Changing the Paradigm for Medical English Language Teaching

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ABSTRACT:

The traditional approach to English language training has done well to meet the needs of non-professional students. Today's global economy requires career-specific language that includes workplace culture and jargon for safe, effective delivery of professional services and the ability to coordinate research and treatment across borders. The ability of internationally acclaimed English tests of competency to train for or measure this is questionable, although they serve their purpose as preparation for advance language training. Current methods of instruction most commonly used today for health professionals focus primarily on English language while secondarily embedding health care terminology in the lessons. These teaching strategies of lessons replete with medical terminology and simple dialogues about visits to the doctor's office and minor illnesses fail to meet the needs of the profession. The author has developed a new methodology: a paradigm shift. Medical English is taught from the perspective of medicine and health care first and foremost while reinforcing vocabulary acquisition, grammar and structure secondly. The focus is safety-to-practice, a core component of North American nursing and medical licensing: a standard of practice. Teacher-tutors are required to be health professionals as well as language instructors. Lessons, interactions, and case studies represent simple and complex medical practices, pharmacology, anatomy and physiology, pathology, treatment, etc. well beyond entry level English. On-line, internet access to our course, English for Nurses Medical Personnel© allows health professionals worldwide access to learning. Goals are set to prepare students for continuing studies in English, as preparation to licensing exams, and for English language competency at work that is career-specific. Feedback from graduates of the courses using this new paradigm concur. Nursing Associations respect its value. Medical English language teaching requires a new and modern approach. English for Nurses and Medical Personnel © meets this demand internationally by offering the first course of its kind through distance education, on the worldwide web.

ARTICLE:

Adult education, language acquisition and training are the focus of this paper particularly as they relate to the teaching of Medical English . The author will review core components of theories by Pratt, Harmer, Benner and others as a foundation to the presentation of her own perspective. The need for changing the paradigm for Medical English language teaching will be central to this discussion.

The western view of adult education is one of andragogy . This science and art of teaching adults is based on two concepts: the adult learner is self-directed and autonomous; the teacher is a facilitator rather than presenter of content. There is an assumption that the learner arrives in the classroom with a skill set and knowledge base that will be enhanced by the new learning experience. Developmental learning theory derives from cognitive psychology and believes that adult students have already developed their own cognitive maps and strategies to guide their interpretation of the world. They learn by doing and learning new knowledge and skills which they then associate with previous learning and experience. Prior learning is acknowledged as well as assumed. This is a core component of the author s methodology for teaching English for Nurses and Medical Personnel©. It also forms the basis of others work such as that of Dr. Arsenau of the Faculty of Medicine, University of British Columbia (Pratt, 2002) who utilizes this teaching perspective with medical students and Dr. Patricia Benner (1984) in her famous works in nursing. Benner explores how teaching and learning occur as both the student nurse and professional career nurse journey from novice to expert.

The relevance of andragogy to the teaching of Medical English cannot be ignored. It is the writer s belief Medical English cannot be taught at the level of or in the same methods of basic English language teaching. Career-specific, highly technical language must be contextually based. It is advanced English. Students come with a wealth of knowledge and skills in their career fields. The goal of learning English at this level is not to learn grammar and structure primarily, but to acquire and use the language of practice and social relations within the career. Contextually based learning is crucial. The research of Pratt and Brookfield (2002) in Canada, USA, Hong Kong, China and Singapore identified that trades people for example, found traditional learning in a classroom to be artificial and devoid of the realities essential to learning that career-specific language in any way that would make it meaningful and useful. This most certainly applies to the study of Medical English. Often referred to as English for Specific Purposes, curricula of this sort requires the teacher have a similar career background to the student. This is an absolute must for English for Nurses and Medical Personnel ©.

Goal of Curriculum

When the curriculum designer begins to develop a course or series of courses in Medical English, he/she must consider who the students are, what their motivations will be, and identify which perspective they wish their teachers to have. The curriculum framework must be developed to meet the needs of the educational institution, the students, relevant legislation, and any other stakeholders such as employers of the students. English for Nurses and Medical Personnel© completed this research prior to piloting the course in 2001. Fundamental to the curriculum is the legal requirement for the practice and licensing of any and all health professionals in Canada: safety to practice. This concept includes skills and competencies that promote health and do no harm to patients or clients. It includes the ability to do the work in the English language, safely and competently.

The language of medicine and health care is quite unique. It is frought with technical, academic language and replete with slang, colloquialisms, abbreviations and acronyms. English for Nurses and Medical Personnel© addresses each of these in its learning activities. The curriculum never loses sight of its obligation to the public to provide safe practitioners.

Student Motivation

Research in the fields of adult education and the acquisition of a new language identifies that students are much more motivated to learn when they find value in the material . When designing a curriculum for Medical English, it is important to survey the motives of the students. The writer has found these are not always the same. Some students pursue career-specific English course for professional development reasons while others take it with the hopes of immigration. The former is generally more successful than the latter. Students hoping for immigration to an English-speaking country are so burdened with credentialing and testing that their focus is not on actual acquisition but on scores and recognition of coursework by regulatory bodies. Students interested in professional development seem more committed. They are less in a hurry to learn: they do not rush. They are more willing to take the time to practice and use the language with others, and value the importance overall of providing safe medical-health care when using a foreign language at work.

Teacher Motivation

Pratt and Brookfield (2002) believe that teaching is guided by the teacher s perspective on teaching. They ask the question of what the teacher is trying to accomplish and from what perspective their commitment lies. For example, is the teacher of Medical English committed to teaching English language or is she/he interested in medicine and health care and promoting the use or acquisition of English as a medium through which one practices medicine and health care? The viewpoints are quite different and the lessons that flow from each can be diametrically opposed for reasons to be discussed later in this paper.

Language Acquisition versus Language Learning

Currently, language learning and language teaching is a combination of behaviourism and cognitivism. These comprise the audio-lingual method of language acquisition. Teaching based in behavioural psychology focuses on stimulus-response-reinforcement as the method for promoting learning. The student is presented with a great deal of material over the duration of a course, and frequently drilled or given oral/written feedback to reinforce accuracy and skill. There is a strong focus on repetition with the belief that this will create a habit of using language in certain ways: in response to certain cues. The drawback is that this does not foster thinking, generalization, or application of language in other than the structured, memorized stimulus-response form. Many schools around the world are using this method for teaching Medical English. Their focus is on the presentation of reams of medical terminology with very little application to the real world

of medical practice. In effect, it is a method of rote memorization and the actual benefits of acquiring language that can be used in the career remains questionable.

Students who have been trained in the behavioural method of language learning tend to do quite well on written exams of language proficiency. That is because, in this writer's opinion, the exam format is quite similar to that of the language classroom. The stimulus is familiar. The appropriate response is triggered. Success on written exams does not guarantee success with language in the workplace. The writer's experience with medical and nursing students studying English for Nurses and Medical Personnel© in Canada supports this. Some arrived in the class as a direct result of action by the professional practice committees of local registering bodies concerned with that professional's ability to safely practice in health care in the English language (i.e.: the Registered Nurses Association of British Columbia, the Registered Psychiatric Nurses Association of British Columbia, the Licensed Practical Nurses Association of British Columbia).

Cognitivism is another theory base for the audio-lingual method of language acquisition. Also based in psychology, this theory asserts that people acquire language by learning and internalizing the rules of that language's structure (Harmer, 1996). The assumption is that if a student is given sufficient vocabulary they will be able to create their own sentences, convey messages, and make meaning. In this method, rules become paramount and it is possible to teach language lessons based solely on rules and formulas. Indeed, this is a very popular practice today. Lessons are created with a focus on the rule or structure for the day, ie: the subjunctive clause. Any new vocabulary or exercises are designed around identifying and using the rule correctly.

The cognitive approach is in opposition to the author's theory related to acquisition of career-specific language. Students of Medical English should begin these studies only after the foundations of the language have been laid. The writer appreciates the importance of that fundamental learning and has the expectation that students have achieved this. The goal of Medical English should be acquisition and application of language, not rote memorization or direct focus on vocabulary, grammar and structure.

Acquisition is a process that occurs subconsciously and results in the actual knowledge of a language. Harmer (1996, pg. 33) points out that acquiring language is more successful and longer lasting than learning. He also notes that currently foreign language teaching, seems to concentrate on getting the adult student to consciously learn items of language in isolation : the classroom rather than the real life environment (pg. 33). Harmer believes language acquisition is the theory of choice for teaching English for Specific Purposes. The writer concurs. Acquisition means that vocabulary and language are acquired through a multitude of means, the most importance of which is access to the language in use: in context. Certainly this is the basis of immersion courses in foreign languages. It is not essential to know the rules of the language nor to be drilled on it prior to actually learning it. Exposure is critical. At English for Overseas Nurses we insist the Instructors are native English-speakers as well as health professionals. Similarly to the popular methods of instruction like those found at Berlitz schools, it is not necessary for the teacher to know the student s language. Indeed, it is not even seen as particularly

beneficial to the learning needs of the student. Language and culture cannot be separated. When teaching Medical English, the very career-specific content is designed and delivered by those familiar with that career, with adult teaching and learning principles, and training as an English Second Language or English Foreign Language instruction.

Methodology: the new paradigm

Language acquisition must be a combination of academic preparation that includes behavioural and cognitive approaches that are secondary to the focus or context of the lesson. The design of English for Nurses and Medical Personnel© reflects this. Lessons are contextually and experientially based to provide hands-on opportunities to apply or use the language immediately. Classes are interactive and promote exploration and discovery of language through discussions and exercises based on the focus of the lesson. The curriculum design is based on health care, not English language structure or rules. It follows an A - B format. Lesson A finds its focus on vocabulary presentation and acquisition. Lesson B to follow provides opportunities to apply learning from the previous lesson into context. Learning activities in Lesson B can include using actual hospital charts and forms, role-playing assessment, use of medical equipment, open exploration of treatments and interventions related to the main subject. Understanding that all students have medical backgrounds, discussions are enhanced as health professionals attempt to confer and consult; sometimes debate medical-health conditions and best practices. The structure of language acquisition is less acute. Broken English is accepted.

Students are encouraged to try to use language to search for synonyms, abbreviations, and alternative ways of expressing meaning to communicate with each other. Students are encouraged to support and encourage each other in language correction. The Instructor becomes the facilitator or guide. Once the message is communicated and the entire interaction is complete, the Instructor will review with the students as a group, strengths and weaknesses of that exercises. If corrections need to be made in structure and form, it is done in the feedback, debriefing session following each exercise if and when peers have not assisted each other with this during the activity. This is supported by the work of Krashen, Prabhu and Allwright (Pratt 2002) who speak to the importance of comprehensible input: acquisition occurs from hearing or needing language to communicate. English for Nurses and Medical Personnel© appreciates the importance of an immersion or pseudo-immersion experience for the language learner. Structure is incidental to the focus of the lesson. It is a subset of the learning.

English for Overseas Nurses now offers its course, English for Nurses and Medical Personnel© on-line as distance education. The course may be taken by individuals or through joint ventures with learning agencies as a supplement to their own curriculum. The company believes that the question of exposure to native English speakers who are also health professionals is able to be accomplished in this way. E-learning also provides an opportunity for self-directed learning and is based on the principles of autonomy.

Students can set their own goals and pace for learning. Local classes in non-English speaking countries can be greatly enhanced by this type of access.

Pratt and Brookfield (2002) identify a number of perspectives on teaching in adult education. The Transmission Perspective is the stereotypic view of the teacher in the classroom in which he/she imparts information in a top-down method of dissemination of material. This perspectives is not used as such in English for Nurses and Medical Personnel ©. Instead it is used as a technique. In this model, teachers are expected to be content experts in what they teach. This is important to the teaching of Medical English: students expect content credibility. English for Overseas Nurses believes the teacher should be a content expert in medicine and health care, first and foremost.

The Apprenticeship Perspective (Pratt, et al., 2002) reflects teaching outside of the classroom. It is a process of enculturating the learner into a specific community. This is paramount in the design of any Medical English course. Language in context cannot be ignored in this highly specialized, career-specific focus. English for Overseas Nurses has recently partnered with Canadian Health Care Academy in New Westminster, Canada to provide short term immersion courses for international students. The core course of English for Nurses and Medical Personnel is taught in immersion but the curriculum has been expanded to include exposure and experience in health care settings for the student. Once again, the belief that acquisition occurs from hearing or needing language to communicate is supported by this delivery model.

According to Pratt and Brookfield (2002), the Nurturing Perspective is the philosophical underpinning for adult education in North America for at least the past 25 years. This perspective theorizes that self-concept and self-efficacy are fundamental to the ability of the learner to learn or to even believe he/she can learn. The learner wants to become confident that they can learn the material and that learning the material will be useful and relevant to their lives. (Pratt, et al., 2002,pg. 49) The teaching of Medical English can most certainly include this perspective when the instructor encourages, supports and mentors their peers into the acquisition and use of English. It is important to remember that the Instructor at English for Overseas Nurses is not merely a language teacher but a health professional as well. They have vested interest in the career as well as in teaching the student.

ARGUMENT

The writer agrees with Swan (1997) that some styles of speech and writing have their own rules and structure. This is most certainly the case in the Medical English. Health professionals must read, write, interpret, give directions, etcetera using a wide, wide variety of abbreviations and acronyms that are extremely career-specific. Unless one has spent time working in this field, it is almost impossible to understand this career-specific jargon. Medical English is also contextual. It is a language of its own. Doctors and nurses use academic and technical language interspersed with common speech and workplace jargon. It rarely focuses on complete or proper sentence structure. Indeed, charting is expected to be brief and in cryptic form.

The writer has had the opportunity to consult with English language schools and nurse recruiters from around the world. Time and again, the development of curriculum for Medical English is being developed by individuals with different levels of expertise in the teaching of English, minimal experience in any type of curriculum design, and limited or no knowledge of the language of health care. Without a doubt, most schools tend to use medical dictionaries and stress the acquisition of complicated medical terminology without being able to use this language in any meaningful way in the classroom. These curricula are limited by their traditional approaches to the teaching of the subject matter. They are hindered by the belief that anyone can teach career specific language. Designers and instructors seem unaware of or unconcerned that an error in language can have serious life-threatening implications for a patient. Admittedly, there are some schools that do have insight into the need to consult with members of the medical community. However, consultation does not necessarily signify insight or expertise and does not guarantee to enhance the actual learning experience for students. This writer believes that what is needed is to reverse this thinking. Context experts need to consult with language experts to develop appropriate, purposeful curricula.

It is the contention of this writer that medical professionals interested in learning Medical English are more motivated to learn, acquire and use language when the entire context of the learning is within the field of their interest, medicine and health care. Already well-educated, these professional people bring with them a wealth of knowledge and skills in medicine and health care. All learning activities are greatly enhanced by the opportunities provided by the Instructor and within the classroom to enter into exchanges of ideas and health care practices while using new language. The writer believes this ability to work through language, add vocabulary and, to coin a term from nursing, think on your feet in an experiential way will establish a much stronger base of learning and recall.

CONCLUSION

In conclusion, the method of curriculum design and delivery for Medical English needs to shift from the traditional audio-lingual method to being contextually-based and experiential. It needs to be delivered at the level of advanced English training where focus can be dedicated to the language of the career rather than the structural foundations and rules of learning a new language. The provision of this type of course or curriculum will improve the student s motivation to learn and participate in learning activities. Immersion activities and exposure to native English speakers who are also health professionals are crucial elements in enculturating the Medical English student into the way career-specific language is actually used . Foundational underpinnings of the curriculum and overall course goals should be linked to legal and ethical parameters for the health professions to provide credibility for the course provider and value for the health profession, the student, and the public. Designers and teachers need to be cognizant of the purpose and philosophy of the curriculum, and the goals of their students. Context of lessons needs to be relevant to the work the health professionals are doing and will be doing in the future to make it valuable to them.

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References

Benner, P.(1984): From novice to expert: excellence and power in clincial nursing practice , Addison- Wesley Pub. Co., USA

DuGas, B.W, Esson, L. and Ronaldson, S. (1999): Nursing foundations: a Canadian perspective, Prentice Hall, Canada

Harmer, J., (1996): The practice of English language teaching, Longman Handbooks for Language Teachers, Longman Publishers, USA

Pratt, D. and Associates, S. Brookfield (2002): Five perspectives on teaching in adult and higher education, Krieger Publishing Company, USA

Swan, M. (1997): Practical English Usage, Oxford University Press, UK

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