

# English Communication Skills for Japanese Medical Students: A Course Description

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*Abstract* Currently, Hokkaido University students majoring in medicine take three terms of general education requirements, which includes 120 credit hours of English. These courses, administered through the Institute of Language and Culture Studies, are generally similar to the English courses taught to the students of other faculties. The Faculty of Medicine felt it important to enhance this general education requirement with additional coursework, with the ultimate goal of better preparing the students for international situations both inside and outside Japan. The purpose of this paper is to outline the ten week portion of the first term of the course. The thematically based course that was taught by the native English speaking staff from the Institute of Language and Culture Studies drew on content from medical courses in which the students were concurrently enrolled. The paper goes on to review the materials used and discusses some of the considerations that went into the course. The paper then presents both the authors' assessment of the course and the results of a survey of the students enrolled in the classes. The paper concludes with remarks concerning the second and third terms of this ongoing course.

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## INTRODUCTION

In this paper, we would like to give an overview of the first term of an English Communication Skills course that was developed for 3rd year medical students at Hokkaido University at the request of the medical department. In this paper we will try to give the general format of the course, a rough breakdown of the lessons and some good and bad points that emerged.

### 1. 1 COURSE STRUCTURE AND AIMS

Designing a course is not a task to be done that can be done in a vacuum. Because this course was fitting itself into an already established curriculum, many limitations were already in place, ranging from total number of students to the classrooms available. These logistical parameters and discussions between the foreign lecturers led to the following overall aspects of the course:

- The speaking course was ten consecutive weeks, meeting once a week for 90 minutes, followed by a reading skills course of 5 weeks to be taught by Japanese faculty from the Medical department.

- The students taking the course divided into five sections, with each foreign lecturer teaching one section of approximately 20 students.
- The course material would be uniform among all classes.
- The course material would be designed by us.
- Students would do a small group project that would occupy portions of the last 3 lessons and culminate in a poster presentation session for all the classes.
- Students would have some form of interview test at the end of the ten weeks.
- Students would take a weekly vocabulary quiz on the vocabulary for that lesson.

Some undecided aspects were as follows:

- The exact course materials and sequence.
- The exact format of the interview.
- The articulation between the speaking course and the reading skills course.

As for the first undecided aspect, we agreed to several preliminary topics and each lecturer developed materials for one or two of these. In regards to the second aspect, we put off the decision until we could see the students response to the communicative method we planned to employ. In regard to the third, we were concerned that trying to coor-

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dinate our materials with the Japanese faculty, while a very worthwhile idea, would be unfeasible because of the conflict in schedules and the difference in approaches. It should be noted that the total number of classes, when combined with the projected fourth year classes, would be, if taught by one person, enough for at least one full time class load. While this would make for complicated scheduling, the benefits of having a *gaikokujin kyoushi* in the medical department would be to make it possible to pursue more ambitious program that would give students a more unified set of goals and approaches.

## 1. 2 AIMS OF COURSE

Our initial discussions centered around the balance between 'medical' information and 'English' information. After much debate, we opted for material which, though medically based, would emphasize communicative skills in English. In this regard, we sought to use principles of communicative language teaching. (For a concise overview of communicative language teaching, see Brumfit and Johnson, 1979).

Over the course of discussions leading up to the class, several needs were identified. Among these were:

- A familiarity with English medical vocabulary
- An ability to work in clinical environment in English
- An ability to make presentations in English
- Conversational ability in English

One interesting aspect of the last need listed is that it was recognized that the students would often be using English as a *lingua franca* to communicate with other non-native speakers of English. (see Kachru 1996 for a discussion of some of the issues involved). This entailed less emphasis on accuracy and more emphasis on skills such as circumlocution, explanation, and expansion. Our hope was to use content applicable to the students' studies as a means of learning these communicative strategies in English. However, there was always a balancing act implicit in this idea. On one hand, we did not want to be teaching the students medicine, a job that we had no expertise in. On the other hand, we wanted the material to be topical, interesting and useful to the students. In retrospect, many of the problems of the class involved this aspect.

## 2. 1 BASIC CLASS FRAMEWORK AND CHAPTER CONTENTS

As the result of exhaustive discussions, we decided on the following general framework that would be the basic pattern for all class materials.

- Glossed vocabulary list (the basis of a weekly vocabulary quiz)
- a "Find Someone Who" exercise

- general pairwork exercise(s)
- a small group activity

We also wanted a series of classes that would begin with general concerns and move to more specific topics. The final list (in order) were:

- Introduction
- General Health and Diet
- Exercise and Sports
- Anatomy
- Immunology
- Genetics
- Physiology
- Medical Specialties and Equipment part 1
- Medical Specialties and Equipment part 2
- Presentations

The resulting materials were bound in a spiral folder and distributed to the students in advance of the class. The goal of each lesson was to move from more controlled activities to more creative activities. As the focus of the course was primarily conversational skills, listening initially figured only slightly in the materials development stage. However, after the first three classes, listening exercises were subsequently developed for each chapter not already containing at least one. Lastly, homework assignments based on the required supplemental textbook, *International Medical Communication in English* by John Maher (published by University of Michigan Press), augmented certain chapters, although because the text was available only four weeks into the course, we were not able to utilize it fully.

## 2. 2 INDIVIDUAL LESSONS

Lesson One: The first lesson began with an opening ceremony. The remainder of the lesson, approximately one hour, went to two exercises: a whole class group exercise, a "cocktail party," and a pairwork exercise. Both of these exercises were designed to get the students to talk to each other in English and use their imagination and were to signal to students that this was a participatory class, not a lecture class.

Lesson Two: This lesson contained four activities and a preliminary reading passage. The first activity in the text was a "Find Someone Who" (FSW) activity requiring students to circulate and find other students who can answer questions about their diet.

The next activity was a brief survey of student eating habits-breakfast, lunch, and dinner-requiring students to ask for details and clarification. Students first wrote down their own information, surveyed another student and then explained the answers of the person they surveyed, along with their own, to a third student.

The reading passage provided the material for the next exercise. Students attempted to fill in a table, each row of which had space for a student's name, a food proposed by

the student, and a good or bad point of the food. Ideally, a completed table would contain twelve different names, foods, and points.

All preceding information was cumulatively applied for the final exercise, "The Hokudai [Hokkaido University] diet and exercise guide." In one of four boxes in the text, students individually provided information on: what types of food to eat, what types to avoid, what exercises/activities to do, and diet tips. Once individuals were finished, they arranged themselves into groups of three to discuss each other's guides with the end being a group guide, which was then written in the second box. When the group guides were completed, students separated to explain their group's guide to students of other groups. The remaining two boxes were used by the students to write down key information from two other groups' guides.

Lesson Three: A FSW activity concerning sports was followed by a survey on student exercise habits, similar in format to the survey on eating habits in chapter two.

The next exercise concerned injuries related to fourteen different sports: baseball, ice hockey, horse racing, judo, tennis, archery, skiing, triathlon, skateboarding, surfing, kendo, volleyball, weightlifting, and sepak takraw. Students supplied answers individually for each sport then moved about the classroom asking others about different injuries. The next exercise had the students enquire about the good and bad points of twelve different sports by talking with other students, similar to the exercise in lesson 2.

The final exercise had students decide on four sports that would be well-balanced and the reasons for each sport, similar to lesson two.

Lesson Four: The FSW was followed by a supplemental listening exercise. Following this were one of the two "information gap" exercises, "Muscles and Bones," had two pictures, a human skeleton and the muscular system, partially labelled in both Latin and layman's English.

The second information gap described how the body moves. In the text, students A and B each had pictures of a woman in various positions and the task was to match the positions.

The last exercise, "First Aid," involved practice with conditional sentences, followed by an explanation of their responses.

Lesson Five: The first of the two listening exercises was a conversation between two students about malaria and travel. The second involved a traveller visiting a doctor who diagnoses her as having typhoid. The second listening served as a preliminary example to the class exercise, doctors diagnosing disease-afflicted patients. A chart was supplied containing seven diseases, the methods of transmission, main symptoms, recommended treatment(s), and vaccine availability for each. Students used this information to conduct a diagnosis dialogue.

The fifth lesson was also the first of five lessons to be

shortened to allow students to begin working on the class project, a survey whose results would be presented before all the other medical students in a "poster presentation" format. This project will be discussed below.

Lesson Six: Beginning with the requisite FSW, two listening exercises, brief lectures, followed. The first involved a discussion between a woman who, despite a history of polydactyly and color blindness in her family, wants to have children and a genetic counsellor. The second was a professor's lecture on genetics.

The main activity for this chapter was a three-stage class exercise where students "role played" as aliens seeking partners with whom to exchange genetic traits.

Lesson Seven: The vocabulary for this lesson consisted of seven organs-heart, lungs, kidneys, liver, brain, intestines, and pancreas-and vocabulary useful for describing the function of each. Students used the vocabulary to describe the location, functions, and problems of each of the above organs. Once the sentences had been written, the students were put into small groups that worked together to plan and present short presentations about each organ.

The second activity was a cloze passage on hepatitis. Students worked together in pairs to fill in the missing words using words supplied at the top of the page. The succeeding listening exercise required students to take short notes from a lecture on hepatitis B.

Lesson Eight: A medical specialties crossword was assigned as preliminary homework. The lesson itself began with a variant FSW arranged as a chart with space for questions (e.g., "Which type of doctor (or medical specialty) do you think has the most stressful job?"); surveyed students' names, answers, and reasons; and whether the surveying student agreed or disagreed with the answer and/or reason(s).

The lesson's first pairwork exercise, "Organization of Medical Specialties," was an information gap where students took turns describing their specialties by number. The class exercise concluding lesson eight, "Referrals," was not in the text. Instructors supplied each student with three cards. Each card listed a few symptoms and the correct doctor for the symptoms' treatment. Using the provided model language forms and structures, students explained their symptoms to other students who then had to refer the student to a doctor. If the referral was correct, the referring student collected the card; if not, the afflicted student sought another referral.

Lesson Nine: The final lesson used the remaining crossword, an exercise in giving advice and recommendations, a listening activity, and a role play. This lesson's crossword was a pairwork "information gap" exercise. Students took turns explaining their answers to each other.

The next pairwork exercise tried to instill in the students an understanding of the differences between everyday and medical language, including the politeness forms used for

both.

Next were two listening exercises, each a conversation between a doctor and patient. For the first listening of both exercises, students attempted to decide what the doctor's specialty was and what the patient's symptoms were. For the second listening, students answered what the diagnosis and the recommended treatment was for each conversation. The conversations incorporated both everyday and medical language.

The next two exercises in the text were pairwork doctor-patient dialogues. Each student had two complete sets of responses, so that every time his/her turn came, a choice had to be made between one of the two possible responses. Students who played the doctor's role in the first dialogue played the patient's in the second.

To conclude the text, the final exercise dealt with the language used during and the five basic parts of the consultation: greetings and introductions; patient presents any complaints; questioning about symptoms; physical examination; and treatment and ending the consultation.

## 2. 3 PROJECTS & PRESENTATIONS

During the last half of the course, the students were set to work on a group survey project. Each class was divided into five groups of 3 or 4 people. The groups then chose a health related topic (e.g. diet & health, sleep & health) that they would investigate in the form of a class survey.

They first designed a questionnaire, to elicit clear, analysable responses. Each group interviewed about 30 of their fellow students and analysed the responses. Collating this data, they prepared graphs and tables in preparation for a poster presentation in week 10 of the course. The students were given instructions and handouts on how to give effective presentations in English.

The presentations took place in the histology laboratory in the medical faculty, a large room, with plenty of space for ten groups at a time to set up their posters and talk to small audiences. Within 3 half hour periods, each group gave their presentations three times, to different audiences.

## 2. 4 FINAL INTERVIEWS

The students were interviewed for 15 minutes in pairs at the end of the course. The interview format and aims were similar to that of the Hokudai Oral Proficiency Test (HOPT) (for more detail on this test, please refer to Brown, Glick, Holst, Stapleton and Tomei, 1995 and Tomei, forthcoming.) For the first 5 minutes they talked to each other on a general health-related topic (e.g. sports, diet or sleeping). After this they were each given role cards, one as a doctor, and the other as a patient, and the doctor had to examine the patient, asking doctor-like questions, make a diagnosis,

and prescribe some treatment. They had 3 minutes to complete this role play, then they exchanged roles.

The role plays were based on the immunology exercise from week 6, using the same disease/symptoms cards, although in the test, the "doctor" had to have memorized which disease matched the symptoms.

## 3. 1 OUR ASSESSMENT OF THE COURSE

There were several weak points in the course. Given that we were dealing with completely new material, we expected a number of difficulties. Below are the major problems .

### 3. 1. 1 VOCABULARY QUIZZES

The vocabulary quizzes consisted of sentences defining or identifying the word, with the student writing down the word. The idea was to create a listening activity where students could rely on key words to choose the right answer. Unfortunately, because the vocabulary varied in amount and detail, the quizzes were often differing levels of difficulty each week. As the course progressed we made changes in the vocabulary definitions. However, one area that will require more intensive work is choosing sentences which adequately define the vocabulary item and are not confusing to the students.

### 3. 1. 2 LISTENING

The vocabulary quizzes did not provide the needed scope for listening practice, so listening exercises were designed to fill the gap. The modified course should have a listening exercise that is an integral part of each lesson, with an answer sheet that is not dependent on other language skills. The students themselves were particularly concerned to improve their listening comprehension skills (see below).

### 3. 1. 3 CLASS TOPICS

Because our goal was to utilize the material students were learning in other course as fodder for this course, we felt it important to include as many of the topics from the students' coursework as possible. This choice forced us into dealing with topics that did not lend themselves to communicative work, for example genetics, at the expense of topics that could have benefited from more classwork, such as anatomy.

### 3. 1. 4 INTERVIEW TEST

We had hoped to plan the interview test when we understood more about how the students were to be graded and

how their grades would be counted. Because of this, the exact format of the interview test, along with scheduling and explanation of the test was left until the 7th week of the course. An earlier decision on these matters would have made the class more effective, because the materials could be designed with an aim towards the interview, as well as reducing student anxiety over the test (see below).

### 3. 1. 5 SUPPLEMENTAL TEXTBOOK

Opinions were divided on the use and utility of the supplemental textbook. While it is true that the text was underutilized, some of us felt that this was attributable to the fact that the text was only available in the fourth week of the course, by which time the course pattern had been set.

### 3. 1. 6 PRESENTATIONS

Opinions were also divided about the presentations. Some questioned the value of having the students use class time to focus on a presentation. Others felt that presentation skills were part of the class and these skills could only be learned by doing.

## 4. 1 STUDENTS' ASSESSMENT

At the end of the speaking course, all of the students were given feedback forms to fill in to try to gauge their general feelings. An overwhelming number of students (82%) considered English to be important for them in the future. It was also encouraging to see that a majority of the students (63%) enjoyed the classes, although a large minority didn't feel much more confident about their English after the course (49%). They also thought the course was not so well organized; the average approval rating of 55% was quite low. Also, 48% of the respondents felt that there had been inadequate preparation for the speaking test, for which they were given instructions only in the penultimate lesson.

## 4. 2 LESSONS AND ACTIVITIES

Regarding the types of activities that they completed in class, the students found the listening and the roleplays the most difficult, and the "Find someone who..." exercises the easiest. The most enjoyable exercises were the pair work and the role plays, and the most useful exercises were thought to be listening, role plays & pair work. In general, the more linguistically-controlled activities were the most popular, and in particular, a very clear feeling that listening practise was very important emerged.

## 5. DISCUSSION AND CONCLUSIONS

In this kind of skills-based course, the lessons are designed to give the students the best chance to develop their English communication skills at their own pace and for their own needs by talking about medically-related matters. This is not just a matter of learning vocabulary, a few good phrases and studying a grammar book; in conversation situations the students need to start using their initiative to improve their own skills. Weaker students learn to express themselves with limited English resources while stronger speakers learn how to clarify and explain unfamiliar words and sentences, and to initiate new topics.

Some of the students were quite aware of this aim, but this was not universally the case. One student wrote: "I think this course was useful and well organized. But there is a problem that students are not so active. If we understand the reason why, we could make better classes." Hence, there is a need to ensure that the weaker students in particular realize the aims of the course. Some of them find it difficult to become active users of the language, and so there is a need to make the aims more explicit so that the students see what they are striving for.

We are now planning the next term course and we hope to take into account the problems that emerged over the past term. Overall, the course seems to be responding to the goals of the medical faculty, but it has not been easy to put all our ideas into practise. As you can see from this overview, the breadth of a course of this type is rather daunting and we look forward to your comments and criticism.

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