

KEY CONCEPTS: ENGLISH FOR MEDICAL PURPOSES (EMP)

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Key Concepts is a regular feature which aims at providing a concise overview / introduction to an area relevant to English teaching in China. The inaugural piece, in Issue 8, examined a key element of Second Language Acquisition theory using examples from Chinese; in this issue, English for Medical Purposes and the situation in China is the focus. If you are interested in submitting a Key Concepts article, the list of possible topics is almost endless, but please bear in mind that you should show China relevance. You are advised to contact the Editors in the first instance to confirm the suitability of topic.

English-speaking countries are becoming more desirable places for health professionals to immigrate to (O'Neill, 2011). For Chinese nurses, socioeconomic factors and the underdevelopment of the profession in China are pushing practitioners to immigrate (Ma, Quin Griffin, Capiulo, & Fitzpatrick, 2010). Ma et al (2010) note that China-trained nurses are the fastest growing group of immigrant workers in the US and will soon replace Philipinos as the most common International Medical Graduate (IMG) group. However, gaining registration is not easy (Rumsey, Thiessen & John, 2015), and even after becoming registered, there are linguistic and cultural challenges to be faced.

At the same time, the number of non-Chinese speaking expats and clinics catering for foreigners are expanding in China. Although these patients may not be all native-English speakers, English is used as a lingua franca, necessitating Chinese nurses and doctors working with these patients to be confident and competent in using English.

Currently, there are two main kinds of English tuition related to the field of medicine in Mainland China. One is via the compulsory College English system, in which in years 3 and 4 of a medical student's degree content moves from general English tuition to more of a focus on medical-related terminology (Zhao, 2012). The other is the training of medical translators, who are not medically-trained and graduate as Arts students (Zhang, 2015). Within the field of nursing, the majority of teaching still takes place in Chinese (He, Xu, & Zhu, 2011). A bilingual approach to nursing education does exist, where the aim is to have the majority of the class and clinical situation taught in English, but as of 2011, that aim had not yet been met (He et al, 2011).

It thus appears that there is a need in China both for designing and delivering English for Specific

Purposes (ESP) courses that are targeted at the field of medicine – known as English for Medical Purposes (EMP).

WHAT IS EMP?

Definition

EMP as an ESP has quite a wide definition and includes English for a variety of medical and allied health professions. Any search will turn up an extensive amount of research papers, albeit the majority of those written in English relate to nursing. This probably reflects the greater global need for, and mobility of, this profession, as noted in the literature (e.g. Oulton, 2006 as cited in He, Xu, & Zhu, 2011). In contrast, although literature on EMP for mainland Chinese doctors is abundant, it is rare that it is written in English. Yet, where possible, in this article, links to the situation in Mainland China are made, often via literature from Taiwan or Hong Kong.

For this article, the discussion of EMP will focus on the fields of nursing and medicine as firstly they overlap in terms of language and communication skills, and also it is in these disciplines where the bulk of literature can be found. Depending on the learner and educational context, EMP can be a 'pure' form of ESP or a kind of EOP (English for Occupational Purposes).

Types of Learners

1. Nursing / Medical students studying at an English as a Medium of Instruction university in China (ESP)
2. Nursing / Medical students studying their major in English, at a Chinese university (ESP)
3. International Medical Graduates (IMGs) interested in working in English-speaking countries (EOP)
4. Local medical graduates (LMGs) working with English-speaking foreigners in China (as a form of workplace training or professional development / continuing medical education) (EOP)

CONTENT OF EMP COURSES

This will depend on the discipline (that is, nurse or doctor), the type of learners, (that is, undergraduates, LMGs or IMGs), and the length of the course. However, most of these content and skill areas below are suitable for an EMP course. A needs analysis will give a guide as to which areas to emphasise.

Vocabulary

Medical jargon is obviously a feature of EMP. Words such as adduction or anoxia are not used in other fields; and this jargon may even differ from medical field to medical field. Language tends to be nominalised and consists of compound words and multi-word units, for example, myo-cardial infarction, transient ischaemic attack (Milosavljevic & Antic, 2015). However, the mastery of the common or lay names for these, such as "breathlessness" for "dyspnea", may be even more challenging (Popa, 2013). The latter was noted by others (e.g. Dahm, 2011; Dahm & Yates, 2013; Staples, 2015) as causing difficulties when dealing with patients, who tend to describe symptoms using lay language.

Reading and Writing skills

As with most scientific writing, EMP style is depersonalized and objective with strong use of the passive form (Milosavljevic & Antic, 2015). It includes various receptive and productive genre such as form filling (for example insurance forms, admittance / discharge forms) and the writing and reading of: patient files (and use of internationally and locally-accepted medical abbreviations), referral letters and prescriptions (Cross & Smalldridge, 2011). Reading academic journals and scientific writing for publication are also important for higher level students. Research has found that without a good command of English it is difficult for IMGs and LMGs to make progress in their professional life, as English is the language of publication and international

presentations and accessing continuing medical education opportunities is difficult, as much information in the medical field online is in English (Zhang & Wang, 2015; Popa, 2013).

Speaking and listening: functional language and pragmatics

Obvious functional skills related to listening and speaking are: getting a history from a patient, diagnosing conditions, advising and instructing patients, presenting cases, receiving and making referral phone calls (Antic, 2015). What may be less obvious, are the pragmatics associated with these. Research has found NNSE have difficulties with the pragmatics of language related to patient care (for example, showing empathy, understanding slang used by patients and working within a patient-centred care model (Dahm, 2011; Dahm & Yates, 2013; Staples, 2015). As found by Staples (2015), if English is spoken, the framing of questions can feel invasive and empathy is not clearly expressed.

Furthermore, the discourse of describing an illness is very different from dealing with a patient with this illness (Slater & Butler, 2015), that is, there is a greater focus on functional language skills in the latter. 'Bedside manner' language is quite different from what is learnt and taught in the classroom and EMP teaching thus needs to reflect these two distinct but related aspects. In particular, students need to be made aware of register and tone and how this would differ when talking to a patient, a colleague or when giving a presentation (Antic, 2015).

Popa (2013) feels students are also not taught how to function within the discourse of their field, especially in an international context, as most teaching and research into EMP (in Romania) focusses on language-based descriptions, but these are often decontextualized. She supports Gee's belief that students need to

acquire how to use the language they gained within a clinical setting and the practice of medicine; this usage of language in a realistic context will then bring them closer to becoming a member of the target discourse community (1990, as cited in Popa, 2013).

IMGs often also face many challenges adapting to the new culture and workplace, not only in terms of linguistic issues but also in non-verbal cues. Both IMGs and LMG practitioners may have problems with adapting to the westernised hospital culture and working with English-speaking colleagues, for example, the usage of small talk (Zhou, Windsor, Theobald, & Coyer, 2011). The teaching of language skills needed to allow IMGs and LMGs to work in multi-disciplinary teams, in a different cultural context, and make appropriate small talk with peers at conferences or in the workplace, is therefore of great importance as weaknesses in these areas can cause stress and misunderstanding (Ma et al, 2010; Zhou et al, 2011; Boshier & Stocker, 2015).

TEACHING APPROACH AND CURRICULUM DESIGN

Like content, this will depend on: the needs analysis, the type of learners, the length of the course, cultural background of the students, the study environment (university or workplace), the language environment (EFL, English as a lingua franca or English as an official language), teachers, and teaching resources. Due to the nature of the discipline, teaching takes place both in the classroom and in a clinical environment, using simulated teaching case studies and live patients, to teach practical skills. There are a variety of different teaching approaches available and courses may combine several of these. Approaches that have been used previously are: collaborative teaching (Cross & Smallldridge, 2011), problem-based (Antic, 2015), a genre-approach (Milosavljevic & Antic, 2015), a lexical approach

via creation of an EMP Academic Word List (Lei & Liu, 2016), and a blended-learning approach, incorporating online learning (Arani, 2014; Tang, Wong, & Wong, 2015). Regardless of the teaching approach, a good relationship between the EMP and content teacher is vital, to clarify roles and even to extend this concept to joint or collaborative teaching (Johns & Dudley-Evans, 1980 as cited in Luo & Garner, 2017; Antic, 2015). Although it could be argued that an ESP teacher does not need a background in the content material they teach, familiarity with the basic knowledge of their students' subject both in linguistics terms and discipline specific skills is important if it is to provide learning opportunities related to the workplace/ field of practice (Kennedy & Bolitho, 1992 as cited in Luo & Garner, 2017; Antic, 2015).

TEACHING CHALLENGES SPECIFIC TO THE CHINA CONTEXT

Challenges to implementing EMP in China are numerous. Although Medical English courses exist and are compulsory for medical undergraduates (Hull, 2015; Zhang & Wang, 2015), they tend to focus on translation and learning of medical terminology, which as Hull (2015) states is not the same as learning Medical English. In addition, these courses are relatively new additions to the field of medical education in China, therefore practitioners who are not recent graduates may be lacking in general and Medical English skills (Chen, Liao, & Chen, 2012). In many cases, for doctors in regular Chinese hospitals a translator may be used, negating the need and motivation for the medical professional themselves to be trained in EMP.

In addition, as noted in Tang et al's (2015) study, it is difficult to meet the need of everyone's communicative workplace demands. In Hong Kong, for example, often medical records are filled in using English, yet communication with local patients

is, naturally, in the local language. Access to western clinical experiences may be limited, and in Mainland China these tend to just be in the larger cities (He et al, 2011). There is also the dilemma, noted by He et al (2011), of students needing to treat English-speaking patients to improve their English, yet their English not being of a level where they could treat such patients.

He et al (2011) found two further major barriers to EMP in nursing education in Mainland China, related to teaching materials and teachers. Firstly, they feel it is inappropriate to use textbooks from other countries, as the content organisation of these does not match the diseases covered by each department in Chinese hospitals. For example, foreign texts often separate out intestinal, pancreatic, biliary and hepatic diseases, whereas Chinese texts cover all of these in one chapter, as they are usually all treated in the same department of a Chinese hospital. Although the content and organisation of texts is important (because the teaching in the first instance needs to meet the needs of the local market), if students / practitioners want to work in international clinics in China or work overseas, they need to be exposed to different hospital organisational systems, so the use of foreign texts is equally important.

The second significant barrier is the lack of nurse educators with language skills adequate enough to teach their students in English. This could be reflective of Yang's finding that: "nearly 90% of nurses in Mainland China could not speak or write in English and they had difficulty understanding foreign patient's requests" (p 61, 2011 as cited in Tang et al, 2015).

In conclusion, the teaching of EMP is much-needed globally, but even more so in China as its population is choosing more and more to live and work in English-speaking countries and more English-speaking foreigners are choosing to

both visit and live in China. To this end, EMP and bilingual medical courses aim at not only meeting the need to treat increasing numbers of English-speaking patients in China, and addressing the global shortage of health professionals (by making the Chinese work force more mobile), but also allowing Chinese practitioners access to western medical knowledge and the ability to disseminate their own knowledge and experience via participation in international conferences and publishing in English journals. However, EMP as a field and the English language ability of Chinese health professionals both need a significant amount of development before those needs can be met. ○

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