第19回日本医学英語教育学会
The 19th JASMEE Academic Meeting
学術集会プログラム・抄録集

会期 Dates
2016年7月16・17日（土・日）

会長 President
ティモシィ・ミントン Timothy Minton
慶應義塾大学医学部
Keio University School of Medicine

会場 Venue
慶應義塾大学 日吉キャンパス
Keio University Hiyoshi Campus
〒 223-8521 神奈川県横浜市港北区日吉4-1-1
4-1-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 223-8521
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協力：公益財団法人横浜観光コンベンション・ピューロー
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Greetings from the President

It is a pleasure to welcome both JASMEE members and visitors with an interest in medical English education to Keio University’s Hiyoshi Campus in Yokohama for the 19th Academic Meeting of JASMEE. Strangely enough, this is only our sixth Academic Meeting to be held on a university campus, but I am confident that the facilities on offer will not fall too short of those provided by the many splendid venues we have visited previously. This is also the first annual meeting to be presided over by a non-Japanese member, so I feel both honoured and slightly daunted.

The organisation of meetings of this sort is not, obviously, the work of one person alone, so I would like to begin by acknowledging with grateful thanks the tremendous help and support I have received in preparing for the event from the JASMEE secretariat headed by Mr Junji Eguchi, from Dr Rika Nakajima of Keio University School of Medicine, and from three recent Academic Meeting Presidents: Professor Isao Date, Professor Masanori Ito, and Professor Chiharu Ando.

Thanks are also due to the many members who submitted presentation proposals, for without such submissions there would be no meeting at all. Members’ presentations are basically what we all come to hear, and our annual meetings are indeed valuable opportunities to listen to and learn from our peers in the field. This year we have been blessed with a large number of submissions on a variety of topics that are sure to be of great interest to all present.

We also have two exciting workshops scheduled to run concurrently on Sunday afternoon. One of these will be hosted by JASMEE’s recently established ICT Subcommittee under the chairmanship of Professor Raoul Breugelmans. The facilitators will instruct participants in the art of creating materials for e-learning. The other will be a brainstorming session between medical students and EMP teachers on important issues in EMP education. Dr Takayuki Oshimi and two other facilitators will be trying to maintain order! Places on both of these workshops are limited, so do sign up early if you wish to attend either of them.

Correctly anticipating the flood of presentation proposals we would receive, I limited the number of invited lectures to leave plenty of space in the timetable for presentations by members. I felt it was vital, however, to maintain the JASMEE now & in the future series, in which prominent JASMEE members are invited to keep us abreast of the Society’s innovative activities. This year, Dr Takayuki Oshimi will fill us in on the addition of clinical English seminars to our regular programme of medical writing seminars, Professor Masahito Hitosugi will tell us about JASMEE’s new EMP textbooks, and Professors Isao Date and Masanori Ito will brief us on how things are going with Levels 1 and 2 of the Society’s Examination of Proficiency in English for Medical Purposes.

Another important platform for invited speakers is the annual symposium. This year, five panelists under Professor Alan Hauk will discuss a topic that is highly relevant to all of us: collaboration between clinicians and English teachers in providing effective EMP programmes.

Our guest speaker from outside JASMEE will be Professor Makoto Suematsu, who is the first President of the Japan Agency for Medical Research and Development (AMED). This government agency was established only last year with the aim of streamlining Japan’s complicated funding systems for medical Research and Development. In what I am sure will be a humorous approach to an extremely serious topic, Professor Suematsu will describe the entrenched problems Japan faces in connection with medical research, and how he is dealing with them.

I look forward to seeing you in Hiyoshi, and I hope this year’s Academic Meeting will leave you feeling inspired and invigorated.

Timothy Minton
Keio University School of Medicine
President, The 19th Academic Meeting of JASMEE
会長挨拶

第19回日本医学英語教育学会学術集会を慶應義塾大学日吉キャンパスにて開催し、会員各位や医学英語教育に関心をお持ちの皆様をお迎えできることを大変歓ばしく思います。学術集会を大学キャンパスで開催するのは今回で6回目ですが、施設面で過去に開催した立派な会場に劣ることはないと確信いたしております。また学術集会の会長を日本人以外が務めることは初めてのことで、大変名誉に思っております。

学術集会の運営は、言うまでもなく独力でできるものではありません。まずは開催に至るまでに大変なるご支援をいただいた皆様。前3回の学術集会会長である伊達 熙先生（第18回会長）、伊藤昌徳先生（第17回会長）、安藤千春先生（第16回会長）、また慶應義塾大学医学部の中島潔加博士、事務局の江口譲司氏に感謝申し上げます。

また演題をお寄せいただいた発表者の皆様にも御礼を申し上げます。演題なくして学術集会は成立いたしません。われわれは会員による発表を聞くために集まるものであり、学術集会は同じ分野で活動する仲間の成果を学ぶ貴重な機会といえます。今回は、非常に幅広いトピックによる多数の演題に恵まれましたので、ご参加いただいた皆様にもご満足いただけるものと思っています。

日曜日の午後には、興味深いワークショップを2つご用意しました。発足したばかりのICT小委員会によるワークショップでは、Raoul Breugelmans委員長らの指導によりeラーニング用の教材開発を体験していただきます。また押羽倩之先生ら3名のファシリテーターによるワークショップでは、医学英語教育について医学生と医学英語教師による意見交換を行います。どちらも席が限られておりますので、希望される方は事前に登録されることをお勧めします。

夥しい数の応募演題に対応するため、招待講演の数は限られるを得ませんでした。とはいえ、学会の最新の活動を報告するJASMEENow & in the futureシリーズは外せません。今回は、従来の論文セミナーに加えて実施した臨床英語セミナー（押羽先生）、新たに刊行される学会報告による医学英語教材書（一杉副理事長）日本医学英語教育学会の1・2級試験の実施状況（伊達理事長、伊藤理事）について報告が行われます。

シンポジウムとして今回は、Alan Hauk先生に座長をお願いして、われわれ全員に深く関わるテーマといえる「臨床医と英語教師が協力して行う効果的な医学英語教育プログラム」について5名の発表が行われます。

招待講演は、国立研究開発法人日本医療研究開発機構（AMED）の初代理事長である末松 誠先生にお願いしました。AMEDは、日本の医薬品等の研究開発の資金や環境を整備することを目的として昨年発足しました。かなり深刻なテーマではありますが、末松先生はユーモアを交えつつ現在の日本の研究開発の問題をも Heavenly、どのように対処しているかをお話しいただけるものと思います。

皆様と日吉でお会いできるのを楽しみにお待ち申し上げるとともに、今回の学術集会が皆様にとって示唆と刺激に富むものになることを願っております。

第19回日本医学英語教育学会学術集会
会長 ティモシー・ミントン
（慶應義塾大学医学部）
ご案内 General information

会期 Dates
2016年7月16日（土）・17日（日） Saturday, July 16 & Sunday, July 17, 2016

会場 Venue
慶應義塾大学日吉キャンパス 来往舎 Keio University Hiyoshi Campus, Raiosha
〒223-8521 神奈川県横浜市港北区日吉4-1-1 4-1-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 223-8521

受付 Registration
・参加登録、演者登録、新人会、年会費、懇親会の申込・お支払い等は、すべて来往舎2階ホワイエの「受付」で
行います。
All participants should register on arrival at the registration desk in the foyer on the 2nd floor of Raio-sha.
Applications to attend the Saturday evening reception will be accepted at the same time.
・受付開始時刻は両日ともに午前9時です。
The registration desk will open at 09:00 on both days.

参加登録 Attendance fees
・参加費は一般会員7,000円、学生会員3,000円、非会員8,000円です。
※2日目のみご参加の場合は、非会員5,000円、研修医・学生1,000円となります。
Attendance fees: members 7,000 yen, student members 3,000 yen, non-members 8,000 yen
For the 2nd day only: non-members 5,000 yen, interns/students 1,000 yen
・会期中は必ず参加証をおつけください。
Attendance ID badges must be worn at all times during the Meeting.

入会申込・年会費納入 Membership applications & fees
・参加登録時に「新人会・年会費受付」にて行ってください。
Those wishing to apply for JASME membership or pay outstanding annual membership fees may do so at
the registration desk.
・平成28年度の年会費は9,000円（年2回発行の学会誌購読料を含む）です。
学生会員の年会費は1,000円（学会誌購読料を含まず）です。
The membership fee for 2016 is 9,000 yen (includes 3 issues of the Journal of Medical English Education).
The membership fee for student members is 1,000 yen (Journal subscription not included).

会場内の呼び出し Paging services
・会場内での呼び出しおよび緊急連絡は受付までご連絡ください。
Please visit the registration desk for paging services or other urgent matters.
コーヒー サービス  
Coffee service

- 会期中、展示会場（2階 中会議室）ではコーヒー サービスがございます。
Coffee is available in the Chu-kaigishitsu on the 2nd floor.

関連会議日程  Meeting schedule

| 協力会議室 | Textbook-editing committee meeting |
| 内容 | 7月15日(金) 17:00 - 18:00 |
| 医協議員 | Medical View office (5th floor) |

| 協力会議室 | Board meeting |
| 内容 | 7月16日(金) 18:00 - 20:00 |
| 医協議員 | Medical View office (5th floor) |

| 協力会議室 | Councilors’ meeting |
| 内容 | 7月16日(土) 12:00 - 12:30 |
| 医協議員 | 昨来会1階 シンポジウム・スペース |

| 会議報告会 | Debriefing |
| 内容 | 7月16日(土) 12:30 - 13:00 |
| 医協議員 | 来往会2階 大会議室（発表会場） |

| 協力会議室 | EPEMP text editing subcommittee meeting |
| 内容 | 7月17日(日) 09:00 - 09:25 |
| 医協議員 | 来往会2階 大会議室（発表会場） |

| 会議報告会 | Editorial board meeting |
| 内容 | 7月17日(日) 12:30 - 13:00 |
| 医協議員 | 来往会2階 小会議室（本部） |

懇親会  Reception

- 懇親会は7月16日(土)の18:00より、協生館2階「クイーン・アリーズガーデンテラス日吉」にて開催いたします。参加費は6,000円です。
A reception will be held at Queen Alice Garden Terrace Hiyoshi in Kyoseikan (18:00, Saturday, July 16). The attendance fee is 6,000 yen (payable in advance at the reception desk).

展示会場  Exhibits

- (株)アルク、コミカンミナラ(株)、ネリーズ、(株)メジカルビュー社から協賛をいただき開催しております。会期中、2階中会議室を展示会場として、協賛各社の展示を行います。ぜひ立ち寄ってください。
Participants are encouraged to view the exhibits of our sponsors (ALC Press Inc., Konica-Minolta, Inc, Nellies, and Medical View) in the Chu-kaigishitsu on the 2nd floor.

第20回 日本医学英語教育学会 学術集会のご案内  The 20th JASME Academic Meeting, 2017

- 会期: 2017年7月22・23日 |
- 会場: ワインクあいち(愛知県産業労働センター)（予定）|
- 会長: 福沢嘉孝(愛知医科大学) |
- Dates: July 22 & 23, 2017 |
- Venue: Winc Aichi (tentative) |
- President: Yositaka Fukuzawa (Aichi Medical University Hospital)

第21回 日本医学英語教育学会 学術集会のご案内  The 21st JASME Academic Meeting, 2018

- 会期: 2018年7月21・22日(予定) |
- 会場: 日本歯科大学(予定) |
- 会長: 影山敬男(日本歯科大学新潟生命歯学部) |
- Dates: July 21 & 22, 2018 (tentative) |
- Venue: Nippon Dental University (tentative) |
- President: Ikuo Kageyama (The Nippon Dental University School of Life Dentistry at Niigata)
講演規定 Instructions to speakers

・演者は発表予定時刻の30分前までに「受付」で演者登録をお済ませください。
演者登録後、発表予定時刻の10分前までに発表会場の「次演者席」へご着席ください。

[1] 口演時間は15分。討論時間は演者の交代を含めて5分です（時間厳守でお願いします）。14分に予告ベル1回、15分に終了ベル2回でお知らせします。
[3] 発表者はファイル名に「発表者氏名」を明記のうえ、7月6日（水）までに学会用メールアドレス (jassme@medicalview.co.jp) に添付ファイルとして送付してください。またバックアップ用として、当日USBメモリー等でご持参いただくことをお薦めいたします。なお、お預かりした発表データは、学会終了後に責任をもって消去いたします。
[4] ハンドアウトを使用して発表される場合は、事前に各自でフォトコピーを100部ご用意ください。演者登録の際、必ずコピーを受付の係員にお渡しください。
[5] 発表を取り消される場合は、事前にお知らせ下さい。またご質問などございましたら、ご遠慮なくメール (jassme@medicalview.co.jp) あるいは電話 (03-5228-2274) でお問い合わせください。
[6] 学会当日に急遽、発表を取り消される場合は、発表予定時刻の1時間前までに「受付」にお知らせください。
・質問・発言を希望される方は、会場備え付けのマイクの前でお待ちください。
・発言は座長の指名順し、発言の前に所属・氏名を名乗ってください。

・Speakers are asked to register at the reception desk at least 30 minutes before their scheduled presentation time, and to take up their assigned seating in the auditorium at least 10 minutes before the presentation begins.

[1] Each presentation will be allotted 15 minutes, with an additional 5 minutes for questions. A bell will be rung once at 14 minutes, and twice at 15 minutes.
[2] Presentation slides should be in PowerPoint 2010 format, OS Windows 7. Speakers wishing to use a Macintosh are requested to bring and use their own PC.
[3] Speakers are asked to send their PowerPoint slides to the secretariat by Wednesday, July 6 (jassme@medicalview.co.jp). Speakers should also bring backup files on a USB memory stick. All presentation files will be deleted from the conference computer after the meeting.
[4] Speakers wishing to use handouts should provide the reception desk staff with 100 copies when they register 30 minutes before their presentation is scheduled to begin.
[5] The secretariat should be notified as far in advance as possible if a speaker wishes to cancel his/her presentation (email: jassme@medicalview.co.jp, phone: 03-5228-2274).
[6] Cancellations on the day should be announced to the reception desk staff at least 1 hour before the presentation is due to begin.

・Members of the audience who wish to ask questions during the 5-minute question time are requested to stand at the microphones placed in the aisles. Those selected by the chairperson should give their name and affiliation before asking their question. Questions should be short and to the point.
交通のご案内  Transportation

会場 Venue
慶應義塾大学 日吉キャンパス 来往舎
Raiosha (2F), Keio University Hiyoshi Campus
〒223-8521 神奈川県横浜市港北区日吉4-1-1
4-1-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 223–8521

最寄駅 Closest station
・日吉駅（東急東横線、東急目黒線、横浜市営地下鉄グリーンライン）より徒歩1分
HIYOSHI Station (Tokyu-Toyoko Line, Tokyo-Meguro Line, Yokohama Municipal Subway–Green Line): 1-minute walk

主要駅からのアクセス From principal stations

<table>
<thead>
<tr>
<th>Station</th>
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<td>Kikuna Station</td>
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羽田空港からのアクセス From Haneda Airport

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<td>Haneda Airport</td>
<td>Tokyo Monorail</td>
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<tr>
<td>Hamamatsucho Station</td>
<td>JR Yamanote Line</td>
<td>10 min</td>
</tr>
<tr>
<td>Meguro Station</td>
<td>Tokyo-Meguro Line</td>
<td>17 min</td>
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宿泊のご案内 Accommodations

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<th>ホテル名 Hotels</th>
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</tr>
<tr>
<td>新横浜エリア Shin-Yokohama area</td>
<td></td>
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<tr>
<td>新横浜国際ホテル Shin Yokohama Kokusai Hotel</td>
<td><a href="http://kokusai-hotels.com/shinyokohamakokusai/">http://kokusai-hotels.com/shinyokohamakokusai/</a></td>
</tr>
<tr>
<td>新横浜アソシア新横浜 Hotel Associa Shin-Yokohama</td>
<td><a href="http://www.associa.com/shy/">http://www.associa.com/shy/</a></td>
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<tr>
<td>新横浜プリンスホテル Shin Yokohama Prince Hotel</td>
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<td>新横浜グレースホテル Shin Yokohama Grace Hotel</td>
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</tr>
<tr>
<td>R&amp;B ホテル新横浜駅前 R&amp;B Hotel Shin-Yokohama Ekima</td>
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</tr>
<tr>
<td>ダイワロイネットホテル新横浜 Daiwa Roynet Hotel Shin-Yokohama</td>
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7月16日（土）プログラム

発表会場（2階 大会議室）

一般演題1: 医学英語教育プログラム（1）
発表者: ウォラート・ダヴィドス（アハク大学）
1. The development of a medical English course for third-year students
   Walter Davies（広島大学）
2. Using corpus analysis to create word lists and edit teaching materials
   Simon Fraser（広島大学）
3. Using a journal club presentation template to improve medical students' understanding of clinical research articles
   森林克之（日本大学）
4. German medical education 2020: making EMP part of innovative reform plans for medical curricula
   Daisey E. Rotsell（ユニバーシティ・オブ・リピング）

一般演題2: 医学英語教育プログラム（2）
発表者: クリスチャン・ホリーズ（東京大学）
1. Initiating further training in communication skills in pre-clerkship pharmacy education
   Denise Epp（第一薬科大学）
2. Pharmacist Interviews: student-created visual aids on video
   青木小鵞（早稲田大学）
3. The English needs of doctors and nurses at hospitals in rural Japan
   Ian Willey（東京大学）

シナポジウム・スペース（1）

評議員会

会員報告会

招待講演: Overcoming Balkanization to fast-track patient-oriented medical Research and Development (R&D)
発表者: 中野 直（日本赤十字病院医薬機器事業部）

一般演題3: 学生・看護師・臨床医の医学英語スキル向上のための課外活動（1）
発表者: 西村修（歯科学科大学術院）、Chive Langham（日本大学）
1. Have you ever read a medical novel?
   Christopher Holm（東京大学）
2. Medical English course for nurses: a year of experience
   Alexander Zaboronsk（東京大学薬学部）
3. Efforts to improve the English skills of doctors at Aoi Tsuzaku Hospital
   藤川貴義（東京大学薬学部）
4. Medical interviews in English with English-speaking simulated patients from three countries
   三野順子（早稲田大学）
5. What are the most effective approaches to preparing Japanese medical students for international clinical elective placements?
   James Thomas（東京農工大学）
6. A global step for a local school
   Najina Janjua（千葉県立医療科学大学）

シンポジウム: Working together: Clinicians and English teachers
発表者: Alan Hawk（関西大学）

第12回 特別研究賞授賞式

クイーン・アリス・ガーデンテラス賞（総合賞2名）

懇親会

展示会場（3階 中会議室）
Timetable, Saturday, July 16

Presentation Hall (Dai-kaigishitsu, 2F)

9:00 - 9:30
Opening remarks

9:30 - 10:00
General topics 1: Medical English teaching programs (1)
Chair: Chiharu Ando (Hiroshi Dakeyama University), Alan Hask (Toho University)
1. The development of a medical English course for third-year students
   Wolfer Detter (Hiroshi Dakeyama University)
2. Using corpus analysis to create word lists and edit teaching materials
   Simon Fraser (Hiroshi Dakeyama University)
3. Using a journal club presentation template to improve medical students' understanding of clinical research articles
   Takayuki Oshimi (Nihon University)
4. German medical education 2020: making EMP part of innovative reform plans for medical curricula
   Daisy E. Rastell (University of Leipzig)

10:00 - 10:30
Debriefing

10:30 - 11:00
Symposium space, 1F
Councilors’ Meeting

11:00 - 12:30
General topics 2: English teaching programs in fields related to medicine / Medical English needs analysis
Chair: Christopher Holmes (The University of Tokyo), Takayuki Yabu (Tokyo Women’s Medical University)
1. Initiating further training in communication skills in pre-clerkship pharmacy education
   Denise Egg (University of Pharmacy)
2. Pharmacist interviews: student-created visual aids on video
   Soo Ikogami (Kyoto Pharmaceutical University)
3. The English needs of doctors and nurses at hospitals in rural Japan
   Ian Willey (Kagawa University)

12:30 - 13:10
Invited lecture: Overcoming Balkanization to fast-track patient-oriented medical Research and Development (R&D)
Sponsor: Makoto Sawata (President, Japan Agency for Medical Research and Development)
Chair: Isao Date (Kagawa University)

13:10 - 14:15
General topics 3: Extracurricular activities for the promotion of students’, nurses’ and clinicians’ medical English skills (1)
Chair: Yoshitaka Yokoyama (Nihon Medical University Hospital), Chie Langham (Nihon University)
1. Have you ever read a medical novel?
   Christopher Holmes (The University of Tokyo)
2. Medical English course for nurses: a year of experience
   Alexander Zabronsak (University of Tsukuba Hospital)
3. Efforts to improve the English skills of doctors at Aso Kikuzo Hospital
   Masa Heihachika (Aso Kikuzo Hospital)
4. Medical interviews in English with English-speaking simulated patients from three countries
   Tomoko Miyoshi (Kagawa University)
5. What are the most effective approaches to preparing Japanese medical students for international clinical elective placements?
   James Thomas (Kagawa University)
6. A global step for a local school
   Najma Jarjua (Kagawa Prefectural University of Health Sciences)

14:15 - 15:00
Symposium: Working together: Clinicians and English teachers
Chair: Alan Hask (Toho University)
Sponsors: Alan Hask (Toho University), Ruri Ashida (The Keio University School of Medicine), Walter Davies (Hiroshi Dakeyama University), James Ho (Toho University), Kazumori Shihoya (Toho University)

15:00 - 17:00
The 12th Kenichi Uemura Award ceremony

17:00 - 18:00
Queen Alice Garden Terrace Hiroyuki in Kyoeikan
Reception (at Queen Alice Garden Terrace Hiroyuki [Kyoeikan, 2F])
7月17日（日）プログラム

発表会場（2階 大会議室）

一般演題4  医学英語教育プログラム（2）
発表者：杉原正（九州医薬大学）, James Hobbs（岩手医科大学）
1. 医療連携教育における反転授業 大野直子（明治学院大学）
2. Effects of flipped classroom methods on a basic medical history taking class for 1st-year medical students Eric Jego (日本大学)
3. Teaching tutorial and seminar leadership skills Michael Guest (金沙大学)
4. Laughter is the best medicine: using comedy sketches to learn medical English Thomas Meyers (明治大学)

一般演題5 学生・看護師・臨床医の医学英語スキル向上のための研修活動（2）
発表者：戸田ひかり（東京慈恵会医科大学）, Eric Jego (日本大学)
1. Medical professors' rounds and conferences in English: current effectiveness and problems 木村正明 (国立研究開発法人 総合科学技術振興機構)
2. The University of Tsukuba's Medical English Communications Center (MECC) Flaminia Miyazawa (東京大学)
3. Team Medics: a student-run health care organization for English-speaking patients 野本恵 (Team Medics, 東京慈恵会医科大学医学部（学生）)
4. A media platform organized by Japanese medical students 石井恵美 (Team Medics, 東京慈恵会医科大学医学部（学生）)

JASME now and in the future: JASME clinical English seminars 臨床英語セミナーの現在と未来について
発表者：Renée Gerling（メディカルライター/エディター）

JASME now and in the future: JASME編「医療英文テキスト」の制作について
発表者：Renée Gerling（メディカルライター/エディター）

JASME now and in the future: 日本医学英語検定試験：1級・2級試験の実施状況
発表者：Renée Gerling（メディカルライター/エディター）

一般演題6 医学生の英語スキルの評価
発表者：田村義子（秋田医科大学）, James Thomas（慶應義塾大学）
1. Creating and evaluating ability-level qualifiers for a clinical English "can-do" list 人下雅明（大分大学）
2. Development of a rubric to assess the performance of Japanese medical students taking patient histories in English 山口孝男（秋田医大）
3. Writing test specifications for medical English assessment Dawn Lucevich (東京女子大学)

Workshop 1
The top 3 issues in EMP education: a round-table discussion between EMP teachers and medical students
ファシリテーター：
押尾貴之 (日本大学)
Alan Hauck (東京大学)
James Thomas (慶應義塾大学)

Workshop 2
Creating interactive e-learning content for EMP
ファシリテーター：
Raoul Breugelmans (東京医科大)
岩田 彰 (奈良大学)
Eric Jego (日本大学)

※ワークショップは発表会場を含めて別途に開催いたします。
Timetable, Sunday, July 17

Presentation Hall (Dai-kaigishitsu, 2F)

900
EPEMP contents committee (closed seminar for invited attendants)

930
General topics 4: Medical English teaching programs (2)
Chairs: Masaaki Hirase (Shiga University of Medical Science), James Hobbs (Iwate Medical University)
1. Flipped classroom model for training medical interpreters [in Japanese] Naoko Ono (Juntendo University)
2. Effects of flipped classroom methods on a basic medical history taking class for 1st-year medical students [in English] Eric Jego (Nihon University)
3. Teaching tutorial and seminar leadership skills [in English] Michael Guest (Miyazaki University)
4. Laughter is the best medicine: using comedy sketches to learn medical English [in English] Thomas Mayer (University of Tsukuba)

1100
General topics 5: Extracurricular activities for the promotion of students', nurses' and clinicians' medical English skills (2)
Chairs: Ruri Aishida (The Jikei University), Eric Jego (Nihon University)
1. Medical professors' rounds and conferences in English: current effectiveness and problems [in English] Masao Nagayama (International University of Health and Welfare Atami Hospital)
2. The University of Tsukuba's Medical English Communications Center (MECC) [in English] Fumio Miyasawa (University of Tsukuba)
3. Team Medics: a student-run health care organization for English-speaking patients [in English] Aomi Sendo (Team Medics, Nihon University School of Medicine [student])
4. A media platform organized by Japanese medical students [in English] Emi Ishii (Team Medics, Tokyo Medical and Dental University [student])

1320
JASME now and in the future 1: JASME clinical English seminars
Chair: Reuben Gerling (Medical writer/editor)
Takayuki Oshimi (Nihon University)

1340
JASME now and in the future 2: JASME’s EMP textbooks [in Japanese]
Chair: Reuben Gerling (Medical writer/editor)
JASME textbook editing committee

1400
JASME now and in the future 3: Examination of Proficiency in English for Medical Purposes (EPEMP); current status of level 1/2 examinations [in Japanese]
Chair: Reuben Gerling (Medical writer/editor)
Izumi Date (Tokyo University), Masanori Iga (Juntendo University Daikan Hospital)

1530
General topics 6: Evaluation of medical students' English skills
Chairs: Kinko Yamazaki (Keio Pharmaceutical University), James Thomas (Ko University)
1. Creating and evaluating ability-level qualifiers for a clinical English "can-do" list [in English] Harumi Oshita (Oita University)
2. Development of a rubric to assess the performance of Japanese medical students taking patient histories in English [in English] Takahiko Yamashiri (Aichi Medical University)
3. Writing test specifications for medical English assessment [in English] Dawn Lucavi (Tokyo Women's Christian University)

1550
Closing remarks

Workshop 1:
The top 3 issues in EMP education: a round-table discussion between EMP teachers and medical students
Facilitators: Takayuki Oshimi (Nihon University), Alan Huk (Tokyo University), James Thomas (Ko University)

Workshop 2:
Creating interactive e-learning content for EMP
Facilitators: Rasoul Brunelmann (Tokyo Medical University), Jum Iwata (Shimane University), Eric Jego (Nihon University)

*Workshops will be held simultaneously in the presentation room partitioned into two parts.
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English teaching programs in fields related to medicine / Medical English needs analysis
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Extracurricular activities for the promotion of students’, nurses’, and clinicians’ medical English skills (1)
学生・看護師・臨床医の医学英語スキル向上のための課外活動 (1) .................................................. 27
Invited lecture

Overcoming Balkanization to fast-track patient-oriented medical Research and Development (R&D)

Makoto Suematsu

Chair
Isao Date

AMED was launched in April 2015 to simplify and unify Japan’s complicated funding systems for medical Research and Development (R&D). Previously, researchers and administrative staff had for many years been obliged to juggle regulations laid down by 3 different ministries (MEXT, MHLW and METI) for funding medical R&D. AMED also has to deal with the challenge of securing sufficient funds for medical R&D in an environment where Japan, as a super-aging country, faces soaring health care costs. But AMED’s single largest challenge may be overcoming the Balkanization of stakeholders in medical R&D. This pernicious phenomenon manifests itself, for example, in the refusal of researchers to share data with others before they publish their research, or in their reluctance to cut costs by sharing expensive equipment and using it for multiple purposes, despite the fact that data sharing is now considered a vital strategy in saving patients with rare and undiagnosed diseases. In an attempt to create an ideal system of patient-oriented medical R&D, AMED has instituted its Initiative on Rare and Undiagnosed Diseases (IRUD). IRUD encourages researchers throughout Japan to share clinical data on phenotypes (rather than genotypes) with clinicians not only in Japan but also in other countries. This allows clinicians with patients showing a similar series of phenotypes to start cooperating immediately with each other to carry out genome analyses to determine the gene(s) responsible for previously undiagnosed diseases. In this lecture, I will introduce some of the successes achieved under IRUD and show how global data sharing will fast-track medical R&D that really benefits patients.

*This lecture does not constitute an official statement by AMED; the contents reflect the speaker’s personal opinions on the problems surrounding medical R&D in Japan. No conflict of interest is declared.

Speaker’s profile
Graduated from Keio University School of Medicine, 1983
Instructor, Department of Internal Medicine, Keio University School of Medicine, 1988
Research Bioengineer, University of California, San Diego, 1991
Professor and Chair, Department of Biochemistry from April, 2001
Dean, Keio University School of Medicine, 2007–2015
Appointed Founding President of AMED in April, 2015
By its nature, a successful medical English program requires at least some cooperation between English teachers and clinicians. When Toho University began its medical English program in 2011, cooperation between the English Department and clinicians was very ad hoc, but it did exist. In the months before the program began, we had several meetings between English faculty and clinicians to determine the contents for medical English. It was decided in these meetings that the medical English classes would mirror what the students were learning in their regular clinical medicine classes. However, these guidelines were very broad and consisted of large categories such as “respiratory system” or “cardiovascular system.” I was given the task of developing the medical English curriculum, but as an English teacher with no medical background, I did not know what contents should be covered. The next step, therefore, was to contact clinicians to ask them what they wanted us to teach in our English classes and to make sure that our teaching materials were accurate and appropriate. The clinicians were very helpful in this respect. I also encouraged clinicians to observe our medical English classes. In the third year of our medical English program, Toho University established a medical English steering committee to give the program more guidance. The main goal of the committee in the first few years was to manage an English OSCE-style test for fourth-year students as a cooperative effort between English teachers, clinicians, and office staff. Now, the committee is taking an even more active role in the medical English program. Starting this year, the fourth-year English for Clinical Medicine course is taught by both clinicians and English teachers together, with clinicians giving an initial lecture in English and English teachers conducting role-play activities based on the lecture. At the time of this writing, though, this course is still too new for any conclusions to be made about its success.
2. Creating authentic learning experiences in clinical settings: English teachers and clinicians working together to develop programs involving English-speaking simulated patients

Ruri Ashida 阿崎猛
(Centre for International Affairs, The Jikei University School of Medicine 東京慈恵会医科大学国際交流センター)

In collaboration with clinicians, we are providing students with opportunities to practice English in medical settings through objective standardized clinical examinations (OSCEs) in English. These OSCEs give students in their clinical years experience in history taking with well-trained English-speaking simulated patients (ESSPs), in giving case presentations to clinicians, and in discussing differential diagnoses, all in English. In preparation, students learn key vocabulary (both lay and professional terms) before the activities, and afterwards they receive feedback on their performance. The OSCE scenarios were originally developed with the help of a single clinician, who focused on the students’ clinical knowledge, while we English teachers focused more on social history, family history, cultural concerns, personal problems, etc. Latterly, the scenarios are written together with several clinicians on the basis of their actual experiences. This allows the clinicians to discuss the cases more knowledgeably, thereby increasing the learning opportunities for the students. An added benefit is that the clinicians say the program stimulates their own interest in English. We have also expanded our English OSCE programs to other universities, where we work with clinicians to confirm the specific program goals they have in mind. We translate scenarios, if necessary, from Japanese to English, and train ESSPs to achieve the best possible outcomes. Collaboration between English teachers and clinicians is of great benefit in providing students with authentic learning experiences, and clinicians with increased motivation to learn English and assist in English programs for students. The next goal is to increase the number of participating clinicians from various fields.
3. Solving the problem of distance in developing and maintaining relationships with medical personnel

Walter Davies
(Hiroshima University Institute for Foreign Language Research and Education)

As a member of a non-faculty group of applied linguists (Hiroshima University’s Institute for Foreign Language Teaching and Education), one of my main challenges in teaching medical English has been developing and maintaining relationships with medical personnel. A key issue is that face-to-face contact with the members of the medical faculty is rare because the institute is based on a campus in a different city from the medical faculty (Higashi-Hiroshima and Hiroshima, respectively); also, the course that we teach is an intensive one, taking place over a period of only four days in September. The main solution to the problem has been to show an interest in medicine through the writing of articles on medical English and to make contact during vacations, when medical professors are less busy. For example, the dean responded very quickly to my request for 30-minute interviews with some senior members of the faculty. This created an opportunity for an exchange of ideas and a chance to get to know some key personnel. Also, good working relationships between our institute’s director and senior members of the faculty allowed me to set up a short voluntary course to trial new materials. These opportunities helped me to develop good relationships with both staff and students. Another avenue of contact with medical personnel has been via a non-university hospital through the teaching of evening classes. One of the challenges for setting up the university medical English course has been to gain a sufficient understanding of medicine to create materials and teach medical English. The neurosurgeon who organises the evening classes has given me an insight into the medical profession and has also advised on content and accuracy in developing medical English materials.
Collaboration between language teachers and clinicians can take many forms, and might begin with something as simple as observing each other’s classes, or comparing course content and lesson materials. However, the best results are likely to be achieved if language teachers and clinicians not only exchange ideas and opinions, but actually work together in the classroom. At Iwate Medical University this approach is used in Skills Lab English, the name given to a range of courses in which small groups of highly motivated medical students are taught practical medical skills in an English-only setting. From a tentative start as an informal extracurricular activity, Skills Lab English has grown to embrace a wide range of activities tailored to the needs of students in both lower and upper grades, and now includes a seminar course offered as part of the official first-year curriculum. My experience of working with clinicians suggests that there are two key conditions for success in collaborative teaching. First, there should be an equal focus on developing 1) medical knowledge and skills, and 2) language skills. Second, the language teacher(s) and clinician(s) should be equal partners in both planning and teaching: Clinicians know how to teach medicine, while language teachers know how to teach language, and it is important that all those involved stick to teaching what they are qualified to teach.
5. Toho University English for clinical medicine program

Kazutoshi Shibuya 滝谷和俊
(Toho University Omori Medical Center 東邦大学医療センター大森病院)

Toho University School of Medicine established a joint committee in 2013 made up of teachers of clinical medicine and teachers of English to govern medical English education in our school. From the beginning, we set two target outcomes for the English for Clinical Medicine program. The first was for students to increase their knowledge of medical science through English. The second was for students to attain a level of English that would enable them to understand patients’ medical problems and explain the pathophysiology of specific diseases concisely. To achieve the second outcome, we began requiring that all students take a test at the end of their fourth year to evaluate their ability to perform medical interviews. To conduct the medical interview test, we started by analyzing what we had taught the students and what we could reasonably expect them to achieve. Also, to get our Japanese teachers of clinical medicine more interested and involved in medical English education, several clinicians were asked to act as standardized patients (SPs) and assessors for the first test. After the first year, native English speakers acted as SPs in the test, but Japanese clinicians continued to participate as assessors to help evaluate the performance of each student. Finally, the medical interviews were recorded so that they could be evaluated objectively later. The establishment of the medical English committee and of the English medical interview test brought about several desirable results. First, the students became more serious about English and began to study it more actively. Similarly, many of the clinicians became more interested in medical English education. And finally, our English teachers have gained knowledge of pathophysiology.
Saturday, July 16, 9:30–10:50
General topics 1: Medical English teaching programs (1) 医学英語教育プログラム (1)
Chairs: Chiharu Ando, Alan Hauk

1 The development of a medical English course for third-year students
9:30–9:50 Walter Davies (Hiroshima University Institute for Foreign Language Research and Education 広島大学外國語教育研究センター)

In this presentation, I will summarise the origins and development of an intensive medical English course for third-year students at Hiroshima University that has been taught annually in September since 2012. In response to a request from the university’s medical faculty, the course was designed and taught by members of the university’s Institute for Foreign Language Research and Education, a group of applied linguists whose main function is the provision of general English education to students in all the faculties. There have been three main phases in the development of the course, and it has been necessary to co-ordinate the project both between the institute and the medical faculty, and within the institute itself:
1. An exploratory phase, involving the selection of personnel, the selection of materials, and the development of a word list and evaluation test.
2. A research and piecemeal development phase, involving central government funding, interviews with senior medical personnel, the start of corpus research on medical English, and the development of some anatomy materials.
3. A consolidation and syllabus development phase, involving the creation of integrated teaching materials, a new word list, and a new evaluation test. During the presentation, I will discuss the evolving strategy for course development in relation to materials, word lists, and evaluation, and consider how the content of the course can be extended and deepened through the creation of online materials.

2 Using corpus analysis to create word lists and edit teaching materials
9:50–10:10 Simon Fraser (Hiroshima University Institute for Foreign Language Research and Education 広島大学外國語教育研究センター)

Following on from Walter Davies’s presentation, I will consider how corpus analysis can be used to improve the medical English materials being developed for use on an EMP course for third-year students at Hiroshima University. I will also describe the evolution of a frequency-based list of core items embedded in these materials (the HU Medical Word List). The research was prompted by the value placed by learners on an initial word list created by extracting terms from six units of specially designed teaching material that incorporated essays on anatomy and related diseases as well as a variety of communicative tasks. Two medical corpora have been built, based on Gray’s Anatomy for Students and Harrison’s Principles of Internal Medicine. The corpora have been used in two ways. First, the units of material have been analysed at the sentence level, and comparisons made with the language found in the corpora. Through an analysis of terms, collocations, and phrases, it has been possible to enrich the materials with items occurring in the two key reference books, bringing the language of the materials closer to that of the medical texts. A second use of the corpora has been in the identification of “gaps” in the materials. To achieve this, high-frequency items not found in the materials have been examined, and where possible, grouped within a medical field, aiding the construction of new units of material. The HU Medical Word List has emerged from this interweaving process of materials development and corpus analysis, enabling students to learn core medical terminology relatively early in their studies on a course that uses a communicative approach to vocabulary learning.
With its so-called Masterplan for Medical Education 2020 ("Masterplan Medizinstudium 2020"), the German government intends to develop measures with the aim of more targeted selection of student applicants, for example by implementing a quota for students with a degree in a health professions-related field. Furthermore, curriculum changes are to be promoted to increase the orientation towards the teaching of practical skills, to strengthen primary care aspects throughout the studies, and to enhance scientific research education in medicine. The last of these goals, namely preparing medical students to handle scientific data and to evaluate these according to evidence-based criteria, is regarded as essential by most associations involved in medical education planning, including the Medical Faculty Association (MFT), the German Medical Students’ Association (bvmd), the German Medical Association, and the Association of Scientific Medical Societies in Germany (AWMF). Furthermore, the National Competency-based Catalogue of Learning Objectives for undergraduate medical education (NKLM), developed by a collaborative committee of the MFT and German Medical Education Society (GMA) together with the above-mentioned groups and associations, could serve as the basis for defining measures to increase scientific training to enable medical students to perform medical research. In the light of these developments, the obligatory implementation of EMP into medical curricula as a major foundation for scientific training has to be discussed. This presentation will focus on how the discussions surrounding the German Masterplan for Medical Education 2020 can be expected to evolve into a sound foundation for the implementation of EMP in German medical curricula, and on how this might serve as a basis for similar discussions in Japan.

**Background:** Presenting and discussing clinical research articles are among the most important English skills that medical students need to develop. This study outlines a journal club presentation template designed to improve students’ ability to understand original clinical research articles.

**Methods:** This new journal club presentation template includes not only traditional Japanese journal club components, such as abstract, figures and tables, but also authors’ backgrounds, originality and contribution of the article to the research field, editorial articles, correspondence articles, and conference reports about a particular original article. A total of 110 second-year and 114 fourth-year medical students were trained to use the template, and they evaluated their own progress by answering 10 can-do statements before and after the training course, which consisted of 600 minutes of in-class training and a 15-minute journal club presentation using the template. To assess effectiveness, separate 2x2 McNemar tests for paired proportions were used to compare pre- and post-presentation responses to individual statements.

**Results:** After their presentations, the students perceived significant improvement in all of the skills addressed by the 10 can-do statements (p<0.05). Many also commented that the template improved their confidence in reading original clinical research articles.

**Conclusions:** This study provided evidence that this new presentation template is effective in improving medical students’ ability to understand original clinical research articles.
The necessity for further training in communication skills during the pre-clerkship stage of pharmacy studies at my university led to the creation and implementation of a short unit of study within the fourth year that focuses on applying students' knowledge of medicine and health to communication with patients in community pharmacy settings. This short course of eight classes uses predicted questions from patients about specific drugs to create awareness of patients' needs and the necessity of good communication skills. The students are guided on how to apply the scientific knowledge they have acquired so far in their studies to communicate with patients in a way that will improve outcomes in the pharmacy. Through selected readings, they are made to realize that they will face patient questions not only about medication, but also about patients' lifestyles, emotional problems, and specific disease states. The course encourages them to think about what information a patient may need or want, the kind of questions a patient may ask when receiving medication, and where to search for the information they need to answer a patient's questions. They are also challenged through small group discussions and role-play activities to think about empathy, which is necessary when talking with patients. The goal of this specialized training course, in combination with their other pre-clerkship classes, is to help students acquire the vital communication skills they will be need in the upcoming clerkship experience, and later as working pharmacists.

Last fall, we started a new pharmaceutical English course for 4th-year students on pharmacist interviews in two different settings: retail pharmacies (selling over-the-counter drugs), and hospital/dispensing pharmacies (providing prescription drugs). The course emphasizes the importance of open-ended questions in checking that patients understand essential information, such as dosing instructions and possible adverse reactions. Students are also trained to listen to any concerns that a patient might have, regardless of whether they are drug-related. In actual practice, our students are most likely to encounter difficulties in communicating with non-Japanese-speaking patients. In such situations, the use of visual aids is particularly useful in ensuring that patients receive accurate drug information from their pharmacist. I had students work in groups of 4 or 5 to create visual aids that could be used to explain drug-related concepts to patients. I then had them write and perform skits showing how they would employ these visual aids in an actual pharmacy setting. Since classroom time was limited, I asked students to take videos of their skits on their smartphones and submit them for evaluation. Although the visual aids varied widely in quality, it was extremely encouraging to see students exercise their imagination and artistry to provide patients with vital drug information in a form that would overcome language barriers.

It is often asserted that doctors and nurses in Japan need to know English, and countless medical and nursing English textbooks covering a broad spectrum of skills have been published in an attempt to meet this need. However, the specific English needs of Japanese medical professionals have not been sufficiently analyzed. Whether these needs vary in different types of hospitals (e.g., university or prefectural hospitals) or settings (e.g., urban versus rural) also remains unknown. The presenters will show preliminary results from a three-year study that aims to ascertain the English needs of doctors and nurses at different types of hospitals in Japan, beginning with those in rural settings. Questionnaires were distributed to 2,000 nurses and doctors at a university hospital and a large prefectural hospital in Shikoku, and 1,274 complete responses were received (1,007 from nurses and 267 from doctors; an overall response rate of 77%). Results indicate that almost all respondents have used English at least once in their work. Nurses primarily use English for speaking to foreign patients, while doctors use English to search for information, write papers, and communicate with patients. Both nurses and doctors expressed dissatisfaction with the English education they received at university, and reported that nursing and medical students need training in English speaking and listening more than in TOEIC or even in medical/nursing English. Nurses also indicated that having to use English was a source of stress. This study shows the importance of needs analyses in developing informed and effective EMP curricula and materials.
Sunday, July 16, 14:15–16:20
General topics 3: Extracurricular activities for the promotion of students’, nurses’ and clinicians’ medical English skills
 Chairs: Yoshitaka Fukuzawa (Aichi Medical University Hospital) and Clive Langham (Nihon University School of Dentistry)

1 Have you ever read a medical novel?
14:15–14:35 Christopher Holmes (The University of Tokyo Faculty of Medicine)

Getting your medical students to read an entire book in English is a challenge, but a rewarding one, especially if the author is a novelist who writes in today’s English about doctors, patients, diseases, and treatments. I will discuss some of the perks and pitfalls for students of medical novel reading under a teacher’s guidance. I will include some recommendations: medical novels you might like to put on your own reading list (if you haven’t read them already) as well as books and situations to avoid. And of course I will stress the importance of teaching pronunciation by getting students to read aloud.

2 Medical English course for nurses: a year of experience
14:35–14:55 Alexander Zaboronok, Keiko Sugimoto, Thomas Mayers, Minoru Akiyama, Akira Matsumura (International Medical Center, University of Tsukuba Hospital)

Every day, about 20 foreigners receive medical care at the University of Tsukuba Hospital (UTH), mainly in the outpatient departments. In 2014, we established a 6-week Medical English course for nurses with the aim of helping them communicate with foreign patients. The course included a number of pertinent topics such as patient data collection, hospital facilities, human anatomy, symptoms, medical history, medications, etc. In addition to textbook materials, we also used department-specific phrase lists prepared by the nurses themselves. The course was offered in each of the hospital’s 10 clinical departments successively. In order to make it convenient for all nurses, we held the same class twice a week at each department after the end of the fixed working hours. We analyzed feedback from questionnaires completed by over 200 nurses who participated in the course from September 2014 to October 2015. The questionnaires covered such parameters as the length, timing, and location of classes, ability to participate, and general satisfaction with the course. The feedback was generally positive, but we obtained valuable comments on how we can improve the course. I will share these and other information on our experience in this presentation.

3 Efforts to improve the English skills of doctors at Aso Iizuka Hospital
14:55–15:15 Mari Midorikawa, Taihei Ishikawa, Naoki Matsuura, Satoshi Matsunaga, Shin Yoshida, Aya Miyamoto, Hiroshi Imura (Aso Iizuka Hospital)

Many doctors in Japan are interested in learning English so that they can broaden their academic accomplishments. At the same time, few have much time to study English, and few have opportunities to communicate with foreign doctors or patients. My hospital has been providing such opportunities as regular lectures by visiting doctors from partner institutions. In addition, our team, Aso Iizuka Hospital Medical English Education Team (AIH-MEET), started hosting case conferences in English last year. As the participants’ English skills range from elementary to fluent, efforts need to be made to help individuals learn efficiently. Steps we have taken in this respect include preparing vocabulary lists, adopting the rule that mixing English and Japanese is acceptable (to promote active participation), sending review emails to participants after conferences, and using case studies featuring patients with similar conditions to practice recurring vocabulary and phrases. The main challenge we face is the fact that participating doctors have very limited time to spend on improving their English skills. In order to maximize time-effectiveness, we need to consider and focus on which specific language skills they would like to improve.
Medical interviews in English with English-speaking simulated patients from three countries

15:20–15:40 Tomoko Miyoshi 三好 智子, 1 Sabina Mahmood, 2 Hitomi Kataoka, 3 Isao Date 4
(Okayama University 岡山大学, Center for the Development of Medical and Health Care Education, Admission Center, Department of Primary Care and Medical Education, Department of Neurological Surgery)

Early this year, Okayama University Medical School arranged a voluntary extracurricular “Medical Interviewing in English” session for 2nd- to 6th-year medical students with 3 English-speaking simulated patients (ESPs) from 3 countries (Egypt, Indonesia, and Japan). Seven students participated, and each interview lasted 15 minutes. In post-interview feedback, all 3 ESPs agreed that 1) students showed appropriate sympathy, 2) students were friendly and asked clear and easy-to-understand questions, and 3) students spoke slowly and repeated questions when necessary. The ESPs identified the following weaknesses: 1) students asked too many irrelevant questions, 2) students asked few personal questions about such matters as sexual history and illicit drug use, and 3) students did not ask detailed questions about the chief complaint. In this presentation, we will focus on how we at Okayama University Medical School are providing our students with training in English listening and interviewing skills, so that they will be able to establish a good rapport with the increasing number of English-speaking foreigners and give them the best possible care.

What are the most effective approaches to preparing Japanese medical students for international clinical elective placements?

15:40–16:00 James Thomas, Timothy Minton 3 (Keio University School of Medicine 厚生労働省大学医学部, Medical Education Center, Department of Medical Education)

The number of Keio University medical students participating in international clinical elective placements has increased significantly over the past four years. Similar trends can also be seen at other medical schools in Japan. Such placements give students opportunities to improve their communication skills and clinical knowledge, and to gain exposure to and confidence in a variety of multi-cultural settings. These placements often require a significant investment of time and money, so it is prudent to prepare students properly before they participate. We have developed and refined a series of preparation programmes with the aim of assisting students in developing some of the key skills they will require when participating in overseas clinical placements. The sessions include lectures, small group discussions, simulated patient encounters, OSCEs with English-speaking patients, and the use of online resources and demonstration videos. This presentation will highlight and discuss the challenges, limitations, and successes of these components. We organised four separate programmes between September 2013 and January 2016, with 12 fifth-year students participating in 2013, 23 in early 2014, 24 in late 2014, and 34 in 2015. Providing a combination of learning experiences with a strong emphasis on practice, simulation, and constructive feedback proved to be the most successful approach to preparing students for international placements.

A global step for a local school

16:00–16:20 Najma Janjua (Kagawa Prefectural University of Health Sciences 香川県立保健医療大学)

Kagawa Prefectural University of Health Sciences (KPUHS) is a small institution located in Japan’s smallest prefecture, Kagawa, on the island of Shikoku in western Japan. The university offers undergraduate programs in nursing, medical technology, midwifery, and public health, a master’s program with specializations in nursing and medical technology, and several year-round free community health education programs for local residents. While the university takes pride in its programs and facilities and the close to 100% success rate of its graduating students on national licensing examinations, results of the school’s assessment by the Japan University Accreditation Association in 2010 pointed to a lack of “international vision” and of “education that can respond to internationalization.” While these findings initiated curricular revisions to introduce a greater international component, they also brought home the realization that ever since its establishment in 1999, the school had neither had a partnership with an overseas school nor participated in an exchange or study abroad program. This further led to the establishment of an international exchange committee in 2014 with a mandate to change the status quo. The following year saw the university establish partnerships with a medical school in Vietnam and two institutions in Canada. This presentation describes KPUHS’s partnership with one of the two Canadian universities that has relevance also to the study of medical English. While there are now hundreds of international partnerships in Japan and worldwide, this small global step for a local Kagawa school, although late in coming, may have a big potential to foster international vision in its community.
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There is a growing need for Japanese medical students to develop their English skills in clinical settings, including history-taking, physical examination, and case-presentation skills, all of which are essential for clinical clerkships in English-speaking countries. To help both students and physicians improve these skills, JASMEE started offering one-day seminars in 2015. The first seminar was attended by 25 participants, who practiced history taking with three instructors and four English-speaking simulated patients. The second seminar is scheduled on May 28, 2016, and is designed to help 50 participants improve their physical examination skills under an invited faculty member from Stanford Hospital and three task force members. In this interactive presentation, I will describe the two seminars in detail, and discuss with the audience how to improve the seminar series in a creative manner.
JASMEE now and in the future 2

JASMEE 編『総合医学英語テキスト』の制作について
JASMEE’s EMP textbooks

日本医学英語教育学会 テキスト編集委員会 Textbook-editing committee, JASMEE
杉正仁 Masahito Hitosugi (滋賀医科大学 Shiga University of Medical Science)
福沢嘉孝 Yoshitaka Fukuzawa (愛知医科大学病院 Aichi Medical University Hospital)
安藤千春 Chiharu Ando (福井獨協大学看護学部 Himeji Dokkyo University)
森 茂 Shigeru Mori (大阪市立大学医学部 Osaka University School of Medicine)
Timothy Minton (慶應義塾大学医学部 Keio University School of Medicine)
Clive Langham (日本大学歯学部 Nihon University School of Dentistry)

Chair
Reuben M. Gerling
(Medical writer/editor)

患者の安心・安全を確保することは医療においても重要な課題であり、医療の質保証のために良質の教育が求められている。Educational Commission for Foreign Medical Graduates (ECFMG) は2010年に、米国医学校協会の教育連絡調整委員会またはWorld Federation for Medical Education (WFME) のグローバルスタンダード評価基準に準拠した医科大学・医学校の卒業生以外には、2023年以降米国医師国家試験（USMLE）の受験資格を認めていないとした。以降、わが国の医学教育は、この評価基準に準拠することが求められ、各学校においても国際認証に向けた取り組みが進められている。

日本医学英語教育学会では、わが国の医学英語教育がWFMEのグローバルスタンダードに基づくよう、いち早く医学英語教育のガイドラインを制定した。このガイドラインでは、卒業時に全員が習得すべき内容（Minimum requirements）と、さらなる能力向上のために習得が望ましい内容（Advanced requirements）に分けて詳細な学習内容が列記されている。しかし、具体的にはどのようにして教育を実践すべきか踏まえている現場が多い。そこで本学会では、ガイドラインに基づく理想的な教育が行えるよう、テキストを製作するに至った。医学英語の教育には、医学的知識の習得にしたがって教育内容を選択することに苦労する。本学会では学の中に円滑に医学英語が履修できるよう、教科書を下記の2巻に分けて製作することとした。

・Step 1：医学部低学年、医療系学生を対象とし、一般的症候をトピックとする。
・Step 2：医学部高学年を対象とした、医学的知識が必要な内容をトピックとする。

このたび第1巻が刊行されることになったが、テキストの特徴と効果的利用方法を概説する。

また、テキスト作成にご尽力下さった会員の諸先生方に厚く御礼申し上げます。

JASME now and in the future 3

3. 日本医学英語検定試験：1級・2級試験の実施状況
Examination of Proficiency in English for Medical Purposes (EPEMP):
current status of level 1/2 examinations

伊達 龍 Isao Date
(岡山大学大学院医学部医学総合研究科 Graduate school of Medicine, Dentistry and Pharmaceutical Sciences,
Okayama University)

伊藤昌徳 Masanori Ito
(順天堂大学浦安病院 Juntendo University Urayasu Hospital)

Chair
Reuben M. Gerling
(Medical writer/editor)

日本医学英語検定試験（医英検）の3級・4級試験は、2008年に開始され、2016年が
第9回の開催である。第8回と同様全国10カ所での試験実施の予定である。医英検をさら
に充実させるため、2012年からは2級試験を開催、2015年からは1級試験を開始した。
医英検の開始当時から望まれていた、1級から4級までの試験形態が完成したことになる。
今後ますますの受験人数の増加が期待される。これら4つの等級と難易度については、以
下のように設定している（ホームページで公表）。

4級 基礎的な医学英語運用能力を有するレベル（医科大学・医療系大学在学あるいは卒
業程度）
3級 英語で医療に従事できるレベル（医師・看護師・医療従事者、通訳・翻訳者等）
2級 英語での論文執筆・学会発表・討論を行うレベル
1級 医学英語教育を行うレベル（2級受験者を指導できるレベル）

2級については、3級合格者に受験資格を与え、1級については、2級合格者に受験資格
を与える
1級、2級の試験内容を具体的に本抄録に記載することはできないが、2級では、医学
英語論文を一定時間で読みこなすことができる能力を筆記試験で問い、英語でのプレゼンテ
ーションと質疑応答の能力を口頭試験で問う。
1級では、これまでの医学英語論文の執筆実績、医学英語教育への貢献の業績等を審査
し、国際学会での座長を務める能力、医学英語発表について的確に指導できるかどうか、
の能力を口頭試験で問う。

本セッションでは、伊藤が2級試験について、伊達が1級試験について、現状報告を行
う。
Workshop 1

The top 3 issues in EMP education: a round-table discussion between EMP teachers and medical students

Facilitators

Takayuki Oshimi, Alan Hauk, James Thomas

(1Nihon University School of Medicine, 2Toho University School of Medicine, 3Keio University School of Medicine)

To gain accreditation from the World Federation for Medical Education for conforming to its recently established global standards in medical education, all medical schools in Japan are changing their curricula. Many of them are planning to increase the hours allotted to English for medical purposes (EMP) education, which means that EMP instructors will have to confront the issues of 1) educational content, 2) defining the role of EMP instructors, and 3) EMP curriculum development. This 90-minute interactive workshop will be open to 30 JASMEE members, who will have the opportunity to share ideas and opinions on these 3 issues with 30 invited medical students. Discussions will focus on how to approach the issues in a creative and effective manner. The procedure will be as follows:

Step 1
Participants will be divided into 3 groups of 20. Each group will be asked to come up with as many ideas as possible on 1 of the 3 issues, and to write each of their opinions on separate sticky notes.

Step 2
Each group will display its sticky notes on a large board so that all participants can read them.

Step 3
Working with the task force facilitators, participants will group similar items on the board to help them consider the following questions: “What are the most important problems?” and “How we can solve them?”

Step 4
Each group will give a short presentation on its conclusions, after which a general discussion will be held with the aim of finding creative solutions.

We hope that the diverse opinions of the JASMEE participants and invited students will make this workshop an enriching and creative experience, and that the participants’ conclusions will contribute to the promotion of excellence in EMP education in Japan.
Workshop 2
Creating interactive e-learning content for EMP

Facilitators
Raoul Breugelmans¹, Jun Iwata岩田淳², Eric Jego³
(¹Tokyo Medical University 東京医科大学, ²Shimane University Faculty of Medicine 島根大学医学部, ³Nihon University School of Medicine 日本大学医学部)

The JASMEE ICT Subcommittee was established in 2015 to develop an attractive web presence and to offer members of the society a platform and the tools to create and share e-learning content and interact with other members. Towards these goals, the subcommittee has been making arrangements for a new initiative that will provide access to an e-learning content authoring system to JASMEE members free of charge. Members will be able to easily create interactive learning objects and export these for use at their schools in their own courses with their own students. They will also be able to share the learning objects among JASMEE members, or if they wish, make them available to the general public under a Creative Commons license. The workshop will provide participants with an opportunity to learn about this initiative, gain a general understanding of e-learning content authoring and how it can be applied to EMP education, and experience hands-on the creation of a small sample learning object using the authoring tool. Participants will be able to continue using the tool and create their own content after the workshop. Prior registration by email is required, and the number of active participants is limited to a maximum of 18. Observers are welcome to attend without prior registration, but will not be given accounts to log in to the authoring tool.
Flipped classroom methodologies have been gaining popularity in English education in recent years. A flipped class involves requiring students to acquire knowledge before coming to class so that students can engage in active learning together in class. While the body of research on the effects of this methodology is growing, few studies examine the effects of flipped methods within the context of medical English education in Japan. A basic medical history taking skills course for 1st-year students held at Nihon University was flipped for the first time in 2015. The main reason was to attempt to maintain student achievement levels despite lessons being reduced from 90 minutes to 55 minutes, which resulted in a total reduction of 15 hours of class time in 2015. Different metrics were monitored over the 3-year period from 2013 to 2015 to determine the effects of flipping the class. These metrics included student achievement scores, official student course evaluation data, and two types of student self-evaluation of skill development data as well as qualitative data consisting of free comments made by students. This study provides evidence to suggest that flipped methods within the context of medical English education for 1st-year Japanese medical students can result in greater achievement levels in basic medical history taking. However, flipped methods can also result in lower course satisfaction, lower perceived skill development and many complaints from students about infrastructure and various technical issues. Therefore, successful implementation may require careful consideration of these aspects before a class is flipped.
Teaching tutorial and seminar leadership skills

10:10–10:30  Michael Guest (Faculty of Medicine, University of Miyazaki)

Medical practitioners are often asked to lead discussions, seminars, workshops, and tutorials attended by fellow medical professionals, medical students, researchers, or the general public. Unfortunately though, unlike formal presentation techniques, the skills necessary for taking on leadership roles in discussions, workshops, tutorials, and seminars rarely seem to be taught at medical schools in Japan, either in English or in Japanese; nor are they discussed widely in the literature. In this presentation, the speaker will outline the positive outcomes arising from a course on teaching seminar leadership skills to 1st- and 4th-year medical students.

Laughter is the best medicine: using comedy sketches to learn medical English

10:30–10:50  Thomas Mayers (Medical English Communications Center, University of Tsukuba)

Research suggests that the incorporation of humor into the language classroom aids the learning process. In this presentation I will introduce a group project to help medical students learn medical English vocabulary and phrases through the medium of comedy. The project involves students working in groups to create short comedy sketches based on doctor-patient interactions. Through a multi-step process of studying, discussing, script writing, practicing, filming, editing, and viewing, students are able to internalize essential vocabulary and acquire basic clinical communication skills. The comedy element adds an extra layer of difficulty to the subject of clinical communications, but overall makes the project extremely motivating and enjoyable for the students. So far, this project has been used with classes of up to 50 students. Approximately 3 teaching hours are devoted to the project for explanation, script writing, and viewing of the finished sketches, with the filming and editing of the sketches done as homework. I will explain the rationale for the project, provide details of the procedures, and share some of the students' reports written after the project along with some of their comic creations.
Sunday, July 17, 11:00–12:20
General topics 5: Extracurricular activities for the promotion of students’, nurses’, and clinicians’ medical English skills (2)

Chairs: Ruri Ashida 声田ルリ (The Jikei University School of Medicine 東京薬科大学), Eric Jego (Nihon University School of Medicine 日本大学医学部)

1 Medical professors’ rounds and conferences in English: current effectiveness and problems

11:00–11:20 Masao Nagayama 永山正雄 (International University of Health and Welfare Atami Hospital 国際医療福祉大学熱海病院)

Introduction: In Japan, discussions during medical professors’ rounds and at conferences are usually carried out exclusively in Japanese. However, in response to a recent influx of non-Japanese medical graduates, professors’ rounds and conferences have been conducted in English every day since August 2015 at our university hospital. The purpose of this study was to elucidate the effectiveness and problems of using English instead of Japanese.

Methods: A questionnaire was completed by six participants (three foreign and three Japanese medical graduates), and the results were analyzed.

Results: All six participants supported the normalization of professors’ rounds and conferences in English and considered the outcome satisfactory. It was especially welcomed by the foreign graduates, who thought it would increase the interest in medical education and attract more international collaborative clinical research and publication. The Japanese graduates thought that it increased motivation in clinical practice, research, and education, but they pointed out that it often necessitated supplementary explanation in Japanese for co-medical professionals. It often raised patients’ apparent trust in physicians, but some Japanese explanation was considered necessary, possibly to remove latent anxiety.

Conclusions: Conducting medical professors’ rounds and conferences in English can contribute to the education of physicians by promoting international cooperation and exchange. Our findings may help us meet the medical school accreditation that will be required for certification of foreign physicians by the Educational Commission for Foreign Medical Graduates in 2023.

2 The University of Tsukuba’s Medical English Communications Center (MECC)

11:20–11:40 Flaminia Miyamasu 宮増フラミニア (Medical English Communications Center, University of Tsukuba 建沢大学医学英語コミュニケーションズセンター)

The Medical English Communications Center (MECC) was established in 2010 as a response to the University of Tsukuba’s mandate, as one of the 13 core universities of the MEXT-sponsored Global 30 program, to intensify internationalization of its research and education activities. Now in its seventh year, MECC has become an integral part of the faculty. In this talk, I will describe MECC’s mission, the editing and presentation-coaching services it offers, its day-to-day operation, and its evolution and growth since its inception. I will also reflect on the benefits to be gained from having such a communications center, not only for the colleagues and students who use its services, but also for the EMP specialists who provide the services. Finally, from the experiences gained over the past 6 years, I will offer some tips on setting up and running such a center.
Academic writing skills in English are regarded as vital for medical students. To give students opportunities to practice and hone their writing skills, Team Medics is in the process of establishing a media platform where Japanese medical students can write in English on health care-related issues in Japan that would otherwise remain unknown to non-Japanese speakers because of the lack of information in English. To launch the media platform, Team Medics is taking the following steps: 1) designing a website and recruiting student staff, 2) writing articles in English, 3) having the articles edited by bilingual student staff members, 4) giving feedback to the student authors, 5) posting the articles on the website, and 6) increasing interactions between student authors and people worldwide. We will evaluate this project using the following performance indicators: a) number of articles contributed, b) authors’ pre- and post-project TOEFL scores, c) number of citations, and d) number of the visitors to the website. We hope that this project will contribute to the introduction of various novel medical English education alternatives in the future.
Creating and evaluating ability-level qualifiers for a clinical English “can-do” list

Various forms of can-do lists are used by the Society for Testing English Proficiency (STEP) in Japan, and the Common European Framework of Reference for Languages (CEFR), among others. The purpose of a can-do list is to help students understand their foreign language abilities and ultimately to help them set clear goals for improvement. In this presentation we will discuss the design and use of a can-do list with level-ability qualifiers for a task-based clinical English communication class. Our first research question was: is such a can-do list an appropriate tool for teacher evaluation of students and/or student self-evaluation? To explore this we used a medical English can-do list created by Ryoko Takahashi (2015). The second research question was: what are the appropriate ability-level qualifiers for a task-based medical English communication class? We created a set of four qualifiers that would provide a basis for analysis. After six 90-minute classes focused on teaching medical interview English to 113 fourth-year medical students, we administered the can-do list. We will present the results of teacher evaluations and students’ self-evaluations, and discuss potential modifications to the clinical English can-do statement qualifiers.

Development of a rubric to assess the performance of Japanese medical students taking patient histories in English

For Japanese medical students, interview training in English is often viewed as impractical until students acquire sufficient medical knowledge and clinical reasoning ability. In fact, English communication skills as well as professional medical communication skills should be taught during junior years. These communicative skills include greeting patients, making them feel comfortable through empathetic engagement, and eliciting patient histories with due diligence and an assuring professionalism. In the absence of a suitable evaluation tool to assess the performance of first- and second-year Japanese medical students taking patient histories in English, a pilot rubric was developed in collaboration with Nihon University. This rubric evaluated performance in four areas: spoken English proficiency, communication and interpersonal skills, integrated clinical encounter, and internalization*.

Incorporating feedback from raters, this study then reviewed and revised the dimensions and descriptors of the pilot rubric, and had multiple raters independently evaluate videotaped interviews of junior medical students using the revised rubric. This presentation discusses the statistical results of the scoring as well as the feedback from raters in its examination of the reliability and practicality of the rubric. Some ideas for further revision will be suggested, as well as implications for the classroom.

*The first three of these are the three scoring subcomponents used in the USMLE Step 2 CS Examination, adjusted to an appropriate level for students in their junior years.

Writing test specifications for medical English assessment

Test specifications are a design document used for writing assessments, and are often generated for high-stakes and standardized tests. However, they are not commonly used for other types of assessment in Japan. Furthermore, they may act as a type of “obscured genre”, and other stakeholders, such as administrators, course coordinators, and instructors may not be familiar with how to read, write, or access them. Fulcher (2010) writes that the usual design process for institutions or stakeholders unfamiliar with test specifications begins with question writing. This may be counter-productive and inefficient in long-term assessment building. Davidson and Lynch (2010) claim that the “informal, institutional memory of experienced faculty or test developers” may operate as one type of test specification. However, this information may be prone to loss, degradation, or misinterpretation. Instead, writing and formalizing a set of test specifications may be a more efficient, effective, and time-proof method for generating consistent assessments in a principled manner. This presentation will discuss the basic tenets of writing test specifications for any level of assessment in medical English education, as well as their benefits and how to implement them in an existing program or course. Finally, a list of resources and further reading on test specifications will be provided.
Awardee: Daisy E. Rotzoll, MD, PhD

Daisy Rotzoll is Medical Director of the “LernKlinik Leipzig”, the skills center at the Faculty of Medicine, Leipzig University. She grew up in Kyoto, moving back to Germany with her family in 1979. She studied medicine and Japanese studies at the University of Heidelberg, Germany, where she received her MD and PhD in pediatrics and neonatal intensive care. For her medical studies, she spent one year at the Department of Neonatology at Osaka Medical College, Takatsuki, and two years at the Graduate School of Pharmaceutical Sciences, Department of Health Chemistry, at Tokyo University. She is a regular visiting professor at Kyoto and Tokyo Universities, where she gives workshops for doctoral students of medicine and pharmaceutical sciences in presentation skills at international conferences. Her interest in medical education and didactics led her to a guest professorship at the Medical Education Development Center (MEDC) at Gifu University in 2015. Her research interests include competency-based skills training in undergraduate medical education, peer-assisted teaching (PAT) and English as a Lingua Franca, as well as basic research on antioxidants in premature infant nutrition. She is author of the soon-to-be published book on skills training in undergraduate medical education (by de Gruyter, German: “Das Skillslab ABC”).

Medical students’ participation in EMP curriculum development:
Report on a workshop at the 10th International SkillsLab Symposium 2015
Daisy E. Rotzoll, Juliane Lutze, Leonie Sauer, Robert Wolf
(Faculty of Medicine, University of Leipzig, LernKlinik Leipzig)

Introduction: To enhance the integration of EMP into skills training in skills labs, student and faculty-led initiatives have been implemented as electives at several German medical faculties. To coordinate and align these different initiatives, a workshop was designed and carried out at the 10th International SkillsLab Symposium 2015 with the aim of making a proposal to align and embed these initiatives into German medical curricula.

Materials and Methods: A 2-hour workshop was designed for the symposium and was open to all participants. Ten participants signed up for the workshop from 6 different faculties. The format of the workshop was: 1) self-introduction and individual description of reasons for participation, 2) description by medical students from Leipzig of how EMP is integrated into the LernKlinik Leipzig skills training program, 3) discussion of how other faculties do this, 4) group work with the aim of designing a blueprint curriculum for longitudinal EMP integration into German skills labs, and finally 5) presentation of group work results.

Results: The peer student tutors and faculty involved in the workshop developed a structured plan for EMP integration into German medical curricula, which will serve as a basis for further discussion with MFT (Medizinischer Fakultaetentag) in charge of curricular development at German medical faculties.

Discussion: Active involvement of medical students in creating blueprints for EMP integration into medical curricula can serve as a profound needs assessment to enhance implementation of EMP as an obligatory curricular element in medical education.
# Past academic meetings

日本医学英語教育学会 学術集会一覧

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The 19th JASME Academic Meeting

**Dates**

2016年7月16・17日（火・水）

**President**

ティモシー・ミントン Timothy Minton
Keio University School of Medicine

**Venue**

Keio University Hiyoshi Campus
〒223-8521 神奈川県横浜市港北区石卷4-1-1
4-1-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 223-8521

協賛：公財団法人横浜観光コンベンション・ビューロー