The 21st JASMEE Academic Meeting
Program and abstracts
第21回日本医学英語教育学会
学術集会プログラム・抄録集

Dates 会期
Saturday, July 28 & Sunday, July 29, 2018 2018年7月28・29日（土・日）

President 会長
Ikuo Kageyama 影山 幹男
The Nippon Dental University School of Life Dentistry at Niigata
日本歯科大学新潟生命歯学部

Executive Committee Chairperson 実行委員長
Akira Hamura 羽村 章
The Nippon Dental University School of Life Dentistry at Tokyo
日本歯科大学生命歯学部

Venue 会場
The Nippon Dental University School of Life Dentistry at Tokyo
日本歯科大学生命歯学部
1-9-20 Fujimi, Chiyoda-ku, Tokyo 102-8159
〒102-8159 東京都千代田区富士見1−9−20
The 21st JASMEE Academic Meeting Program and abstracts
第21回日本医学英語教育学会 学術集会プログラム・抄録集

**Dates** 会期

Saturday, July 28 & Sunday, July 29, 2018 2018年7月28・29日（土・日）

**President** 会長

Ikuo Kageyama 影山 幹男
The Nippon Dental University School of Life Dentistry at Niigata
日本歯科大学新潟生命歯学部

**Executive Committee Chairperson** 実行委員長

Akira Hamura 羽村 章
The Nippon Dental University School of Life Dentistry at Tokyo
日本歯科大学生命歯学部

**Venue** 会場

The Nippon Dental University School of Life Dentistry at Tokyo
日本歯科大学生命歯学部

1-9-20 Fujimi, Chiyoda-ku, Tokyo 102-8159
〒102-8159 東京都千代田区富士見1-9-20
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greetings from the President</td>
<td>4</td>
</tr>
<tr>
<td>General information</td>
<td>6</td>
</tr>
<tr>
<td>Instructions to speakers</td>
<td>8</td>
</tr>
<tr>
<td>Transportation / Floor map</td>
<td>10</td>
</tr>
<tr>
<td>Accommodations</td>
<td>11</td>
</tr>
<tr>
<td>Timetables</td>
<td>13</td>
</tr>
<tr>
<td>Saturday, July 28 7月28日(土)</td>
<td>19</td>
</tr>
<tr>
<td>Special lecture 1: Innovative English education for 21st-century health care professionals</td>
<td>20</td>
</tr>
<tr>
<td>General topics 1: Medical English teaching programs (1)</td>
<td>22</td>
</tr>
<tr>
<td>General topics 2: Medical English teaching programs (2)</td>
<td>24</td>
</tr>
<tr>
<td>General topics 3: TOEFL ITP</td>
<td>26</td>
</tr>
<tr>
<td>General topics 4: Doctor-patient communication</td>
<td>28</td>
</tr>
<tr>
<td>General topics 5: English writing/reading</td>
<td>31</td>
</tr>
<tr>
<td>Sunday, July 29 7月29日(日)</td>
<td>33</td>
</tr>
<tr>
<td>Special lecture 2: Medical care support system for the 2020 Tokyo Olympic and Paralympic Games</td>
<td>34</td>
</tr>
<tr>
<td>Invited lecture: Dental education for UK dental students and dentists who are non-native speakers</td>
<td>36</td>
</tr>
<tr>
<td>JASMEE now and in the future: Implementation report of the Examination of Proficiency in English for Medical Purposes</td>
<td>38</td>
</tr>
<tr>
<td>Workshop: EMP lesson plans: PechaKucha style presentation</td>
<td>39</td>
</tr>
<tr>
<td>General topics 6: Study abroad programs</td>
<td>40</td>
</tr>
<tr>
<td>General topics 7: Cross-cultural understanding</td>
<td>42</td>
</tr>
<tr>
<td>Posters 1: Activity reports</td>
<td>43</td>
</tr>
<tr>
<td>Posters 2: Development of teaching materials</td>
<td>46</td>
</tr>
<tr>
<td>The 14th Kenichi Uemura award ceremony</td>
<td>49</td>
</tr>
<tr>
<td>Past academic meetings</td>
<td>50</td>
</tr>
</tbody>
</table>
Greetings from the President

It is my great privilege to extend a cordial invitation to the 21st Academic Meeting of the Japan Society for Medical English Education (JASME), which will be held on Saturday, July 28 and Sunday, July 29, 2018 at the Nippon Dental University at Tokyo, Japan (http://www.tky.ndu.ac.jp/index.html). This year’s president is Ikuo Kageyama of the Nippon Dental University School of Life Dentistry at Niigata, and the main theme of the Meeting will be “Medical English for All Needs.”

The Nippon Dental University (NDU) is Japan’s first and oldest dental university. It was founded by Ichigoro Nakahara in 1907 in accordance with a new dental law, introducing regulations for the accreditation of both public and private dental schools. We are honored to host this year’s JASME Meeting, the first to be held at a dental school, and we hope it will attract a lot of academics engaged in English teaching at dental universities in addition, of course, to those promoting the teaching of English for Medical Purposes at other institutions.

JASME was established in 1998 to promote and enhance Medical English Education in Japan. The Society now has a membership of over 400 physicians, nurses, pharmacologists, students, teachers, interpreters, and translators. JASME’s activities include not only its annual Academic Meetings, but also medical English textbooks for reading, writing, listening and speaking, Examination of Proficiency in English for Medical Purposes (Levels 1–4), and seminars for manuscript submissions to prestigious journals.

At this year’s Meeting, we will be presenting talks by invited speakers, including a notable expert in dental English education from the UK. And in addition to the usual oral presentations and workshops, poster presentations and a luncheon seminar are also included in the program.

The special sessions I would like to draw your attention to are as follows:

1) Special lecture on Saturday afternoon (July 28th): Prof. Haruko Akatsu, Dean of Medical Education, International University of Health and Welfare, will give a lecture entitled “Innovative English education for 21st-century health care professionals.”

2) Special lecture on Sunday afternoon (July 29th): Dr. Tetsuya Miyamoto, The Tokyo Organising Committee of the Olympic and Paralympic Games, will give a lecture entitled “Medical care support system for the 2020 Tokyo Olympics and Paralympics Games.”

3) Invited Lecture on Sunday morning (July 29th): Dr. Neil Patel, the Director for International Dental Education at Manchester Dental School, will give a lecture entitled “Dental education for UK dental students and dentists who are non-native English speakers.”

A banquet will be held at Enkaen, a Chinese restaurant in Kagurazaka, on Saturday, starting at 18:10. The restaurant is located about 10–15 minutes on foot from the venue.

We are greatly looking forward to seeing you in Tokyo in July and to extending our hospitality during your stay.

Ikuo Kageyama
Department of Anatomy, The Nippon Dental University School of Life Dentistry at Niigata
President, The 21st JASME Academic Meeting
会長挨拶

この度、第21回日本医学英語教育学会学術集会会長を仰せつかり、平成30年7月28日（土）・29日（日）に、日本歯科大学生命歯学部において開催することになりました。今回の大テーマは“全医療関係者のための医学英語”です。

日本歯科大学は、中原市五郎によって、1907年6月、公立私立歯科医学校指定規則に基づくわが国最初の歯科医学校として東京都千代田区に創立されました。私学の歯科大学として創立者の「自主独立」という建学の精神を継承し、この111年に及ぶ歴史と伝統は、本学がわが国の“歯科界の源流”といわれる由縁となりました。今回初めての歯学部での開催となり、歯学部での医学英語教育者の参加を期待しております。

日本医学英語教育学会は、医学英語教育の普及・充実・実践を目的に1998年に創設されました。現在、会員として医師、看護師、薬剤師などの医療従事者をはじめ、医学生、外国語担当教員、翻訳、通訳者など約400名が所属しております。この学会では、年に1回の学術集会だけに留まらず、医学英語の4技能（Reading、Writing、Listening、Speaking）を網羅する教科書の出版、日本医学英語検定試験（1〜4級）の実施、学術誌への投稿方法のセミナーの開催など、幅広い活動を行っております。

今回の学術では、国際医療福祉大学・医学教育統轄センター・赤津晴子教授に特別講演“Innovative English education for 21st-century health care professionals”をお願いし、英語で講義を実施している新設医学部の近況をお伺いする予定です。さらに、東京オリンピック・パラリンピック競技大会組織委員会医療サービス部長・宮本哲也先生には特別講演「東京2020 オリンピック・パラリンピック競技大会における医療体制について」をお願いし、オリンピックに向けどのような協力が可能かご講演いただきます。また、英国マンチェスター大学歯学部国際交流部長・Dr. Neil Patelには招待講演として、“Dental education for UK dental students and dentists who are non-native speakers”をお願いしております。なお、今回は演題の申込数が過去最多の36演題となりましたので、10演題を初めとして発表させていただきました。すなわち一般口頭演題は26演題となります。他にも英語教育のワークショップなど盛りだくさんの内容となっております。

なお、7月28日（土）の懇親会は神戸市の緑香園（エンカウン）にて中華料理をご用意しました。

最後になりますが、演者一人一人の医学英語教育研究の成果をご発表賜り、活発なご討論、ご成果を得られますが、衷心よりお礼申し上げます。

第21回日本医学英語教育学会学術集会
会長 影山 幾男
（日本歯科大学新潟生命歯学部 解剖学第1講座）
General information ご案内

Dates 会期
Saturday, July 28 & Sunday, July 29, 2018 2018年7月28日（土）・29日（日）

Venue 会場
The Nippon Dental University School of Life Dentistry at Tokyo  日本歯科大学生命歯学部
1-9-20 Fujimi, Chiyoda-ku, Tokyo 102-8159 〒102-8159 東京都千代田区富士見1-9-20
http://www.tky.ndu.ac.jp/index.html
https://jasmee.jp/21st-academic-meeting-2018-7-28-29/

Registration 受付
• All participants should register on arrival at the registration desk on the 3rd floor of The Nippon Dental University. Applications to attend the Saturday evening reception will also be accepted.
参加登録：演者登録，新人会・年会費，懇親会の申し込み・お支払い等は，すべて日本歯科大学生命歯学部3階の「受付」で行います。
• The registration desk will open at 9:00 a.m. on both days.
受付開始時間は両日ともに午前9時です。

Attendance fees 参加登録
• Attendance fees: members 8,000 yen, student members 3,000 yen, non-members 9,000 yen.
参加費は一般会員8,000円，学生会員3,000円。非会員9,000円です。
• Attendance ID badges must be worn at all times during the Meeting.
会期中は必ず参加証を着用してください。

Membership applications, Membership fees 入会申込・年会費納入
• Those wishing to apply for JASMEE membership or pay outstanding annual membership fees may do so at the registration desk.
参加登録時に「入会申込・年会費受付」にて行ってください。
• The membership fee for 2018 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).
平成30年度の年会費は9,000円（年3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ない）です。

Posters ポスター会場
• Posters will be exhibited in Room 132 from noon on Saturday, July 28 to 3:00 p.m. on Sunday, July 29.
132講堂で，ポスター発表の掲示を行います。開催時間は28日（土）12:00～29日（日）15:00です。
• A discussion session will be held from 12:10 p.m. to 1:00 p.m. on Sunday, July 29.
29日（日）12:10～13:00にポスター討論を行います。
Paging services 会場内の呼び出し

- Please visit the registration desk for paging services or other urgent matters.
  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。

Coffee service コーヒーサービス

- Coffee is available at no charge in the exhibition space at Room 133.
  会期中、展示会場（133講堂）ではコーヒーサービス（無料）がございます。

Lunch service 昼食

- A luncheon seminar will be held on the 28th. On the 29th, snacks will be served at the poster discussion session (Room 132).
  28日はランチョンセミナーがございます。また29日はポスター討論会場（132講堂）に軽食をご用意いたします。

Meeting schedule 関連会議日程

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPEMP steering committee meeting</td>
<td>7月27日（金）16:00–18:00</td>
<td>Medical View office</td>
<td></td>
</tr>
<tr>
<td>日本医学英語検定試験制度委員会</td>
<td>7月27日（金）16:00–18:00</td>
<td>メンタルビュー社会講堂</td>
<td></td>
</tr>
<tr>
<td>Board meeting</td>
<td>7月27日（金）18:00–20:00</td>
<td>Medical View office</td>
<td></td>
</tr>
<tr>
<td>理事会</td>
<td>7月27日（金）18:00–20:00</td>
<td>メンタルビュー社会講堂</td>
<td></td>
</tr>
<tr>
<td>Councilors’ meeting</td>
<td>7月28日（土）9:00–9:30</td>
<td>Presentation room</td>
<td></td>
</tr>
<tr>
<td>評議員会</td>
<td>7月28日（土）9:00–9:30</td>
<td>発表会場（131講堂）</td>
<td></td>
</tr>
<tr>
<td>General assembly</td>
<td>7月29日（日）9:00–9:30</td>
<td>Presentation room</td>
<td></td>
</tr>
<tr>
<td>会員報告会</td>
<td>7月29日（日）9:00–9:30</td>
<td>発表会場（131講堂）</td>
<td></td>
</tr>
<tr>
<td>Editorial board meeting</td>
<td>7月29日（日）12:10–12:40</td>
<td>Meeting room</td>
<td></td>
</tr>
<tr>
<td>学会誌編集委員会</td>
<td>7月29日（日）12:10–12:40</td>
<td>会議室（セミナー室3）</td>
<td></td>
</tr>
<tr>
<td>ICT subcommittee meeting</td>
<td>7月29日（日）12:40–13:10</td>
<td>Meeting room</td>
<td></td>
</tr>
<tr>
<td>ICT小委員会</td>
<td>7月29日（日）12:40–13:10</td>
<td>会議室（セミナー室3）</td>
<td></td>
</tr>
</tbody>
</table>

Reception 懇親会

- A reception will be held at Enka-en (Chinese restaurant in Kagurazaka, 10 minutes’ walk from the venue) starting at 18:10, Saturday, July 28. The attendance fee is 6,000 yen (payable in advance at the reception desk).
  懇親会は7月28日（土）の18:10より、緑香園（神楽坂、会場から徒歩約10分）にて開催いたします。参加費は6,000 円です。

Exhibits 展示場

- Please visit the exhibits of our sponsors (ALC Press Inc., J. Morita Corporation, Nellies and Medical View) in Room 133.
  (株)アルク、(株)モリタ、(株)ネリーズ、(株)メンタルビュー社から協賛をいただき開催しております。会期中は、133講堂展示会場として、協賛各社の展示を行います。ぜひお立ち寄りください。

The 22nd JASME Academic Meeting, 2019 第22回日本医学英語教育学会 学術集会のご案内

- Dates: Saturday, August 3 & Sunday, August 4, 2019 (provisional)
  会期: 2019年8月3・4日（土・日）[予定]
- Venue: Nakano Sun-Plaza (provisional)
  会場: 中野サンプラザ [予定]
  4-1 Nakano, Nakano-ku, Tokyo 164-8512
  （〒164–8512 東京都中野区中野4-1-1）
- President: Hiroaki Igarashi (Kawakita General Hospital)
  会長: 五十嵐裕章（河北総合病院）
Instructions to speakers 講演規定

Oral presentations

• Speakers are asked to register at the reception desk at least 30 minutes before their session starts, and to take up their assigned seating in the auditorium at least 10 minutes before the presentation begins.
[1] Each presentation will be allotted 12 minutes, with an additional 3 minutes for questions. A bell will be rung once at 11 minutes, and twice at 12 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 and a connecting device.
[3] Speakers are asked to bring their PowerPoint slides on a USB memory stick to the registration desk at least 30 minutes before their session starts. Windows standard fonts should be used in the PowerPoint slides. 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. No copy machine is available at the venue.
[5] The secretariat should be notified by Friday, July 6 if a speaker wishes to cancel his/her presentation (email: jasme@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 3-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.

Poster presentations

• Poster exhibits should be set up between 10:00 a.m. and noon on Saturday, July 28.
• Posters will be exhibited from noon on Saturday, July 28 to 3:00 p.m. on Sunday, July 29.
• Posters should be removed by 4:00 p.m. on Sunday, July 29. Any posters that are not removed by this time will be disposed of by the secretariat.
• The title along with the presenters’ names and affiliations should be displayed in an area of the poster measuring 15 cm in height by 135 cm in width.
• Text, figures, tables, and/or photos should be displayed in an area measuring 75 cm in height by 150 cm in width.
• Thumbtacks will be provided at the venue, and these should be used to put up the posters.
• A discussion session will be held from 12:10 p.m. to 1:00 p.m. on Sunday, July 29. Speakers should be ready in front of their panel by 10 minutes before the presentation time.
• Five minutes will be assigned to each presentation, and five minutes to discussion.
一般演題

・演者は会場開始時刻の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12分。討論時間は演者の交代を含めて3分です（時間厳守でお願いします）。11分に予告ベル1回、12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「発表者名」を明記のうえ、USBメモリに入れて会場開始時刻の30分前までに会場受付にご持参ください。ファイルの作成にあたっては、必ずWindowsの標準フォントを使用してください。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] ハードアウトを使用して発表される場合は、発表当日、各自でフォトコピーを100部ご持参いただき、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、7月6日（金）までにお知らせ下さい。またご質問などございましたら、ご遠慮なくメール（jasmine@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。
・発言は座長の指示順し、発言の前には所属・氏名を名乗ってください。

ポスター発表

・ポスターは、28日（土）10:00～12:00に貼付してください。
・閲覧時間は、28日（土）12:00～29日（日）15:00です。
・閲覧時間終了後、29日（日）16:00までに撤去してください。時間内に撤去されなかった場合は事務局にて処分いたします。

・演題名・発表者氏名・所属のスペースは、縦15 cm、横135 cmです。演題名が日本語の場合は英語を併記してください。

・本文のスペースは、縦75 cm、横150 cmです。

・ポスターは、演者自らで貼り付けてください。押しつけは展示会場に用意しています。
・29日（日）12:10～13:00に、ポスター討論を行います。発表者はご自身の発表時間の10分前までにご自身のポスターパネル前で待機してください。
・時間は1題につき10分（発表5分・討論5分）です。発表時間を厳守してください。
Transportation 交通のご案内

Venue 会場

The Nippon Dental University School of Life Dentistry at Tokyo 日本歯科大学生命歯学部
1-9-20 Fujimi, Chiyoda-ku, Tokyo 102-8159 〒102-8159 東京都千代田区富士見1-9-20

Closest station 最寄駅

・Iidabashi Station (JR / Tokyo Metro / Toei Subway)

Construction work on the west exit of the JR station necessitates the use of stairs. Those for whom this is a problem should use the east exit.

JR/東京メトロ/都営地下鉄 飯田橋駅より徒歩5分
JR駅西口は工事中ため，階段のみ利用可能です。
バリアフリー通路をご希望の場合は東口をご利用ください。

Floor map 会場案内図

・Please take the elevator (EV) behind the Memorial Hall and go up to the 3rd floor.
メモリアルホール奥のエレベーターで3階へおいでください。
## Accommodations

<table>
<thead>
<tr>
<th>Hotels</th>
<th>Hotel Name</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>APA Hotel lidabashi-Ekiminami</td>
<td><a href="https://www.apahotel.com/hotel/shutoken/lidabashi-ekiminami/">https://www.apahotel.com/hotel/shutoken/lidabashi-ekiminami/</a></td>
</tr>
<tr>
<td>2.</td>
<td>APA Hotel lidabashi-Ekimae</td>
<td><a href="https://www.apahotel.com/hotel/shutoken/lidabashi-ekimae/">https://www.apahotel.com/hotel/shutoken/lidabashi-ekimae/</a></td>
</tr>
<tr>
<td>3.</td>
<td>Hotel Metropolitan Edmont Tokyo</td>
<td><a href="http://www.edmont.co.jp/p">http://www.edmont.co.jp/p</a></td>
</tr>
<tr>
<td>5.</td>
<td>Hotel Grand Palace</td>
<td><a href="https://www.grandpalace.co.jp/">https://www.grandpalace.co.jp/</a></td>
</tr>
<tr>
<td>8.</td>
<td>The Agnes Hotel and Apartments Tokyo</td>
<td><a href="http://www.agneshotel.com/">http://www.agneshotel.com/</a></td>
</tr>
<tr>
<td>10.</td>
<td>Arcadia Ichigaya (Shigaku Kaikan)</td>
<td><a href="http://www.arcadia-jp.org/top.htm">www.arcadia-jp.org/top.htm</a></td>
</tr>
<tr>
<td>11.</td>
<td>Kouraku Garden Hotel</td>
<td><a href="http://www.jfc.or.jp/shifts/hotel">http://www.jfc.or.jp/shifts/hotel</a></td>
</tr>
<tr>
<td>12.</td>
<td>Tokyo Green Hotel Korakuen</td>
<td><a href="http://www.greenhotel.co.jp/">http://www.greenhotel.co.jp/</a></td>
</tr>
<tr>
<td>13.</td>
<td>Tokyo Dome Hotel</td>
<td><a href="https://www.tokydome-hotels.co.jp/">https://www.tokydome-hotels.co.jp/</a></td>
</tr>
<tr>
<td>15.</td>
<td>Hotel Niwa Tokyo</td>
<td><a href="http://www.hotelniiwa.jp/">http://www.hotelniiwa.jp/</a></td>
</tr>
</tbody>
</table>

---

[Enka-en (reception venue)]

The Nippon Dental University

---

Vol. 17 No. 2 June 2018  Journal of Medical English Education
Timetables
プログラム
Timetable, Saturday, July 28

**Presentation room (Room 131)**

**Counsellors’ meeting**

**Opening remarks**

**General topics 1: Medical English teaching programs (1)**

- Chairs: Shinobu Hattori (Fujita Health University), Alan Hauk (Toho University)
  1. Poverty and medicine: a potential English education topic in the medical humanities [in Japanese]  
    Shuzo Yokoyama (University of Miyazaki)
  2. Evaluating a flipped learning course for third-year medical students  
    Kazunichi Enokida (Hiroshima University)
  3. Effectiveness of a medical English course taught by an all-Japanese clinician team  
    Yoshiko Yamaida (Hokkaido University), et al
  4. Using social media in the pharmacy English classroom to promote active learning and professionalism  
    Denise A. Eypp (Osaka University of Pharmaceutical Sciences)

**Luncheon seminar: Development and application of SIMROID®, an educational simulator of attitudes and communication, which can also be useful in the education of dental English**

- Chair: Ikuo Kageyama (The Nippon Dental University)
  - Speaker: Akira Nakamura (The Nippon Dental University)  
    (supported by J. Morita Corporation)

**Special lecture 1: Innovative English education for 21st-century health care professionals**

- Chair: Ikuo Kageyama (The Nippon Dental University)
  - Speaker: Haruko Akatsu (International University of Health and Welfare)

**General topics 2: Medical English teaching programs (2)**

- Chair: Kazuniko Kurozumi (Okayama University), James Thomas (Kojo University)
  1. Creating an effective peer evaluation Can-do list for medical interviews in English  
    Sean Chadlow (Oita University), et al
  2. Patient Talks: Motivating future doctors with patient stories  
    Thomas Mayer (University of Tsukuba), et al
  3. English ward rounds for well-rounded Japanese medical students!  
    Alexander Zaboronok (University of Tsukuba), et al
  4. The case for teaching clinical case presentation skills  
    Michael Guest (University of Miyazaki)

**General topics 3: TOEFL ITP®**

- Chairs: Jun Iwata (Shinshu University), Eric H. Jego (Nihon University)
  1. Can we improve TOEFL ITP® scores by teaching test-taking strategies?  
    Cosmin Mihail Florescu (IIHF), et al
  2. Application of active learning methods to language teaching of L2 medical students  
    Barnabas Jon Martin (IIHF), et al
  3. English language proficiency and history-taking performance of first-year medical students  
    Takayuki Oshimi (IIHF), et al

**General topics 4: Doctor-patient communication**

- Chairs: Kazunori Shimoi (Kumamoto University), Flaminia Miyamatsu (University of Tsukuba)
  1. Terminology, register and convergence: An analysis of ‘everyday English’ use in medical interviews  
    Timothy P. Williams (Nihon University), et al
  2. Developing strategies to teach medical English at acupuncture and judo therapy schools  
    Sako Ikagami (Saiseikai Medical, et al)
  3. ‘Empathy’ in English as a lingua franca: How student doctors solicit concerns from simulated patients by turn-taking  
    Yukako Nozawa (Waseda University, et al)
  4. Usefulness of a history-taking communication skills assessment rubric:  
    A comparative study between Nihon University and Thammasat University  
    Eric H. Jego (Nihon University), et al
  5. How many staff members know about the Examination of Proficiency in English for Medical Purposes?  
    Questionnaire results of international patient management in Harasanshin Hospital [in Japanese]  
    Yoichi Takasaki (Harasanshin Hospital)

**General topics 5: English writing/reading**

- Chairs: Joji Yokogawa (Kansai University), Takako Kojima (Tokyo Medical University)
  1. How I mark papers: Shorthand for quick correction of written work  
    Christopher Holmes (ex University of Tokyo)
  2. Move analysis of English medical papers and its application to the writing of papers:  
    In the case of Introduction and Discussion [in Japanese]  
    Takeshi Kawamoto (Hiroshima University, et al
  3. Applying an ESP approach to teach the reading of medical research article abstracts [in Japanese]  
    Motoko Anno (Osaka University Medical)
  4. Student-designed survey on the education of evidence-based medicine  
    Tomoki Hirata (Student, Aichi Medical University), et al

**The 14th Kenichi Uemura award ceremony**

**Reception** (at Enka-en, Chinese restaurant in Kagurazaka)

**Posters (Room 132)**

Posters will be exhibited from noon on Saturday, July 28 to 15:00 on Sunday, July 29. A discussion session will be held from 12:10 to 13:00 on Sunday, July 29.

**Setting up time**

**Posters**

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1200</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1700</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
Timetable, Sunday, July 29

Presentation room (Room 131)

Debriefing of JASME activities

JASME now and in the future: Implementation report of the Examination of Proficiency in English for Medical Purposes (in Japanese)

General topics 6: Study abroad programs
Chair: Mikio Endo (Tokyo Women’s Medical University), Christopher Holmes (ex University of Tokyo)
1. Learning experiences and identity development of nursing students through study abroad Jeffrey Halliday (St. Luke’s International University), et al
2. Medical electives abroad: Do they contribute to the “globalization” of physicians? Ruri Ashida (The Jikei University), et al
3. Setting up for success: A workshop for Japanese medical students in preparation for overseas clinical electives Kris Sutatsahawng (Shoniu University), et al
4. Study abroad program for first-year students at Japanese comprehensive medical university Michael Myers (Shoniu University), et al

Invited lecture: Dental education for UK dental students and dentists who are non-native speakers
Chair: Mika Endo (Tokyo Women’s Medical University)
Speaker: Neil Patel (The University of Manchester)

Special lecture 2: Medical care support system for the 2020 Tokyo Olympic and Paralympic Games
Chair: Isao Date (Okayama University)
Speaker: Tetsuya Miyamoto (The Tokyo Organising Committee of the Olympic and Paralympic Games)

General topics 7: Cross-cultural understanding
Chair: Hiroaki Igarashi (Kawakita General Hospital), Raoul Breugelmans (Tokyo Medical University)
1. Teaching medical anthropology to future physicians: Content-based EMP for cultural competence, critical thinking, and cosmopolitanism Donald Wood (Akita University)
2. A course for cross-cultural competence Najma Janjua (Kagawa Prefectural University of Health Sciences)

Closing remarks

Workshop: EMP lesson plans: PechaKucha style presentation
Facilitator: Takayuki Oshimi (International University of Health and Welfare), et al

Posters 1: Activity reports
Chair: Junichi Kameoka (Tokai Medical and Pharmaceutical University)
1210–1220 1. Learn dental English Kyokou Matsuo (The Nippon Dental University), et al
1230–1240 3. The role of medical interpreters in Sapporo (in Japanese) Saori Kitama (Hokkaido University)
1240–1250 4. Nurses’ and doctors’ approaches to medical English conversation at Shikoku Central Hospital Mikio Ishikawa (Nagasaki English School), et al
1250–1300 5. Introducing JANET – The Japan Association for Nursing English Teaching Simon Capper (Japanese Red Cross Hiroshima College of Nursing), et al

Posters 2: Development of teaching materials
Chair: Jun Takata (Kochi University)
1220–1230 2. Development of teaching materials for medical English using virtual reality tools and communication robots (in Japanese) Yoko Sakamoto (Okayama Medical University), et al
1230–1240 3. Building vocabulary-rich teaching materials through dialogue with a neurosurgeon Walter Davies (Hiroshima University)
1240–1250 4. The neurosurgery/neurology component of a general medical word list Simon Fraser (Hiroshima University)
1250–1300 5. Welcome to the Chiyoda-ward in Japan. Dental consultation with OMOTENASHI using a multilingual support visual description tool Terumi Yamazaki (The Nippon Dental University), et al

Posters (Room 132)

Posters will be exhibited from noon on Saturday, July 28 to 15:00 on Sunday, July 29.
A discussion session will be held from 12:10 to 13:00 on Sunday, July 29.

Posters discussion
Sandwiches with beverages will be provided for lunch.

Removal time

Vol. 17 No. 2 June 2018  Journal of Medical English Education
7月28日（土）プログラム

発表会場（131講堂）

評議員会

開会挨拶

一般演題1：医学英語教育プログラム (1)

1. 医療従事者としての英語能力の重要性：基礎医療機関での例として
   髙山 隆一 (新潟大学)

2. Evaluating a flipped learning course for third-year medical students
   藤田 一秀 (広島大学)

3. Effectiveness of a medical English course taught by an all-Japanese clinician team
   山崎 桂子 (鳥取大学)

4. Using social media in the pharmacy English classroom to promote active learning and professionalism
   光村 明美 (第一医科大学生)

一般演題2：医学英語教育プログラム (2)

1. Creating an effective peer evaluation Can-do list for medical interviews in English
   塩川 眞里 (大阪英語大学)

2. Patient Talks: Motivating future doctors with patient stories
   荒川 隆 (奈良大学)

3. English ward rounds for well-rounded Japanese medical students!
   永見 優 (奈良大学)

4. The case for teaching clinical case presentation skills
   宮本 瑛 (奈良大学)

ランチョンセミナー：歯科医学英語教育に応用可能な、相対・コミュニケーション教育用シミュレーター「シムロイド」の開発と応用

産業：藤山 隆男 (日本歯科大学)

講演：野村 佳 (日本歯科大学)

（協賛：株式会社セミタ）

特別演題1：Innovative English education for 21st-century health care professionals

産業：藤山 隆男 (日本歯科大学)

講演：平田 澄子 (国際医療福祉大学)

一般演題3：TOEFL ITP®

1. Can we improve TOEFL ITP scores by teaching test-taking strategies?
   皮埃托 麗 (筑波大学)

2. Application of active learning methods to language teaching of L2 medical students
   川村 千恵 (国際医療福祉大学)

3. English language proficiency and history-taking performance of first-year medical students
   宮本 隆一 (国際医療福祉大学)

一般演題4：医師ー医患コミュニケーション

産業：下東 真 (奈良大学)

フラミオ ミヤマサ (筑波大学)

1. Terminology, register and convergence: An analysis of everyday English use in medical interviews
   杉山 尚 (大阪英語大学)

2. Developing strategies to teach medical English at acupuncture and judo therapy schools
   逢坂 大 (大阪英語大学)

3. 'Empathy' in English as a lingua franca: How student doctors solicit concerns from simulated patients by turn-taking
   野村 美恵 (甲府大学)

4. Usefulness of a history-taking communication skills assessment rubric: A comparative study between Nihon University and Thammasat University
   宮本 瑛 (奈良大学)

一般演題5：英文ライティング／リーディング

産業：徳川 周治 (奈良大学)

小田 多香子 (東京医科大学生)

1. How I mark papers: Shorthand for quick correction of written work
   古月 光一 (早稲田大学)

2. 医学英語論文のMove 解析とその論文書構への応用
   河本 俊 (広島大学)

3. ESP 的視点による英語医学論文抄録 Reading 授業の実施報告
   松野 多子 (大阪医科大学)

4. Student-designed survey on the education of evidence-based medicine
   平田 澄子 (筑波大学)

ポス会場（132講堂）

＊ポスターは7月28日（土）12時から29日（日）15時まで展示会場（132講堂）に掲示します。
また29日（日）12時10分～13時にポスター討論を行います。

ポスター貼付

ポスター掲示

特別講演：Innovative English education for 21st-century health care professionals

産業：藤山 隆男 (日本歯科大学)

講演：平田 澄子 (国際医療福祉大学)

一般演題4：医師ー医患コミュニケーション

産業：下東 真 (奈良大学)

フラミオ ミヤマサ (筑波大学)

1. Terminology, register and convergence: An analysis of everyday English use in medical interviews
   杉山 尚 (大阪英語大学)

2. Developing strategies to teach medical English at acupuncture and judo therapy schools
   逢坂 大 (大阪英語大学)

3. 'Empathy' in English as a lingua franca: How student doctors solicit concerns from simulated patients by turn-taking
   野村 美恵 (甲府大学)

4. Usefulness of a history-taking communication skills assessment rubric: A comparative study between Nihon University and Thammasat University
   宮本 瑛 (奈良大学)

5. 医院のスタッフで何が日本医学英語検定試験を知っているのか？
   藤山 隆男 (筑波大学)

第17回 稲村真一賢 勝賞式

懇親会（於 神楽坂・緑香園）
7月29日（日）プログラム

発表会場（131講堂）

会員報告会

JASMEE now and in the future: 日本医学英語検定試験実施報告

一般演題6: 海外研修
1. Learning experiences and identify development of nursing students through study abroad
2. Medical electives abroad: Do they contribute to the “globalization” of physicians?
4. Study abroad program for first-year students at Japanese comprehensive medical university

招待講演: Dental education for UK dental students and dentists who are non-native speakers

招待講演: 特別2: 東京2020オリンピック・パラリンピック競技大会における医療体制について

一般演題7: 異文化理解
1. Teaching medical anthropology to future physicians: Content-based EMP for cultural competence, critical thinking, and cosmopolitanism
2. A course for cross-cultural competence

ワークショップ: EMP lesson plans: PechaKucha style presentation

ポスター会場（132講堂）

ポスター発表1: 活動報告
1210-1220 1. Learn dental English
1220-1230 2. 診療放射線技師向け医療英語教育の取り組み
1230-1240 3. 札幌英語医療通訳グループの役割
1340-1350 4. Nurses’ and doctors’ approaches to medical English conversation at Shikoku Central Hospital
1250-1300 5. Introducing JANET – The Japan Association for Nursing English Teaching

ポスター発表2: 教材開発
1210-1220 1. 医学現場の機能・パーソナリティ化に対するe-learning英語学習教材の提案: 日本の医学実務者に向けた教材の構築
1220-1230 2. 医学英語教材の新たな形の作成と試行: VRとコミュニケーションツールを活用した教材の構築
1230-1240 3. Building vocabulary-rich teaching materials through dialogue with a neurosurgeon
1240-1250 4. The neurosurgery/neurology component of a general medical word list
1250-1300 5. Welcome to the Chiyoda-ward in Japan. Dental consultation with CMT/OMT/END using a multilingual support visual description tool
Saturday, July 28
7月28日（土）

Special lecture 1:
Innovative English education for 21st-century health care professionals

General topics 1:
Medical English teaching programs (1)

General topics 2:
Medical English teaching programs (2)

General topics 3:
TOEFL ITP®

General topics 4:
Doctor-patient communication

General topics 5:
English writing/reading

For presentations in English, the titles and abstracts are given in English only. For those in Japanese, English translations of the titles are provided, but the abstracts are in Japanese only.

日本語で発表される演題は、演題名を英日併記、抄録を日本語で掲載しています。一方、英語で発表される演題は、演題名・抄録とも英語のみで掲載しています。
Special lecture 1 (特別講演1)

Innovative English education for 21st-century health care professionals

Chair
Ikuo Kageyama 影山幾男
(The Nippon Dental University School of Life Dentistry at Niigata 日本歯科大学新潟生命歯学部)

Speaker
Haruko Akatsu 赤津晴子
(International University of Health and Welfare School of Medicine 国際医療福祉大学医学部)

International University of Health and Welfare (IUHW) School of Medicine, which opened in April 2017, is vastly different from any other Japanese medical schools. IUHW School of Medicine’s vision is to create a new generation of internationally-minded, bilingual and highly professional 21st-century physicians in Japan who will go on to serve around the globe.

To work towards this ambitious goal, the first two years of medical courses at IUHW School of Medicine are taught in English; IUHW also provides intensive English education based on Content and Language Integrated Learning (CLIL) policy. Each of the 140 first-year students is placed into one of four levels based on their initial TOEFL ITP scores, and attends 240 hours of freshman English courses tailored to their specific abilities. All English levels cover four crucial content areas: “Culture”, “International Current Affairs”, “Medicine and Science”, and “Patient Encounter.” Second-year students, during 120 hours of required “Medical English”, learn how to approach a patient with common clinical symptoms, formulate a differential diagnosis, write up a case, and present their case—entirely in English. Furthermore, many first- and second-year students also opt to take an additional 180-hour “English Communication” elective, which includes USMLE preparatory classes. In 2017, after just nine months on IUHW’s English education program, the first-year students’ average TOEFL ITP score improved from 519 to 551, reaching the CEFR B2 level.

To support this innovative English curriculum, IUHW implemented a novel educational system. Elements of this system include one-hour-long entrance examination interviews for prospective students to assess their general communication skills, which are important not only for physicians, but also in terms of foreign language acquisition; and a fun, first-name-based freshman orientation aimed at creating the collaborative, synergistic student community necessary for active learning and comfortable student participation during unfamiliar English courses.
Haruko Akatsu, M.D. (赤津晴子 あかつ・はるこ)
Dean of Medical Education, International University of Health and Welfare School of Medicine.
After graduating from Sophia University in Japan, Dr. Akatsu traveled to America as a Fulbright Scholar and graduated from Harvard School of Public Health and Brown University School of Medicine. She underwent internal medicine residency and endocrine fellowship training at Stanford University, after which she taught and practiced endocrinology at the University of Pittsburgh and Stanford University. Dr. Akatsu served as Medical Director of the Thyroid Cancer Program and Chief of the Endocrine Clinic at Stanford University, and has received several honors, including the Top Doctors in America and Best Doctors in America awards. After 25 years of American medical education experience, Dr. Akatsu returned to Japan to take up her current position in 2017.
In this presentation, I outline and evaluate a flipped learning course (2017), which was based on a primarily classroom-oriented course (2016). The change involved a reduction in classroom contact time per student from 18 hours to 11.6 hours including evaluation tasks (a vocabulary test and writing tasks). The students covered the same amount of material. The flipped learning course included a self-study component, primarily focused on receptive skills, as well as a taught component. Self-study materials were placed online and made accessible to students through the university’s learning management system (Blackboard Learn 9). The process of putting study materials online was completed in July 2017, and students were given approximately six weeks to complete the component. The classroom component was taught over two days, with evaluation tasks being given separately on a third day. In addition, on a separate day, a new experimental unit of extra material was taught in a non-flipped way (3 hours). Evaluation of the course was made through an online student questionnaire, the results of the vocabulary test and writing tasks, as well as teacher reflection on the course. Out of 121 students, 98 completed the questionnaire. Almost all the respondents (95%) had a positive impression of the course. Comparison of results on the multiple-choice vocabulary test showed no significant difference between 2016 and 2017, indicating that with encouragement from medical teaching staff and sufficient structuring of a self-student component, students are able to learn medical English effectively through self-study linked to classroom activities. Teacher views of the course were that although a shorter course was less energy-consuming overall, the classes themselves required a more intense teaching style. Also, students were able to produce better evaluated writing due to having more time. In addition, the support of senior medical staff was a key success factor.
3 Effectiveness of a medical English course taught by an all-Japanese clinician team

Yoshiko Yamada 山田佳子,1,2 Keigo Yada 矢田圭吾,1 Hiroyuki Nodera 野寺裕之,1 Koichi Sairyo 西良浩一,2 Masashi Akaike 赤池雅史,1,2 Akiyoshi Nishimura 西村明倫1 (Kuramoto Division, Technical Support Department, Tokushima University 徳島大学技術支援部軽木技術部門, *Support Center for Medical Education, Tokushima University 徳島大学医学部教育支援センター, *Graduate School of Biomedical Sciences, Tokushima University 徳島大学大学院医歯薬学研究部)

Background: With an increase in demand for healthcare professionals who can communicate with patients in English, medical schools face the challenge of meeting the expectations and needs to provide the appropriate education for globalization. Yet, not all medical schools are fortunate enough to have instructors dedicated to teaching English for medical purposes.

Aim: In this study, we investigated the effectiveness of a new medical English course taught by an all-Japanese team of clinicians in motivating students for learning medical English.

Method: Since 2016, three clinicians at Tokushima University School of Medicine have been teaching approximately 15 hours of classes in a relaying manner coordinated by an assistant. At the beginning of the course, students watch an original demonstration video at home to learn the basic format of history taking. This is followed by in-class roleplaying practice of three to four clinical cases. This course also includes a new component in which the clinicians present their experiences in taking the United States Medical Licensing Examination (USMLE) and career paths after passing the USMLE.

Results: The results of the end-of-the-course questionnaire indicated that, despite the limited number of hours allocated to it, the new course had been effective in promoting students’ interests in (1) learning medical English and (2) taking the USMLE. Students also pointed out some shortcomings of the course that need to be addressed in future.

Conclusion: A medical English course taught by Japanese clinicians alone could be effective in motivating Japanese medical students to learn English for medical purposes.

4 Using social media in the pharmacy English classroom to promote active learning and professionalism

Denise A. Epp (Daiichi University of Pharmacy 第一薬科大学)

Social media can be used practically in the pharmacy classrooms to promote learning and professionalism, but blending personal and professional uses of SM requires education.

Objective: To encourage the practical use of social media (SM) in pharmacy education to meet modern students’ learning needs, encourage appropriate use of it in pharmacy practice, and promote professionalism in SM.

Method: A search of the literature on PubMed and ERIC provided articles on social media in pharmacy and communication education for pharmacists led to the further development of a communication survey given to the students in their fourth and fifth-year of pharmacy study. In-class learning activities used SM for research and building knowledge.

Results: The pharmacy students who participated in the questionnaire responded similarly to the personal use of SM, mainly using direct conversation, phones, SNS, and body language. Both groups upheld the traditional forms of communication with face-to-face conversation, body language, and labels and written explanations in the pharmacy.

Conclusion: The results indicate that students still perceive pharmacist communication with patients to be within traditional means, avoiding SM options and even the phone. Concerns about privacy, safety, and e-professionalism are main reasons why it is excluded in present education programs. Students should be introduced to various technology and media in school to encourage future pharmacists to use social media appropriately, effectively, and professionally in pharmacy practice.
## 1 Creating an effective peer evaluation Can-do list for medical interviews in English

**10:50–11:05**  
**Sean Chidlow, Harumi Oshita**  
(Oita University School of Medicine 大分大学医学部)

In a previous study on the use of Can-do lists in an English for Medical Purposes (EMP) class, we concluded that giving students specific clinical situations improved the accuracy of their English proficiency self-evaluations. In our current study, we used similar specific clinical scenarios to assess the accuracy of peer evaluations of English-language medical interviews. After five 90-minute classes focused on teaching medical interview English to 107 fourth-year medical students, we paired students up and asked them to role-play medical interviews based on various case reports. The “patient” partner was responsible for assessing the “doctor” partner’s performance based on a provided Can-do evaluation sheet. The students’ performances were video recorded and later evaluated by teachers using the same evaluation sheet. After conducting an analysis of the “patient” students’ peer evaluations, we found that the accuracy of their assessments was limited by their English proficiency level, by the structure of the evaluation sheet itself, and by the omission of a very significant evaluation factor: “relevance.” In this presentation we will discuss these findings in detail. We will also outline why the peer evaluation Can-do list shows promise as a tool to help students better understand how to assess the English proficiency level of a classmate simulating the doctor’s role in a medical interview.

## 2 Patient Talks: Motivating future doctors with patient stories

**11:05–11:20**  
**Thomas Mayers, Flaminia Miyamasu**  
(Medical English Communications Center, University of Tsukuba 筑波大学医学 英語コミュニケーションズセンター)

In 2017, as part of our newly established English for medical purposes class for second-year medical students we included a special lecture entitled “Patient Talks.” This lecture, gives students the opportunity to listen to and interact with a non-Japanese person who has experienced hospitalization in Japan. The rationale behind this lecture is that through hearing patient narratives of dealing with sickness and medical care in Japan, students will be able to imagine themselves being faced with a patient who cannot speak Japanese and thereby increase their motivation to study medical English. In this presentation we will introduce the Patient Talks lecture and share some student feedback about this activity.
Clinical case presentation is an established speech event practiced in most hospitals and medical institutions. Case presentation sessions are often performed in English in order to enhance clinicians’ English skills as well as for the dissemination of clinical knowledge. Although such case presentations are generally performed for the edification of one’s medical peers, they are also used for training and assessment purposes. Moreover, aspects of clinical case presentation structure are employed in conference research presentations, research papers, and in-service clinical interactive discourse. Yet, while many medical English programs focus upon history taking and academic writing as primary clinical skills to be addressed, clinical case presentations are often ignored or practiced only tangentially. In this presentation, a canonical structure of clinical case presentations, based upon the presenter’s field research, will be displayed and explained. Standardized clinical English discourse forms used to express these features will also be introduced. Based on the presenter’s teaching of these skills to his own medical students, the effective prioritization of data, questions of relevance, omissible data, alternative constructions, and the importance of negative case data will then be discussed. The presenter will finish by demonstrating the many ways in which developing both an understanding of the structure of clinical case presentations and the ability to convey this data effectively and accurately in English can have a positive washback effect onto the holistic cognitive development of Japanese medical students.
Can we improve TOEFL ITP® scores by teaching test-taking strategies?

**Background:** The English language program in our medical school uses Content and Language Integrated Learning methodology to engage students in active learning. The Test of English as a Foreign Language Institutional Testing Program (TOEFL ITP®) is the main tool used for placement and measuring areas of improvement. We aim to examine if preparation in and out of the classroom is effective in improving TOEFL ITP® scores.

**Methods:** Whereas no test coaching took place in mandatory courses, test-taking strategies were explicitly taught to students with lower TOEFL ITP® scores taking the elective courses. Additionally, all students were required to complete an online TOEFL ITP® preparation course. A correlation analysis was carried out involving 32 factors.

**Results:** We found a weak positive correlation ($r = 0.191$, $p = 0.024$) between attendance of TOEFL preparatory lessons and overall TOEFL ITP® score improvement. A moderate negative correlation was identified between attendance of TOEFL preparatory lessons and pre- / post-program TOEFL ITP® test scores ($r = -0.548$ and $r = -0.472$, respectively; $p<0.001$), as well as a weak negative correlation with the online course score ($r = -0.331$, $p<0.001$).

**Conclusion:** Students who perform poorly on the TOEFL ITP® test and online preparatory course more frequently attend lessons explicitly aimed at preparing them for this test. On the other hand, attending these preparatory lessons will not have a significant impact on improving their performance in the TOEFL ITP® test itself or in the online course.

Application of active learning methods to language teaching of L2 medical students

**Background:** There is extensive evidence of the value of active learning in education, however minimal research has considered its effects where content is delivered in L2. No research addresses effective student-teacher ratios in such an environment. This preliminary work examines the influence of student-teacher ratios in this setting compared with a passive learning methodology and critically appraises approaches we think help students best internalize medical content in L2.

**Methods:** Non-native English speaking students ($n = 23$) were assigned to single-teacher ($n = 12$; student-teacher ratio 12:1) and multiple-teacher ($n = 11$; student-teacher ratio 11:8) groups. Each group studied two topics related to English literature by active and passive learning methods in two separate sessions. Pre- and post-assessments were conducted using a free response type quiz.

**Results:** Baseline average TOEFL-ITP® scores of the single-teacher group were higher than that of the multiple-teacher group (means: 559.67 and 525.27 respectively; $p = 0.018$ by Student’s t test). In the single-teacher group, only the active learning methodology augmented students’ post-intervention scores ($p<0.001$ by repeated measures ANOVA). In the multiple-teacher group, both active and passive learning methods augmented scores ($p = 0.085$ by repeated measures ANOVA). There were no correlations among TOEFL and post-intervention scores (active vs. passive $p = 0.581$; TOEFL vs. active $p = 0.748$; and TOEFL vs. passive $p = 0.379$).

**Conclusion:** Active learning approaches are more effective than passive approaches at encouraging student learning in L2 where teacher numbers are limited.
Background: No other medical schools in Japan have conducted their preclinical program in English. The purpose of this cross-sectional study was to investigate whether an association existed between English language proficiency and history-taking performance in English.

Methods: First-year medical students (120 domestic and 20 international) completed a preclinical program taught in English as well as 45 hours of history-taking skills training in English. Their history-taking skills (three domains: spoken English proficiency, communication/interpersonal skills, and sequence of questions) and pre- and post-program scores of Test of English as a Foreign Language Institutional Testing Program (TOEFL ITP®) were analyzed in a cross-sectional study.

Results: Pre-program TOEFL ITP® scores had significantly positive correlations with all three domains (Pearson correlation coefficient: r values ranged between 0.448 and 0.745, p<0.01). The strongest correlation was found between pre-program TOEFL ITP® Section 1 (listening skills) and spoken English proficiency (r = 0.745, p<0.01).

Conclusion: English language proficiency is an important factor in predicting history-taking performance in English.
Background: Communicative convergence between doctor and patient plays a key role in patient-centered healthcare by increasing mutual understanding and reducing anxiety and uncertainty. Much of the research on this subject focuses on L1 speaking doctors modifying their medical language (ML) to converge with the everyday language (EL) used by their patients. However, the adoption of these principles to inform pedagogy in an English for Medical Purposes (EMP) context has not yet been explored extensively.

Aim: To identify salient features of convergent doctor/patient communication and evaluate how these features can be used to develop a simplified and more convergent approach to the teaching of patient interview skills to 1st and 2nd year medical students.

Method: This study focused on the register and terminology used in a corpus of 46 recordings of real doctor-patient interactions which was analyzed to identify which lexical and socio-linguistic features were instrumental in creating a convergent interaction between doctor and patient.

Result: Corpus analysis suggested that doctors made an appreciable effort to modify their language use away from ML towards the EL used by their patients. This effect was demonstrated by a preponderance of non-technical medical language over specialized medical terms and the use of less formal registers by both doctor and patient. From a pedagogic perspective these findings suggest that the fluency and communicative ability of medical students could be enhanced by adopting an approach to SP interviews that more closely conforms to the less formal and non-technical language identified in this study.

Alternative medicine has become increasingly popular as the general public, daunted by the co-pay prices of cutting-edge pharmacotherapies and advanced medicine and the inevitable adverse events, search for “natural therapies” to deal with their medical issues. In Japan, acupuncture, judo therapy, and other traditional forms of medicine are taught at vocational schools. Unlike those in medical, dental, or pharmaceutical programs, these students may not even have a high school education and often lack basic English skills. Yet when foreign patients come to their clinics they must conduct a patient interview, obtain an accurate medical history, do a specialized physical examination, and explain the prescribed treatment to their patients, all, most likely in English. In addition to these challenges, acupuncture is based on traditional Chinese philosophy and thus requires an explanation of profound theories involving Qi, the Five Elements, acu-points, meridians, and more. Judo therapy is not quite as complex, yet still calls for basic medical English abilities. In this presentation, I will present some of the material used to teach these students including those developed from existing resources and texts. There will also be a short student video.
This study examines how student doctors can solicit concerns from simulated patients in English as a lingua franca (ELF). An ethnographic approach and framework of conversation analysis is employed within the context of primary care consultations in a medical English classroom at a university in Japan. To practise patient-centred care, the use of verbal and non-verbal features, which can convey ‘empathy’, is of marked importance. Although numerous studies have investigated communication in healthcare, little is known about communication between doctors and patients from different lingua-cultural backgrounds. Many studies have focused on interactions between doctors and patients in a mono-lingual context; however, the number of patients and doctors who use ELF has increased markedly over the last decade. This study, therefore, observes and analyses micro-language practices of student doctors and simulated patients from different lingua-cultural backgrounds, who share English as their common medium of communication. Initial analysis of the clinical diagnosis and delivery of the treatment plan will be presented, indicating that micro-language practices, such as turn-taking and repair sequences, contribute to soliciting concerns from simulated patients and collaborative efforts for diagnosis.

A rubric designed to measure English oral proficiency, based on the United-States Medical Licensing Examination Step 2 Clinical Skills assessment, was developed specifically for non-native English speaking pre-clinical medical students. This rubric was first used in 2009 and has since gone through various developmental stages up to the current format. Using this most recent iteration of the rubric, this study sought to assess the oral proficiency of Japanese students and Thai students performing basic history-taking role plays and compare the results from various evaluators to determine the extent of the rubric’s reliability. Moreover, the study made use quantitative data obtained from text analysis of transcribed role-play recordings of the student performances to ascertain objective metrics of the student performances in order to compare them with the quantitative results obtained from the evaluators. Pedagogical implications of the qualitative and quantitative data obtained in the study, as well as future directions for medical English education, are discussed. This research is supported by Kakenhi funding JP15K01091.
近年、国内では外国人の労働者と旅行者が増加しており、原研病院でも日本語を話せない患者の診療機会が増えている。必要時は病院と契約をしている通訳を依頼するが、現場では各部署でコミュニケーション力不足の問題が発生している。しかし、どの程度の問題が発生しているかは評価されていない。一方、医療関係者が自分の医療英語の能力を客観的に評価しようとする時、日本医学英語教育学会の日本医学英語検定試験 (Examination of Proficiency in English for Medical Purposes) が有用である。また厚生労働省が支援している一般財団法人日本医療教育財団の医療通訳技能認定試験（専門・基礎）も、医療英語通訳能力の評価に役立つと考えられる。しかし、この2つの試験を知っている医療者は少なく、認知度は低いと予想される。今回、当院の全職員が参加する医学総会で外国人診療がテーマとなり、医学英語に関する講演後、外国人診療に対する職員の意識調査と、日本医学英語検定試験および医療通訳技能認定試験の認知度調査をアンケート形式で行った。職種別では看護師が最も外国人患者とのコミュニケーションに関心問題点を感じていた。参加職員218名中、日本医学英語検定試験を知っていたのは8名（4%）。医療通訳技能認定試験を知っていたのは20名（9%）であった。
Any purely passive approach to acquisition of language skills (merely reading without attempting to construct one’s own original sentences, for example, or listening without speaking) is flawed. In every Medical English class I teach, students listen, speak, and read, and in the last 15 minutes, they write something, which I collect, correct, and return to them the next week. They are required to resubmit their writing the following week, revised and typed. In this way they use actively what they would otherwise have learned only passively in the classroom, and they practice both writing in longhand and typing according to English language conventions. This intensive full-spectrum teaching is time consuming, as I have over 100 students during the first trimester, but I do it because English composition cannot be taught effectively unless students’ mistakes are corrected and returned to them and students do something themselves to increase the chances that they will learn from past mistakes in future writing. To facilitate this task for myself and make the process of teaching what students need to know smoother and more effective, I have devised a system consisting of a variety of symbols, both standard and homemade, that I use when marking their papers to identify types of errors. For example, I circle misspelled words; students must learn the correct spelling themselves. The system also bypasses lengthy explanations. In the hope that it may help you, I want to share this time-saving system with you.

**1 How I mark papers: Shorthand for quick correction of written work**

16:30–16:45  Christopher Holmes  [ex. Faculty of Medicine, The University of Tokyo 前・東京大学医学部]

Any purely passive approach to acquisition of language skills (merely reading without attempting to construct one’s own original sentences, for example, or listening without speaking) is flawed. In every Medical English class I teach, students listen, speak, and read, and in the last 15 minutes, they write something, which I collect, correct, and return to them the next week. They are required to resubmit their writing the following week, revised and typed. In this way they use actively what they would otherwise have learned only passively in the classroom, and they practice both writing in longhand and typing according to English language conventions. This intensive full-spectrum teaching is time consuming, as I have over 100 students during the first trimester, but I do it because English composition cannot be taught effectively unless students’ mistakes are corrected and returned to them and students do something themselves to increase the chances that they will learn from past mistakes in future writing. To facilitate this task for myself and make the process of teaching what students need to know smoother and more effective, I have devised a system consisting of a variety of symbols, both standard and homemade, that I use when marking their papers to identify types of errors. For example, I circle misspelled words; students must learn the correct spelling themselves. The system also bypasses lengthy explanations. In the hope that it may help you, I want to share this time-saving system with you.

**2 Move analysis of English medical papers and its application to the writing of papers: In the case of Introduction and Discussion**

16:45–17:00  Takeshi Kawamoto 河本 健  Takatsuya Ishii 石井達也 2  [Hiroshima University Writing Center 広島大学ライティングセンター, Hiroshima University Graduate School of Education 広島大学大学院教育学研究科]

医学英語論文を効率よく執筆するためには、論文を構成する要素やその組み立て方を知ること、およびそれらに基づく頻出の英語表現を使って論の展開を行う方法を学ぶことが必要である。そのための情報の多くは、コーパス研究によって抽出できる。そこで本研究では、教育利用を念頭において、Swales J. M. らの報告に準じて医学英語論文のコーパス解析を行った。対象としては、臨床医学系の代表的ジャーナルである NEJM, Lancet, BMJ, AMJ の4誌に2013～2014年に掲載された論文のうち、インパクトの高いものをそれぞれ約100編ずつ選択した。各々の論文を、論の展開に基づいて以下の12のパート（Move）に分割してコーパス（データベース）の作成を行った。Move 1：研究対象の特徴や重要性の提示, Move 2：論点の絡み込み, Move 3：本研究の紹介, Move 4：研究概要や研究対象の提示, Move 5：研究の実施方法, Move 6：統計解析, Move 7：資金提供者および著者の役割, Move 8：注目すべき研究結果, Move 9：副作用や安全性の結果, Move 10：問題の再提示と研究概要のまとめ, Move 11：個々の研究結果の検討, Move 12：結論または研究のまとめ。

コーパスの解析には、AntConc (Anthony, L.) を用いた。各 Move のコーパスでの頻出単語を比較し、Move ごとに特徴的な頻出単語を抽出した。そこから、単純頻出ランキングでも上位であった動詞や名詞を中心とする重要語を選定し、それぞれの共起検索から重要なフレーズを抽出した。このような Move 分析は、重要フレーズの抽出だけでなく、論文の成形を理解して執筆に応用するためにも有効であろう。
In 2017, the Ministry of Education, Culture, Sports, Science and Technology revised the Model Core Curriculum for Medical Education, so that every medical university would teach Evidence-based Medicine (EBM). However, comparing the syllabi on university homepages, we received an impression that EBM teaching programs at different universities seemed to vary. In this presentation, we would like to report the results of a survey we conducted on the current status of EBM education at each university from students' viewpoints. By using Google Form, we administered an online questionnaire, to which 286 medical students in nineteen schools responded in total. The survey specifically focused on three areas: 1) current curriculum of EBM in each university, 2) the students' evaluation of EBM education, and 3) their acquisition of basic EBM skills in reading English journals. Of all the responders, 44% studied EBM in class and only 67% of these students were taught how to read clinical research papers written in English. Still, more than three quarters of all students felt there was a necessity to study EBM in class. Fifty-five percent of the students who had studied EBM said they were able to tell where the research question appeared in the paper. The results of our survey show that EBM education in Japanese medical schools is still in a transition period. This presentation will provide more detailed information about EBM education, and students' motivation and acquisition of EBM skills. As student researchers, we would also like to suggest ways of improving EBM education.
Sunday, July 29
7月29日（日）

Special lecture 2:
Medical care support system for the 2020 Tokyo Olympic and Paralympic Games
東京 2020 オリンピック・パラリンピック競技大会における医療体制について …………………… 34

Invited lecture:
Dental education for UK dental students and dentists who are non-native speakers ……………… 36

JASMEE now and in the future:
Implementation report of the Examination of Proficiency in English for Medical Purposes (EPEMP)
日本医学英語検定試験実施報告 ……………………… 38

Workshop:
EMP lesson plans: PechaKucha style presentation ……………………………………………………… 39

General topics 6:
Study abroad programs 海外研修……………… 40

General topics 7:
Cross-cultural understanding
異文化理解……………………………………………………… 42

Posters 1:
Activity reports 活動報告…………………………… 43

Posters 2:
Development of teaching materials
教材開発……………………………………………………… 46

For presentations in English, the titles and abstracts are given in English only.
For those in Japanese, English translations of the titles are provided, but the abstracts are in Japanese only.
日本語で発表される演題は、演題名を英日併記、抄録を日本語で掲載しています。
一方、英語で発表される演題は、演題名・抄録とも英語のみで掲載しています。
Medical care support system for the 2020 Tokyo Olympic and Paralympic Games

東京 2020 オリンピック・パラリンピック競技大会における
医療体制について

Chair
Isao Date 伊達 敦
(Okayama University Graduate School of Medicine; Chairperson, JASMEE
岡山大学大学院医療学総合研究科・日本医学英語学会理事長)

Speaker
Tetsuya Miyamoto 宮本哲也
(The Tokyo Organising Committee of the Olympic and Paralympic Games
東京オリンピック・パラリンピック競技大会組織委員会医療サービス部)

東京 2020 オリンピック・パラリンピック競技大会（東京 2020 大会）は、2020 年 7 月 24 日～8月 9 日までオリンピックが開催され、8月 25 日～9月 6 日までパラリンピック
が開催される。東京オリンピック・パラリンピック競技大会組織委員会は、選手その他の
大会関係者や観客に向けて医療・救護サービスを提供することとされており、43 カ所に
及ぶ競技会場、選手村に開設する診療所、その他の関係施設において、広範な医療活動を
展開する予定である。

競技会場においては、選手対象のサービスと、観客対象のサービスを区分して整備する
ことが求められている。選手用の医療サービスでは、選手用医務室、競技区域内 (field of
play; FOP) とウォームアップエリアの救急体制が必要である。観客用の医療サービスで
は、観客数に応じて、医務室と医師・看護師を準備することとしている。

選手村においては、ポリクリニックとよばれる診療所を開設する。選手・コーチなどの
各国選手団は原則として選手村に滞在しており、選手団が病気や外傷を負った場合、ポ
リクリニックを受診する。

この他、国際オリンピック委員会や国際パラリンピック委員会の役員などが宿泊するホ
テルでの医療サービスや、メディア関係者を対象とした医療サービス提供も行うこととし
ている。

医療・救護サービスの対象者としては、オリンピックにおいて、選手および各国チーム
役員など 18,200 人、国際競技団体関係者 2,900 人、メディア関係者 25,800 人、スポンサー
関係者 17,100 人等と想定しており、そのほとんどは外国からの来訪と予想される。また、
観客については数 780 万人と想定しており、海外からの観客も多数に上ると予想される。

また、医療・救護サービスの提供者としては、医師、看護師等の医療資格者の他、大会
ボランティアとして、競技会場内で観客の救護を担当する「ファースト・レスポンダー」(学
生など、医療資格がない方も含まれる）など、多数の参加を予定している。

このように、東京 2020 大会の医療・救護の現場において、外国人に対応する機会が多いと予想されることから、円滑なコミュニケーションを図るための言語力、なかでも英語力は、たいへん重要である。東京 2020 大会を円滑に実施するため、多くの大会医療・救護サービスの参加者に語学力の向上に努めていただくことが期待される。さらに、東京 2020 大会を契機として、わが国における外国人を対象とした医療サービスの向上も期待される。

宮本哲也（みやもと・てつや）
公益財団法人 東京オリンピック・パラリンピック競技大会組織委員会 医療サービス部長

1967 年生まれ、鳥取大学医学部卒業。渋川キリスト病院での臨床研修を経て、（旧）厚生省入省。以降、保健医療行政の各分野に従事。2016 年より現職。
The University of Manchester welcomes more international students than any other University in the United Kingdom. Over 10,000 of our students and a third of our staff are from overseas, representing more than 129 different nationalities. The city of Manchester is similarly culturally diverse, with over 200 languages spoken in the region. With this large international base, implementing support programmes in English to enhance integration of our international staff and students is essential.

International communication, conference presentations, and publication of high impact journals within medicine and dentistry is now largely conducted in English. Current research also suggests a poor grasp of English can hinder medical professionals’ efforts to practice evidence-based medicine (Letelier, et al. 2007).

As educators of the future generation of medical and dental professionals, it is essential we equip our students with not only the necessary technical skills, but also the required communication skills to be able to excel both nationally and in the international academic arena.

This presentation will share the experiences of Manchester Dental School in supporting students and staff whose first language is not English.

The presentation will focus on:
- International English Language Testing System (IELTS) examination.
- Experiences of staff and students who are non-native speakers.
- Designing selection processes to test communication skills.
- Enquiry-based learning to support medical English.
- Assessment in medical English and communication.
- Role of the University Language Centre.
- Importance of medical English in evidence-based practice.
- Barriers and solutions for improving medical English and internationalisation.
Neil Patel, BDS (Hons), MSc (Dist), MFDS RCSEd, MJDF RCSEng, MOral Surg, PGCert, FHEA, MDTFEd

Neil is a specialist oral surgeon and clinical lecturer in evidence-based practice for International Dental Education. He is lead for Year 3 at Manchester Dental School and director for international collaborations.
2018年1月7日（日）実施のエキスパート級（1級）とプロフェッショナル級（2級）、その後6月17日（日）実施の応用級（3級）と基礎級（4級）について概要報告する。受験者数は、1級が4名、2級が5名、そして、筆記試験合格/リスニング試験不合格の準3級受験者が15名、3級が213名、4級が345名であった。

【1】受験資格と医学英語能力レベル

エキスパート級（1級）：医学英語教育を行えるレベル（プロフェッショナル級【2級】受験者を指導できるレベル）

プロフェッショナル級（2級）：英語で書記・学会発表・討論を行えるレベル（3級取得者に受験資格がある。）

応用級（3級）：英語で事務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）

基礎級（4級）：基礎的な医学英語能力を有するレベル（医科大学・医療系大学院在学あるいは卒業程度）

【2】事前提出書類（1級・2級）

受験者が事前に提出する書類は以下の通りである。

・事務局で用意した様式1—受験申請書、履歴書、業績リスト（1. 英語での論文発表、2. 英語での学会発表、3. その他 英語・医学英語の研究や教育における業績や業績）に記入の上、提出する。受験申請書は日本語で、履歴書と業績リストは英語で記入する。

・口頭発表用資料（300 words 以内の抄録）、発表原稿、スライド原稿（PowerPoint、KeyNote等）を提出する。

【3】試験内容

1級は書類審査と30分の面接試験。2級は80分の筆記試験（筆記2問と小論文）と25分のプレゼンテーション試験（10分と質疑応答およびフリートーク 15分）である。特に2級に関しては、

1. 英語の論文執筆に準じた自由筆記問題と小論文・エッセー（第6回より）が出題される。解答は自分のPCで作成して提出する。辞書アプリケーション等の使用、インターネットへの接続は許可されていない。

2. 口頭試験の英語プレゼンテーションでは、事前に用意した原稿を読み上げることはできない。

PowerPoint、KeyNoteなどプレゼンテーションソフトの発表者ツール機能は使用できない。

3級は90分の筆記試験（マークシート方式）と30分間のリスニング試験（マークシート方式）、4級は90分の筆記試験（マークシート方式）で行う。

【4】試験評価法

2級は3名の試験官が担当し、内訳は医学系2名、英語系母語話者1名である。筆記試験は「論旨・構成」と「英語力」の2項目について5段階評価を行った。プレゼンテーション試験では「論旨・構成」「英語運用能力（文法・構文力）」「発表技法」「発表技法（スライド：文字、略語、図、配置、行数、フォント、個人情報保護）」および「質疑応答（今回より質疑応答の配点に重きが置かれた）」の5項目について5段階評価を行った。

【5】試験結果・合格判定

合否の判定は直近の理事会で行われる。
Workshop

EMP lesson plans: PechaKucha style presentation

Facilitator

Takayuki Oshimi 押味貴之
(International University of Health and Welfare School of Medicine
國際医療福祉大学医学部)

After the success of the first PechaKucha style workshop in JASMEE 2012, JASME2018 will be hosting its second PechaKucha style workshop for sharing English for Medical Purposes (EMP) lesson plans at 15:10-16:40 on July 29.

For those of you who are new to the PechaKucha style presentation, it is a global presentation phenomenon which was started in Tokyo in 2003 by Dytham and Klein, two architects who trademarked the PechaKucha format. Presentations are 6 minutes and 40 seconds long. According to the PechaKucha creators, “PechaKucha 20x20 is a simple presentation format where you show 20 images, each for 20 seconds.” Speakers must present while the images advance automatically on a timer. The objective of these simple but tight constraints is to keep the presentations brief and focused to give more people a chance to present in a short period of time.

In this workshop, we will invite 12 JASMEE members to give 3 minute 20 second presentations about their own EMP lesson plans. These presentations will consist of 10 slides (not the typical 20 slides) shown for 20 seconds each. After all presentations are finished, there will be a 30-minute floor discussion.

Workshop schedule:
15:10-15:20: Introduction
15:20-16:10: PechaKucha presentations by 12 speakers
16:10-16:40: Floor discussion and Q&A

This creative event promises to be a rewarding experience for all involved, where people can have fun sharing ideas and thoughts about their EMP classroom experiences.
Study abroad programs are becoming more common in nursing education, often focusing on the development of cultural competence. We conducted a qualitative analysis of the reflection papers of 50 Japanese undergraduate nursing students who participated in 9 study abroad programs in Asia and North America. The findings reveal perceived benefits in the areas of English language proficiency and motivation; knowledge of nursing practices, healthcare systems, and global health; cultural awareness and sensitivity; and various aspects of identity development (second-language identity and motivation, national/ethnic identity, professional identity, identity as a global citizen, and personal growth). Such experiences are often critical turning points that enhance nursing students’ identity formation in the context of multiple and overlapping communities of practice. They also enhance core elements of the educational mission of an internationally-oriented nursing college, particularly relating to liberal arts and internationalization. These findings can inform the development of assessment tools to be used in conjunction with study abroad programs at nursing colleges.

**Medical electives abroad: Do they contribute to the “globalization” of physicians?**

Background: As globalization increases, more medical schools in Japan are encouraging students to do elective rotations abroad with the hope that they would become more capable of practicing in the global society. Indeed, on returning to Japan, students seem to be more globally minded as they talk about their experiences abroad. However, whether medical electives abroad truly contribute to fostering global doctors over the long term is unclear.

Summary of work: The Jikei University School of Medicine has been sending 2-4 students to King’s College London (KCL) for medical electives every year for more than 35 years. We conducted a survey by sending questionnaires to 79 alumni who had been to KCL (KCL alumni) and 395 alumni who had not been to KCL (non-KCL alumni) to examine the effect of medical electives abroad on fostering future global physicians.

Results and discussion: We received responses from 36 KCL alumni (45.6%) and 62 non-KCL alumni (15.7%). Though the response rate was very low in the non-KCL alumni group, results showed that more KCL alumni had lived abroad, leaving their comfort zone to make challenges in the world, had made presentations at international conferences, and had published papers in English than the non-KCL alumni. KCL alumni had also collaborated more with researchers abroad.

Conclusion: We found that medical electives abroad contribute to fostering global physicians. Physicians who had done elective rotations abroad were continuing to communicate with and practice in the global society.
In order to prepare medical students for their overseas clinical elective, we developed a clinical English workshop that focuses on both the clinical interview and the clinical case presentation. The two-day workshop, which was administered to a total of 19 fifth-year Japanese medical students, was divided into four phases: (1) interactive lecture, (2) role-play, (3) clinical interview with Standardized Patients (SP’s), and (4) clinical case presentation. During day one of the workshop, the lecture, taught by a U.S. physician, introduced students to questions and phrases used during clinical history-taking, along with common patient responses. It also emphasized the principles of the clinical case presentation and clinical reasoning. The students then practiced the clinical interview with their fellow classmates via role-play. On the second day of the workshop, the students had an opportunity to conduct two separate clinical interviews with English-speaking SP’s. During the one-on-one SP interview, other students were able to observe in the same room, which promoted learning. Based on the interview, the students were then tasked with presenting the clinical case to a U.S. board-certified physician, who gave direct and immediate feedback to the students. This was meant to simulate the students’ clinical environment, where they would have to present their patient’s clinical history in an orderly fashion to their supervising attending in English. We propose that such a workshop modeled after ours would be a valuable introductory course in clinical English, which would be immensely beneficial for all Japanese medical students going overseas for clinical training.

Japanese students have become increasingly interested in studying abroad, but incorporating this educational component into the existing curriculum can be difficult for specialized universities, such as medical-related schools. This presentation describes a four-week study abroad program that our university developed with a United States university for 1st-year students in the schools of medicine, dentistry, pharmacy, and nursing and rehabilitation sciences. This program focuses on: 1) global communication, 2) international culture exposure, and 3) comparison of healthcare systems. Activities include ESL classes in the morning, culture-related activities/sightseeing, and medical-related tours/activities (such as visits to local medical settings and medical-related lectures). Students spend half of the time with a host family for an enhanced immersion experience. Since 2007, over 240 students have participated in this program. Feedback from students indicates that the main reasons for participating in this program were to improve English skills, for self-development/growth, and to learn about foreign culture. Main worries were language skill, homestay, and living abroad in general. We discuss challenges and insights in running this program for the past 11 years, and future plans to examine how this program contributes to the development of our students in their respective fields.
Since 2012, one-half of the second term English for Medical Purposes (EMP) course for first-year medical students at Akita University has consisted of an Introduction to Medical Anthropology sub-course. This represents a major step in the ongoing effort to improve the mandatory English courses for the university’s medical students by making these more relevant to their future careers, more inspiring, and more challenging. The main message of the sub-course is that human disease, health, and healing can never be separated from culture, as these are always cultural. The primary objective of the sub-course, to quote the syllabus, is “to produce more knowledgeable doctors who will be able to think about disease, health, and healing from a variety of perspectives—not only from a clinical perspective.” The lectures progress from a general consideration of anthropology and the culture concept (including ethnocentrism and cultural relativism) to more focused coverage of medical anthropology, health, disease, and healing in different cultures, conditions in particular societies, development, applied medical anthropology, contemporary biomedicine, and finally to caring for patients from different cultures. Video materials are used, and reading assignments are given. This presentation outlines the sub-course and examines the effects of this content-based educational approach on the students. It affirms the value of content-based EMP, and specifically of studying medical anthropology, for future physicians. It also asserts that studying medical anthropology in English can boost medical students’ motivation and help them to become better doctors—and physicians of the world—in the future.

In the present day world, human societies are becoming increasingly diverse ethnically. In such a world, healthcare professionals need to acquire cross-cultural competence, that is, the ability to provide safe and effective care regardless of the ethnic backgrounds of the populations they serve. However, in countries like Japan where both in and outside the classroom there is ethnic homogeneity, students are largely unprepared to work in a multiethnic setting. A recent study where a Japanese nursing student after attending classes with a group of Canadian students for the first time reflects that “Canadians are a lot of skin color, but we are same skin color,” is just one example showing the need to familiarize Japanese students in healthcare disciplines with diversity in their profession. This presentation introduces a medical English course aimed at nurturing students with the ability to function in a multiethnic workplace. Examples include real-life cases featuring patients and families from diverse ethnic backgrounds such as English, Japanese, Russian, and Spanish. As one example, while ethnic backgrounds of a Russian and a Japanese family battling with terminal cancer are different, the two are quite similar when it comes to the needs for caring and coping with the loss of a loved one. The presenter shares the course materials and describes pedagogical approaches for their implementation in the classroom. The course underscores to the role of medical English education in Japan in raising healthcare professionals who are culturally competent and can work in harmony in an ethnically diverse world.
At Nippon Dental University Hospital, training for human resources to effectively communicate in English with foreign patients who do not understand Japanese is needed immediately. We report on the progress and perspective of English workshops. Cooperation was obtained from Our Foreign Neighbors We Care (We care), a non-profit organization conducting workshops on medical interpretation. Interested staff members could participate in the workshops, which had already been held twice before as trials in 2017. We conducted a survey after each workshop to improve the five upcoming workshops in 2018. Dental hygienists comprised the largest number of all the participating staff members. We conducted role-play sessions to practice speaking English in the Initial workshops, and the contents were basic questions that were expected to be used in everyday hospital conversations. According to the post-workshop survey of the participants, we found that the most troubling situation was answering phone calls, and the participants had realized the necessity of practicing it. Due to the participants’ concerns, we focused on answering phone calls in the second workshop. The hospital needs reliable human resources who can play an active part in interpretation. Therefore, we are planning to raise the level of the programs to include learning specialized contents for actual dental treatment throughout the five workshops in 2018.

At Nippon Dental University Hospital, training for human resources to effectively communicate in English with foreign patients who do not understand Japanese is needed immediately. We report on the progress and perspective of English workshops. Cooperation was obtained from Our Foreign Neighbors We Care (We care), a non-profit organization conducting workshops on medical interpretation. Interested staff members could participate in the workshops, which had already been held twice before as trials in 2017. We conducted a survey after each workshop to improve the five upcoming workshops in 2018. Dental hygienists comprised the largest number of all the participating staff members. We conducted role-play sessions to practice speaking English in the Initial workshops, and the contents were basic questions that were expected to be used in everyday hospital conversations. According to the post-workshop survey of the participants, we found that the most troubling situation was answering phone calls, and the participants had realized the necessity of practicing it. Due to the participants’ concerns, we focused on answering phone calls in the second workshop. The hospital needs reliable human resources who can play an active part in interpretation. Therefore, we are planning to raise the level of the programs to include learning specialized contents for actual dental treatment throughout the five workshops in 2018.
The role of medical interpreters in Sapporo
札幌英語医療通訳グループの役割

12:30–12:40  Saori Kitama 北関砂糖 (Hokkaido University School of Pharmacy 北海道大学薬学部)

札幌英語医療通訳グループ (Sapporo English Medical Interpreters’ Group; SEMI) は2009年4月に13名の有志により設立された任意団体である。医療機関受診の際にことばが障壁となっていたが、医療機関も外国人患者も通訳のために費用を負担することができず、問題が解決されずにいたため、まずはオンラインで活動を始めた。医療通訳者が入ることで診察がスムーズになり、ことばだけではなく医療通訳者は文化や習慣の違いを理解するための架け橋にもなることを理解しうちることを目指した。週に一度3時間の勉強会を開催し、英語・医学知識・通訳スキル・倫理規定などについて学んでいる。その結果、外国人の出産が多い病院、産婦人科に限るものの医療通訳者をパート職員として雇用するようになっただ。患者は北海道大学の留学生と研究者およびその家族が中心で、国別のコミュニティで募金を集め寄付を行うケースも何度かあった。また、北海道大学が大学関係者のための通訳に対して謝金を払うようになり、この金額は医療通訳者に支払う金額よりも高い。病院として通訳のために費用を払う予算を計上できなくても、外国人患者への対応が必要であるとの考えより、臨床研修の一部として医療英会話を学ぶ機会を設けることがSEMID通訳者を講師に務めるようになった。本発表では、特に病院と医療通訳者双方に利点の多い臨床研修向けの英語学習について紹介する。

4 Nurses’ and doctors’ approaches to medical English conversation at Shikoku Central Hospital
Nurses’ and doctors’ approaches to medical English conversation at Shikoku Central Hospital

12:40–12:50  Miho Ishikawa 石川美穂, Hiroki Wake 和家裕樹 (Giovanni English School 英語教育のジョバンニ株式会社)

Background and purposes: Shikoku Central Hospital, Ehime offered free medical English conversation (MEC) classes for its nurses and doctors biweekly for 6 months. The purposes of this study were to research their approaches to MEC and to consider their problems and improvement plans from the viewpoints of medical English education.

Materials and methods: The nurses mainly learned basic expressions by role playing in a history taking section of their textbooks. The doctors’ class had an examining foreign outpatients section as well as a section on making presentations at international medical conferences. They learned basic expressions through role playing and using listening materials.

Results: The nurses’ class observed a gradual decrease in the number of attendees for a couple of reasons. Moreover, they had some problems in using interpretation apps to talk to foreign patients. On the other hand, the doctors’ class kept high motivation in all areas and had successful completion. However, the doctors’ class had low residents’ attendance and little demand for the presentation section.

Conclusions: The following are the considerations and improvement plans. For the nurses: 1) increasing their opportunities to attend MEC lessons, 2) improving their basic English skills, and 3) raising their motivation to study MEC. For the doctors: 1) reinforcing their listening skills, 2) improving their speaking skills with the help of English-speaking “patients”, and 3) inviting young doctors and residents to MEC lessons.
In recent years, Japan has experienced considerable growth in the field of nursing education, and at the tertiary level, almost all nursing colleges and universities now include English in their curriculum. This has given rise to a growing number of teachers who aim to address the needs of nursing English learners, but who often lack experience in teaching nursing English, or have to operate largely in isolation, without professional support, unable to enjoy the benefits of collaboration. To this end, the presenters established JANET (The Japan Association for Nursing English Teaching). While JASMEE provides an excellent forum for the needs of medical English educators, the founders of JANET felt that there was also space for a non-fee-based organization that could provide support specifically for teachers of nursing English. This presentation outlines the progress that JANET has made since its inception in 2016, and introduces some of its plans for future directions. JANET is keen to work closely with JASME, and invites participants to share their suggestions as to how JANET might continue to grow in the future.
Development of e-learning strategies for Japanese medical students to meet current clinical English needs

Chair: Jun Takata

12:10–12:20 Masumi Nishimura 西村教美, Sakai Ikemoto 池上小湖

本発表では、日本の医学部生のニーズを反映した独自の英語 e-learning 学習法の開発を目的に、発表者が作成した教材を紹介し、その教育効果と今後の改善点について考察を加える。発表ではまず、日本の各大学医学部大学院のシラバスをもとに、日本の医学部での英語教育の実情についての調査結果を報告する。引き続き、医療現場での英語コミュニケーション教育の変革を目的に実施した実験（英語模擬講義）を取り上げ、実際から浮かび上がった医学部生および英語教育・教授法の問題点についてまとめると、この模擬講義は、翻訳を用いたコミュニケーションモデルに基づいた授業案に沿って実施され、対象は国立大学医学部学生および私立大学医学部に所属する医師および学生である。以上の先行研究を踏まえ、発表者は新たに e-learning プログラム教材作成を行い、医学部学生対象に、新たに実験を行う予定である。発表ではその結果を報告する予定である。実習では、学生の英語実習内容と合わせ作成した、呼吸器系のサンプル問題を使用する。以下に実際で用いる教科およびその手順を示す。

1. オンライン教材を用いた medical terminology の問題演習
2. 英語で翻訳した国家試験問題を使った演習
3. オンライン医学英語から問題演習を行い、その後、類似問題への応用がうまくいかない場合を検討し、その成果を報告する。
4. オンラインプログラムのグラフを示した説明のプレゼンを見ることで、実際に学生のプレゼンを通じて、グラフを示した説明の英文を経験してもらい、今後活用できるよう指導する。

この実験結果を踏まえ、今後はさらに、プログラムの充実を図り、まずは、人体全体の各組織系について、完成を目指す。

Development of teaching materials for medical English using virtual reality tools and communication robots

12:20–12:30 Yoko Sakamoto 坂本洋子, Nobuhiro Sakata 坂田信裕

医学英語教材の新たな形として、virtual reality (VR) と人型コミュニケーションロボット (人型ロボット) を活用したコンテンツを作成している。今回、そのコンテンツの授業や自習での試用について報告を行う。VR は、ヘッドマウントディスプレイ (HMD) を装着し、全方向に表示される映像を見ることができ、場所や空間を超えた疑似体験が可能である。また、人型ロボットは、人との会話よりも不安感が少ない環境で、会話の練習を繰り返し行うことが可能である。これらの 2 つを用いることで、より深く学びに繋げる教材を作成することができることが考えられる。VR を用いたコンテンツ作成では、360 度カメラを用い、医学部海外研修の引率教員の協力を得て、フィリピン、ドイツ、米国の講義や病院内を撮影し、VR 動画とした。これらは HMD を使用した自習を行うことで、研修学生の準備を用いた教材としての英語力向上、研修生をより具体的に教えることで、海外研修への不安が減少する可能性を考えている。また VR 動画は、学習者に映像を映し出し、利用者に実体験を提供することが可能であり、VR の実装は、手術の実演や実験に使われる。VR 動画の作成を行った。手術の実演では、手術室設備、器具、解剖学に関する英単語を学ぶことが可能である。また、VR 動画は、学術的な視点をもって学び、新しい機器なども紹介でき、さらに医学部の低学年段で教えることが可能である。

この実験結果を踏まえ、今後はさらに、プログラムの充実を図り、まずは、医学全般の各組織系について、完成を目指す。
In this presentation, I discuss the process of developing a unit of teaching material that incorporates key vocabulary relating to neurosurgery/neurology. The use of a Learning Management System (LMS) has offered us the opportunity to extend learning materials for students through online self-study. A key aim for the materials is to build students’ vocabulary through contextualized tasks. In this research the way to identify key vocabulary has been through communication with a neurosurgeon. The first step was the construction of a word list, primarily from three sources: Structure and Function of the Body, our research group’s pedagogic materials on the nervous system, and a medical brochure, Basic sets of neurosurgical instruments. The word list was used as a starting point for a set of three interviews on neurosurgery and treatments. In the first interview, the categorization of words discussed along with major omissions, leading to additions to the word list, particularly in relation to physiology. In the second meeting the neurosurgeon explained how the field of neurosurgery can be conceptually organized. In the third meeting, the neurosurgeon explained a surgical procedure: the clipping of an aneurysm. Based on the interviews, with the aid of the neurosurgeon, a section on treatments was designed to extend our existing unit of materials and expose students to high value words. For example, the original materials used the general terms malignant tumor and benign tumor. The section on treatments has been used to extend the vocabulary to glioma, medulloblastoma, meningioma, nerve sheath tumor, pituitary adenoma, and angioma.
Our Dental University Hospital is located in the center of Tokyo, and the number of non-Japanese speaking patients has been increasing. The 2020 Tokyo Olympics will increase this number further. It is necessary to treat them; however, there are no proper items to aid us because we lack appropriate communication tools, and dentistry textbooks rarely focus on communication with foreign patients. This study aims to develop a multilingual visual description tablet application in order to promote mutual comprehension during dental situations. This study was aided by a Chiyoda-gaku grant, and some of our pediatric dentistry colleagues have collaborated with us in completing it. The progress report of our study is as follows. The contents of patients’ information and the medical and dental questionnaires, which were all written in English and Chinese, were improved and adjusted based on a check-box system with Japanese subtitles to help dental staff understand their foreign patients. Some improvements were made to the consent forms in order to avoid causing legal trouble to the patients. These forms were treated as mandatory requirements before starting dental treatment sessions. Various dental situations were chosen, and appropriate descriptions in three languages were placed next to each scene. We will be developing our study, beginning with creating illustrations of our chosen dental scenes and adding descriptions to each drawing. Our final goal is to improve the multilingual visual description tool on tablet so that it will be easy to use in clinical dental situations.
Awardee: James Thomas

James Thomas is a physician and full-time lecturer at the Medical Education Center, Keio University School of Medicine. He graduated from The University of Leeds and worked in general medicine and primary care in Sheffield, UK. He moved to Japan in 2012 and now devotes his time to clinical medicine, education, and research. He has written two books on medical communication and worked as a reviewer for the British Medical Journal Publishing Group. He has been invited to speak at various hospitals and medical schools within Japan and is currently completing a master’s degree in clinical education with The University of Edinburgh. His research interests include clinical communication, healthcare simulation, and student assessment and evaluation.

How can we use students more effectively as simulated patients in medical education and training?

James Thomas, Timothy Minton (Keio University School of Medicine 慶應義塾大学医学部)

The use of simulated patients can be hugely beneficial for training medical students in doctor-patient encounters. The effective use of role-plays and simulation can help students improve their English language proficiency, verbal and non-verbal communication skills, and clinical reasoning skills in a safe learning environment; it also helps them develop empathy. Using native English-speaking simulated patients (SPs) when training students has many advantages, but it can also involve problems such as SP availability, financial costs, and logistical challenges. Using students as SPs allows some of these problems to be avoided whilst at the same time increasing the students’ ability to empathise with the patients they portray and providing them with opportunities to critique their peers’ performance as doctors. Keio University School of Medicine, like many other institutions in Japan, utilises doctor-patient role-plays in medical English classes for pre-clinical students, in addition to training fifth-year students who go overseas for clinical elective placements. This presentation will outline some of the strategies we use to train students to act as SPs, and the ways in which these strategies are integrated throughout the curriculum. The potential benefits and limitations of using students as SPs will also be examined in detail.
# Past academic meetings

日本医学英語教育学会 学術集会一覧

<table>
<thead>
<tr>
<th>回</th>
<th>会長</th>
<th>開催期日</th>
<th>開催会場</th>
</tr>
</thead>
<tbody>
<tr>
<td>第1回</td>
<td>植村研一</td>
<td>1998年7月11, 12日</td>
<td>アクトシティ浜松コンクレスセンター</td>
</tr>
<tr>
<td>第2回</td>
<td>小林充尚</td>
<td>1999年8月9, 10日</td>
<td>日本教育会館</td>
</tr>
<tr>
<td>第3回</td>
<td>平松慶博</td>
<td>2000年7月8, 9日</td>
<td>こまばエミナース</td>
</tr>
<tr>
<td>第4回</td>
<td>大木俊夫</td>
<td>2001年8月4, 5日</td>
<td>こまばエミナース</td>
</tr>
<tr>
<td>第5回</td>
<td>清水雅子</td>
<td>2002年8月3, 4日</td>
<td>川崎医療福祉大学</td>
</tr>
<tr>
<td>第6回</td>
<td>小林茂昭</td>
<td>2003年7月12, 13日</td>
<td>こまばエミナース</td>
</tr>
<tr>
<td>第7回</td>
<td>大野典也</td>
<td>2004年7月10, 11日</td>
<td>東京慈恵会医科大学</td>
</tr>
<tr>
<td>第8回</td>
<td>西澤　茂</td>
<td>2005年7月9, 10日</td>
<td>こまばエミナース</td>
</tr>
<tr>
<td>第9回</td>
<td>大瀬祥子</td>
<td>2006年7月15, 16日</td>
<td>ウェルシティ金沢（石川厚生年会館）</td>
</tr>
<tr>
<td>第10回</td>
<td>大石　実</td>
<td>2007年7月14, 15日</td>
<td>メトロポリタンプラザ</td>
</tr>
<tr>
<td>第11回</td>
<td>佐地　勉</td>
<td>2008年7月12, 13日</td>
<td>笹川記念会館</td>
</tr>
<tr>
<td>第12回</td>
<td>亀田政則</td>
<td>2009年7月18, 19日</td>
<td>福島県立医科大学</td>
</tr>
<tr>
<td>第13回</td>
<td>菱田治子</td>
<td>2010年7月3, 4日</td>
<td>聖路加看護大学</td>
</tr>
<tr>
<td>第14回</td>
<td>吉岡俊正</td>
<td>2011年7月9, 10日</td>
<td>東京女子医科大学</td>
</tr>
<tr>
<td>第15回</td>
<td>安藤千春</td>
<td>2012年7月21, 22日</td>
<td>ホテルグランドヒルスヶ谷</td>
</tr>
<tr>
<td>第16回</td>
<td>伊藤昌徳</td>
<td>2013年7月20, 21日</td>
<td>東京ベイ舞浜ホテルクラブリゾート</td>
</tr>
<tr>
<td>第17回</td>
<td>西村月満</td>
<td>2014年7月19, 20日</td>
<td>東京ガーデンパレス</td>
</tr>
<tr>
<td>第18回</td>
<td>伊達　勲</td>
<td>2015年7月18, 19日</td>
<td>岡山コンベンションセンター</td>
</tr>
<tr>
<td>第19回</td>
<td>Timothy D. Minton</td>
<td>2016年7月16, 17日</td>
<td>慶應義塾大学 日吉キャンパス</td>
</tr>
<tr>
<td>第20回</td>
<td>福沢嘉孝</td>
<td>2017年7月22, 23日</td>
<td>オルクドール・サロン</td>
</tr>
<tr>
<td>第21回</td>
<td>影山幾男</td>
<td>2018年7月28, 29日</td>
<td>日本歯科大学生命歯学部</td>
</tr>
<tr>
<td>第22回</td>
<td>五十嵐裕章</td>
<td>2019年8月3, 4日（予定）</td>
<td>中野サンプラザ（予定）</td>
</tr>
<tr>
<td>第23回</td>
<td>高田　淳</td>
<td>2020年</td>
<td>高知市内（予定）</td>
</tr>
</tbody>
</table>
The 21st JASMEEE Academic Meeting
Program and abstracts

第21回日本医学英語教育学会
学術集会プログラム・抄録集

Dates 会期
Saturday, July 28 & Sunday, July 29, 2018 2018年7月28・29日（土・日）

President 会長
Ikuo Kageyama 彌山 彌男
The Nippon Dental University School of Life Dentistry at Niigata
日本歯科大学生活歯学部

Executive Committee Chairperson 実行委員長
Akira Hamura 羽村 章
The Nippon Dental University School of Life Dentistry at Tokyo
日本歯科大学生活歯学部

Venue 会場
The Nippon Dental University School of Life Dentistry at Tokyo
日本歯科大学生活歯学部
〒102-8159 東京都千代田区富士見1-9-20

Japan Society for Medical English Education
Official Journal of the Japan Society for Medical English Education (JASMEEE)