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Original Contribution

PROFESSIONAL MEDICAL ENGLISH LANGUAGE – NEW METHODS IN TEACHING

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ABSTRACT

In China, English language is becoming more and more important in the society. To apply for better jobs medical students have been asked to take special exams. These exams are on national level, and students go to them independently from the Colleges and Universities. The problem is that the exams do not include an oral part. Another problem is that students are from different Universities and their profession is quite different. The medical students have probably the hardest task because they should obtain knowledge in English Medical Terminology. The new methods have been implied to increase the effectiveness of teaching English Medical Terminology in Anhui University of Traditional Chinese Medicine.

Key words: English Medical Terminology, new teaching methods, teaching professional English.

INTRODUCTION

The organization of English language teaching in China is on a very good base. Each year thousands of foreigners are employed as English language experts to help students in Colleges and Universities to obtain knowledge of free use of the English language. The lessons in English start at an early age, sometimes from Kindergarten. Usually at school, they start having lessons from 11-12 years of age and this process continues in High school. Usually Colleges and Universities work with students that have 6-8 years of experience in using English language. The aim is for students to obtain more communication skills, but teaching is mostly about everyday talk. Hiring teachers with no professional backgrounds could be easier and cheaper, but the English language teaching is not designed for professional purposes.

The problem is very important because of the fact that medical research has a global character. In the last 5 years, the world has been faced several times with fast spreading diseases such as “bird flu”. To have the possibility to exchange professional information the medical professionals should know some English terminology. Another big reason for starting professional oriented teaching is the development of Traditional Chinese Medicine (TCM). In the medical practice of TCM a special terminology is used, which is different from Western medicine and explanations and instructions for the patients are hard to understand. The scientific research for new medicines found that, in China there are many herbs, fungi and other biological items widely used in Traditional Chinese Medicine, which have not been properly researched, so professional medical communication is a new opportunity for writing a publication and providing information for others.

MATERIALS AND METHODS

International medical language is Latin. All terminology in use in Anatomy, Biology, Zoology, Microbiology, Pharmacology, Pharmacognosy, Pharmacy, Chemistry and other medical disciplines is in Latin. Because English language has the same Latin roots for its terminology the students tend to think that this is English. The real practice is that the pronunciation of the terminology in English is according to the normal rules for reading. Indeed, there are often exceptions where in the pronunciation of the terminology Latin principles of reading (and in some cases the Greek one, whether the root originates from Greek) are followed.

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Medical terminology is taught as a separate course in some Medical schools in USA and there is some experience in Australia as a separate course with independently designed study books. In China there are no learning books of this type and the dictionaries for medical terminology are rarely found. Usually, once they start working, the students are forced to learn basic medical terminology that is in use in practice. This is made independently of the Universities' programmes and the whole structure of English language teaching.

The first question was what kind of medical terminology is more important because of the nature of the medicine itself. We decided to start with Anatomy terminology because this is the basic knowledge that every medical professionals should have. Initially we did not have materials and each lecture was carefully designed taking into account the students possibilities. Anhui University has several courses – "East-West integrated medicine", "Acupuncture", "Pharmacy " and "Nurse ". Since 2003 in order to solve practical problems in hospitals, the "International nurse" specialty has been created to serve as the bridge between foreign patients or doctors and Chinese medical professionals. The classes (65 students) have been separated in two for oral lessons and for listening; reading and grammar students have been on full enrolment (65). For the first time we start the anatomy course as an after-school activity.

The students that came to the course were very often from different classes, different fields of study and continuation principle here could not be followed. First experience gave us an opportunity to prepare the teaching materials and make clear our teaching framework. Taking experience into account we discuss the problem with the authority, got the necessary permission and start teaching Medical Terminology in regular oral classes.

The teaching has been designed according to the time that students were supposed to study English. The programme was 4 semesters long and each semester ended with examinations. During the two-year period students were expected to pass the National exam for English Level.

First semester students were taught "everyday English" and the task was to obtain the skills in communication in English. The second semester entails the delivery of learning materials designed to increase their knowledge for foreign culture and some basic points of Business Etiquette. On the third semester the material is chosen to be related to the history and presence of the Anhui University of TCM. This is the point where the professional's language begins.

Every student had to prepare a personal essay on topics such as "University", "Professors in the University", "Hua Tuo"* and more historical facts. During discussions, students began creating basic vocabulary. Gradually, they received lectures on basic subjects from Chemistry – as the Periodic Table of Elements, Cell structures, Glucose, Opium alkaloids, Human body features, etc. The first students on regular classes were from International Nurse – year 2004. Now on that programme are students from 2005 and 2006. A big step was the initiation of lessons with students from East-West Integrated Medicine, as an elective course from the first semester. The students are much more motivated and the lessons have been going very smoothly. In the 2007, oral classes were for the first time given to the students from International Acupuncture and students from East and West medicine.

There is a big difference between Nurses and Doctors' classes. In International nurses classes the topics about culture (fashion, literature, travelling places) are more popular than in doctors' classes.

Medical terminology is taken more as a necessary course for doctors. Perhaps, more information should be provided about this work in actual hospitals, so the staff will know more about these new skills of the International nurses and can use their knowledge in professional English in a way that is more proper.

The Medical Terminology is currently based on providing knowledge about anatomical names of the human body. Students have been studying the Skeletal system, Digestive system, Nervous system, Urinary system, Reproductive system, Circulatory system, Respiratory system, Muscular system, the eyes and ears. Students received basic knowledge that enables them to explain the position of the acupuncture points and the way of finding them in English. Due to the understanding and support provided by the Nursing Department there was a special lecture providing some words needed in real hospital environment, such as: " please lie down on supine position , stretch your arms" and so on.

For the final exam, two questions were asked; one from the body systems and one question from their own essay on medical

subjects. The results came out better than expected, but we found one new problem. The knowledge in the system of the human anatomy could hardly be used as a subject for a free conversation. It became difficult for students to translate the sentences in Chinese and the conversations were difficult for most students. We understand that new techniques are needed to solve this problem.

To overcome this situation in the next semester, students were asked to make presentations of their essays. The topic for essays was “free choice “and the only limit was that the topic should be medical.

In the development of the method, students have been asked first to write down on the blackboard the new terms that have been used in their papers. After some experience, we limited the low point of the number of terms to at least 20 for presentation. For the first time their presentation was made professionally with making special page for key words.

One big step was the idea to include simultaneous translation. This was the very high level of knowledge. Some of the very good students started translating freely medical text. The simultaneous translation was difficult, but at least 20-25 % of students can do that. The results could be higher if the classes are separated by their level of knowledge of English. This has produced some difficulty with some ethical problems that could not be solved now. The dilemma is that the classes with high-level knowledge in English will progress quickly thus leaving others behind. The average knowledge is not because the students are with average intellectual possibilities, but because of their different background of English. We ask the students to separate themselves, but this does not work. Therefore, these problems will always persist and become an obstacle to the students.

During the work process, we found and solved some problems that were not expected. Such were the pronunciation problems in Chinese language – Chinese translations of each sentences and questions during discussions become a problem for some students. We found that some students made many pronunciation mistakes that made understanding in both languages impossible. Even dialectical differences among some of the students made understanding difficult during communication. Gradually, we have been asking students to work in groups – one presentation for two translators (which have been rotated every several minutes), thus enabling more students to be involved in the class work.

One new technique was to ask their friends to make an evaluation of the mistakes. In a month, all problems in pronunciation of about 150 people decreased to the minimum. Students showed a big understanding and very high level of cooperation.

It should be taken into account that in a Medical University student take exams on other subjects, but not oral English. So it is quite possible that the same technique will provide different results in different classes.

One unusual problem was missing lectures especially in nursing classes. Students paid for their education and they are not supposed to skip classes. The problem occurred when high level students have been involved in too many student activities. The problem should not be underestimated because in China the after-school activities are something new and give opportunity to students coming from small places to feel like “movie stars” and these activities become more important than lessons. They start missing classes regularly (not only in English) and their level gets lower than others do. This is a problem because all of the teaching method is based on teamwork – students increasing their level in discussions and the absence of somebody damages his partner’s performance.

RESULTS

In four years, we have taught about 250 students. About 25 % of them can freely do simultaneous translation. They were “A” level. The “B” level consisted of about 60 % of all students. In this group, there were people that can translate simultaneously if they have the text in advance – it was about 30-35 % of students. Some of them had problems in presentation – about 30 %. Some of them had pronunciation problems in English, which made the communication with them difficult. About 20 % of this group comes from very low background in English. So they catch “B”, but they are far away from fluent speaking and translation. About 10 % are having good English, but do not like their specialty. This kind of students were not interested in the subject, but had achieved comparatively good results. The last 5 % of the students that have been coming from “C” level, because of their hard work and good performance, but in reality they were between “B” and “C” level.

“C” level was given for the students that cannot do performances and translation

freely, but they still can do primary conversation.

"D" level for four years has been given only to 2 students, mostly because of their absence in the class.

The results of the language proficiency have been given approval through organizing a special Science Conference with the authorities of the university. Students can perform in front of others. During the Conference foreign students from the same university were invited. English was the only possible way of communication with them. Some of them reported in English. They were about 50 foreigners from India, Nepal, Ethiopia, Burundi and others. Each of them had opportunity to ask any kind of questions and it was a very good discussion. This step was similar to the production in Art universities, where students present their skills in front of guests and colleagues.

DISCUSSIONS

Taking students to the level of professional language is a very demanding task. The problems that have arisen came mainly from two sources. Firstly, students that already had some level of English were not quite happy to begin studying again medical terminology with others without any previous knowledge. Secondly, the university authorities were not sure whether medical language should be given a special status and as a result quite a few universities or colleges are providing special Medical Terminology training.

Our four-year experience showed that this is a very serious matter and should form an integral part of the university curricula. The special language terminology in the 3 and 4 semesters is preparing for new things in their professional life. They should make a Personal Project, Personal Presentation, Simultaneous Translation of the other students Projects and make discussions in English.

CONCLUSIONS

The method has some potential. In the globalization of education this is the way to make professionals from different countries more connected. This is especially related to the people that are studying or practising Chinese Medicine. The terminology that is in use here is very specific and the pronunciation of the Chinese names could be made different in some languages. In Chinese language, the character is solving the problem, but this is a way that the foreigners can not bear. Using the English Terminology in this case becomes more suitable and provides the opportunity for the Medical world to understand the Traditional Chinese Medicine.

Students have been motivated and their results have improved tremendously.

This method demands a good professional medical level of the lecturer. One of the very good side effects is the increasing level of student's knowledge in medical subjects. The level of student marks in other medical subjects also increases the student's image.

One conclusion should be made about the contracts with lecturers. In the practice now the universities are taking people with good English preferably people born in English speaking countries. More Lecturers with medical background or people from medical practice in hospitals are invited to give some of the lectures.

A conclusion should be made about the leak of information for the new knowledge of Medical Terminology and this should be connected with student's realization in the practice – providing more specific job by authorities of the Hospitals.

The university that is providing this kind of special knowledge should include this in his advertising because of its high importance for the medical profession. The National Authority should give more attention to each university that includes in its programmes the teaching of medical terminology.

Finally, students graduating from the universities are the people of the future. Their capacity for self-updating in medicine and the passing of information to others regarding their work would depend very much on their knowledge of professional Medical English. Their level of English will be related to their new role in the society as providers of medical help.

- *Hua Tuo – an ancient doctor of Traditional Chinese Medicine, the patron of Anhui University of TCM*

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