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Journal of Medical English Education

The 29th JASMEE Academic Meeting Program and Abstracts

第29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 11 (Sat) & 12 (Sun), 2026
2026年７月11日（土）・12日（日）

***President*　会長**

Raoul Breugelmans (Department of English, Kansai Medical University)
R. ブルーヘルマンス（関西医科大学医学部英語教室）

***Theme*　テーマ**

Toward an EMP Model Core Curriculum
—Balancing Standardization and Personalization—
医学英語教育モデル・コア・カリキュラムに向けて
～標準化と個別化の調和を目指して～

***Venue*　会場**

Kansai Medical University, Faculty of Medicine
関西医科大学医学部

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

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Journal of Medical English Education

Vol. 25, No. 2, June 2026

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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Welcome Message
会長挨拶

Raoul Breugelmans
Conference President
29th Japan Society for Medical English Education Conference
Professor, Department of English. Kansai Medical University



It is my great honor and privilege to host the 29th Conference of the Japan Society for Medical English Education (JASMEE) on July 11–12, 2026, at Kansai Medical University in Osaka. It is a true pleasure to welcome colleagues, friends, and all those involved in medical English education to our campus in Hirakata.

The theme of this year's meeting,
"**Toward an EMP Model Core Curriculum — Balancing Standardization and Personalization —**"
reflects a challenge that is becoming increasingly important in a rapidly globalizing medical environment. As expectations grow for medical graduates to acquire essential English for Medical Purposes (EMP) competencies, it has become clear that we need a more coherent framework to guide EMP curricula nationwide. Yet at the same time, Japan's medical schools are diverse in their educational resources, student backgrounds, and regional contexts. A meaningful national framework must therefore strike a careful balance—bringing the clarity and shared direction that standardization offers while also embracing the flexibility necessary for each institution to build upon its own strengths. Our chosen theme embodies our hope to reflect on these dual needs with fresh insights from both domestic and international perspectives.

On the afternoon of July 11, we will hold a special symposium directly aligned with this theme. We are delighted to welcome two distinguished invited speakers: Professor John Skelton, President of the European Association of Language Teachers for Healthcare (EALTHY), who will discuss EMP competencies from an international standpoint; and Professor Hiroshi Nishigori, President of the Japan Society for Medical Education (JSME), who will speak from the viewpoint of medical education and share insights from Japan's Model Core Curriculum. The symposium will be followed by an engaging panel discussion featuring the two speakers and JASMEE representatives, including members from both the medical and language education fields. We look forward to a lively and productive dialogue with all participants.

Hirakata, the city where Kansai Medical University is located, sits conveniently between Kyoto and Osaka, with the campus only a five-minute walk from Hirakatashi Station on the Keihan Line. The area is known for its historical "Kurawanka" riverboat culture along the Yodo River—an environment shaped by the movement of people, goods, and ideas over many generations. This spirit of exchange and connection resonates closely with the values of diversity and international engagement that lie at the heart of medical English education, making Hirakata a fitting setting for this year's meeting.

I sincerely hope that this conference will offer you new insights, meaningful encounters, and fruitful discussions, and that together we can envision the future of EMP education in Japan and beyond. We look forward to welcoming many of you to Kansai Medical University in July 2026.

このたび、第29回日本医学英語教育学会学術集会を2026年7月11日（土）・12日（日）の2日間、関西医科大学にて開催させていただく運びとなりました。歴史ある本学術集会を本学で主催できますことを大変光栄に存じますとともに、皆さまを大阪・枚方の地にお迎えできますことを、心待ちにしております。

本大会のテーマは「医学英語教育モデル・コア・カリキュラムに向けて ～標準化と個別化の調和を目指して～」といたしました。国際化がますます進む昨今、医学生が卒業までに身につけるべき English for Medical Purposes（EMP）の到達目標やカリキュラムの枠組みを、どのように設計し全国の教育現場で共有していくべきかは、医学英語教育の発展にとって重要な課題となっています。一方で、大学によって教育資源や学生背景、地域性は大きく異なり、全国一律の標準化だけでは実効性は十分ではありません。標準化がもたらす整合性と透明性、そして各大学の創意工夫や強みを生かす個別性。その両者をいかに調和させるかが、まさに今求められています。本大会テーマには、そうした議論の出発点を、国内外の多様な視点とともに見つめ直したいという思いが込められています。

大会初日の午後には、医学英語教育の国際的な動向と日本の医学教育の知見を架橋する特別シンポジウムを予定しております。ヨーロッパ医学英語教育学会（EALTHY）会長 John Skelton 先生、そして日本医学教育学会（JSME）理事長の錦織宏先生をお招きし、医学生が卒業までに身につけるべき EMP コンピテンシーについて、それぞれ国際的視点と医学教育的視点からご講演いただきます。お二人の講演に続き、JASMEE 会員も加わるパネルディスカッションでは、会場の皆さまとともに、より実践的でリアリティのあるカリキュラム像を探ってまいりたいと考えております。

開催地である枚方市は、京都と大阪のちょうど中間に位置し、京阪電車「枚方市」駅から徒歩5分ほどで会場へお越しいただける大変利便性の高い場所にあります。江戸時代「くらわんか舟」で知られたこの地域は、古くから人々と物資が行き交い、多様な文化が混ざり合って発展してきました。その“越境”と“交わり”の精神は、医学英語教育が目指す国際性や多様性とも通じるものがあり、本大会の開催地としてふさわしい場所であると感じております。

皆さまにとって、本大会が新たな気づきや出会いに満ちた実りある二日間となり、医学英語教育の未来をともに描くきっかけとなれば、これに勝る喜びはありません。多くの皆さまのご参加を、関西医科大学にて心よりお待ちしております。

第29回日本医学英語教育学会学術集会
大会長　**R.**ブルーヘルマンス
関西医科大学 医学部 英語教室

General Information｜参加の方へのご案内

Overview of the Meeting

Dates: Saturday, July 11 – Sunday, July 12, 2026

Venue:
Kansai Medical University
Faculty of Medicine
2-5-1 Shin-machi, Hirakata, Osaka 573-1010, Japan
Tel: +81-72-804-0101
https://www.kmu.ac.jp

Access: 5-minute walk from Hirakata-shi Station (Keihan Railway)

Registration Fees:

	Member	Non-member
Early-bird Registration	9,000 Yen	11,000 Yen
Regular Registration	11,000 Yen	13,000 Yen
Late / On-site Registration	13,000 Yen	15,000 Yen
Student Registration	Free of charge	

Official Language

The conference will be conducted primarily in English, although a limited number of presentations and discussions will be conducted in Japanese.
As JASMEE is a bilingual academic society, participants are welcome to use either English or Japanese during discussions and question-and-answer sessions.

Program and Abstracts

Additional copies of the conference Program and Abstracts volume will be available for purchase at the venue for 3,000 Yen.

Networking Reception

Date: Saturday, July 11, 2026 (18:00–20:00)
Venue: Cafeteria, 3rd Floor, Faculty of Medicine Building, Kansai Medical University
Fee: 5,000 Yen

Advance registration is requested at the time of conference registration.
Please note that refunds cannot be made for cancellation or non-attendance.

Kenichi Uemura Award

The 20th Kenichi Uemura Award Ceremony will be held at 17:35 on Saturday, July 11.
Venue: Katano Hall (1st Floor)

Related Meetings

Meeting	Date and Time	Venue
EPEMP Steering Committee	Friday, July 10, 16:00–17:00	Meeting Room B (2F)
Board Meeting (current term)	Friday, July 10, 17:00–18:30	Meeting Room A (2F)
Councilors' Meeting and Member Debriefing	Sunday, July 12, 9:00–9:30	Katano Hall (1F)
Board Meeting (new term)	Sunday, July 12, 15:30–17:00	Meeting Room A (2F)

Organizing Committee

- Raoul Breugelmans (Kansai Medical University, Department of English)
- Eric H. Jego (Nihon University School of Medicine, Center for Institutional Research and Medical Education)
- Rika Okuto (Kansai Medical University, Department of English)
- Issei Miyaguchi (Kansai Medical University, Department of English)
- Kumiko Murakami (Kansai Medical University, Department of English)

Secretariats

29th Conference Secretariat

Kansai Medical University, Department of English
2-5-1 Shinmachi, Hirakata, Osaka 573-1010, Japan
Tel: +81-(0)72-804-2345
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開催概要

会期・会場

会期：2026年7月11日（土）～7月12日（日）

会場：
関西医科大学 医学部
〒573-1010 大阪府枚方市新町2-5-1
Tel: 072-804-0101
https://www.kmu.ac.jp

アクセス：京阪電車「枚方市駅」より徒歩5分

参加費：

	会員	非会員
早期参加登録	9,000円	11,000円
通常参加登録	11,000円	13,000円
直前・当日参加登録	13,000円	15,000円
学生参加登録	無料	

使用言語

本学術集会は主として英語で運営されますが、一部の発表およびディスカッションは日本語で行われます。
JASMEEは日英両語を使用する学会であり、質疑応答やディスカッションでは、英語・日本語いずれもご使用いただけます。

プログラム・抄録集

大会プログラム・抄録集の追加冊子は、会場にて3,000円で販売いたします。

懇親会

日時：2026年7月11日（土）18:00〜20:00
会場：関西医科大学 医学部棟3階 食堂
参加費：5,000円

参加登録時の事前申込制となっております。
なお、キャンセル・欠席による返金はいたしかねますので、あらかじめご了承ください。

植村研一賞

第20回植村研一賞授賞式を、7月11日（土）17:35より開催いたします。
会場：加多乃講堂（1階）

関連会議

会議	日時	会場
医学英語検定試験制度委員会	7月10日（金）16:00〜17:00	会議室B（2階）
理事会（旧）	7月10日（金）17:00〜18:30	会議室A（2階）
評議員会・会員報告会	7月12日（日）9:00〜9:30	加多乃講堂（1階）
理事会（新）	7月12日（日）15:30〜17:00	会議室A（2階）

実行委員会

- R.ブルーヘルマンス（関西医科大学 英語教室）
- E.H.ジェーゴ（日本大学 医学部 医学教育センター）
- 奥藤里香（関西医科大学英語教室）
- 宮口一誠（関西医科大学英語教室）
- 村上久美子（関西医科大学英語教室）

事務局

第29回日本医学英語教育学会学術集会 事務局

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編集室なるにあ
Tel: 03-3818-6450
Email: jasmee@narunia.co.jp

For Participants

Conference Check-In
Please present your registration ticket (with QR code) at the reception desk, either as a printout or on your smartphone. The ticket can be accessed from your registration page on the conference website.
Please receive your name badge and conference materials at the desk.
Participants are requested to wear their name badge at all times within the venue.

Participation Certificate and Receipt
A receipt can be downloaded from your registration page once payment has been confirmed. Participation certificates will be available for download from the same page after the conference.

Annual Membership Fee
Annual membership fees will not be accepted at the venue.

Lunch
Convenience stores and a variety of restaurants are available around Hirakata-shi Station.

Lunch boxes are available by advance reservation only at the time of conference registration and cannot be added later.

For Day 1, **"Exhibitor Luncheon"** lunch boxes will be provided free of charge.
For Day 2, **"Fringe Luncheon"** lunch boxes are available for 900 Yen.

Participants who reserve a lunch box are requested to collect it by the designated pickup time. Unclaimed lunch boxes may be redistributed to other participants on a first-come, first-served basis. Please note that refunds cannot be made for unclaimed lunch boxes.

Rest Areas
A designated Rest Area is available on the 2nd floor throughout the conference. Participants are welcome to use this area for relaxation, informal discussions, or networking with other attendees. Complimentary coffee, water, and light refreshments are available.

In addition, participants may also use the lounge area on the 4th floor. Beverage and snack vending machines are available in this area.

HepCon Mobile App
Participants are encouraged to use the HepCon mobile app during the conference.
The app provides access to the conference timetable, abstracts, presentation materials, and other conference information.
Participants may also use the app to continue discussion after sessions by submitting questions or comments to presenters using the "Presentation Comments" function. Presenters may respond to these questions at their own discretion.
For download instructions and further information, please refer to the dedicated HepCon information page on the conference website.

Internet Access / WiFi
Please note that WiFi access cannot be provided to conference participants at the venue.
Participants who require internet access during the conference are requested to make their own arrangements, such as the use of mobile data or smartphone tethering.
The HepCon mobile app is designed to function even in environments with limited or no internet connectivity. Conference information, abstracts, and presentation materials that have been loaded in advance will remain accessible offline during the conference.

Photography
An official conference photographer will be present throughout the conference and may take photographs of presentations, sessions, networking events, and other conference activities. Photographs taken during the conference may be used by JASMEE for purposes including, but not limited to, the Society website, conference reports, newsletters, blog posts, promotional materials, and social media.
By participating in the conference, participants are deemed to consent to such photography and use of images. Participants who have concerns about being photographed or about the use of their images by JASMEE are requested to contact the conference office in advance or at the registration desk upon arrival. Reasonable efforts will be made to accommodate such requests.

参加者の皆様へ

受付について
参加登録ページから取得できる参加登録証（QRコード付き）を受付にてご提示ください。印刷したもの、またはスマートフォン画面のいずれでも構いません。
ネームカードおよび大会資料をお受け取りください。
会場内では、ネームカードを常時ご着用くださいますようお願いいたします。

参加証明書・領収書
領収書は、参加費のお支払い確認後に参加登録ページよりダウンロード可能となります。参加証明書につきましても、大会終了後に同ページよりダウンロードいただけます。

年会費
年会費の受付は会場では行いません。

昼食について
枚方市駅周辺には、コンビニエンスストアおよび各種飲食店がございます。

昼食用弁当は、参加登録時の事前予約制となっており、後から追加することはできません。

1日目は、**「Exhibitor Luncheon」** 弁当を無料でご提供いたします。
2日目は、**「Fringe Luncheon」** 弁当を900円でご用意しております。

弁当をご予約いただいた方は、指定された受け取り時間までにお受け取りください。受け取り時間を過ぎた未受領の弁当につきましては、他の参加者に先着順で再配布させていただく場合がございます。なお、未受領の場合でも返金はいたしかねますので、あらかじめご了承ください。

休憩スペース
大会期間中、2階に休憩スペースをご用意しております。休憩や参加者同士の交流・情報交換の場としてご自由にご利用ください。コーヒー、お水、および茶菓子をご用意しております。

また、4階ラウンジもご利用いただけます。こちらには飲料および軽食の自動販売機が設置されています。

HepCon モバイルアプリ
大会期間中は、HepCon モバイルアプリのご利用を推奨しております。
アプリでは、タイムテーブル、抄録、発表資料、その他大会情報をご覧いただけます。
ダウンロード方法および詳細につきましては、大会ウェブサイト内の HepCon 案内ページをご参照ください。

インターネット接続・WiFiについて
会場では、参加者向けWiFiの提供はございません。
大会期間中にインターネット接続が必要な場合は、モバイル通信やスマートフォンのテザリング等、各自でご対応をお願いいたします。
また、参加者はセッション終了後も、アプリの発表コメント機能を通じて発表者へ質問やコメントを投稿することができます。発表者は必要に応じて任意で回答することができます。

なお、HepConモバイルアプリは、インターネット接続が制限された環境でも利用可能な設計となっております。事前に読み込まれた大会情報、抄録、発表資料等は、大会期間中オフラインでも閲覧可能です。

写真撮影について

大会期間中は、公式カメラマンが会場内で写真撮影を行います。撮影された写真には、講演、セッション、懇親会、その他の大会活動の様子が含まれる場合があります。これらの写真は、学会ウェブサイト、大会報告、ニュースレター、ブログ記事、広報資料、SNS等を含むJASMEEの活動において使用させていただく場合があります。

本学術集会への参加をもって、参加者は上記の写真撮影および写真の使用に同意したものとみなします。写真撮影やJASMEEによる写真の使用についてご懸念のある方は、事前に大会事務局まで、または大会当日に受付までお申し出ください。可能な範囲で対応させていただきます。

For Oral Presenters

Presentation rooms will be equipped with **Windows 10 PCs running Microsoft PowerPoint 2016**.

Presentation slides should preferably be prepared in Microsoft PowerPoint format (.pptx). Presenters wishing to use other presentation software or their own laptop computers are requested to make the necessary arrangements themselves and to check compatibility in advance.

Presentation materials should be uploaded directly to the presenter's contribution page on the conference website (Indico system).

Two types of presentation materials can be uploaded:

1. Presentation File (required)
Presenters are required to upload the file to be used for the actual presentation at the conference venue. In most cases, this will be a Microsoft PowerPoint (.pptx) file.
When uploading this file, presenters are requested to select the "Protect" option so that the file is accessible only to conference organizers and venue staff.
Presentation files must be uploaded by **Wednesday, July 8, 2026**.
The uploaded presentation files will be prepared in advance on the PCs in the presentation rooms.

2. Handout Materials (optional but strongly encouraged)
Presenters are encouraged to upload one or more files as handout materials for conference participants. These files will be publicly accessible via the conference website and the HepCon mobile app.
Handout materials may include PDF versions of presentation slides, supplementary documents, references, worksheets, or other materials relevant to the presentation.
When uploading handout materials, presenters should leave the "Protect" option unchecked so that the files are accessible to conference participants.

When preparing presentation files, presenters are requested to observe the following points:

・If your presentation includes videos or audio, please ensure in advance that all media files function correctly on a Windows environment or the computer you plan to use.
・Presenters using Macintosh computers are advised to check font compatibility carefully in advance.
・Presenters using their own laptop computers are requested to bring any necessary power adapters or HDMI conversion connectors.

As a precaution, presenters are also requested to bring a backup copy of their presentation data on a USB flash drive.

Presenters are asked to be seated in the **"Next Presenter" seat** at least **15 minutes before** their scheduled presentation time.

Each oral presentation is allotted 15 minutes in total.
Presentations are scheduled to begin at fixed 15-minute intervals. In order to maintain the overall conference schedule, presenters are requested to ensure that their presentation and Q&A **conclude within 14 minutes**, allowing approximately 1 minute for speaker transition.
As a general guideline, presenters are encouraged to use approximately 10–12 minutes for the presentation itself and to leave approximately 2–4 minutes for Q&A discussion. However, the balance between presentation time and discussion may be adjusted as appropriate within the allotted 14 minutes.
A warning bell will ring once at 10 minutes, twice at 12 minutes, and three times at 14 minutes to indicate the end of the allotted time. Presenters are requested to observe the time limits strictly.

HepCon Mobile App
Additional questions and discussion may also continue through the "Presentation Comments" function on the HepCon mobile app. Presenters wishing to respond to questions or comments through HepCon are requested to create an account and log in to the app. To be recognized as the presenter of a session within HepCon, presenters should create their HepCon account using the same email address as the one associated with their Indico account.

一般演題発表者の皆様へ

発表会場には、**Windows 10 / Microsoft PowerPoint 2016** を搭載したPCを設置いたします。

発表スライドは、原則として Microsoft PowerPoint形式（.pptx）で作成してください。その他のプレゼンテーションソフトウェアやご自身のPCをご使用になる場合は、必要な準備および事前の動作確認を各自でお願いいたします。

発表資料は、大会ウェブサイト（Indicoシステム）の各発表ページ（Contribution Page）よりアップロードしてください。

アップロード可能な資料は以下の2種類です。

1. Presentation File（必須）
大会当日に会場で使用する発表ファイルをアップロードしてください。通常は Microsoft PowerPoint（.pptx）ファイルを想定しております。
このファイルをアップロードする際には、「Protect」オプションを選択し、大会運営スタッフのみがアクセス可能な設定にしてください。
発表ファイルのアップロード期限は、**2026年7月8日（水）**です。
アップロードされた発表ファイルは、事前に各会場PCへ準備いたします。

2. Handout Materials（任意・推奨）
参加者向け配布資料として、追加ファイルをアップロードいただけます。これらのファイルは、大会ウェブサイトおよびHepCon モバイルアプリを通じて参加者に公開されます。
PDF化したスライド、補足資料、参考文献、ワークシート等、発表に関連する資料をご自由にアップロードいただけます。
Handout Materials をアップロードする際には、「Protect」オプションを選択せず、参加者がアクセスできる状態にしてください。

発表ファイル作成時の注意事項

・動画・音声を使用する場合は、Windowsまたはご使用予定のPC上で正常に再生されることを事前にご確認ください。
・Macintoshをご使用の場合は、フォント互換性に十分ご注意ください。
・ご自身のPCをご使用の場合は、必要な電源アダプターやHDMI変換コネクター等をご持参ください。

万一に備え、発表データのバックアップをUSBメモリ等でご持参いただくことを推奨いたします。

発表者の皆様は、発表開始予定時刻の**15分前まで**に、会場内の**「Next Presenter」席**にご着席ください。

各口演発表の持ち時間は合計15分です。
発表は15分間隔で開始されます。大会全体の進行維持のため、発表者交代時間として約1分を確保できるよう、発表および質疑応答は**14分以内に終了**するようお願いいたします。
目安として、発表10〜12分、質疑応答2〜4分程度を推奨しておりますが、14分間の範囲内で、発表と質疑応答の時間配分は適宜調整していただけます。
時間管理のため、10分で1鈴、12分で2鈴、14分で3鈴を鳴らします。円滑な進行のため、時間厳守にご協力をお願いいたします。

HepCon モバイルアプリ
追加の質問やディスカッションは、HepConモバイルアプリ上の発表コメント機能でも継続可能です。HepConを通じて質問・コメントへ返信を希望される発表者は、アカウントを作成し、ログインしていただくようお願いいたします。なお、HepCon上で発表者として正しく認識されるためには、Indicoアカウントと同じメールアドレスでHepConアカウントを作成してください。

For Poster Presenters

Poster presenters are requested to prepare their posters in portrait orientation. Posters should not exceed **A0 size (841 mm × 1189 mm)** and should include the presentation title, author name(s), and affiliation(s).

Poster panels will be provided in the Poster area on the second floor of the venue. Presenters are asked to check in at the reception desk upon arrival and mount their posters on **Saturday, July 11**, preferably before the Opening Remarks at 10:00. Thumbtacks will be available at the venue.

Presenters are required to be present at their posters during the Poster Session on **Sunday, July 12, from 11:20 to 11:50**, to answer questions and discuss their work with participants.

Posters should be removed by **15:30 on Sunday, July 12**. Any posters remaining after this time may be removed and disposed of by the conference office.

ポスター発表者の皆様へ

ポスターは縦向き（portrait）とし、**A0サイズ（841 mm × 1189 mm）**以内で作成してください。ポスターには、演題名、発表者名、所属を明記してください。

ポスターパネルは会場内 Poster Area（2階）に設置いたします。発表者の皆様は、受付をお済ませのうえ、**7月11日（土）午前中**にポスターをご掲示ください（できるだけ10:00からの開会式までに掲示をお願いいたします）。画鋲は会場にてご用意いたします。

7月12日（日）11:20〜11:50 の Poster Session では、発表者ご本人がポスター前に待機し、参加者からの質問対応・ディスカッションを行ってください。

ポスターは**7月12日（日）15:30まで**に撤去をお願いいたします。撤去時間を過ぎても残っているポスターにつきましては、大会事務局にて撤去・処分させていただく場合がございます。

For Chairpersons

Chairpersons are requested to ensure that sessions proceed according to the scheduled timetable and that presentations begin at the designated times.

Chairpersons are asked to be seated in the **"Next Chairperson" seat** at least **15 minutes before** the start of their session.

Each presentation is allotted 15 minutes in total, including presentation, Q&A, and speaker transition time. Presentations are scheduled to begin at fixed 15-minute intervals. Chairpersons are requested to manage the session so that each presentation and Q&A period **concludes within 14 minutes**, allowing approximately 1 minute for speaker transition.

As a general guideline, presenters are encouraged to use approximately 10–12 minutes for the presentation itself and to leave approximately 2–4 minutes for Q&A discussion. However, the balance between presentation time and discussion may be adjusted as appropriate within the allotted 14 minutes.

A warning bell will ring once at 10 minutes, twice at 12 minutes, and three times at 14 minutes to indicate the end of the allotted time. Chairpersons are requested to ensure that sessions remain on schedule.

The selection of questioners and moderation of discussion are left to the discretion of the chairpersons. Participants asking questions should be requested to state their affiliation and name before speaking.

As JASMEE is a bilingual academic society, discussion may take place in either English or Japanese. If necessary, chairpersons may assist in facilitating communication during Q&A discussion.

座長の先生方へ

各セッションが予定されたタイムテーブルどおりに進行し、各発表が定刻に開始されるようご協力をお願いいたします。

座長の先生方は、セッション開始の**15分前まで**に、会場内の**「Next Chairperson」席**にご着席ください。

各発表の持ち時間は合計15分（発表、質疑応答、発表者交代時間を含む）です。発表は15分間隔で開始されます。発表者交代時間として約1分を確保するため、各発表および質疑応答は**14分以内に終了**するよう進行をお願いいたします。

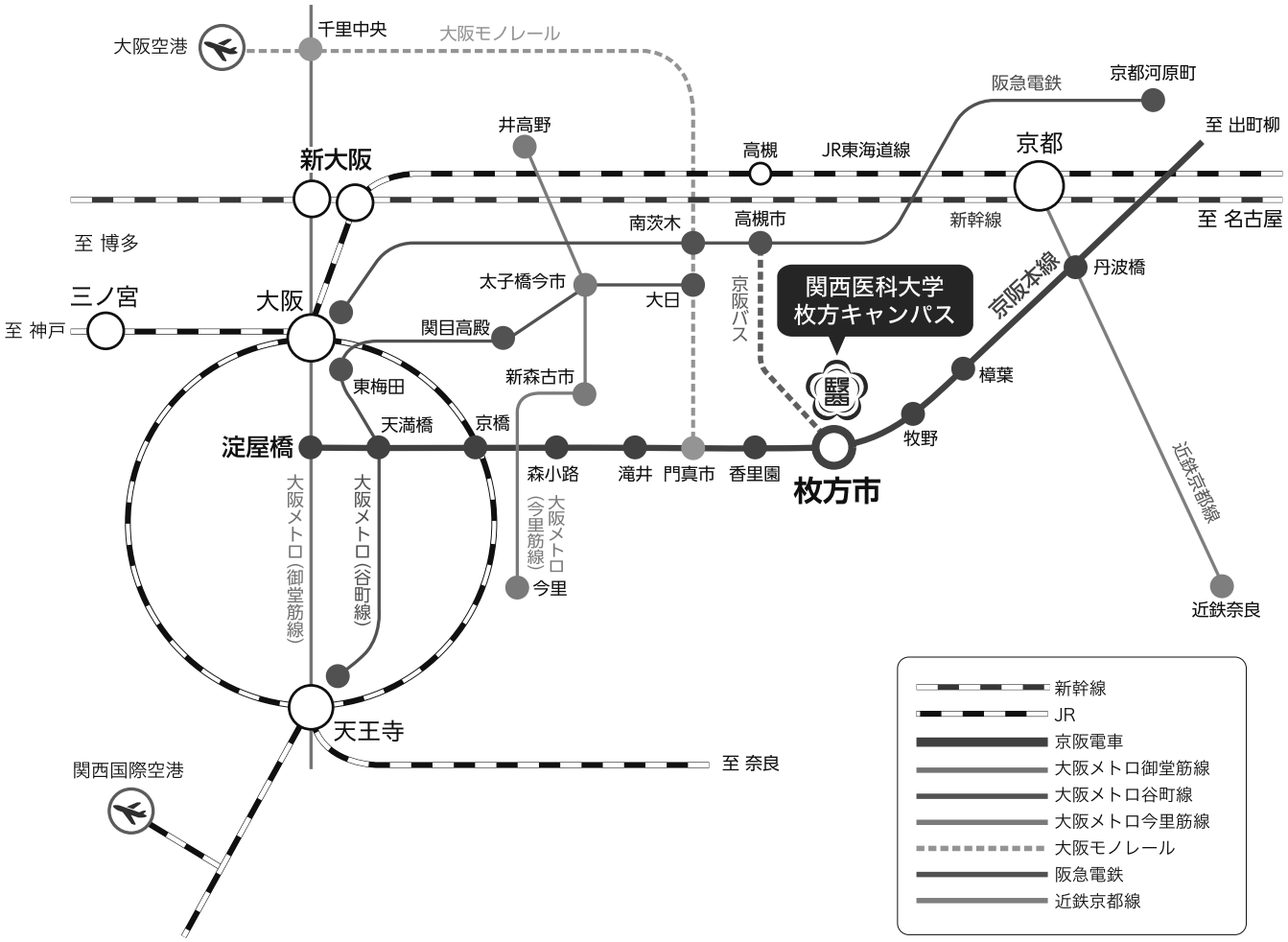
目安として、発表10〜12分、質疑応答2〜4分程度を推奨しておりますが、14分間の範囲内で、発表と質疑応答の時間配分は適宜調整可能です。

時間管理のため、10分で1鈴、12分で2鈴、14分で3鈴を鳴らします。円滑な進行および定刻運営へのご協力をお願いいたします。

質問者の指名およびディスカッションの進行につきましては、座長の先生方にご一任いたします。質問者には、発言前に所属および氏名を述べるようご案内ください。

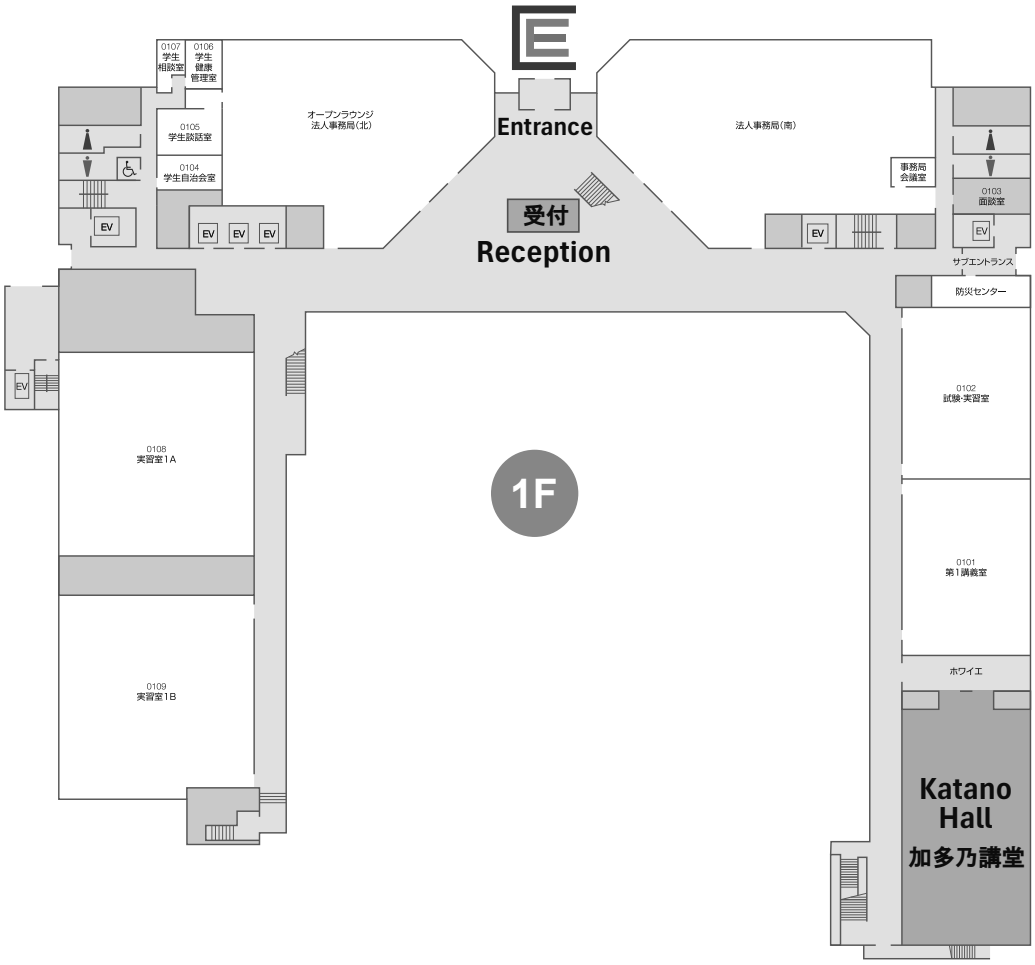
JASMEEは日英両語を使用する学会であり、ディスカッションは英語・日本語いずれでも行われる場合があります。必要に応じて、質疑応答時のコミュニケーション補助にご協力いただけますと幸いです。

Access and Venue ｜交通と会場のご案内

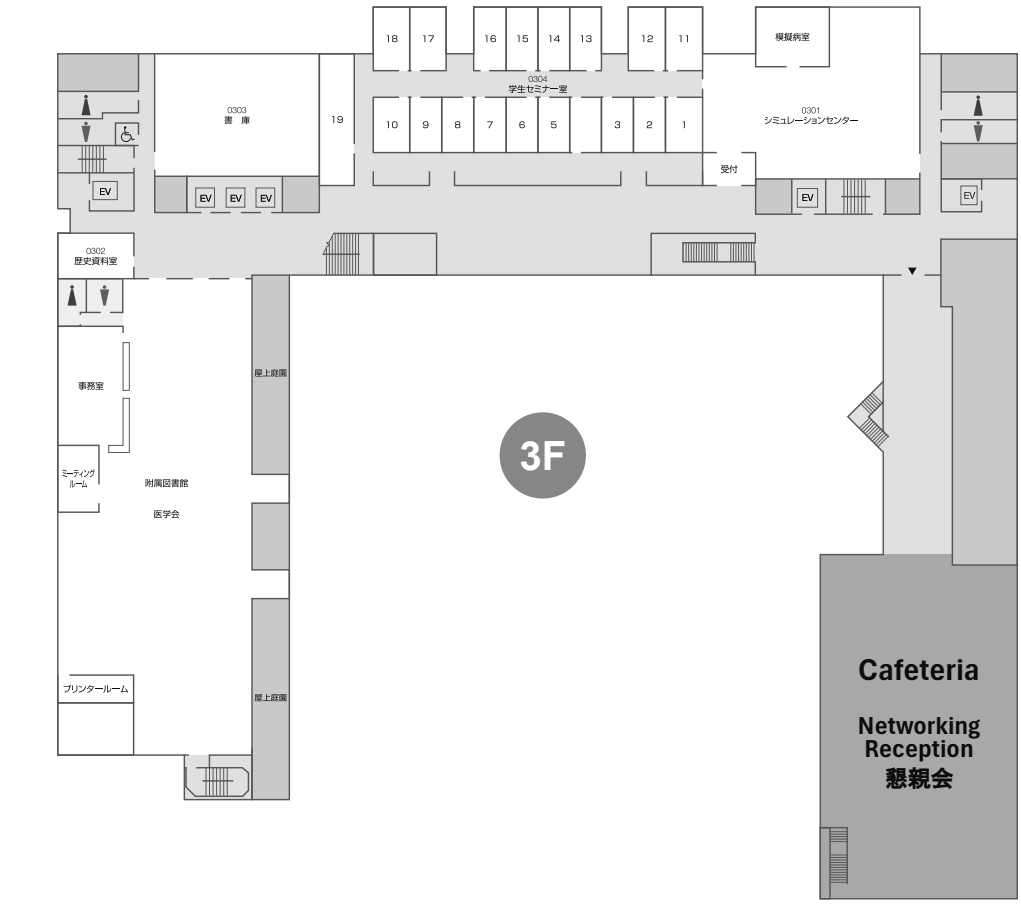


新大阪駅（新幹線）から	新大阪（新幹線）	大阪メトロ御堂筋線 約10分	淀屋橋	京阪本線※ 特急 約20分	枚方市
JR大阪駅から	大阪（JR東海道線）	JR環状線 約10分	京　橋	京阪本線※ 特急 約15分	枚方市
京都駅（新幹線）から	京都（新幹線）	近鉄京都線 急行 約10分	丹波橋	京阪本線 特急 約20分	枚方市
大阪（伊丹）空港から	大阪空港	大阪モノレール 約40分	門真市	京阪本線 約25分	枚方市


淀川
関西医科大学 枚方キャンパス
看護学部棟
関医 慈仁館
附属病院
医学部棟
病客用
有料
駐車場
P
関医
タワー
関医アネックス
第二ビル
タクシー
のりば
関医
交流
センター
枚方市
総合文化芸術センター
ラポール枚方
府道13号線
エレベーター
EV
エスカレーター
関医アネックス
第一ビル
ビオルネ
イオン枚方店
府道20号線
みずほ銀行
徒歩ルート
バスロータリー
京阪 枚方市駅
至 大阪市方面
至 京都市方面


0107
学生
相談室
0106
学生
健康
管理室
0105
学生談話室
0104
学生自治会室
オープンラウンジ
法人事務局(北)
Entrance
法人事務局(南)
事務局
会議室
0103
面談室
受付
Reception
EV
サブエントランス
防災センター
0102
試験・実習室
0108
実習室1A
1F
0101
第1講義室
0109
実習室1B
ホワイエ
Katano
Hall
加多乃講堂


0220 教養系 カンファレンス室
0219 物理学 教室
0218 化学 教室
0217 生物学 教室
0216 数学 教室
0215 英語 教室
0214 入試 センター
0213 行動医学 教室
0211 会議室 2D
0222 白菊会 事務室
0212 教養系 非常勤講師控室
0221 教養系共同研究室
0209 学生セミナー室 2C
0208 学生セミナー室 2B
0207 学生セミナー室 2A
0206 大学情報センター
0210 会議室 2C
Rest Area
Staff Office
"Triangle" Exhibits 企業展示
0205 会議室 B Meeting Room B
0204 会議室 A Meeting Room A
Poster Area
0223 法医解剖室
0203 第4講義室 Room A
0202 第3講義室 Room B
2F
0224 解剖実習室
ラウンジ
0201 第2講義室
EV


18 17 16 15 14 13 12 11
模擬病室
0304 学生セミナー室
0303 書 庫
19
10 9 8 7 6 5 3 2 1
0301 シミュレーションセンター
受付
0302 歴史資料室
事務室
屋上庭園
ミーティングルーム
附属図書館
医学会
3F
プリンタールーム
屋上庭園
Cafeteria
Networking Reception
懇親会
EV

Timetable and Program | プログラム

Saturday, July 11

10:00 AM

[01] Opening Remarks

Session | **Location:** [1F] Katano Hall

10:00 – 10:05 AM **Opening by the President of the 29th JASMEE Conference**

Speaker
Raoul Breugelmans (Kansai Medical University)

10:05 – 10:15 AM **Welcome Address by the President of Kansai Medical University**

Speaker
Tatsuo Kinashi (Kansai Medical University)

10:15 – 10:25 AM **Orientation**

Speaker
Eric H. Jego (Nihon University School of Medicine)

10:25 AM

10:40 AM

[02] General Topics 1A: Cultural and global perspectives

Session | **Location:** [2F] Room A | **Conveners:**
Thomas Mayers (Keio university, School of Medicine), Emiko Mizoguchi (Department of Immunology, Kurume University School of Medicine)

10:40 – 10:55 AM
Never say “Smoking is bad for your health!”: Empathy before Educating Patients

Speaker
Shozo Yokoyama (University of Miyazaki)

10:55 – 11:10 AM
Safety promotion for foreigners; measures from Child Death Review, Shiga

Speaker
Masahito Hitosugi (Shiga University of Medical Science)

11:10 – 11:25 AM
International Activities for Cultural Competence and Intercultural Communication

Speaker
Crosby Adam (Kobe City College of Nursing)

11:25 – 11:40 AM
Rethinking Standardization: Developing Adaptive Clinical Skills in a Pre-Departure Training Course for International Clinical Clerkships

Speaker
Ying Foo (Keio University)

11:40 AM

10:40 AM

[03] General Topics 1B: Teaching and learning 1

Session | **Location:** [2F] Room B | **Conveners:**
Timothy Williams (Nihon University School of Medicine, Office of Medical English Education), Joji Tokugawa (Department of Neurosurgery, Juntendo University Nerima Hospital)

10:40 – 10:55 AM
Beyond Language Barriers: Student Reflections on Medical Interviewing in English

Speaker
Sabina Mahmood (Graduate School of General Education and Global Studies, Okayama University)

10:55 – 11:10 AM
Challenges in Information-Giving during Medical Interviews: A Survey of 302 Foreign Residents on the Need for Direct Communication

Speaker
Jun Iwata (Shimane University)

11:10 – 11:25 AM
Simulated Medical Interviews in Medical English Education: Analyzing Interaction between Japanese Medical Students and Simulated Patients

Speaker
Aya Watanabe (Fukui Prefectural University)

11:25 – 11:40 AM
Developing Genre Awareness in EMP: From Written Case Reports to Spoken Medical Communication

Speaker
Chieri Noda (Showa Medical University)

11:40 AM

11:50 AM
[04] Exhibitor Luncheon
Session | **Location:** [2F] Room A

12:00 – 12:05 PM **ETS Japan** 合同会社

12:06 – 12:11 PM カクタス・コミュニケーションズ株式会社

12:12 – 12:17 PM 日本データパシフィック株式会社

12:18 – 12:23 PM ターンイットイン・ジャパン合同会社

12:24 – 12:29 PM **VIA Programs**

12:40 PM

12:50 PM
[05] General Topics 2A: Technology
Session | **Location:** [2F] Room A | **Conveners:**
Jeanette Dennisson (St. Marianna School of Medicine), Jun Iwata (Shimane University)

12:50 – 1:05 PM **Medical English Education Incorporating AI Dialogue**

Speaker
Hitoshi Ohuji (Laboratory Department, Yokohama Rosai Hospital)

1:05 – 1:20 PM
If You Build It, Will They Use It? Participation Constraints in CALL Implementation

Speaker
Cosmin Florescu (University of Tsukuba)

1:20 – 1:35 PM
Development of a Branching Medical English E-learning Module Using AI-Generated Video and Its Implementation Challenges

Speaker
Keito Horie (Kansai Medical University)

1:35 PM

12:50 PM

[06] General Topics 2B: Teaching and learning 2

Session | **Location:** [2F] Room B | **Conveners:**
Sabina Mahmood (Associate Professor, Okayama University), Aya Watanabe (Fukui Prefectural University)

12:50 – 1:05 PM

Confdent but Anxious: Examining the Persistence of an Affective Paradox in Medical English History-Taking

Speaker
Timothy P Williams (Nihon University School of Medicine, Office of Medical English Education)

1:05 – 1:20 PM

Anxiety and Academic Writing in English: Evidence from Japanese Medical Students

Speaker
Richard O'Shea (Nihon University, School of Medicine)

1:20 – 1:35 PM

What is EMP without EMPathy?

Speaker
Ian Willey (Kagawa University)

1:35 PM

1:45 PM

[07] General Topics 3A: Personalization and standardization

Session | **Location:** [2F] Room A | **Conveners:** James Hobbs (Keio University), Rika Moriya (Kitasato University)

1:45 – 2:00 PM

Personalizing EMP for Acupuncturists: Bridging the Gap in Communicating Eastern Medical Concepts to Cross-Cultural Patients

Speaker
Issei Miyaguchi (Therapist English Co., Ltd. / Graduate School of Medicine, Kansai Medical University)

2:00 – 2:15 PM

PACE Program: A Tailored Clinical English Training for Medical Students Preparing for Overseas Clinical Placements

Speaker
Tomohiro Arai (Department of International Education, Fujita Health University School of Medicine)

2:15 – 2:30 PM

From “Learning” to “Using” English: Content-Focused Medical English Education

Speaker
Akiko Kato (Fukuoka International University of Health and Welfare)

2:30 – 2:45 PM

Developing an EMP Curriculum through OBE and CLIL: Lessons from a Longitudinal EMP Program

Speaker
Takayuki Oshimi (International University of Health and Welfare)

2:45 PM

1:45 PM

[08] General Topics 3B: Teaching and learning 3

Session | **Location:** [2F] Room B | **Conveners:**
Maiko Sakamoto (Saga University), Takahiko Yamamori (Aichi Medical College of Rehabilitation)

1:45 – 2:00 PM

The Equivalence of Japanese Possibility and English Modality: Objectivity in Science Texts

Speaker
Fumiko Tobe (Kindai University)

2:00 – 2:15 PM

From Affixation to an EMP Core Curriculum: Designing Vocabulary Instruction

Speaker
Haruko Shimazaki (Tsuru University)

2:15 – 2:30 PM

Effects of Phonological Gaps between English Terms and Katakana Equivalents: A Comparison of Visual and Auditory Modalities among Japanese Pharmacy Students

Speaker
Tomoko Smith (Osaka Medical and Pharmaceutical University)

2:45 PM

3:00 PM

[09] Student Symposium

Session | **Location:** [1F] Katano Hall | **Convener:**
Takayuki Oshimi (International University of Health and Welfare)

3:00 – 3:50 PM

Rethinking Medical English Education in Japan: Bridging Educational Gaps through Student-Expert Collaboration

Speakers
Alex Seiji Anderson (Team WADA, Asahikawa Medical University School of Medicine), Yuki Kobayashi (Team WADA, Tohoku University School of Medicine), Akihiro Ono (Team WADA, Mie University School of Medicine)

3:50 PM

4:00 PM

[10] Symposium

Session | **Location:** [1F] Katano Hall | **Conveners:**
Eric H. Jego (Nihon University School of Medicine), Raoul Breugelmans (Kansai Medical University)

4:00 – 4:20 PM **The Individual and the Core Curriculum**

Speaker
John Skelton (Emeritus Professor, Birmingham University Medical School; President, European Association of Language Teachers in Health (EALTHY))

4:20 – 4:40 PM

The Role of Medical English Education in Japanese Medical Education in the Era of Artificial Intelligence

Speaker
Hiroshi Nishigori (Professor, Center for Medical Education, Graduate School of Medicine, Nagoya University; President, Japan Society for Medical Education (JSME))

4:40 – 4:50 PM **EMP in Japan: AJMC Survey Findings and Topics for Discussion**

Speaker
Raoul Breugelmans (Kansai Medical University)

4:50 – 5:30 PM **Panel Discussion**

Speakers
John Skelton (President, European Association of Language Teachers for Healthcare (EALTHY)), Hiroshi Nishigori (President, Japan Society for Medical Education (JSME)), James Hobbs (Keio University), Takayuki Oshimi (International University of Health and Welfare)

5:30 PM

5:35 PM

[11] Kenichi Uemura Award Ceremony

Session | **Location:** [1F] Katano Hall

5:50 PM

6:00 PM

8:00 PM

[12] Networking Reception

Session | **Location:** [3F] Cafeteria

Sunday, July 12

9:00 AM – 9:30 AM

[13] Councilors' Meeting & Member Debriefing

Session | **Location:** [1F] Katano Hall

9:30 AM – 10:00 AM

[14] Presidential Lecture

Session | **Location:** [1F] Katano Hall | **Convener:** Isao Date (Okayama Rosai Hospital)

9:30 – 10:00 AM **At a Crossroads: Reflections on the Future of EMP and JASMEE**

Speaker
Raoul Breugelmans (Kansai Medical University)

10:15 AM – 11:15 AM

[15] General Topics 4A: Materials and resources development

Session | **Location:** [2F] Room A | **Conveners:**
Cosmin Florescu (University of Tsukuba), Ian Willey (Kagawa University)

10:15 – 10:30 AM

What Makes a Medical English Reading Textbook Readable for Medical Students? —A Mixed-Methods Analysis of Student Perceptions and Textual Features—

Speaker
Chie Saito (General Medical Education and Research Center, Teikyo University)

10:30 – 10:45 AM

Simplifying Clinical English for Japanese PT and OT Students: Developing a Learner-Friendly Set of Rehabilitation Expressions

Speaker
Takahiko Yamamori (Aichi Medical College of Rehabilitation)

10:45 – 11:00 AM

Teaching medical English in the AI age: Creating original materials has never been easier

Speakers
James Hobbs (Keio University School of Medicine), Yuko Hori (Keio University School of Medicine)

11:00 – 11:15 AM

Documenting Medical English in Neurosurgery at a Japanese Hospital

Speaker
Walter Davies (Hiroshima University)

10:15 AM –

[16] General Topics 4B: Teaching and learning 4

Session | **Location:** [2F] Room B | **Conveners:** Ying Foo (Keio University), Chieri Noda (Showa Medical University)

10:15 – 10:30 AM

Development and Implementation of a Structured Practical Clinical English (PCE) M2 Program at Kurume University School of Medicine

Speaker
Emiko Mizoguchi (Department of Immunology, Kurume University School of Medicine)

10:30 – 10:45 AM

Integrating Medical English into Clinical Education: Strategies for Improving Japanese Medical Students' English Proficiency

Speaker
Maiko Sakamoto (Saga University)

10:45 – 11:00 AM

Participant Satisfaction in Lecture and Hands-on Sessions of an English-Mediated Medical Education Program with Visiting International Faculty

Speaker
Shunichiro Nakao (The University of Osaka)

11:00 – 11:15 AM

Implementation of Case Presentations in English during Clinical Clerkships: Integrating Medical English Education and Clinical Reasoning Training

Speaker
Kazuhiko Kurozumi (Department of Neurosurgery, Hamamatsu University School of Medicine)

11:15 AM

11:20 AM

[17] Posters

Poster Session | **Location:** 2F Poster Area

Development of self-study material to improve communication skills with foreign patients during maternal nursing clinical rotation

Speaker
Lourdes Rosario Herrera Cadillo (Asahi University School of Health Sciences Nursing Department)

Designing Clinical Training Platform with AI Simulated Patients based on Grounded Theory and Interactional Competence Frameworks

Speaker
Jeanette Dennisson (St. Marianna School of Medicine)

Introducing English for Healthcare at a Pre-Specialist Stage on a Medical Campus

Speakers
Marshall Higa (Hiroshima University), Simon Fraser (Hiroshima University), Walter Davies (Hiroshima University)

Two katakana keywords for successful cooperation and collaboration in healthcare teams

Speaker
Motoko Sando (Wakayama Medical University)

11:50 AM

11:20 AM

[18] Simulation Center Tour

Session | **Location:** 3F Simulation Center | **Conveners:**
Koichi Tomoda (Kansai Medical University), Mikio Hayashi (Kansai Medical University)

11:50 AM

12:00 PM

[19] Fringe Luncheon

Session | **Location:** [2F] Room A

12:00 – 12:10 PM **Introduction to Fringe**

Speaker
Raoul Breugelmans (Kansai Medical University)

12:10 – 12:25 PM **EMPowerment**

Speaker
Eric H. Jego (Nihon University School of Medicine)

12:25 – 12:40 PM **What's in a Name?**

Speaker
Raoul Breugelmans (Kansai Medical University)

12:40 PM

12:45 PM

[20] Workshop

Session | **Location:** [2F] Room A | **Convener:** Eric H. Jego (Nihon University School of Medicine)

12:45 – 1:35 PM

AI workshop in medical English teaching and research: examples, current limits, and a hands-on activity using patient narratives

Speaker
Jeanette Dennisson (St. Marianna School of Medicine)

1:35 PM

1:50 PM

[21] Keynote Lecture

Session | **Location:** [1F] Katano Hall | **Convener:** Raoul Breugelmans (Kansai Medical University)

1:50 – 2:50 PM **Creating Quality in the Core Curriculum**

Speaker
John Skelton (Emeritus Professor, Birmingham University Medical School; President of European Association of Language Teachers in Healthcare)

2:50 PM

2:55 PM

[22] Closing Remarks

Session | **Location:** [1F] Katano Hall

2:55 – 3:00 PM **Closing by the President of the 29th JASMEE Conference**

Speaker
Raoul Breugelmans (Kansai Medical University)

3:00 – 3:10 PM **Address by the President of the 30th JASMEE Conference**

Speaker
Kazuhiko Kurozumi (Hamamatsu University School of Medicine)

3:10 PM

Abstracts ｜ 抄録

[01] Opening Remarks / 2

Opening by the President of the 29th JASMEE Conference

[01] Opening Remarks / 3

Welcome Address by the President of Kansai Medical University

[01] Opening Remarks / 4

Orientation

[02] General Topics 1A / 38

Never say "Smoking is bad for your health!": Empathy before Educating Patients

Author: Shozo Yokoyama (横山彰三)[1]

[1] *University of Miyazaki* 宮崎大学

Never say "Smoking is bad for your health!": 患者を「教育」する前に「共感」を

発表者が担当する医学科 1 年生の医学英語授業で実施している教育単元「Good Patients」の実践を報告する。本教材は高雄医学大学（Kaohsiung Medical University）の Peih-Ying Lu 教授が開発したものであり、許可を得て発表者の授業でも使用している。課題では、異なる文化背景（出身国籍、年齢、性別、教育歴、経済状況、英語力など）をもつ 5 名の患者（米国への移民を想定）について英語で書かれた短い記述を読み、医師としての自分にとって「良い患者」を順位づけする。学生は順位とその理由を英語で事前に記述し、4 名 1 組のグループで約 50 分間英語によるディスカッションを行い、最終的にグループとしての順位を決定する。この活動は、英語による議論能力を育成するとともに、異文化理解や医療者としての無意識の信念・価値観への気づきを促すことを目的としている。さらに発表後の解説では、医師の助言にもかかわらず喫煙をやめない患者などを例に、難しい患者との関係構築について検討させる。ここでは非暴力コミュニケーション（Nonviolent Communication: NVC）の視点を援用し、患者の行動の背景にある感情やニーズに共感しながら関係を築くコミュニケーションをペアワークで体験させる。本発表では、この授業方法と学生の学びや気づきについて報告する。

[02] General Topics 1A / 34

Safety promotion for foreigners; measures from Child Death Review, Shiga

Author: Masahito Hitosugi[1]

[1] *Shiga University of Medical Science*

Child death review (CDR) is the initiative collecting information about all deaths of children and identifying factors contributing to deaths that may help prevent future child deaths. In Japan, the government initiated the Model

Project for CDR in seven Japanese prefectures including Shiga Prefecture in 2020. Since then, all child deaths (approximately 40 to 50, annually) have been deeply analyzed with multidisciplinary specialists and proposal for preventing deaths have submitted to the prefectural governor, annually. In 2021, a foreign child had died of drowning while playing in the river. After death scene investigation, forensic autopsy, interviews for the family members and witness, we found that there had been a lack of awareness of the risks. Foreign nationals may exhibit differences in safety behaviors due to cultural and customary difference. In the proposal, the issue, "safety promotion for foreigners to prevent accidental deaths"was included. Following this proposal, public awareness campaigns regarding hazard warnings and safety measures have been conducted in multiple languages. After that, no more foreign children have died of accident in Shiga Prefecture. This presentation emphasizes the importance of safety promotion for foreigners based on the regional CDR.

[02] General Topics 1A / 19

International Activities for Cultural Competence and Intercultural Communication

Author: Crosby Adam[1]

[1] *Kobe City College of Nursing*

As healthcare systems become increasingly globalized, nursing education must equip students with cultural competence, multilingual communication skills, and global perspectives for effective practice in diverse clinical settings. Kobe City College of Nursing (KCCN) actively promotes internationalization through a variety of international exchange programs designed to develop these competencies while addressing contemporary global health challenges. Exchanges with the University of Washington, Da Nang University, and National Taipei University of Nursing provide students with immersive experiences, including clinical observations, online seminars, collaborative classes, and cultural activities. This presentation highlights the pedagogical implications of KCCN's initiatives, demonstrating how structured international exchanges integrate medical English, intercultural communication, and global healthcare literacy, offering practical strategies for advancing English-for-Medical-Purposes education in nursing programs.

[02] General Topics 1A / 41

Rethinking Standardization: Developing Adaptive Clinical Skills in a Pre-Departure Training Course for International Clinical Clerkships

Author: Ying Foo[1]

Co-author: James Hobbs [1]

[1] *Keio University*

As participation in overseas elective clinical clerkships increases, many English for Medical Purposes (EMP) programs across Japan provide intensive courses to prepare students, most of whom are non-native English speakers, for clinical practice in diverse healthcare systems worldwide. However, medical education and clinical practice can vary significantly across geographical locations, institutions, medical specialties, and patient populations. This study examines how an intensive EMP pre-departure preparation course at Keio University addresses this challenge. The seven-session course, organized and led by a native-English-speaking physician, focuses on competence in four key areas: history taking, clinical reasoning, oral patient case presentations, and physical examination. While the clinical skills of the 64 students in AY2025 varied considerably, the course-leading physician noticed consistent weakness during the physical examination sessions. In particular, the peripheral limb neurological examination was frequently performed "incorrectly" (as judged by the physician, who was trained in Britain), even by the higher-level students. Notably, almost all reproduced the exact same "error" (from the perspective of the British-trained physician) in one particular component of the examination—reflecting what they had been taught in their clinical skills training in Japan. Given that the practice of medicine is culturally and institutionally embedded, and that students often internalize the styles and habits of small-group supervisors and early-career mentors, observations

from this course suggest that intensive pre-departure EMP programs should focus not only on procedural and linguistic formats, but also on how standard medical practice can vary across institutions, cultures and countries and to encourage students to be alert to these differences and adapt where appropriate.

[03] General Topics 1B / 23

Beyond Language Barriers: Student Reflections on Medical Interviewing in English

Author: Sabina Mahmood[1]

Co-author: Hideo Ino [2]

[1] *Graduate School of General Education and Global Studies, Okayama University*

[2] *Center for Education in Medicine and Health Sciences, Okayama University*

At Okayama University Medical School, Medical Interviewing in English is integrated into the fourth-year simulation course. It includes an interactive lecture on conducting medical interviews in English, followed by a doctor–patient role-play session conducted entirely in English. Of the 120 enrolled students, 108 (68 male and 40 female) voluntarily submitted post-class feedback in English. Responses were categorized as: (a) positive experience, (b) mixed experience, and (c) concerns about English language proficiency. Overall, 61.1% of students reported a positive experience, with approximately equal numbers of male and female students. In contrast, 24.1% reported mixed experiences—acknowledging both the value of the class and challenges related to language barriers—among this group, roughly 75% were male, and 25% were female. The remaining 14.8% primarily reported concerns about English proficiency, and this category consisted of approximately 94% male and 6% female students. Positive feedback highlighted students'enjoyment of role-playing in English, recognition of the importance of effective communication during history-taking, increased awareness of cultural differences, and appreciation for the opportunity to engage in this type of experiential learning. Mixed responses reflected similar positive impressions, but also noted difficulties interviewing patients in English. Students who reported primary concerns about language barriers emphasized challenges in communicating effectively, limited listening comprehension, and difficulty formulating questions in English. In an era when artificial intelligence can help mitigate language barriers, strengthening communication skills and fostering cultural awareness remain essential to medical education. Such training is crucial for preparing globally minded physicians capable of serving diverse patient populations in Japan and internationally.

[03] General Topics 1B / 28

Challenges in Information-Giving during Medical Interviews: A Survey of 302 Foreign Residents on the Need for Direct Communication

Author: Jun Iwata[1]

Co-authors: John Telloyan [1]; Lynne Murphy [1]; Marshall Higa [2]; Rie Sato [1]; Shudong Wang [1]

[1] *Shimane University*

[2] *Hiroshima University*

Background: Medical English education in Japan has traditionally focused on rapport-building and history-taking skills. However, there is little empirical evidence regarding whether these empathetic approaches meet the practical communication needs of foreign patients during the "explanation and planning" phase. This study aims to re-evaluate current curricula by analyzing the healthcare experiences of foreign residents in Japan.

Methods: An online survey was conducted from November to December 2025, targeting 302 foreign residents in Japan. The majority of respondents were working-age (45.7% aged 20–39; 40.4% aged 40–59). We used a 5-point Likert scale to measure satisfaction across various clinical domains and performed thematic analysis on qualitative feedback to identify specific barriers to communication.

Results: The data showed a clear gap between emotional support and informational clarity. While participants highly rated doctors for "Respect for culture and religion" (Mean: 4.08) and "Listening attitude" (Mean: 3.61), satisfaction with the "Clarity of English explanations" was significantly lower (Mean: 2.67; $p < 0.001$), making it the only domain in the dissatisfied range. Notably, although 55.1% of respondents used translation apps, 49.7% still expressed a direct need for "English-speaking doctors." Qualitative insights revealed that even when doctors were perceived as "kind," patients felt anxious due to medical jargon and a lack of clear information regarding treatment costs and diagnostic reasoning.

Conclusion: Our findings highlight a paradox: Japanese physicians are highly regarded for their empathy, yet patients still face a profound sense of "informational insecurity." This suggests that medical English education should go beyond teaching basic terms. It should prioritize "Plain English" strategies and the ability to discuss practical issues, such as medical fees. Our study demonstrates that direct verbal communication remains the foundation of patient trust, representing a human element that translation technology cannot fully replace.

[03] General Topics 1B / 46

Simulated Medical Interviews in Medical English Education: Analyzing Interaction between Japanese Medical Students and Simulated Patients

Author: Aya Watanabe[1]

Co-author: Josephine Lee [2]

[1] *Fukui Prefectural University*

[2] *Ewha Womans University*

The growing number of foreign residents and visitors in Japan has increased the need for healthcare professionals who can communicate effectively in English. Therefore, developing proficiency in conducting medical interviews in English has become an urgent professional requirement for Japanese medical students (Jego, 2022). Role-plays and simulated interactions have been shown to support the development of professional communication skills (Pilnick et al., 2018). While previous research has largely measured the effectiveness of these methods quantitatively (King et al., 2014; Chen et al., 2020), less is known about how medical students actually carry out such interactions in practice.

This study examines how simulated medical interviews unfold in situ, focusing on the interactional competence of novice medical practitioners (Nguyen, 2006, 2013). Data were drawn from 112 students enrolled in a medical English course at a Japanese university. Each student conducted a three-minute role-play interview with one of three foreign simulated patients, asking about symptoms and medical history. Using conversation analysis, the study identifies varying levels of interactional competence. Some students produced questions that elicited minimal responses, whereas others designed their turns to reflect medical knowledge and sensitivity to the sequential organization of talk. These students elicited more detailed responses and managed both transactional and empathetic aspects of the consultation. The findings highlight the importance of turn design, question consequentiality, and the display of empathy (Nozawa, et al, 2018) in novice medical interactions. Implications for medical English education are discussed.

[03] General Topics 1B / 43

Developing Genre Awareness in EMP: From Written Case Reports to Spoken Medical Communication

Author: Chieri Noda[1]

[1] *Showa Medical University*

As English plays an increasingly central role in medical education and professional communication, English for Medical Purposes (EMP) courses aim to prepare students to participate in the communicative practices of the medical

profession. These practices include spoken interaction, such as doctor–patient and doctor–doctor communication, as well as written genres through which clinical knowledge is constructed and shared. Drawing on concepts from English for Specific Purposes, particularly genre and discourse community, this presentation reports on the design of an EMP course for second-year pre-clinical medical students in Japan that implements a genre-informed pedagogical approach using short case reports as a central instructional resource.

In this course, case reports are introduced as a genre through which members of the medical discourse community share clinically meaningful observations and construct diagnostic narratives. The course emphasizes the communicative purpose, rhetorical organization, and language features characteristic of this genre. Through guided analysis, students examine how diagnostic reasoning is communicated within this genre.

Building on this genre awareness, students participate in peer-teaching sessions in small groups in which they present and explain selected case reports to their classmates. The cases then serve as the basis for role-play activities in which students create and simulate doctor–patient/family interactions and doctor–doctor interactions. These activities encourage students to explore how medical knowledge is communicated differently depending on the context.

By linking the analysis of a written medical genre with peer exchanges and simulated clinical communication, the course aims to help students recognize and participate in the communicative practices of the discourse community and to develop greater confidence in English-mediated medical interaction. The presentation discusses the pedagogical rationale for this genre-informed approach and considers its implications for EMP course design for pre-clinical medical students.

[04] Exhibitor Luncheon / 57

ETS Japan 合同会社

[04] Exhibitor Luncheon / 58

カクタス・コミュニケーションズ株式会社

[04] Exhibitor Luncheon / 59

日本データパシフィック株式会社

[04] Exhibitor Luncheon / 65

ターンイットイン・ジャパン合同会社

[04] Exhibitor Luncheon / 60

VIA Programs

[05] General Topics 2A / 16

Medical English Education Incorporating AI Dialogue

Author: Hitoshi Ohuji[1]

[1] *Laboratory Department, Yokohama Rosai Hospital*

We are living in the era of AI. People often use AI in their daily lives, but even among those who already use it, many have never actually spoken to it using their own voice. We've focused on experiencing how comfortable voice-based interaction with AI can be and the effects it brings. This approach is quick and easy. We believe that people are drawn to this sense of ease, and that through this new kind of experience, they can revitalize their lives.
Blending AI-driven interactive dialogue with case presentations, role-playing, and hands-on training activities is a highly meaningful approach.
The basic steps required to implement this model are as follows:
1. Building a basic English-thinking mindset using simple words.
2. Enhancing adaptability to AI.
3. Delivering easy-to-understand medical knowledge and skills with AI.
4. Collecting medical information with AI.
5. Role-playing with AI.
6. Case presentations with interactive AI dialogue.
7. Conducting hands-on training activities that integrate AI dialogue.

We applied this method to learning medical English, medical knowledge, and clinical skills. This initiative offers several benefits:
1. Developing a basic English-thinking mindset.
2. Helping people feel comfortable interacting with AI.
3. High cost-effectiveness.
4. Applying medical knowledge and skills.

These initiatives are dynamic and innovative in ways never seen before. However, with careful and supportive guidance, they can be made approachable for anyone, allowing steady progress and reliable skill acquisition through daily practice. Furthermore, they hold significant potential and promise for the future.

[05] General Topics 2A / 32

If You Build It, Will They Use It? Participation Constraints in CALL Implementation

Author: Cosmin Florescu[1]

[1] *University of Tsukuba*

Speech-recognition technologies are increasingly promoted as tools for supporting spoken language practice in computer-assisted language learning (CALL). However, far less attention has been given to the practical challenges of implementing such tools in authentic educational settings. This study reports on the real-world deployment of a speech-recognition–based application designed to support Japanese medical students' practice of English medical interview communication.
The application enables learners to role-play scripted doctor–patient dialogues through three stages of production: reading aloud, shadowing, and recall. Learner speech is automatically converted to text and compared with the target script, generating an accuracy score that determines whether the dialogue progresses. The application was released in April 2025 to medical students who consented to participate in the study.
The original research design aimed to compare the effectiveness of app-based practice with traditional study using printed dialogue materials. However, adoption of the application proved extremely limited. Among 258 eligible students, fewer than 20 downloaded the application and only five used it for English practice. Consequently, the planned comparison of learning outcomes was not feasible.
Rather than focusing on learning effects, this presentation examines the structural factors that limited student participation. In particular, voluntary participation requirements and the absence of links between app use and course assessment appear to have significantly reduced engagement. The findings highlight important constraints on the adoption of optional digital learning tools and underscore the need to consider institutional and motivational factors when integrating CALL technologies into formal educational contexts.

[05] General Topics 2A / 53

Development of a Branching Medical English E-learning Module Using AI-Generated Video and Its Implementation Challenges

Author: Keito Horie[1]

Co-authors: Kyoka Kuramatsu [1]; Yuka Kodama [1]; Yuta Maruyama [1]

[1] *Kansai Medical University*

AI 動画生成を用いた分岐型医学英語教材の開発と実装上の課題

本研究の背景には、e ラーニングを活用した医学英語教材作成の手技習得の必要性がある。そこで、一次救命に関する医学英語を学習し、その知識を基に実践へとつなげる教材の開発を本研究の目的とした。特に AI 動画生成技術の活用に焦点を当て、教材の臨場感および理解促進効果の向上を図った。
教材作成には H5P Lumi を用い、Information Wall、Branching Scenario、Essay の 3 種のコンテンツを構築した。中でも Branching Scenario においては、動画生成 AI である Sora を用いて一次救命の場面を再現した動画を作成し、学習者が視覚的かつ状況的に理解しやすい設計とした。しかし、Sora は指示通りの動画を安定して生成することが難しく、意図したシーンの再現に試行錯誤を要した。また、同一の登場人物や同一環境を維持した連続的な動画生成にも課題があり、教材としての一貫性を担保する点で苦戦が見られた。
本研究は、AI 動画を中核とした分岐型教材が医学英語教育に有用である可能性を示すとともに、その実装における課題と今後の改善の方向性を提示するものである。

[06] General Topics 2B / 18

Confident but Anxious: Examining the Persistence of an Affective Paradox in Medical English History-Taking

Author: Timothy P Williams[1]

[1] *Nihon University School of Medicine, Office of Medical English Education*

Previous work has drawn attention to an apparent paradox in medical English education: students may report increased confidence in history-taking while still reporting anxiety. The present study examines the persistence of this affective paradox across cohorts using matched pre–post survey data. Participants were second-year medical students enrolled in a six-week English-based history-taking course at Nihon University School of Medicine in two consecutive academic years (2024 and 2025). The course focused on structured clinical interviewing, with emphasis on linguistic clarity, rapport-building, and patient-centred communication in English. Students completed identical self-report measures of confidence and anxiety before and after the course, with responses matched at the individual level.
Across both cohorts, students demonstrated clear gains in self-reported confidence following the course. In contrast, anxiety levels showed little change, resulting in a stable confidence–anxiety paradox across years. The persistence of this pattern suggests that confidence and anxiety do not function as opposing endpoints but may develop along partially independent trajectories during early clinical communication training. The consistency of findings across cohorts indicates that the paradox is unlikely to reflect cohort-specific factors or measurement artefacts.
These findings have important implications for how learning outcomes are interpreted in medical English education. While increases in confidence may reflect improved procedural and linguistic readiness, persistent anxiety may signal heightened awareness of communicative responsibility rather than instructional failure. The study argues for treating confidence and anxiety as related but non-equivalent dimensions of learner development and cautions against relying on confidence gains alone as indicators of emotional readiness for clinical communication.

[06] General Topics 2B / 20

Anxiety and Academic Writing in English: Evidence from Japanese Medical Students

Author: Richard O'Shea[1]

[1] *Nihon University, School of Medicine*

This presentation outlines the results of a study into the levels and types of second language (L2) writing anxiety among Japanese medical students. Recognizing anxiety as a significant affective factor in L2 acquisition, the research focuses specifically on writing, an area shown to be particularly susceptible to anxiety-related performance issues. The study addresses two research questions: (1) the overall levels of foreign language writing anxiety among Japanese medical students, and (2) the specific types of anxiety they experience.
A total of 111 second-year Japanese medical students enrolled in a compulsory English course participated in the study. Prior to the course, participants completed the Second Language Writing Anxiety Inventory (SLWAI), a validated instrument measuring three dimensions of anxiety: cognitive, somatic, and avoidance behavior. The survey was administered bilingually (English and Japanese) to ensure comprehension.
Results indicate that a substantial majority of students (83.8%) experience high levels of writing anxiety, with an overall mean score of 76.6. Only a small proportion reported moderate (14.4%) or low (1.8%) anxiety levels. Among the three anxiety types, cognitive anxiety emerged as the most prominent, suggesting that fear of negative evaluation and test-related pressure are key concerns. Avoidance behavior was the second most common, indicating a tendency among students to evade writing tasks, while somatic anxiety, though least prevalent, was still widely reported.
These findings highlight the pervasive nature of writing anxiety in this population and underscore the importance of addressing cognitive and behavioral factors in L2 instruction. Reducing anxiety may play a crucial role in improving both writing performance and overall language acquisition among Japanese medical students.

[06] General Topics 2B / 17

What is EMP without EMPathy?

Author: Ian Willey[1]

[1] *Kagawa University*

Empathy is considered essential to both language learning and healthcare. It follows that empathy should be a core component of EMP (English for Medical Purposes) education, yet this is not the case. Most EMP textbooks remain focused on medical terminology and expressions. The author will present findings from a study that attempted to measure the effect of empathy-building activities on the empathy levels of medical students. A control-intervention design was adopted in this study involving 86 third-year medical students. In the intervention group, students reflected upon one English-language haiku with a medical theme each week for the 15-week semester; the control group did not engage in this activity. It was predicted that this reflection would increase students' empathic skill of perspective-taking. All students completed the Multidimensional Empathy Scale (MES) at the start and end of the term. Students in the intervention group showed significant gains in perspective-taking; these gains were not observed in the control group. Students' reflections on the haiku tasks will be discussed. Following this, further activities that can be introduced in an EMP classroom to boost learner empathy will be shown.

[07] General Topics 3A / 26

Personalizing EMP for Acupuncturists: Bridging the Gap in Communicating Eastern Medical Concepts to Cross-Cultural Patients

Author: Issei Miyaguchi[1]

[1] *Therapist English Co., Ltd. / Graduate School of Medicine, Kansai Medical University*

Background: Most English for Medical Purposes (EMP) courses focus on Western medicine. Acupuncturists have specific learning requirements. They must explain Eastern ideas—like Qi, meridians, and De Qi—to foreign patients from varied cultures to ensure safety and build trust.

Objective: Objective: This study uses a mixed-methods approach to find the specific EMP needs of Japanese acupuncturists and assess the results of a four-month clinical English program. This program is based on role-playing and customized for Eastern medicine.
Methods: Before and after a four-month medical English program, surveys were done with acupuncturists (n = 12). All participants gave their permission to participate. The data collected before the program helped inform the curriculum. The data collected after the program assessed if the program was helpful. Thematic coding was used to analyze open-ended responses. The curriculum concentrated on describing Eastern concepts—like pulse diagnosis and treatment methods—in easily understandable language.
Results: Before the course, acupuncturists needed English to take patient histories. They also needed to reassure patients about unfamiliar things, like healing crises and how the treatment works. After the course, they felt much less nervous about using English. They said they could better guide patients through treatments and explain Eastern ideas clearly without interpreters, which helped them build stronger relationships with patients.
Conclusion: The results show that EMP programs for Eastern medicine practitioners should include content specific to their profession and cultural setting. Doing so improves practitioners' clinical communication skills and confidence.

[07] General Topics 3A / 31

PACE Program: A Tailored Clinical English Training for Medical Students Preparing for Overseas Clinical Placements

Author: Tomohiro Arai[1]

Co-authors: Tomoko Ogasawara [2]; Kazuo Takahashi [3]

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With the increasing number of medical students participating in overseas clinical placements, the need for effective clinical English education has grown. However, conventional one-size-fits-all approaches may not adequately address individual learners'needs. At Fujita Health University, findings from the 2024 academic year indicated substantial variability in students'learning needs.
We developed PACE (Personalized Approach to Clinical English), a tailored clinical English training program for fifth-year medical students preparing for elective overseas clinical placements. The program incorporated individualized learning goals based on students'destinations and anticipated clinical contexts. Learning activities were tailored to expected clinical scenarios. Educational components included structured practice based on IELTS speaking, OET speaking, and USMLE Step 2 CS–style scenarios. Seven medical students participated in the program. The outcomes were evaluated using a combination of pre- and post-intervention self-assessment questionnaires administered via Google Forms, along with Likert scales and open-ended questions.
Participants demonstrated improved confidence and perceived competence in clinical communication in English. Qualitative improvements were also observed in simulated clinical performance, particularly in patient-centered communication. Most students expressed satisfaction with the training course.
The PACE program may improve preparedness for overseas clinical placements. Individualizing learning content according to learners'needs appears to be a practical and effective approach in medical English education. This exploratory study suggests a potentially scalable framework for individualized clinical English training.

[07] General Topics 3A / 24

From "Learning"to "Using"English: Content-Focused Medical English Education

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英語を「学ぶ」から「使う」へ ― 内容重視型の医療英語教育

本発表は、医療専門職養成における英語教育のあり方を再検討し、内容重視型アプローチに基づく医療英語教育の実践を報告するものである。近年、大学英語教育では TOEIC 対策教材が多用され、高得点取得が重視される傾向にある。TOEIC は英語力を測る一指標として意義があるものの、必ずしも実践的なコミュニケーション能力を保証するものではない。また、試験対策に偏った学習は学生の興味や意欲を損なう可能性もある。

これに対し福岡国際医療福祉大学の「医学英語」では、医療現場で必要とされる英語表現や対話を重視し、外国人患者と意思疎通できる能力の育成を目指している。英語学習を「目的」とするのではなく、必修の海外研修で英語を「道具」として使う経験を通して学習目的を明確化し、動機づけを高めている。授業では医療英単語の小テストによる語彙強化に加え、医療場面を想定した対話練習や異文化間のコミュニケーション方法、本学独自の「関連職種連携教育（IPE）」や医療倫理などの概念も英語で学び、専門性と言語運用能力の統合を目指す。

理論的背景としては、第二言語習得研究における意味重視の立場と習得理論を踏まえ、医療現場で多用されるインプットと学習者間のインタラクションを重視した授業設計を行っている。文法中心の「学習」から使用に基づく「習得」への転換を図り、専門職に求められる英語運用能力の育成を目指す。本発表では、その教育的意義と課題を考察する。

[07] General Topics 3A / 37

Developing an EMP Curriculum through OBE and CLIL: Lessons from a Longitudinal EMP Program

Author: Takayuki Oshimi[1]

[1] *International University of Health and Welfare*

Background: As medical education becomes increasingly internationalized, Japanese medical schools face a growing need to equip students with competencies to function in English in both clinical and academic settings. However, English for Medical Purposes (EMP) education in Japan has often been implemented as isolated courses rather than as a coherent curriculum aligned with institutional learning outcomes.
Methods: At the International University of Health and Welfare School of Medicine, a longitudinal Clinical English Program was developed based on the principles of **Outcome-Based Education (OBE)** and **Content and Language Integrated Learning (CLIL)**. The program aligns with the institution's diploma policies, which define English communication competence as the ability to participate in international clinical training and academic discussions. Educational goals include preparing students for overseas clinical clerkships by developing competencies in patient encounters, case presentations, and patient note writing in English, as well as the ability to engage in academic discussions. General English proficiency at or above CEFR B2 is also emphasized. Student achievement is assessed through the Post-Clinical Clerkship OSCE, which evaluates patient encounters, case presentations, and patient note writing, as well as through eight administrations of the TOEFL ITP during the undergraduate program.
Results: Evaluation data from the Post-Clinical Clerkship OSCE and longitudinal TOEFL ITP scores will be presented to illustrate students'development in clinical communication skills and general English proficiency.
Conclusions: This presentation describes the design, learning outcomes, and assessment framework of this longitudinal EMP curriculum and discusses how such institution-based initiatives may contribute to future efforts toward developing a model core curriculum for EMP education in Japan.

[08] General Topics 3B / 40

The Equivalence of Japanese Possibility and English Modality: Objectivity in Science Texts

Author: Fumiko Tobe (戸部史子)[1]

[1] *Kindai University* 近畿大学

科学テキストにおける日本語可能表現と英語モダリティの対応ー客観性の見地からー

コロナの世界的流行の最中、一般人向けの様々な感染対策情報がネット上に流れたが、そのほとんどが英語で書かれたものだった。医療従事者が英語の情報を即時に理解し、患者に的確な日本語で伝えることができなければ多くの人命にかかわる事態になりかねない。本稿では modality に注目し、医療系の英語教育の問題点について考える。

アメリカの州政府機関が発行した一般人向けのコロナ感染対策の広報記事の中から短い 3 文を抜粋し、薬学部の学生に日本語訳をさせた。特に modality の観点から、学生が正しく理解しているか、全てのオーディエンスに誤解なく伝わるかを検証した。テキストのジャンルとオーディエンスのレジスターを考慮し、日本語のコーパスとして中学の理科の教科書を使用した。

ST は平易な英語で書かれた簡単な文章であるにもかかわらず、“can”を「ことができる」としたことで誤訳する学生が多数を占めた。一方 modal verb ではない”help”も日本語にすると「ことができる」と訳せる場合がある。理科の教科書の文章の客観性を軸に“can”と日本語の可能表現の対応について考察する。

言語体系が異なるため英語の modality の概念をそのまま伝えるのは難しい。しかしコロナのような緊急時に modal verb を発話に正しく反映させることができなければ患者の命に係わる。今後は医療系の学生が文法知識を超えた正しい理解を身に着けるための英語教育の在り方をさらに考えていきたい

[08] General Topics 3B / 27

From Affixation to an EMP Core Curriculum: Designing Vocabulary Instruction

Author: Haruko Shimazaki[1]

[1] *Tsuru University*

Medical English is morphologically systematic. A relatively small set of high-frequency prefixes and suffixes recurs across medical terminology in multiple specialties. Recognizing these patterns enables vocabulary to be organized conceptually rather than memorized as isolated items. This presentation explores how affix-based instruction can serve as a principled foundation for designing vocabulary instruction in English for Medical Purposes (EMP).
Drawing on classroom-based work conducted in a general EFL context, the session proposes a structured core affix framework organized around three criteria: frequency, cross-specialty relevance, and pedagogical teachability. The framework prioritizes affixes that generate large lexical families (e.g., cardio-, neuro-, -itis, -ology), thereby maximizing lexical coverage while reducing cognitive load. Although the initial implementation did not occur in a medical setting, the underlying morphological principles are directly transferable to first-year healthcare students who face substantial lexical demands and are often overwhelmed by the need for rapid vocabulary expansion.
By identifying affixes that recur across disciplines such as medicine, nursing, and pharmacy, affix-based vocabulary design offers a pathway toward greater standardization within an EMP model core curriculum. At the same time, specialty-specific terminology can be developed flexibly upon this shared morphological base, supporting personalization according to disciplinary needs. The presentation will introduce sample tasks including morphological mapping, affix clustering, and guided lexical decoding activities. These examples demonstrate how affix-focused instruction can promote systematic vocabulary development, enhance learners’ability to infer meaning from unfamiliar terms, and strengthen long-term lexical retention in early-stage EMP courses

[08] General Topics 3B / 29

Effects of Phonological Gaps between English Terms and Katakana Equivalents: A Comparison of Visual and Auditory Modalities among Japanese Pharmacy Students

Author: Tomoko Smith[1]

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[1] *Osaka Medical and Pharmaceutical University*

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[3] *Kobe Gakuin University*

In Japan, many scientific terms are *katakana* loanwords from English. However, significant phonological gaps often exist between the original English pronunciation and the *katakana* counterpart, potentially hindering auditory recognition. To investigate how to overcome this issue, we examined the extent of the visual and auditory gaps with two groups of pharmacy students.

Two intact classes of third-year pharmacy students participated in this study (n = 100). One class was assigned to the reading (visual) condition (n = 50), and the other to the listening (auditory) condition (n = 50). Participants were tested on 30 scientific terms categorized into three groups based on the degree of the phonological gap from their *katakana* counterparts: Group A (small gap), Group B (medium gap), and Group C (large gap). Two-way ANOVA and Tukey's post-hoc tests were conducted to analyze the interaction between presentation modality (between-subjects factor) and the gap size (within-subjects factor).

A two-way analysis of variance (ANOVA) revealed a highly significant interaction between the presentation modality and the phonological gap, $F(1.86, 182.53) = 43.52$, $p < .001$. In the reading condition, no significant difference in accuracy was observed regardless of the gap size, with a consistently high recognition rate. Conversely, in the listening condition, the accuracy rate decreased as the gap increased; specifically, significant differences were confirmed between Group A and Groups B/C. Furthermore, auditory recognition was substantially lower than visual recognition across all groups.

The results indicate that while Japanese pharmacy students have acquired English technical terms as "textual information," the phonological gap with *katakana* English significantly hinders their auditory recognition. This suggests that prior knowledge based on Japanese-style *katakana* pronunciation can interfere with recognition of the original English pronunciation. Consequently, future pharmaceutical English education should incorporate audio-focused training to address these phonological discrepancies.

[09] Student Symposium / 33

Rethinking Medical English Education in Japan: Bridging Educational Gaps through Student-Expert Collaboration

Authors: Alex Seiji Anderson[1]; Yuki Kobayashi[2]; Akihiro Ono[3]

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Background

Medical English education in Japan varies considerably across institutions, reflecting differences in curricular priorities and available faculty expertise. While many universities provide introductory instruction, opportunities for more advanced or internationally oriented training may be limited in some settings. As a result, some highly motivated students seek additional learning opportunities outside their formal curricula.

Objective

This symposium aims to present the activities of Team WADA, a non-profit initiative that connects students with medical experts through online educational programs, and to explore how such collaborations may complement existing educational structures. By sharing student perspectives and survey findings, we hope to stimulate discussion among medical English educators regarding current challenges and potential strategies for improving medical English education in Japan.

Team WADA Activities

Team WADA offers a platform for students interested in international medical careers to engage with experts from diverse professional backgrounds. Programs have included educational sessions on Medical English, clinical communication skills, and bedside clinical reasoning skills. In addition, student members organize USMLE study groups

and present monthly reports on study-abroad experiences, promoting peer learning and networking across institutions.

Survey Findings

An internal qualitative survey was conducted among Team WADA student members (total membership: 186 students from 65 institutions in Japan and overseas). Responses (n = 55) suggested that students value opportunities for longitudinal learning beyond the preclinical years, practical communication training such as medical interviewing, and access to information related to USMLE preparation and international study. A subset of respondents (n = 19) reported that participation in Team WADA activities helped increase motivation and clarify career goals. At the same time, limitations of online activities were noted, including fewer opportunities for in-person interaction and the need for strong learner initiative.

Symposium Discussion

Following the presentation of these findings, the session will invite medical English educators to reflect on current challenges in medical English education in Japan. Through open discussion, we aim to explore practical approaches for addressing these challenges, including possible collaborations between universities, educators, and student-led initiatives.

[10] Symposium / 7

The Individual and the Core Curriculum

Author: John Skelton[1]

[1] *Emeritus Professor, Birmingham University Medical School; President, European Association of Language Teachers in Health (EALTHY)*

English for Medical Purposes (EMP) around the world may enact a core curriculum at an institutional level, or institutions may have an English language cohort as well as a cohort studying in a local language (British students can qualify in English in Czechia, for example), or an EMP course may have developed over years in a piecemeal manner, as piecemeal needs –and slots in the timetable become available. It is difficult to find clear examples of a core curriculum anywhere, except where students are required (as with international students in UK, eg) to take an external exam, such as IELTS, as a prerequisite for entry, or broad statements about expectations for Clinical Communication courses. "Clinical Communication"however in effect means how doctors and patients/colleagues interact in the primary language of the country. Thus both UK and Europe in general have statements of this type (1,2) but they are of limited relevance in an EMP context, and in any case are not necessarily comprehensive. This presentation gives a very brief overview of the situation in other countries, and efforts to minimise such difficulties as widely varied English language levels. Part of the issue here is the distinction between students who have very good English but relatively poor educational backgrounds, and those with excellent educational support, but relatively weak English (3). It then concentrates on the extent to which varied individual student needs can be accommodated within an overall approach to curriculum design. Examples of how student interests vary, and how they may be catered for are briefly suggested.

1. Von Fragstein M, Silverman J et al. UK consensus statement on the content of communication curricula in undergraduate medical education. Medical Education 42(11), 1100-1107. 2008.
2. Bachmann C, Abramovitch H, Barbu CG et al. A European consensus on learning objectives for a core curriculum in health care professions. Pateint Education and Counselling 93(1), 18-26. 2013.
3. Skelton J, Richards C. Communication for medicine: state of the art. ESPToday 9(1), 9-29. 2021.

[10] Symposium / 8

The Role of Medical English Education in Japanese Medical Education in the Era of Artificial Intelligence

Author: Hiroshi Nishigori[1]

[1] *Professor, Center for Medical Education, Graduate School of Medicine, Nagoya University; President, Japan Society for Medical Education (JSME)*

Over the past two decades, Japanese medical education has undergone substantial reform through the introduction of the Model Core Curriculum, the Common Achievement Test, and accreditation based on international standards. These developments have strengthened quality assurance and promoted greater alignment with global trends in medical education. At the same time, globalization has increased expectations for medical graduates to participate in international academic communities and collaborate with people from diverse cultural and professional backgrounds.

Within this context, English for Medical Purposes (EMP) has played an important role in medical education. However, the rapid development of generative artificial intelligence is transforming the landscape of language learning and communication. As AI increasingly supports translation, writing, and information access, it is timely to reconsider the role of medical English education in contemporary medical training.

This presentation reviews recent developments in Japanese medical education and reflects on the author's experiences in international medical education communities, including AMEE and APMEC. Drawing on these experiences, the presentation explores the role of medical English education within broader efforts toward internationalization in medical education. It also considers approaches to internationalization and English education adopted in different countries and educational contexts.

Building on discussions surrounding the Model Core Curriculum and the activities of the Japan Society for Medical Education, the presentation examines the kinds of international communication competencies expected of future physicians. Rather than viewing English solely as a linguistic skill, it proposes understanding it as a means of participating in international scholarly communities, engaging with diverse perspectives, and contributing Japanese medicine and medical education to global conversations.

The presentation concludes by considering how medical English education can support the next generation of physicians in an era where AI is reshaping communication, knowledge access, and professional practice, while creating new opportunities for Japan to engage more actively with the global medical education community.

[10] Symposium / 9

EMP in Japan: AJMC Survey Findings and Topics for Discussion

Author: Raoul Breugelmans[1]

[1] *Kansai Medical University*

Following the symposium presentations, the moderator will briefly introduce selected findings from the Association of Japanese Medical Colleges (AJMC) survey on curriculum internationalization. The report will provide an overview of current practices related to medical English education, English-medium instruction, and other internationalization initiatives across Japanese medical schools. The survey reveals substantial variation in educational goals, curricular content, and instructional approaches. By identifying both shared practices and areas of divergence, the report will provide a foundation for discussion of what knowledge, skills, and competencies should form the core of English for medical purposes (EMP) education in Japanese medical schools. The findings will serve as a starting point for the panel's exploration of potential common expectations for EMP learning outcomes at graduation.

[10] Symposium / 10

Panel Discussion: Toward an EMP Model Core Curriculum —Balancing Standardization and Personalization

Panelists: John Skelton[1]; Hiroshi Nishigori[2]; James Hobbs[3]; Takayuki Oshimi[4]

[1] *President, European Association of Language Teachers for Healthcare (EALTHY)*

[2] *President, Japan Society for Medical Education (JSME)*

[3] *Keio University*

[4] *International University of Health and Welfare*

Building on the symposium presentations and the findings of the AJMC survey, this panel discussion will examine what knowledge, skills, and competencies should form the core of English for Medical Purposes (EMP) education in Japanese medical schools. Drawing on perspectives from medical education, language education, and international practice, the panel will explore the extent to which common learning outcomes may be desirable at a national level while maintaining flexibility to address local needs and institutional contexts. Audience participation will be encouraged.

[14] Presidential Lecture / 55

At a Crossroads: Reflections on the Future of EMP and JASMEE

Author: Raoul Breugelmans[1]

[1] *Kansai Medical University*

English for Medical Purposes (EMP) in Japan has undergone a gradual repositioning within medical education. As medical education has become increasingly competency-based and globally connected, EMP has become more closely integrated with broader educational goals, including professional communication, intercultural competence, and international collaboration. More recently, developments in digital technology and artificial intelligence have further expanded discussions regarding the role of English in medical education and the competencies required of future physicians.

These developments suggest that EMP now stands at an important crossroads. As its educational scope and relevance continue to expand beyond traditional language instruction, important questions remain regarding both its position within the medical curriculum and the competencies medical students should be expected to achieve. Nationally shared learning outcomes remain limited, and EMP continues to occupy an ambiguous place within broader curricular frameworks despite growing expectations regarding international communication, intercultural competence, and global engagement.

Drawing on themes emerging from the conference symposium and presentations, this presidential lecture will reflect on how EMP has evolved within Japanese medical education and explore how recent developments in medical education, internationalization, and technology are reshaping the field, prompting renewed discussion regarding the future of EMP.

The lecture will also consider the future role of our Society. As medical education, professional communication, and academic collaboration continue to evolve, JASMEE faces new opportunities to strengthen its contribution both within Japan and internationally. The lecture will explore how the Society can support innovation, foster broader engagement, and build new connections across disciplines, institutions, and national contexts.

Rather than proposing definitive solutions, the lecture aims to stimulate discussion regarding the future direction of both EMP and JASMEE. By reflecting on where we stand today and the opportunities and challenges that lie ahead, it seeks to encourage dialogue on how the field and our Society can continue to grow, adapt, and contribute to the future of medical education.

[15] General Topics 4A / 36

What Makes a Medical English Reading Textbook Readable for Medical Students? —A Mixed-Methods Analysis of Student Perceptions and Textual Features—

Author: Chie Saito[1]

[1] *General Medical Education and Research Center, Teikyo University*

This study examines what makes a medical English reading textbook readable for medical students. Questionnaire data were collected from two cohorts of first-year medical students at a Japanese medical school over two consecutive years. In the first year, students evaluated a medical English reading textbook, while in the second year they evaluated medical English reading handout materials developed by the author.

The present study focuses on these two reading materials and analyzes students'Likert-scale ratings and open-ended comments in relation to objective textual features, including the Flesch–Kincaid Grade Level and the density of medical terminology. Rather than directly comparing the two groups, the study explores how students describe the strengths and weaknesses of medical English reading materials and investigates which textual features appear to shape perceived readability.

The findings are expected to provide practical implications for the development of medical English teaching materials that are both linguistically accessible and academically appropriate for medical students. This study does not aim to determine which material is superior; rather, it seeks to better understand how medical students perceive readability in medical English reading materials and how such perceptions relate to objective textual features.

[15] General Topics 4A / 45

Simplifying Clinical English for Japanese PT and OT Students: Developing a Learner-Friendly Set of Rehabilitation Expressions

Author: Takahiko Yamamori[1]

Co-authors: Mayumi Kato [2]; Mika Toff [3]; Takahiro Hayashi [1]

[1] *Aichi Medical College of Rehabilitation*

[2] *Aichi Medical College for Physical and Occupational Therapy*

[3] *Aichi Shukutoku University*

Many students entering rehabilitation training programs in Japan report low confidence in learning English. Common challenges include limited knowledge of phonics, incomplete mastery of basic grammar, and restricted study time. Although medical English textbooks typically prioritize authenticity and native-like naturalness, they rarely consider how easy or difficult expressions may be for beginners to learn, retain, and reproduce in real clinical interactions. In contexts where exposure to English is limited, learnability and ease of recall may be as important as linguistic authenticity.

This study describes the development of a simplified set of clinical English expressions for first-year physical therapy (PT) and occupational therapy (OT) students at approximately the CEFR A1–A2 level. The set focuses on expressions frequently used in patient interviews and movement instructions, and aims to make each expression as concise, learnable, and easy to pronounce as possible while preserving clinical meaning.

The study examines whether simplified expressions improve short-term retention and perceived usability compared with expressions presented in conventional textbooks.

The study design was based on principles from second language acquisition research, particularly Cognitive Load Theory and Retrieval Practice, with an emphasis on reducing processing demands and strengthening retention. Expressions were therefore selected and refined to minimize syntactic complexity, reduce phonological difficulty for Japanese L1 speakers, and facilitate active recall during classroom activities.

Version 1.0 of the shared PT/OT set consists of 60 core expressions frequently used in patient interviews and movement instructions, with an additional 20 PT-specific and 20 OT-specific expressions currently under development. The 2026 cohort will include approximately 50 PT students and 35 OT students.

Expression development followed a six-step process:

(1) extraction of frequently used clinical phrases from instructional videos produced by the Aichi Physical Therapy Association;

(2) identification of essential expressions from commercially available rehabilitation English textbooks;

(3) lexical and syntactic simplification through iterative human–AI collaboration between a medical English educator and ChatGPT;

(4) review by practicing PT and OT educators to ensure clinical relevance;

(5) confirmation of pragmatic appropriateness and politeness by native English speakers; and

(6) reduction of the expressions to a quantity realistically learnable within one academic year.
From April to July 2026, textbook expressions and simplified expressions will be taught in parallel. Post-class surveys will measure perceived ease of learning and usability, while short retention quizzes will compare recall rates between the two expression types.
By challenging the assumption that native-like naturalness is always pedagogically optimal, this project explores how highly simplified clinical expressions can support durable learning and functional English communication among rehabilitation students with limited prior exposure to English.

[15] General Topics 4A / 22

Teaching medical English in the AI age: Creating original materials has never been easier

Author: James Hobbs[1]

Co-author: Yuko Hori [1]

[1] *Keio University School of Medicine*

Many medical English teachers prefer using commercial textbooks to making their own materials. Asked why, they will rarely claim to have found the perfect textbook. Rather, they will say things like "Making original materials takes too long,""I don't have enough medical knowledge,""A textbook is neater than piles of handouts,"or "Making listening materials is too difficult."
These arguments used to hold water, but in the AI age they are full of holes, leaking rapidly, and on course to sink. In fact, it has never been easier or cheaper to create high-quality materials tailored to your learners'exact needs, and to your institution's curriculum. Access to AI chatbot assistants has already slashed the time needed to create templates, write and edit texts, and design classroom tasks; professional-looking documents can easily be created and shared in the paperless format that most students now prefer; and online tools allow even the most technologically-challenged teacher to create high-quality listening materials without actually calling on any human speakers.
In this presentation, two such "technologically-challenged"teachers will describe how they experimented with unfamiliar technology to create a 14-week course on history taking in English for first-year students. The goal is not to promote specific tools or to list all the options available, and the speakers will not deny that AI-generated material needs to be viewed skeptically and checked carefully. Rather, the goal is simply to raise awareness of how easy it now is to create original classroom materials to teach medical English, and to encourage more teachers to explore that option.

[15] General Topics 4A / 48

Documenting Medical English in Neurosurgery at a Japanese Hospital

Author: Walter Davies[1]

Co-authors: Simon Fraser [1]; Marshall Higa [1]; Takashi Sadatomo [2]

[1] *Hiroshima University*

[2] *Higashihiroshima Medical Center*

At Hiroshima University, medical English research and education has focused primarily on undergraduates in their second and third years of study, with a particular emphasis on body systems and related hospital specialisms in preparation for clinical training. Building on this foundation, we outline the early stages of a new project that extends our research into particular clinical specialisms and the hospital settings where professional training and development take place throughout medical careers.

In its initial phase, the project focuses on neurosurgery. The research examines a selection of important clinical processes and procedures. These are analysed to identify patterns of discourse, language acts (such as advising, informing, and offering), and key lexis used in professional communication within neurosurgical clinical practice. To

support this analysis, the field of neurosurgery is first organised into major areas such as cerebrovascular disease, brain tumours, anomalies (e.g., hydrocephalus), and functional disease (e.g., trigeminal neuralgia). Discourse analysis is conducted on neurosurgery reference materials used in patient treatment, while corpus analysis is applied to case reports drawn from these areas.

Based on the analysis, non-technical vocabulary and phrases used in communication between medical professionals and patients are identified. Drawing on the research team's experience in developing pedagogic word lists embedded in illustrative contexts, the project also explores how learning materials can be developed to support both medical students and hospital staff working in these specialist fields.

[16] General Topics 4B / 21

Development and Implementation of a Structured Practical Clinical English (PCE) M2 Program at Kurume University School of Medicine

Author: Emiko Mizoguchi (溝口恵美子)[1]

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久留米大学医学部医学科２年生に対する体系的な実践臨床英語教育プログラムの開発と実践

近年の医療国際化および医師国家試験における英語問題の増加・難化により、医学生には従来以上に高度な医学英語運用能力が求められている。特に 2020 年以降、国家試験の英語問題は増加し、単なる和訳能力では対応できず、英語で医学的内容を理解する力が必要となっている。こうした背景を踏まえ、久留米大学医学部では２年次を対象に医師による体系的医学英語教育 Practical Clinical English (PCE M2) を構築・実践している。このプログラムは PCE M3, PCE M4 へと連続する３年間の教育における初年度にあたる。本プログラムは、臨床実践、学術活動および国際交流に必要な基礎的医学英語力の修得を目的とする。循環器、呼吸器、消化器、神経、免疫、泌尿生殖器など主要臓器別分野に加え、臨床解剖、微生物学、遺伝学、医療統計学などを体系的に扱い、医学用語の構造理解、必須略語、発音、読解を通して医学英語能力全般の育成を目指す。さらに、約 6000 語から成る必須医学英単語集を教員協働で作成し、長期記憶への定着と早期からの国家試験対策を図っている。オンデマンド講義、事前学習、小テストおよび総括試験を組み合わせて、総合的に学習成果を評価している。
本発表では、PCE M ２の教育設計、実践方法、および教育意義について報告し、医学英語教育の体系化と国際的に活躍できる医師育成への貢献について考察する。

[16] General Topics 4B / 42

Integrating Medical English into Clinical Education: Strategies for Improving Japanese Medical Students'English Proficiency

Author: Maiko Sakamoto[1]

[1] *Saga University*

The revised Model Core Curriculum for Medical Education announced in fiscal year 2022 states that, under the domain of Scientific Inquiry, medical students should be able to read medical papers in English and understand their main points. While the ability to read and publish research papers in English remains an essential skill for young physicians, the increasing number of foreign residents in Japan also requires doctors, even those practicing in rural areas, to develop practical English communication skills. Recognizing this need, the Japan Society for Medical English Education has proposed guidelines aligned with global standards to strengthen Japanese medical students' proficiency not only in reading and writing, but also in listening and speaking.
However, given the limited number of Medical English lectures within the medical curriculum, it is challenging to effectively address all four language skills. Innovative approaches are therefore necessary to meet these educational goals. At Saga University, Medical English courses have been designed to align with case-based learning (CBL) and problem-based learning (PBL) conducted by clinical departments. The course emphasizes listening comprehension through doctor–patient conversations and clinical case reports, supported by assigned readings related to specific

symptoms and diseases. To reinforce vocabulary acquisition, each class begins with a short quiz focusing on key terminology used in the listening and reading materials.
This presentation will examine the design and implementation of this approach and discuss ongoing efforts to evaluate its effectiveness in improving medical students'English proficiency while maintaining their motivation to learn medical English. The goal is to explore strategies that allow Medical English courses to provide meaningful and effective learning experiences within the constraints of the current curriculum.

[16] General Topics 4B / 25

Participant Satisfaction in Lecture and Hands-on Sessions of an English-Mediated Medical Education Program with Visiting International Faculty

Authors: Shunichiro Nakao[1]; Tomoya Hirose[1]; Taro Irisawa[1]; Jun Oda[1]

[1] *The University of Osaka*

Background: Medical English education may benefit from clinically relevant learning environments that promote active communication. We conducted a program with visiting English-speaking physicians that included lecture and hands-on sessions. This study aimed to compare participant satisfaction between the lecture and hands-on sessions.
Methods: Across four days, four invited instructors each delivered a one-day seminar for different participants. The seminar series included a total of eight lecture sessions and three hands-on sessions. Satisfaction for each session was assessed using a 5-point Likert scale. Lecture and hands-on ratings were compared using the Mann–Whitney U test as an exploratory analysis.
Results: A total of 20 participants attended. We collected 33 lecture evaluations and 16 hands-on evaluations. Satisfaction was highly favorable in both formats. Median [IQR] scores were 5 [5–5] for lectures and 5 [5–5] for hands-on sessions. Top ratings (score 5) were recorded in 97.0% (32/33) of lecture evaluations and 93.8% (15/16) of hands-on evaluations. No statistically significant difference was observed between lecture and hands-on sessions ($p = 0.619$).
Conclusion: Both lecture and hands-on sessions received high satisfaction ratings, with no clear difference between formats in this small exploratory analysis. This program format may provide a practical framework for integrating English-use opportunities into medical education with visiting international faculty.

[16] General Topics 4B / 39

Implementation of Case Presentations in English during Clinical Clerkships: Integrating Medical English Education and Clinical Reasoning Training

Author: Kazuhiko Kurozumi[1]

Co-authors: Hiroaki Neki [1]; Tomohiro Yamasaki [1]; Yoshinobu Kamio [1]; Tomoya Oishi [1]; Yuki Shiraishi [1]; Shinichiro Koizumi [1]; Takao Nozaki [1]

[1] *Department of Neurosurgery, Hamamatsu University School of Medicine*

Background:
The importance of presentation skills in the English language for medical research and international conferences has increased in recent years. However, opportunities for medical students in Japan to practice case presentations in English during clinical clerkships remain limited. Educational approaches that combine clinical case presentations with medical communication in English may enhance both medical English proficiency and clinical reasoning skills.

Objective:
To introduce case presentations in the English language into clinical clerkships and to evaluate their potential educational value in medical English education and clinical presentation training.

Methods:
During a neurosurgery clinical clerkship, students were assigned clinical cases and asked to prepare presentations that included both case summaries and a review of relevant literature in the English language. Each clerkship group consisted of 7–8 students rotating over a 2-week period. Groups were divided into two subgroups, and presentations were conducted on Fridays of the first and second weeks. Each presentation lasted approximately 8 min, followed by a 7-minute period for discussion and slide review. Initially, students prepared slides in English but delivered presentations in Japanese; 2 years ago, the format was changed so that presentations were also delivered in English. Instruction focused primarily on presentation structure, slide organization, medical English expressions, and discussion skills.

Results and Conclusion:
Delivering case presentations in English provided students with opportunities to become familiar with medical English expressions and to present in English. Moreover, combining case presentations with a literature review promoted both clinical understanding and medical English education. This approach provides an effective way to integrate medical English education into clinical training.

[17] Posters / 47

Introducing English for Healthcare at a Pre-Specialist Stage on a Medical Campus

Author: Simon Fraser[1]

Co-authors: Akiko Tatsumi [1]; Marshall Higa [1]; Walter Davies [1]

[1] *Hiroshima University*

At Hiroshima University, first-year students usually study general English before beginning discipline-specific courses. This poster reports on a project that introduces a healthcare English component into a first-year course on the university's medical campus. As these students have not yet developed the specialist knowledge of their future professions, the project explores how healthcare English can be introduced in ways that remain accessible and meaningful prior to formal disciplinary study. Two key challenges shape the design: the first is engaging learners preparing for a range of professions, including medicine, nursing, dentistry, pharmacy and physical therapy; the second is avoiding reliance on technical background knowledge. To address these challenges, the course foregrounds specialist–patient dialogues rather than technical texts, positioning patient-facing communication as the entry point into healthcare English at this stage of learners'development.

Key vocabulary is identified from these dialogues and supporting materials and organised into a pedagogic word list of approximately 600 items, ensuring vocabulary is embedded in relevant discourse while supporting recycling and cumulative exposure across the materials. The poster outlines the principles guiding word selection and case design, presents initial reflections from pilot implementation, and considers implications of this approach for early-stage healthcare English instruction in similar pre-specialist contexts.

[17] Posters / 30

Two katakana keywords for successful cooperation and collaboration in healthcare teams

Author: Motoko Sando[1]

[1] *Wakayama Medical University*

The Model Core Curriculum for Medical/Nursing Education in Japan lists Communication (CM) and Interprofessional Collaboration (IP) as basic qualities and abilities. CM and IP are closely tied to each other for health professionals. They need to establish good relationships not only with patients and their families but also with medical, health, welfare and nursing care professionals.

Wakayama Medical University offers a class called "Understanding of Human Beings and Nursing,"which is one of the required fundamental nursing classes for first-year nursing students. This class uses a textbook titled *Basic Nursing Skills and Techniques I*. According to this textbook, in order to bring about patient-centered approach to nursing treatment, it is important to communicate among interprofessional teams; *asaashon* (アサーション, "assertion") and *enpawamento* (エンパワメント, "empowerment") are keys to enhanced communication skills for team-based care. As the presenter pointed out in a presentation given at the 28th JASMEE Conference, when using *enpawamento* in connection with *sutorengusu* (ストレングス, "strength") in the sense of mental health nursing, it denotes that care providers respect patients'powers and help patients develop their skills and abilities. However, it seems to possess a slightly different meaning in terms of team-based care communication.
This poster presentation clarifies the meanings of *enpawamento* as well as *asaashon* and considers how to provide better healthcare by cooperating and collaborating in health professional teams.

[17] Posters / 44

Development of self-study material to improve communication skills with foreign patients during maternal nursing clinical rotation

Authors: Lourdes Rosario Herrera Cadillo[1]; Tamami Satoh[2]

[1] *Asahi University School of Health Sciences Nursing Department*

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Nursing education curricula in Japan typically include only one compulsory general English course, with additional English-related subjects offered as electives. In response to globalization, some universities have begun introducing specialized nursing and medical English courses. The Model Core Curriculum for Nursing Education in Japan (MEXT) states that basic communication skills for working with foreign patients are necessary; however, it does not explicitly mandate the inclusion of English courses in the curriculum. General English courses are valuable, but they do not equip nursing students with the terminology used in clinical settings or the essential vocabulary and expressions needed to provide patient orientation when interacting with English speaking patients.
The purpose of this presentation is to describe the development of educational materials designed to support nursing students in providing care to English speaking patients encountered during their maternal nursing clinical practicum.
A Moodle platform is used to deliver Nursing English materials, which include short dialogues, videos, quizzes, and links to English-language resources developed by the Ministry of Health, Labour and Welfare and various NPOs. These materials were created in collaboration with faculty members responsible for the maternal nursing clinical practicum, and the content is selected based on the activities students perform during their clinical training. All students can freely access the course and complete the assigned tasks. The materials are intended to foster students' interest in English for specific purposes and to enhance their ability to communicate with non Japanese speaking patients.

[17] Posters / 49

Designing Clinical Training Platform with AI Simulated Patients based on Grounded Theory and Interactional Competence Frameworks

Author: Jeanette Dennisson[1]

[1] *St. Marianna School of Medicine*

AI simulated patients (AISPs) powered by large language models (LLMs) offer a scalable alternative to conventional simulated-patient training. However, building a clinical training platform with customizable AISPs that supports interactional competence (not only medical content recall) remains challenging. I present a clinical training platform designed around a dual-layer framework for grounded theory-informed clinical communication training. The first layer represents clinical content structure (e.g., chief complaint, HPI attributes, relevant ROS, contextual details), so that patient information is delivered by the AISP in response to appropriate questioning. The second layer represents interactional structure (openings, agenda setting, empathy sequences, clarification/repair, transitions, closing),

linking conversational moves to the AISP persona (e.g., anxious, skeptical, and reserved) and scaffolded difficulty parameters. This interactional layer aligns with established clinical interview frameworks (e.g., Calgary-Cambridge), while my grounded theory findings informed the design requirements and AISP behaviors. Within the platform, the two layers are combined so that learner questions trigger both content retrieval and appropriate interactional responses, enabling practice of patient-centered interviewing strategies such as reflective listening, summarizing, and managing resistance while maintaining clinical relevance. I will describe the workflow, scenario authoring approach, and instructor/learner controls for adjusting difficulty to match desired educational outcomes. Applying this framework to an AI-powered training platform aims to make AISPs more reliable for clinical interview education by explicitly modeling interaction, not only content recall.

[19] Fringe Luncheon / 61

Introduction to Fringe

Author: Raoul Breugelmans[1]

[1] *Kansai Medical University*

This "Fringe Luncheon"session is a new initiative at this year's conference. The Fringe format has become an increasingly popular feature at medical education conferences such as the International Association for Health Professions Education (AMEE) and, more recently, the Japan Society for Medical Education (JSME).
The idea behind Fringe is simple. It creates a space within the conference program for conversations, demonstrations, reflections, and experiments that may not fit easily into the traditional oral presentation format. Fringe sessions tend to be more interactive, flexible, and exploratory in nature, focusing less on polished results and more on the sharing of ideas, educational practices, personal experiences, and emerging approaches.
At AMEE, Fringe has developed into an established session format featuring mini-workshops, demonstrations, storytelling, debates, audience participation, and other forms of educational exchange that move beyond conventional slide-based presentations. A similar initiative was introduced at the 2025 JSME meeting, and the positive response encouraged us to explore whether the concept might also be valuable within JASMEE.
This year's session should therefore be viewed as an introduction to Fringe rather than a fully developed Fringe program. Instead of a public call for proposals, the organizing team will present two short "demo"Fringe talks intended to give participants a sense of the atmosphere and possibilities of the format. This introductory session will take the form of a luncheon session.
The session will begin with a brief introduction to the background and philosophy of Fringe sessions at conferences such as AMEE and JSME, followed by two short presentations by members of the organizing team. Rather than formal research presentations, these talks will emphasize discussion, experimentation, and audience interaction.
We hope this session will encourage discussion about alternative ways of sharing ideas and interacting at JASMEE conferences.

[19] Fringe Luncheon / 62

EMPowerment

Author: Eric H. Jego[1]

[1] *Nihon University School of Medicine*

[19] Fringe Luncheon / 63

What's in a Name?

Author: Raoul Breugelmans[1]

[1] *Kansai Medical University*

[20] Workshop / 56

AI workshop in medical English teaching and research: examples, current limits, and a hands-on activity using patient narratives

Author: Jeanette Dennisson[1]

[1] *St. Marianna School of Medicine*

Most medical English educators in Japan are now familiar with AI tools such as ChatGPT, Gemini, and NotebookLM. However, integrating these tools consistently into classroom practice and research workflows remains challenging, particularly in large classes and in a landscape where AI services and capabilities change rapidly. This workshop provides a practical, classroom- and research-oriented introduction for educators who want to move beyond ad hoc use toward more systematic and sustainable integration of AI. I will briefly address current limitations of widely available tools, the implications of rapid platform shifts, and considerations for responsible and pedagogically sound use. Concrete examples will demonstrate how AI can support core teaching tasks (e.g., generating and adapting materials, designing activities) and research processes (e.g., organizing literature, summarizing sources, and generating initial analytic insights). Emphasis is placed on workflows that are scalable and adaptable across institutional contexts. The workshop concludes with a short hands-on activity using publicly available patient narratives (audio and transcripts from the Foreign and Immigrant Patient Narratives corpus, Porter, JSPS KAKENHI JP18K00812). Participants will use AI tools to explore ways of developing teaching materials based on a selected narrative from the corpus. Selected examples may be shared with the group to illustrate different approaches. Participants are encouraged to set up free-tier accounts with NotebookLM (Gemini), Claude (Anthropic) and/or ChatGPT (OpenAI) before attending. As Wi-Fi will not be available during the workshop, participants are also encouraged to use mobile devices or personal hotspots if they wish to take part in the hands-on activity.

[21] Keynote Lecture / 54

Creating Quality in the Core Curriculum

Author: John Skelton[1]

[1] *Emeritus Professor, Birmingham University Medical School; President of European Association of Language Teachers in Healthcare*

There are probably few examples of a Core Curriculum in either EMP or Clinical Communication around the world at a level higher than a single institution (though tentative examples are discussed briefly in this presentation), except where students take an internationally recognised exam prior to beginning their course. This at least opens up the possibility of exploring a wide range of options.
This talk covers two main areas. Firstly, what will the role of the doctor be over the professional lifetime of current medical students? In a world of increasing AI, what will doctors be called on to do? And what therefore should we as educators enable them to be competent at? A clear conclusion is that doctors must be trained to interact with patients, and to be sufficiently independent learners to monitor what they (and their technology) do. Secondly, what constraints do we face, and how do we minimise them? Key issues here are the level and source of funding available, the quality of available staff and what training opportunities they have, what curriculum time will be available, and how will the programme be quality controlled within and across institutions? There is, finally, the issue of materials creation and opportunities for sharing and discussing ideas. In this last respect, the role of The European Association of Language in Healthcare, and also of SLC (Specialist Language Courses) are introduced as a potential forum for sharing and presenting experience and materials.

[22] Closing Remarks / 5

Closing by the President of the 29th JASMEE Conference

[22] Closing Remarks / 6

Address by the President of the 30th JASMEE Conference

The 20th Kenichi Uemura Award
第20回植村研一賞

Awardee: **Cosmin Mihail Florescu, Medical English Communications Center, University of Tsukuba**



Dr. Cosmin Mihail Florescu joined the Medical English Communications Center at University of Tsukuba in 2022. Prior to this, he taught for six years at the International University for Health and Welfare School of Medicine. Before entering academia, he worked for nine years as a full-time interpreter and translator. His research has focused primarily on language testing and identifying effective approaches for learners seeking to improve their English proficiency. He is also part of a research team using corpus analysis methods to develop evidence-based vocabulary learning resources that help students master formulaic language more efficiently. Most recently, he completed his PhD at the University of Tsukuba, where his doctoral research examined differences in disease conceptualization between doctors and patients through corpus linguistic analysis.

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.

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
第 30 回	黒住　和彦	2027 年 7 月 10，11 日	アクトシティ浜松コングレスセンター
第 31 回	岩田　　淳	2028 年 7 月 8，9 日	島根大学出雲キャンパス

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