との関連を明らかにすることである。

方法：日本人現役医療通訳者・経験者を対象に，2024 年 7 月から 10 月に zoom で模擬医療通訳実験を行った。腎疾患と糖尿病に関する病状・治療説明のシナリオを「通常の日本語（以下，通常版）」と「やさしい日本語（以下，やさ日版）」の 2 種類作成し，動画上の医師の発話を 10 名の医療通訳者が通訳した。通訳した発話記録から逐次通訳をしたセグメントにおける通訳エラーの頻度を Flore らの手法に基づき測定し，「やさしい日本語」との関連を Wilcoxon 符号付き順位検定で分析行った。

結果：腎疾患ならびに糖尿病における通訳エラーの頻度の平均値は，やさ日版の方が有意に少なく（p=0.005），やさ日版を活用することで，通訳エラーの発生頻度が減少することが明らかになった。また，やさ日版において糖尿病は腎疾患に比べて通訳エラーが少なく（$p < 0.05$），通訳者の負担が軽減される可能性が示唆された。

考察：本研究の結果より，「やさしい日本語」の使用は医療通訳の正確性向上に寄与する可能性が示された。今後は，よりサンプルサイズを拡大することで，さらなる検証が求められる。

26

Enhancing English Presentation Skills for Early-Career Physicians and Medical Students: A Web-Based Collaboration with American Emergency Physicians

北米救急医との WEB 会議を利用した若手医師および医学生に対する英語発表指導の実践

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Since 2015, our center has provided continuous English education on emergency medicine by hosting emergency physicians from the United States in Osaka. However, the COVID-19 pandemic disrupted in-person interactions, prompting the launch of a web-based English lecture series conducted via Zoom in October 2020. As of March 2025, a total of 34 sessions have been conducted. Each session consists of two components: first, early-career physicians and medical students deliver English presentations; second, lectures from US emergency physicians on topics such as trauma, toxicology, and point-of-care ultrasound. Participants receive structured guidance, including pre-session rehearsals and real-time feedback, from internationally experienced mentors. Since 2022, the program has been co-hosted with the Osaka Prefectural Government, expanding participation to designated training hospitals across Osaka. The initiative provides an interactive, supportive environment that enhances English communication skills and promotes cross-cultural professional development, contributing to the training of globally competent medical practitioners.

27

Learning Medicine in English (LME) Project 2024-25: Clinical English Training for Medical Students Prior to Overseas Clinical Practice

Learning Medicine in English (LME) プロジェクト 2024-25：海外臨床実習前の医学生を対象とした臨床英語教育

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[1] 藤田医科大学医学部野口医学国際交流講座，[2] 帝京大学医学部精神神経科学講座，[3] 野口医学研究所

A salient issue in the realm of medical English education in Japan pertains to its inadequacy for clinical practice. This inadequacy manifests in various aspects, including the inability to take a medical history, conduct a physical examination, present a case including differential diagnosis, and write a medical record in English.

In this project, the primary focus was on fifth-year medical students from Fujita Health University who were scheduled to engage in clinical practice abroad. These students were requested to complete a questionnaire on two separate occasions: initially upon completion of the entire course and subsequently upon their return from overseas training.

Results from FY2023 showed that even in non-English speaking countries, English was commonly used for medical conversations and for reading documents such as medical records. In FY2024, new learning needs emerged, including writing medical records, describing psychiatric findings, and understanding English abbreviations.

The study posits that the prevailing curriculum in Japan may fall short in meeting the training needs of medical students pursuing education abroad, particularly in domains outside the scope of internal medicine, such as the Objective Structured Clinical Examination (OSCE) in psychiatry. This report presents a series of recommendations for the enhancement of medical English training for Japanese medical students in the future.

28

Analyzing Abstracts and Article Texts for Communicative Purposes: A Preliminary Study Toward the Development of a Parallel Corpus System

抄録と論文テクストに関する探索的研究：対訳コーパスを用いたシステムの応用と開発の可能性を視野に

Motoko Asano（浅野元子）[1], **Noriko Matsuda**（松田紀子）[2], **Miwa Akao**（赤尾美和）[2], **Yoshinori Miyazaki**（宮崎佳典）[3], **Riku Yasuda**（安田　陸）[3], **Tomoko Wakasa**（若狭朋子）[4], **Kaori Sakakibara**（榊原佳織）[1], **Judy Noguchi**（野口ジュディー）[5], **Miho Fujieda**（藤枝美穂）[1]

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Considering that a bilingual parallel corpus of medical texts could be useful for students in medical English courses, we have been conducting move analyses of abstracts and full-text portions of research papers selected by our students. Move analysis, proposed by John Swales (1981), examines the rhetorical patterns of research articles by identifying text portions with specific communicative purposes for educational applications. The aim of this study was to relate the abstract moves with the more detailed explanations in the main text. Most abstract fragments had corresponding sections in the full text, often with more extensive descriptions that provided contextual information not explicitly stated in the abstracts. However, identifying descriptions of existing knowledge and gaps in a research field proved challenging, as such information is not always clearly expressed. Our findings suggest that linking abstract text portions with full-text sections from the perspective of communicative purposes could help undergraduates become aware of the intra-genre relationships of research articles, thus reducing the burden on students as they navigate academic research papers.

CUBE02　Sun July 13 | 7月13日(日) 14:05–15:05

General Topics 9 一般演題 9　**USMLE, NCLEX, and Other International Healthcare Licensure Exams USMLE, NCLEX など海外医療資格試験**

29

Case-Based Medical English Learning: Integrating USMLE Questions and Interview Practice

Yui Okamura[1], **Tomonari Shimoda**[2], **Thomas Mayers**[3]

[1] School of Medicine, University of Tsukuba, [2] United States Naval Hospital Yokosuka, [3] Medical English Communications Center, University of Tsukuba

With the increasing number of non-Japanese-speaking patients, medical encounters in English are becoming more common. While university medical English courses provide essential communication skills, opportunities for students to engage in advanced clinical scenarios, such as case-based discussions, are limited. Additionally, although resources like United States Medical Licensing Examination (USMLE) question banks are valuable for acquiring medical English knowledge, students often struggle to apply these skills to medical interviewing. To address this gap, we initiated a student-led activity that combines medical interviews and case discussions using USMLE exam preparation materials. In this activity, students select a question from a USMLE question book and assume roles as a patient, doctor, or advisor. A mock medical interview is conducted for 7 minutes based on the selected question. After the interview, the advisor and patient provide feedback on the interviewing skills for potential improvement. Following the interview session, all participants solve the original USMLE question, review it, and discuss key learning points, including basic science, anatomy, physiology, and pharmacology. This activity creates an environment where students can develop both their medical interviewing skills in English and their case-based discussion abilities, as well as enhancing their medical knowledge. Moreover, these activities may help lower the barriers to preparing for international healthcare licensure examinations. In this presentation, I will outline our activity framework and share our experiences to encourage the adoption of similar initiatives.

30

Workshop: Integrating Occupational English Test (OET) Skills into Medical English Education: Guidance from an OET Expert

Takayuki Oshimi, Steve MacPhail
International University of Health and Welfare School of Medicine and OET Online

The Occupational English Test (OET) has become increasingly relevant for healthcare professionals seeking to work in English-speaking countries. As the demand for OET preparation grows, medical English educators in Japan are facing the challenge of incorporating OET-related skills into their existing curricula. This workshop aims to provide participants with practical ideas and strategies to effectively integrate OET preparation into medical English courses at their respective institutions.

The workshop will feature Mr. Steven MacPhail, Director of OET Online, a globally recognized OET preparation provider officially endorsed by the OET Centre as a Premium Preparation and All Star Provider. With over two decades of experience in OET education, OET Online offers high-quality online medical English courses and has achieved a high success rate among its students. In this workshop, Mr. MacPhail will provide an overview of OET Medicine, highlighting key components and common challenges faced by candidates.

Following the introduction, participants will engage in group discussions to explore how they can address OET-related skills in their own medical English courses. This collaborative session will encourage the exchange of ideas and best practices, fostering a deeper understanding of how OET preparation can be adapted to fit the needs of medical students in Japan.

The workshop will also include a dedicated Q&A session with Mr. MacPhail, providing participants with the opportunity to seek expert advice on curriculum design, assessment methods, and resource development. To conclude, Mr. MacPhail will share practical teaching tips based on his extensive experience preparing international healthcare professionals for the OET. Each group will then have the opportunity to present the key outcomes of their discussions.

This 45-minute workshop will provide participants with concrete ideas and pedagogical strategies to enhance their medical English programs, ensuring that graduates are better equipped to succeed in the OET and meet the linguistic demands of international medical practice.

31

Delivering a Medical English Word List through Flipped Learning

Marshall Higa, Simon Fraser, Walter Davies
Hiroshima University, Institute of Foreign Language Research and Education

While word lists provide a useful reference for the acquisition of vocabulary, a major challenge lies in making them engaging and accessible for learners. At Hiroshima University in 2025, we are delivering a pedagogic medical English word list through 14 units of learning material incorporated in two interlinked flipped learning courses. The online study takes place via two Moodle courses and a vocabulary learning platform (Hi-Lex), developed at the university's Institute for Foreign Language Research and Education. Hi-Lex enables students to build personalized word lists and learn them through spaced repetition. Classroom instruction follows the online study and focuses on interactive tasks designed to enhance the students' spoken skills.

In the presentation, we consider the online Moodle courses and outline the staging of learning the word list through pedagogic tasks and sub-lists. We also examine the recurrence of items and word parts across units of material. Building on previous research, we explore how students can be guided in their learning through announcements and discussions on Moodle. Additionally, we analyze the words that students save in their personalized word lists during the initial stages of one of the Moodle courses, providing insights into their engagement with medical English vocabulary.

32

The COVID-19 Pandemic and Learning Outcomes: In What Ways Did the Pandemic Impact Students in Japan?

COVID-19 パンデミックと学習成果：パンデミックは日本の学生にどのような影響を与えたのか？

Yoshiki Oida（種田佳紀）, Ayane Kitazawa（北澤綾音）, Chad L. Godfrey（チャド・ゴドフリー）
Saitama Medical University
埼玉医科大学

背景：COVID-19 感染症拡大に伴い，2020 年度，日本の大学の約 9 割が通常授業の開始を延期し，遠隔教育が主たる教育手段となった。現在はほぼ対面での講義形式に戻っているが，遠隔教育で得られた知見は今後の教育方略の選択肢を広げうる。本研究では，主に遠隔教育が学修者にどのような影響を与えるのか，心理的な観点について考察を加える。

方法：2023 年春，埼玉医科大学（SMU）は，社会的距離を保ちつつ，ハイブリッド教授法を活用して対面授業を再開した。2020 年から 2023 年にかけて，学生が学習の大部分をオンラインで受ける一方で，教員や仲間から孤立することで社会的・心理的影響を受けたかどうかをについて，筆者らは予備的な仮説を立てた。その上で，埼玉医科大学の学生と川越女子高校の生徒を対象に，アンケート形式で調査した。

結果と考察：アンケートの結果，著者らの予測は肯定も否定もされた。パンデミック時の教育環境が学習に悪影響を及ぼすという予測は，完全には正確ではなかった。むしろ，回答者はパンデミック時の学習について肯定的な側面もあるとし，パンデミックが去った後，遠隔学習が学習にどのような影響を与えたかについても回答が得られた。

結論：本研究は，遠隔教育の経験のある学生を現在対面で指導している教員に対して，助けになるものと思われる。実際の教育現場では，そうした学生の学習スタイルを考慮することで，より学修者に寄り添った学修方略が提案できるものと思われる。

33

The Practice of English Education in the Netherlands
オランダにおける英語教育の実践

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Background: With growing inbound tourism and globalization, the demand for specialized English proficiency—including medical English—is increasing. Drawing on my study abroad experience in the Netherlands, I observed that English education is remarkably advanced. From elementary school onward, English is systematically taught with a strong emphasis on practical communication skills. This study examines how interactive teaching methods—such as Content and Language Integrated Learning (CLIL), group discussions, and presentations—enhance practical language skills and foster autonomous learning attitudes.

Method: A comprehensive literature review was conducted, enabling both quantitative and qualitative assessments of the impact of teaching methods like CLIL on learning outcomes. The review drew on domestic and international academic sources, as well as official evaluation data—including the EF English Proficiency Index and OECD's PISA data.

Result: Data from the EF English Proficiency Index and OECD's PISA assessments indicate that interactive teaching methods—especially CLIL—substantially enhance practical speaking and listening skills in addition to grammatical proficiency.

Conclusion: The Dutch English education system fosters practical communication skills through interactive, evidence-based teaching methods. The insights gained from this study offer promising guidelines for enhancing effective English education.

The 19th Kenichi Uemura Award
第19回植村研一賞

Awardee: **Tomonari M. Shimoda, United States Naval Hospital Yokosuka**

Dr. Tomonari M. Shimoda is Chief Fellow at the United States Naval Hospital Yokosuka. He first launched the Young Investigators' Collaborative Research Consortium (YICRC) as a medical student at the University of Tsukuba and continued leading the initiative through his residency at the University of Tsukuba Hospital.

During the COVID-19 era, when medical students had limited access to schools and laboratories, Dr. Shimoda fostered a research-oriented environment with YICRC through journal clubs and mentorship in academic writing. His efforts led to the publication of 16 letters to the editor in peer-reviewed journals affiliated with American and European academic societies (impact factor 3–14) and supported over 10 students and residents in achieving their first PubMed-indexed publications. While not equivalent to original research articles, letters to the editor offer a valuable entry point into academic writing and critical analysis, sparking research interest among participants.

Beyond medical education, Dr. Shimoda aspires to become an academic cardiac surgeon with a focus on clinical and translational research. He is the first author of research articles published in *Circulation: Cardiovascular Interventions and The Journal of Thoracic and Cardiovascular Surgery*, leading journals in the field.

Co-Authorship from Friendship: A Novel Method for Medical Students to Engage in Scientific Writing

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Background: Medical students typically gain experience in scientific writing through publication of laboratory-based research and clinical case reports; however, the COVID-19 pandemic severely limited such opportunities. Here, we describe a novel initiative to address this gap and enhance scientific engagement with student-initiated activities.

Methods: The presenter of this abstract (a 6th-year medical student in 2022), experienced in both laboratory research and clinical studies, established a student-led association named the "Young Investigators' Collaborative Research Consortium". This consortium facilitated discussions among medical students on various topics of interest. The meetings were held on ZOOM, and explored methods for reading papers and basic analytical techniques, emphasizing the relevance of research in clinical practice. These discussions often raised clinical questions relating to study design and applicability, and, after careful scrutiny of the manuscripts and thorough discussions, we identified key points for improvement. We then proposed writing letters to the editor as a means to contribute to the scientific community and enhance our academic experience. Initially, the abstract presenter drafted a manuscript, with other consortium members made revisions. Subsequently, other members attempted to draft manuscripts under the presenter's guidance.

Results: Between July 2022 and March 2024, 11 letters to the editors were successfully published and indexed in peerreviewed journals with Impact Factors ranging from 3 to 13. Three of our letters to the editors garnered responses by the authors of original manuscripts (PMID: 36464552, 37137648, 36180183), and one prompted a reply through a separate letter to the editor (PMID: 37079750).

Conclusion: Our student-led academic society facilitated scientific discussions and fostered an academic mindset, culminating in the publication of 11 letters to the editors in esteemed peer-reviewed journals. Despite the limitations imposed by COVID-19, our innovative approach enabled medical students to participate in meaningful research activities.

Past Academic Meetings

日本医学英語教育学会 学術集会一覧

回	会長	開催期日	開催会場
第 1 回	植村　研一	1998 年 7 月 11, 12 日	アクトシティ浜松コングレスセンター
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
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	誌上開催
第 24 回	元雄　良治	2021 年 7 月 17，18 日	Web 開催
第 25 回	青木　洋介	2022 年 7 月 16，17 日	日本教育会館
第 26 回	一杉　正仁	2023 年 7 月 1，2 日	一橋講堂
第 27 回	服部しのぶ	2024 年 7 月 13，14 日	名古屋国際会議場
第 28 回	入交　重雄	2025 年 7 月 12，13 日	扇町ミュージアムキューブ
第 29 回	Raoul Breugelmans	2026 年 7 月 11，12 日	関西医科大学

Journal of Medical English Education **Vol. 24 No. 2**

日本医学英語教育学会会誌

編集人 小島多香子

2025 年 6 月 1 日発行　第 24 巻 第 2 号　定価 3,000 円

企画 日本医学英語教育学会

制作・発行 有限会社編集室なるにあ

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