Proceedings of the 2nd International Symposium on Innovative Teaching and Research in ESP, IGTEE UEC Tokyo 2015

Healing English: Novel Materials Introducing Medical & Lay Terminology and Wellness Theory

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Beyond original, intensive medical course material, *Healing English* constitutes a holistic introduction to areas of interest to today's healers. While presenting common medical vocabulary, *Healing English* also familiarizes students with lay language to help future practitioners understand English-speaking patients. Each lesson includes a series of brief and slightly more complex conversations and segues into outside reading and vocabulary assignments. Expansion on relevant themes is conducted via the university's Moodle© site. The material exposes students to a broad range of information about modern medicine, as well as supplements, homeopathy, Eastern medicine, Ayurveda, new inventions, etc., which students are unlikely to learn about elsewhere. Students are also provided with a number of resources to continue studying on their own outside of class. The material is being used with medical school freshmen at the University's Faculty of Medicine, as well as with nursing students and practicing physicians at the main campus.

Key words: medical English, medical terminology, medical vocabulary, alternative medicine

Healing English is the title of a series of original lessons designed for medical students at Hirosaki University. Students are exposed to a variety of short conversations, followed by reading and vocabulary exercises to be completed outside of class. First year medical students are required to spend 10.5 contact hours in class with the author, a native English speaker, which constitutes 50% of their grade in Medical English. For the balance of this course, learners study human biology, using an English textbook, taught by a Japanese professor with an MD.

The entire freshman class is split in half, groups A and B, so the material for each segment is repeated, at which point the professors switch classrooms. Each group has over 50 people, necessitating further division into small squads for oral reports and conversational activities. *Healing English* is also employed in a separate weekly seminar, called Medical Terminology, held at the university's English language Center (The English Lounge) on the university's main campus. Medical Terminology classes have attracted health services and nursing majors, practicing physicians from the university hospital, visiting medical students and researching physicians, in addition to medical students.

The guiding principle behind *Healing English* is to provide the sort of input that Japanese medical students are unlikely to receive elsewhere. The key focal points involve 1) practicing conversations that

feature medical conditions in context; 2) learning to recognize common medical and lay terms; 3) conducting rudimentary research into alternative therapies and formulas; 4) demonstrating an understanding of the use of Western logic in discourse; and 5) becoming familiar with the concept of preexisting conditions and other insurance-based language. In addition, learners are exposed to some Greek and Latin word analysis, Internet resources for medical English, as well as medically-oriented media, both reality-based and fiction.

Reading exercises in *Healing English* are followed by what the author calls Stoplight Listening/Reading questions (Berman, 2013). This format mimics the types of questions found on standardized tests and promote better logic and inferencing skills. The author likens the three types of questions to the function of a traffic light. The green question is a go-with-the-flow generalizing question. The yellow question calls for multitasking, applying caution and ferreting out some small detail. The red question requires the person to stop, think and extrapolate pertinent information.

A number of conversations and exercises are designed around lay language. Some lay language is very intuitive. Many of the medical conditions for which lay language is extremely common are words that also often appear in lay terms in the students' native language. As a Moodle© project, students were asked to find a few lay expressions in English

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and post them for the group along with the medical equivalent and a Japanese translation. The input was stimulating for both the students and the instructor. Recently, for example, a student contributed the following entry: "a sneeze/ptarmus/ < \bar{\psi} \rapprox \mathcal{\psi}." This is a perfect example of the importance of lay language. The medical term, "ptarmus" is not found in the Microsoft Word dictionary. It only appears about 7,800 times on a Google search, while "sneeze" or "sneezing" will come up more than 11 million times in an online search.

Descriptions of body parts and common illnesses are often tied to words and expressions that people learn at home or in conversation. Evidence of this can be found in the students' own backyard. Many medical students hail from outside of Hirosaki. In their first experiences as practicing doctors in rural Aomori, they may come across an elderly person referring to parts of the body in the local dialect, Tsugaru-ben (津軽弁). Sometimes, without pointing, the doctor and patient may not even be thinking of the same body part.

A group activity on the first day of class involves generating a list of body parts as a team and earning one point for each entry, plus an extra point for something original. In the very first class of the series, one group generated the term "tibia." They did, in fact, earn two points. None of the groups, however, produced "shin" or "shinbone." They would all later be exposed to the word "tibia" in the human biology portion of the class, so teaching the word "shin" seemed imperative. From this was born a conversation between a pediatrician and a small child's mother where, in addition to a slight fever, one issue was a bruise that appeared after the child's older brother had kicked him in the shin. In this context, "shin" comes alive for students.

The conversation practice techniques employed most frequently in this course are based on the works of English through Drama advocates, as introduced to Japan by Via (1976), and his disciple, Nomura (1982). One core drama technique involves changes by the speakers in vocal quality, body language, etc. In Healing English, this is referred to as "vocal variations." From the beginning, students practice numerous short dialogues using a variety of voices—high, low, soft, loud, robotic, rhythmical, nervous, euphoric, etc. There are several reasons for this approach.

First, and perhaps most obvious, using vocal variations breaks up the monotony of repeating information. Second, it creates a more relaxed

learning state and shifts the focus to the periphery (Lozanov, 1978). Based on his research, Lozanov (1978) posited that learning takes place on the periphery of consciousness. Shifting the learner's focus is a way of encouraging higher levels of internalization. Third, when asked, following vocal variation practice, to perform a conversation in one's best English, students unilaterally improve.

Healing English strives to introduce a large quantity of practical medical English in a very brief amount of time. The addition of Moodle© (online learning management), which began in the second year of the course, has added dimension to the student experience and increased course contact time.

Each session culminates with oral reports on supplements, homeopathic remedies and other holistic remedies. Students have the opportunity to research something novel in English and share it with their squad. These reports deliberately focus on the world of alternative medicine to increase student exposure to non-Western modalities.

After each module, the material has been reviewed and revised. It is most recently undergoing the fourth revision. Consideration is being given to adding an audio component. Similar conversations will appear in an upcoming, but yet untitled, self-study medical conversation textbook (Berman, 2015).

Acknowledgements

The author wishes to thank Hirosaki University School of Medicine and the Hirosaki University English Lounge for the opportunity to pilot *Healing English*.

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