The 22nd JASMEE Academic Meeting
Program and abstracts

第22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, August 3 & Sunday, August 4, 2019 2019年8月3日(土)・4日(日)

President 会長
Hiroaki Igarashi 五十嵐 裕章
Kawakita General Hospital

Venue 会場
Nakano Sunplaza, Tokyo
中野サンプラザ
4-1-1 Nakano, Nakano-ku, Tokyo 164-8512
〒164-8512 東京都中野区中野4-1-1
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Japan Society for Medical English Education
Official Journal of the Japan Society for Medical English Education (JASMEE)
# Journal of Medical English Education

The official journal of the Japan Society for Medical English Education

[jasmee@medicalview.co.jp](mailto:jasmee@medicalview.co.jp)

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<table>
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</thead>
</table>

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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
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</tr>
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</tr>
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<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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</tr>
</tbody>
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# 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>9</td>
</tr>
<tr>
<td>Accommodations</td>
<td>10</td>
</tr>
<tr>
<td>Timetables</td>
<td>11</td>
</tr>
<tr>
<td>Timetable, Saturday, August 3</td>
<td>12</td>
</tr>
<tr>
<td>Timetable, Sunday, August 4</td>
<td>13</td>
</tr>
<tr>
<td>プログラム8月3日(土)</td>
<td>14</td>
</tr>
<tr>
<td>プログラム8月4日(日)</td>
<td>15</td>
</tr>
<tr>
<td>Saturday, August 3 8月3日(土)</td>
<td>17</td>
</tr>
<tr>
<td>Special lecture: How I learned the difference between healthcare and medicine</td>
<td>18</td>
</tr>
<tr>
<td>Invited lecture 1: My relationship with medicine, English, and education as a pathologist 私の病理医としての「医学、英語、教育」との関わり</td>
<td>20</td>
</tr>
<tr>
<td>Panel discussion: CLIL approaches for EMP education: EMP learning tips from Japanese medical students studying at medical schools in European countries 海外の医学部で学ぶ医学生と考える日本の医学英語教育</td>
<td>22</td>
</tr>
<tr>
<td>General topics 1: Reading/Vocabulary 読解と語彙の指導</td>
<td>24</td>
</tr>
<tr>
<td>General topics 2: Studying abroad 留学</td>
<td>26</td>
</tr>
<tr>
<td>General topics 3: Speaking スピーキングの指導</td>
<td>28</td>
</tr>
<tr>
<td>General topics 4: International exchange 国際交流</td>
<td>30</td>
</tr>
<tr>
<td>Sunday, August 4 8月4日(日)</td>
<td>33</td>
</tr>
<tr>
<td>Invited lecture 2: Less classroom, more clinic: Redesigning curricula to incorporate medical English into medical practice</td>
<td>34</td>
</tr>
<tr>
<td>General topics 5: Writing ライティングの指導</td>
<td>36</td>
</tr>
<tr>
<td>General topics 6: New approaches 新たな取り組み</td>
<td>38</td>
</tr>
<tr>
<td>General topics 7: Test measures テスト対策</td>
<td>40</td>
</tr>
<tr>
<td>General topics 8: Medical practice 医療実践</td>
<td>42</td>
</tr>
<tr>
<td>General topics 9: Practical reports based on needs analysis ニーズ解析に基づく実践報告</td>
<td>44</td>
</tr>
<tr>
<td>General topics 10: Future of medical English research and education 医学英語研究と医学英語教育の今後</td>
<td>46</td>
</tr>
<tr>
<td>The 15th Kenichi Uemura award ceremony 第15回植村一賞授賞式</td>
<td>48</td>
</tr>
<tr>
<td>Past academic meetings 日本医学英語教育学会 学術集会一覧</td>
<td>49</td>
</tr>
</tbody>
</table>
Greetings from the President

Dear friends and colleagues,

It is a great honor and pleasure for me to serve as President of the 22nd JASMEEE Academic Meeting, which will be held on August 3rd and 4th, 2019. I would like to extend a very warm welcome to all of you. At the same time, I would also like to thank all those who have helped and supported me in making the arrangements for this Meeting, including previous JASMEEE Academic Meeting Presidents, the JASMEEE Secretariat, and my colleagues at Kawakita General Hospital, where I have been working in the Section of Internal Medicine since 2007. My hospital will be celebrating its 100th anniversary in 2028, and in the 92 years since it was founded, it has grown from a small 30-bed hospital to being the largest hospital in Suginami Ward. Kawakita General Hospital is honored to have played a role in organizing this Meeting.

The venue for this year’s Meeting is Nakano Sunplaza. This is very close to JR Nakano Station on the Chuo Line, which is only four minutes’ ride from JR Shinjuku Station, one of the most accessible places in Tokyo. I myself was born and grew up in the neighborhood of Nakano Sunplaza, and I remember, at the age of 20, being on stage as the chairperson of a discussion event in Nakano Sunplaza Hall. As you probably know, there are many good restaurants and interesting shops near Nakano Station. I hope that you will enjoy the food, shopping, and atmosphere of Nakano!

The main theme of this year’s Meeting is “Towards More Practical Medical English – Tokyo 2020 is coming!” Practical English skills will become all the more necessary, because a large number of foreign visitors are expected to come to Japan for the Tokyo Olympic Games in 2020, and for EXPO 2025 in Osaka, too. We have received 35 presentation abstracts on various topics for the Meeting, and we are grateful to those who submitted them. We also have three exceptional invited speakers. The first is Dr. Hirobumi Kawakita, who is the Chief Director of the Kawakita Medical Foundation, Chair of the Japan Council for Quality Health Care, and the Honorary President of the Tokyo Metropolitan Hospitals Association. He will give a lecture entitled “How I learned the difference between healthcare and medicine”. The second speaker is Dr. Rikuo Machinami, Professor Emeritus of the University of Tokyo and Director of Pathology at Kawakita General Hospital, who will talk about his struggle to acquire medical English proficiency as a pathologist. The third speaker is Dr. Gautam A. Deshpande, Professor of General Internal Medicine and Vice Chief of the Department of International Healthcare at Juntendo University, who will give us a lecture entitled “Less classroom, more clinic: Redesigning curricula to incorporate medical English into medical practice”. I hope attendees will not miss the opportunity to hear these attractive lectures.

On August 3rd, we have arranged an evening banquet in Nakano Sunplaza, where you will be able to enjoy a Japanese-Western-style dinner with a variety of drinks. We hope you will take the opportunity to exchange opinions and get to know other attendees.

I believe that the 22nd JASMEEE Academic Meeting will continue our tradition as a congress where English teachers and medical doctors can gather for interdisciplinary discussions, and where the sharing of invaluable insights and experiences will serve to enrich our quest to provide the best practice in medical English education in Japan. I am afraid that Tokyo is awfully hot and muggy at the beginning of August, but I hope you will enjoy hot discussions in the cool air-conditioned conference rooms at Nakano “Sun”plaza!

I am looking forward to seeing all of you at Nakano Sunplaza this August. Tokyo 2020 is just around the corner!

Hiroaki Igarashi, MD
Section of Internal Medicine, Kawakita General Hospital
President of the 22nd JASMEEE Academic Meeting
会長挨拶

この度第22回日本医学英語教育学会学術集会会長を、2019年8月3日から4日の会期で務めさせて頂きます。北海道総合病院内科の五十嵐裕章です。今回で第22回目を数える伝統あるこの学会の会長を仮せつかり、大変光荣であるとの同時に、非常に身の引きしめる思いです。今回は東京都中央区にある、アクセスの良い中野サンプラザでの開催といたしました。

医学英語は医療士すべてに重要なcommunication toolであり、医学系大学のみならず一般病院、診療所に勤務する者にとってもその習得は極めて意義のあることと考えており、生が幹事さん仰せつかった緣で、北海道総合病院でも今後医学英語学習熱が起こることと思います。

さて、社会医療法人北海道医療財団北海総合病院は杉並区の現在の場所に1928年に創立され、当初は内科と小児科計30床の小さな病院でした。その後一貫して地域医療に貢献することを目的として発展。現在は杉並区最大の407床、27の診療科を有し、毎日1,200人以上の外来患者を受け入れる病院になっています。当院には毎年11人の初期研修医が入職し、若人材にふれ非常に活気のある病院であり、また救急車の受け入れ数は年間7,000台を超え、これは東京都でも有数の受け入れ数であり、常に忙しい病院でもあります。2028年には創立100周年を迎える我々の北海総合病院が、今回1998年第1回以来の伝統あるJASMEの学会開催に協力すること、は、職員一同非常に光栄なことと存じております。

今回の学術会場は杉並区の町田区にある中野サンプラザを選んだわけですが、私自身も中野出身で、家はサンプラザから徒歩20分程度のところにあります。私にとって中野駅周辺は、特にブロードウェイを中心に、子供の頃よく遊びに来たところであり、成人式ではサンプラザの舞台に上がった懐かしい記憶があります。この会場はJR中野駅の目の前にも、中野駅は新宿駅から中央線ではなくて4分と至近の距離でありアクセス抜群です。付近には数多くのレストランや気軽な店が立ち並び、来る人を飽きさせません。学会に参加される先生方もぜひいろいろな店を覗いて楽しんでみて下さい。

今回は学術会のメインテーマを「Towards More Practical Medical English–Tokyo 2020 is coming!」に設定いたしました。来年に開催される東京オリンピックでは多くの外国人客の来日が予想され、医療界でも外国人対応が緊急の課題となっています。さらには2025年には大阪で万国博覧会の開催も決定しました。そこではcommunication toolとしての医学英語が重要なことは言わずもがなです。医学英語が東京・大阪のみならず日本中で、外国人からの訪問客相手に重要な役割を果たすことと思います。このメインテーマのもと今回も35の演題を募ることができました。ご応募いただいた先生方には厚く御礼申し上げます。

今回の学術会では、3つの招待講演を通し企画いたしました。ひとつは当北海総合財団理事、日本医療機能評価機構理事長の東京都病院協会名誉会長の河野裕文先生に「How I learned the difference between healthcare and medicine」というタイトルで、若い時に医学に初めての転機になったエピソードを中心に講演をしていただきました。また、東京大学名誉教授の町並盛重当院外科診療科部長がロンドン留学時代の医学英語との邂逅について、さらにアメリカ大使館付医師として来日、聖路加国際大学・病院で医学英語を教授、現在は順天堂大学総合診療科教授、国際診療部副部長として来日にも携わっておられるGautam A. Deshpande先生には「Less classroom, more clinic: Redesigning curricula to incorporate medical English into medical practice」という演題で実践的な内容をご紹介いただく予定です。

3日目は同じサンプラザ内で懇親会を予定しております。和洋折衷料理で多くの種類のfree drinkをお楽しみいただきたいと思います。また懇親会を参加者の皆さんの交流や意見交換の場にしようとしていただければ幸甚です。是非足をお運びいただきたい存じます。

8月上旬の東京は、湿度も高く蒸し暑いことが予想されます。冷房の効いた会場で熱い発表と討論をして有意義な会にして頂ければと思います。

今回の学術会は、英語教師と医師が一緒に関催されるというJASMEの伝統を受け継ぎ、医学英語教育の実践やさらなる発展に寄与するものと確信しております。それには参加者の先生方のご協力が最も重要であることをは言わせません。JASME会員の皆様、医学英語（教育）に興味のある皆様のご参加を心よりお待ちしております。Tokyo 2020は目前です！
General information ご案内

Dates 会期
Saturday, August 3 & Sunday, August 4, 2019 2019年8月3日(土)・4日(日)

Venue 会場
Nakano Sunplaza, Tokyo 中野サンプラザ
4-1-1 Nakano, Nakano-ku, Tokyo 164-8512 〒164-8512 東京都中野区中野4-1-1
http://www.sunplaza.jp
https://jasmee.jp/22nd-academic-meeting-2019-8-3-4/

Registration 受付
· All participants should register on arrival at the registration desk on the 14th floor of Nakano Sunplaza. 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、すべて中野サンプラザ14階の「受付」で行います。
· The registration desk will open at 8:45 a.m. on both days.
受付開始時刻は両日ともに午前8時45分です。

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 JASMEF membership or pay outstanding annual membership fees may do so at the registration desk.
参加登録時に「新人会・年会費受付」にて行ってください。
· The membership fee for 2019 is 10,000 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).
2019年度の年会費は10,000円（年3回発行の学会誌誌料を含む）です。
学生会員の年会費は1,000円（学会誌誌料を含まない）です。

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 コヒーサービス

・Coffee is available at no charge in the exhibition space.
  期中、展示会場ではコーヒーを無料で用意します。

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>Friday, August 2, 16:00-18:00</td>
<td>Medical View office</td>
<td>日本医学英語検定試験制度委員会</td>
</tr>
<tr>
<td>Board meeting</td>
<td>Friday, August 2, 18:00-20:00</td>
<td>Medical View office</td>
<td>理事会</td>
</tr>
<tr>
<td>Councilors’ meeting</td>
<td>Sunday, August 4, 9:00-9:30</td>
<td>Presentation room</td>
<td>評議員会</td>
</tr>
<tr>
<td>General assembly</td>
<td>Sunday, August 4, 9:30-10:00</td>
<td>Presentation room</td>
<td>会员報告会</td>
</tr>
<tr>
<td>ICT subcommittee meeting</td>
<td>Saturday, August 3, 12:30-13:00</td>
<td>Meeting room</td>
<td>ICT小委員会</td>
</tr>
</tbody>
</table>

Reception 懇親会

・A reception will be held on at the 15th floor of Nakano Sunplaza, starting at 18:00 on Saturday, August 3. The attendance fee is 6,000 yen (payable in advance at the reception desk).
  懇親会は8月3日(土)18:00より、中野サンプラザ15階エトワールにて開催いたします。参加費は6,000円です。

Exhibits 展示会場

・Please visit the exhibits of our sponsors (ALC Press Inc., Nellites, Medical View and Language One Corporation) in the lobby on the 14th floor.
  (株)アルク, (株)ネリーズ, (株)メディカルビュー社, ランゲージワン(株)から協賛をいただき開催しております。
  期中は、14階ロビーに展示会場として、協賛各社の展示を行います。ぜひお立ち寄りください。

The 23rd JASME Academic Meeting, 2020 第23回日本医学英語教育学会 学術集会のご案内

・Dates: Saturday, June 27 & Sunday, June 28, 2020 会期: 2020年6月28・28日(土・日)
・Venue: Kochi Prefectural Culture Hall 会場: 高知県立県民文化ホール
  4-3-30 Hommachi, Kochi-shi, Kochi 780-0870 （〒780-0870 高知県高知市本町4-3-30）
・President: Jun Takata (Kochi Medical School, Kochi University) 会長: 高田 淳 (高知大学医学部)
**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 computer are requested to bring 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. No copy machine is available at the venue.

5. The secretariat should be notified by Friday, July 5 if a speaker wishes to cancel his/her presentation (email: jasmev@medicalview.co.jp, phone: 03-5228-2274).

6. Cancellations on the day should be announced to the reception desk staff at least 1 hour before the presentation is due to begin.

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

**一般演題**

・演者はセッション開始時刻の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分で予告ペル1回、12分に終了ペル2回でお知らせします。

(2) 発表は原則として液晶プロジェクターを用いたPowerPointでお願いいたします。会場で使用できるコンピュータのOSはWindows 7。アプリケーションはPowerPoint2010です。Macintoshの使用をご希望の方は、接続ケーブルをもとにご自身で持参してください。

(3) PowerPointファイルは、ファイル名に「発表者氏名」を明記の上、USBメモリーに入れてセッション開始時刻の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) ハン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、発表登録の際、必ずコピーを受付の係員にお渡しください。会場ではコピー機は使用できません。

(5) 発表を取り消される場合は、7月5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（jasmev@medicalview.co.jp）あるいは電話（03-5228-2274）でお問合せください。

(6) 学会当日に急変、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にてお持ちください。
・発言は座長の指名順とし、発言の前には所属・氏名を名乗ってください。
Transportation 交通のご案内

Venue 会場

Nakano Sunplaza, Tokyo 中野サンプラザ
4-1-1 Nakano, Nakano-ku, Tokyo 164-8512
〒 164-8512 東京都中野区中野4-1-1

Closest station 最寄駅

Nakano Station (JR/Tokyo Metro)
Nakano Sunplaza is about 2 minutes’ walk from the North Exit of Nakano Station.

Access アクセス

● JR:
  19 minutes from Tokyo Station on the Chuo Line
  5 minutes from Shinjuku Station on the Chuo Line

● Tokyo Metro (subway):
  6 minutes from Takadanobaba Station on the Tozai Line

● JRご利用の場合
  ・東京駅から中央線で中野駅まで19分
  ・新宿駅から中央線で中野駅まで5分

● 東京メトロご利用の場合
  ・高田馬場駅から東西線で中野駅まで6分

Floor map 会場案内図

Vol. 18 No. 2 June 2019  Journal of Medical English Education
## Accommodations

<table>
<thead>
<tr>
<th>最寄り駅 Closest station</th>
<th>ホテル名 Hotels</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>中野駅周辺 Near Nakano Station</td>
<td></td>
<td></td>
</tr>
<tr>
<td>中野 Nakano</td>
<td>中野サンプラザ, Nakano Sunplaza</td>
<td><a href="https://www.sunplaza.jp">https://www.sunplaza.jp</a></td>
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<tr>
<td>中野・東高円寺 Nakano,Tōgō-Endoji</td>
<td>ビジネスホテル クレセント, Business Hotel Crescent</td>
<td><a href="http://hotel-crescent.co.jp/index.html">http://hotel-crescent.co.jp/index.html</a></td>
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<td>JR東日本ホテルメッツ高円寺, JR-East Hotel Mets Koenji</td>
<td><a href="https://www.hotelmetstoriko.com/koenji/">https://www.hotelmetstoriko.com/koenji/</a></td>
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<td>高円寺 Koenji</td>
<td>ホテルアークタワー高円寺, Hotel Ark Tower Koenji</td>
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<td>ホテルルートイン東京高円寺, Hotel Route-inn Tokyo Asagaya</td>
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<td>スマイルホテル東京阿佐ヶ谷, Smile Hotel Tokyo Asagaya</td>
<td><a href="https://smile-hotels.com/hotels/show/tokyoasagaya">https://smile-hotels.com/hotels/show/tokyoasagaya</a></td>
</tr>
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<td>JR東日本ホテルメッツ武蔵境, JR-East Hotel Mets Musashisakai</td>
<td><a href="https://www.hotelmetstoriko.com/musashisakai/">https://www.hotelmetstoriko.com/musashisakai/</a></td>
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<td>中央路線沿線 (吉祥寺・三鷹方面) On the Chuo Line (toward Kichijoji, Mitaka) *Rapid and local trains</td>
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<tr>
<td>新宿駅周辺 Near Shinjuku Station</td>
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<td></td>
</tr>
<tr>
<td>新宿 Shinjuku</td>
<td>新宿ワシントンホテル, Shinjuku Washington Hotel</td>
<td><a href="https://www.shinjyuku-wh.com">https://www.shinjyuku-wh.com</a></td>
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<td>新宿 Shinjuku</td>
<td>小田急ホテルセンチュリーサンタワー, Odakyu Hotel Century Southern Tower</td>
<td><a href="http://www.southerntower.co.jp">http://www.southerntower.co.jp</a></td>
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<td>新宿 Shinjuku</td>
<td>京王プレッソ新宿, Keio Presso Inn Shinjuku</td>
<td><a href="https://www.presso-inn.com/shinjuku/">https://www.presso-inn.com/shinjuku/</a></td>
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<td>新宿 Shinjuku</td>
<td>京王プラザホテル, Keio Plaza Hotel</td>
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<tr>
<td>新宿 Shinjuku</td>
<td>アパホテル新宿歌舞伎町タワー, Apa Hotel Shinjuku Kabukicho Tower</td>
<td><a href="https://www.apahotel.com/hotel/shutoken/39_shinjuku-kabukichotower/">https://www.apahotel.com/hotel/shutoken/39_shinjuku-kabukichotower/</a></td>
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<td>新宿 Shinjuku</td>
<td>JR九州ホテルクラスム新宿, JR Kyushu Hotel Blossom Shinjuku</td>
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<td>新宿 Shinjuku</td>
<td>新宿プリンスホテル, Shinjuku Prince Hotel</td>
<td><a href="https://www.princehotels.co.jp/shinjuku/">https://www.princehotels.co.jp/shinjuku/</a></td>
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<tr>
<td>新宿 Shinjuku</td>
<td>ヒルトン東京, Hilton Tokyo</td>
<td><a href="http://www.hiltontokyo.jp">http://www.hiltontokyo.jp</a></td>
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<tr>
<td>西新宿・新宿 Nishi-Shinjuku,Shinjuku</td>
<td>ホテルローズガーデン新宿, Hotel Rose Garden Shinjuku</td>
<td><a href="http://www.hotel-rosegarden.jp">http://www.hotel-rosegarden.jp</a></td>
</tr>
<tr>
<td>西新宿・新宿 Nishi-Shinjuku,Shinjuku</td>
<td>西鉄イン新宿, Nishitetsu Inn Shinjuku</td>
<td><a href="https://www.daiwaroynet.jp/nishi-shinjuku/">https://www.daiwaroynet.jp/nishi-shinjuku/</a></td>
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<tr>
<td>西新宿・新宿 Nishi-Shinjuku,Shinjuku</td>
<td>ダイワロイネットホテル西新宿, Daiwa Roynet Hotel Nishi-Shinjuku</td>
<td><a href="https://www.daiwaroynet.jp/nishi-shinjuku/">https://www.daiwaroynet.jp/nishi-shinjuku/</a></td>
</tr>
<tr>
<td>高田馬場駅周辺 Near Takadanobaba Station</td>
<td></td>
<td></td>
</tr>
<tr>
<td>高田馬場 Takadanobaba</td>
<td>ホテルリブマックス高田馬場駅前, Hotel Livemax Takadanobaba-Ekimae</td>
<td><a href="https://www.hotellivemax.com/tokyo/takadanobao">https://www.hotellivemax.com/tokyo/takadanobao</a> bast/</td>
</tr>
</tbody>
</table>
Timetables
プログラム
**Presentation room (Crescent room, 14F)**

**Exhibits**

(Hall, 14F)

### Timetable, Saturday, August 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Registration desk opens</td>
</tr>
<tr>
<td>9:20</td>
<td>Opening remarks</td>
</tr>
<tr>
<td>9:30</td>
<td><strong>General topics 1: Reading/Vocabulary</strong></td>
</tr>
<tr>
<td>9:40</td>
<td>Chairs: Kazuaki Shimoi (Juntendo University), Mitsuyo Suzuki (Tokyo Women’s Medical University)</td>
</tr>
<tr>
<td>9:45</td>
<td>1. Japanese medical students’ reading of English academic papers and an evaluation of their ability to put grammatical knowledge to practical use</td>
</tr>
<tr>
<td>10:00</td>
<td>2. Trialling a third-year medical English course with second-year students</td>
</tr>
<tr>
<td>10:10</td>
<td>3. A body-systems-based medical English glossary for undergraduates</td>
</tr>
<tr>
<td>10:20</td>
<td>4. Students’ perceptions about the use of digital badges in an online medical terminology course</td>
</tr>
<tr>
<td>10:30</td>
<td><strong>General topics 2: Studying abroad</strong></td>
</tr>
<tr>
<td>10:40</td>
<td>Chairs: Shigeo Irimajiri (Rinku General Medical Center), James Hobbs (Iwate Medical University)</td>
</tr>
<tr>
<td>10:45</td>
<td>1. Changes in students’ perceptions and grit after participating in a study-abroad program</td>
</tr>
<tr>
<td>10:55</td>
<td>2. Multi-module study tour program for dental students</td>
</tr>
<tr>
<td>11:05</td>
<td>3. Involving high school students in medical science exchange programs: experiences from the University of Tsukuba</td>
</tr>
<tr>
<td>11:20</td>
<td><strong>Special lecture: How I learned the difference between healthcare and medicine</strong></td>
</tr>
<tr>
<td>11:30</td>
<td>Chair: Isao Date (Okayama University)</td>
</tr>
<tr>
<td>11:40</td>
<td>Speaker: Hirobumi Kawakita (Kawakita Medical Foundation)</td>
</tr>
<tr>
<td>12:20</td>
<td><strong>General topics 3: Speaking</strong></td>
</tr>
<tr>
<td>12:30</td>
<td>Chairs: Jun Iwata (Shimane University), Eric H. Jego (Nihon University)</td>
</tr>
<tr>
<td>12:35</td>
<td>1. Presenting without slides</td>
</tr>
<tr>
<td>12:45</td>
<td>2. A first-year undergraduate elective course that teaches English communication, professionalism, and empathy using graduate students as simulated patients</td>
</tr>
<tr>
<td>12:55</td>
<td>3. Starting small and speaking plain – Teaching health literacy</td>
</tr>
<tr>
<td>13:05</td>
<td>4. A tool for intelligibility: Towards Tokyo 2020 and beyond</td>
</tr>
<tr>
<td>13:20</td>
<td><strong>General topics 4: International exchange</strong></td>
</tr>
<tr>
<td>13:30</td>
<td>Chairs: Yusuke Aoki (Saga University), Christopher Holmes (The University of Tokyo, retired)</td>
</tr>
<tr>
<td>13:35</td>
<td>1. Disability compensation evaluation for US veterans in Japan</td>
</tr>
<tr>
<td>13:45</td>
<td>2. Maternal and childcare seminar for foreign residents in Sapporo</td>
</tr>
<tr>
<td>13:55</td>
<td>3. How many Japanese university hospitals have websites in English?</td>
</tr>
<tr>
<td>15:15</td>
<td><strong>Panel discussion: CLIL approaches for EMP education: EMP learning tips from Japanese medical students studying at medical Schools in European countries</strong></td>
</tr>
<tr>
<td>15:30</td>
<td>Chair: Takayuki Oshimi (International University of Health and Welfare)</td>
</tr>
<tr>
<td>15:35</td>
<td>Speakers: Kenji Oda (International Medical Universities), Itsumi Yoshida (Semmetsuits University Faculty of Medicine), et al</td>
</tr>
<tr>
<td>15:55</td>
<td><strong>Invited lecture 1: My relationship with medicine, English, and education as a pathologist</strong></td>
</tr>
<tr>
<td>16:00</td>
<td>Chair: Masahito Hirasugi (Saga University of Medical Science)</td>
</tr>
<tr>
<td>16:10</td>
<td>Speaker: Rikuo Machinami (Kawakita General Hospital)</td>
</tr>
<tr>
<td>17:00</td>
<td><strong>The 15th Kenichi Uemura award ceremony</strong></td>
</tr>
<tr>
<td>18:00</td>
<td>Etoile room, 15F</td>
</tr>
<tr>
<td>18:30</td>
<td>Reception (Etoile, 15th floor, Nakano Sunplaza)</td>
</tr>
</tbody>
</table>

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*Journal of Medical English Education* Vol. 18 No. 2 June 2019
## Timetable, Sunday, August 4

### Registration desk opens
- **9:00**

### Board of councilors’ meeting
- **9:30**

### Exhibits (Hall, 14F)
- **10:00**

### Presentation room (Crescent room, 14F)

#### General topics 5: Writing
Chairs: Yoshiharu Motou (Kanazawa Medical University), Ruri Ashida (The Jikei University School of Medicine)

1. A manageable method for teaching extensive writing to undergraduate students
   - Craig Woods (Kanazawa Medical University)

2. An e-portfolio journal for weekly reflection on learning in English and Medical English classes
   - Raoul Breugelmans (Tokyo Medical University)

3. Why do I want to become a doctor?: Comparing responses found in Japanese and Taiwanese medical student essays using quantitative text analysis
   - Shozo Yokoyama (University of Miyazaki)

4. Making the connection: Drawing out medical knowledge through learner-created comics
   - Shawn M. De Haven (International University of Health and Welfare)

#### Invited lecture 2: Less classroom, more clinic: Redesigning curricula to incorporate medical English into medical practice
Chair: Hiroaki Igurashi (Kawakita General Hospital)
Speaker: Gautam A. Deshpande (Juntendo University)

#### General topics 6: New approaches
Chairs: Joti Tokugawa (Juntendo University), Takako Kojima (Tokyo Medical University)

1. Overcoming three challenges in developing an English program for prospective therapists
   - Kyoko Oike (Hokkaido Chitose College of Rehabilitation)

2. Addressing the challenge of medical student "cost performance" behavior in Japan: A policy framework
   - Christine D. Kuramoto (Hamamatsu University School of Medicine)

3. Enclothed cognition: the effect of a white coat on the performance of communicative and analytical English-language tasks
   - Timothy P. Williams (Nihon University School of Medicine)

4. Creating awareness in medical students of the benefits of active learning in a local hospital
   - John Tremarco (Kagoshima University)

#### General topics 7: Test measures
Chairs: Takayuki Oshimi (International University of Health and Welfare), Mika Endo (Tokyo Women's Medical University)

1. How does learner autonomy influence preparation for, and performance on the TOEFL ITP test?
   - Cosmin M. Florescu (International University of Health and Welfare)

2. Using text analysis of TED Talks to improve class activities
   - Mutsumi Inokawa (International University of Health and Welfare)

3. Audience response systems for medical English education
   - Eric H. Jego (Nihon University)

#### General topics 8: Medical practice
Chairs: Kazuhiko Kurozumi (Okayama University), Raoul Breugelmans (Tokyo Medical University)

   - Takayuki Oshimi (International University of Health and Welfare)

2. English rounds at neurosurgical ward of Tsukuba University Hospital: over two years of experience
   - Alexander Zaboronok (University of Tsukuba)

3. Feedback methods and practice in medical interpreting role-playing sessions
   - Mieko Miura (International University of Health and Welfare)

#### General topics 9: Practical reports based on needs analysis
Chairs: Shinobu Hattori (Fujita Health University), Najma Janjua (Kagawa Prefectural University of Health Sciences)

1. Focus groups in nursing English needs analysis
   - Simon Capper (Japanese Red Cross Hiroshima College of Nursing)

2. Responding to medical/nursing students’ expressed needs: a case study
   - Miyuki Nambu (University of Miyazaki)

3. Report on a presentation training course for nursing students and professionals
   - Tazuko Nishimura (Premium Medical English Education Office)

#### General topics 10: Future of medical English research and education
Chairs: Jun Takada (Keio University), Alan M. Hawk (Toho University)

1. Productivity and transparency of neoclassical compounds used as medical terms, and the application to vocabulary learning
   - Hiromi Hayashi (Meiji Pharmaceutical University)

2. A critical look at English for medical purposes research
   - Adam J. Lebowitz (Jichi Medical University)

3. What I’ve taught and what I’ve learned
   - Christopher Holmes (University of Tokyo)

### Closing remarks
- **17:20**
Special lecture
How I learned the difference between healthcare and medicine ………… 18
Invited lecture 1
My relationship with medicine, English, and education as a pathologist 私の病理医としての「医学・英語・教育」との関わり ………… 20
Panel discussion
CLIL approaches for EMP education: EMP learning tips from Japanese medical students studying at medical schools in European countries 海外の医学部で学ぶ医学生と考える日本の医学英語教育 ………… 22
General topics 1
Reading/Vocabulary 読解と語彙の指導 ………… 24
General topics 2
Studying abroad 留学 ………… 26
General topics 3
Speaking スピーキングの指導 ………… 28
General topics 4
International exchange 国際交流 ………… 30

For presentations in English, the title and abstract are given in English only. For those in Japanese, English translations of the titles are provided, but the abstracts are in Japanese only.
How I learned the difference between healthcare and medicine

Chair
Isao Date 伊達 敏
(Department of Neurological Surgery, Okayama University Graduate School of Medicine; Chairperson, JASME
岡山大学医学部脳神経外科・日本医学英語教育学会 理事長)

Speaker
Hirobumi Kawakita 河北博文
(Chief Director, Kawakita Medical Foundation
河北医療財団 理事長)

As part of the reverse culture shock I experienced when I returned to Japan in 1981 after studying in the United States for several years, there were three things I noticed. The first was that Japan’s homogeneity made people here unwilling to accept differences. The second was that Japanese society does not follow clear rules of logic, and the last one was that Japanese medicine was not evidence-based. That same year, I received a call from Dr. Carl Walter, an emeritus professor of Harvard Medical School and a well-known surgeon and researcher in medicine; he was also the Chairman of the Alumni Association of Harvard Medical School. Dr. Walter asked me if we could meet with Dr. Taro Takemi, who was then the President of the Japan Medical Association, a position he had held for 25 years; he was also the Chairman of the World Medical Association. Early the following year, the three of us got together in a Japanese restaurant in Tsukiji. During dinner, Dr. Walter said he had heard that Dr. Takemi was planning to endow a program in international health science at Harvard, adding that he hoped the endowment would be made to Harvard Medical School. Dr. Takemi just laughed and did not reply. The following year, having retired as President of the Japan Medical Association, Dr. Takemi established his program not at Harvard Medical School but at Harvard's School of Public Health. Thus, it was Dr. Takemi who taught me the difference between medicine and health care. Medicine is a basic science, but health care is both a basic science and a social science, covering such diverse areas as culture, education, economics, politics, and engineering. I also think that health care is more an art than a science, playing an important role in human spirituality, and elevating human interaction to a higher level.
1981年に米国での留学を終え帰国した時に感じたことが3つありました。逆のカルチャーショックだったと言えますが、1番目は“この国は同質性の社会である”。2番目は“社会にマネジメントが無い”、そして3番目は“診療に科学性がない”ということでした。その年1981年12月にカール・ウォルター氏から電話があり、武見太郎先生と会いたいということでした。武見先生にお願いをすると、「それでは食事をしましょう」ということで、確か翌年の1月末か2月だったと思うが築地の古市で食事することになりました。武見先生は、当時、日本医師会会長であり、25年間日本医師会の会長をなさり、世界医師会会長もされた方です。カール・ウォルター氏はハーバード大学医学部の名誉教授であり、外科学では有名な臨床医と研究者でありました。そして、ハーバード大学医学部の同窓会長でもありました。

会食の中で、ウォルター氏から「武見先生はハーバード大学に寄附講座をつくると聞いた。是非、医学部につくって欲しい」という話でした。武見先生は笑っただけで何も返事をしませんでした。

翌年に日本医師会会長を退いた武見先生が寄附講座をつくられたのは医学部ではなく、医療学部となりました。医学部はスクールオブメディスンですが、医療学部のスクールオブメディカルヘルスは私医療学部で過ごしています。さらに、医学と医療の違いを私に教えて下さったのは武見太郎先生です。

医学はベーシックサイエンスですが、医療学はソーシャルサイエンスであり、かつ、ソーシャルアートであると考えています。医療の方が医学よりもさらに広い分野を包括しています。例えば文化、教育、経済、政治、工学等々です。

人間のさまざまな心の揺らい、人間の対話を高度に用いること、そして、人間のスピリチュアリティに大きな影響を与えるものであり、それゆえにサイエンスよりアートに近いものと考えています。

河北博文（かわきた・ひろぶみ）
●略歴
社会医療法人 河北医療財団 理事長（昭和63年10月31日～）
公益財団法人 日本医療機能評価機構 理事長（平成28年6月24日～）
評議員・理事・代表理事・副理事長兼専務理事（平成7年8月～）
一般社団法人 東京都病院協会 理事長
東京大学医学部 講師（平成3年10月～）
京都大学大学院 医学研究科 講師（平成12年10月～）
●学歴
昭和52年3月 慶應義塾大学医学部卒業
昭和58年8月 シカゴ大学大学院ビジネススクール修了
昭和59年3月 慶應義塾大学医学部大学院博士課程修了（病理解）
●前歴
社会医療法人日本病院会 副会長（平成元年4月～平成7年3月31日）
老人保健審議会委員 医療保険審議会委員 規制改革委員会委員等 歴任
●平成18年2月8日 渋沢栄一賞受賞

Vol. 18 No. 2 June 2019  Journal of Medical English Education
私の病理医としての「医学，英語，教育」との関わり

Chair
Masahito Hitosugi 一杉正仁
（Department of Legal Medicine, Shiga University of Medical Science
滋賀医科大学 社会医学講座（法医学部門））

Speaker
Rikuo Machinami 町並陸生
（Department of Pathology, Kawakita General Hospital
河北総合病院 病理診断部）

私は病理医（Pathologist）ですので医学の中では病理学（Pathology）を専門としております。病理学はどういう学問かということになりますが，病理診断を行っている病理医が勉強し研究する学問であると思います。病理診断は病理専門医がメスを使って人間の臓器の摘面をつくり，病変部を肉眼的に観察し，さらに組織を切り出し，それを顕微鏡を用いて観察して行う病気の最も確実な診断であります。したがって病気の形態学であります。病院の中では病理診断科が病理医が専門医として働く場であります。

医学・医療に国境はありません。したがって病理学の研究成果は英文の論文として発表する必要があります。国際学会も英語で話さなければなりません。British Council の留学生として London University のがん研究所に留学したこと，群馬大学及び東京大学の病理学教授を務めたことなどを元に私の医学，英語，教育との関わりについて述べたいと思います。

英語という言葉を聞くと論文を英語で書くことが先ず頭に浮かびます。医学・医療に携わる我々にとって，これが最も重要であると思います。しかし，そのためには英語の論文を読むことも必要であります。これは読み書きという言葉で表現され，日本では中学生から重要な教科として大学まで教育がなされてきました。しかし，学内外の演説や友人との会話も英語で行う教育は日本の学校では，これまで殆どされておりません。日本には日本語という立派な言語がありますから，これは当然であると思います。私は日本の学校での英語教育はこれでよいと思っております。英語での演説及び会話は英語が公用語である外国に短期間ホームステイをして勉強するのが適切であると思います。英会話は聞く耳（listening skills）が大切であり，それは英語を話す国に滞在しなければ向上しないと思います。我々日本人の正式の文章は漢字仮名交じり文であり，これを大切に思う気持ちを持って英語での表現を勉強する必要があると考えます。
町並隆生（まちなみ・りくお）

●経歴
1965年 東京大学医学部卒業。インターン開始。
1966年 東京大学医学部病理解剖学教室入局。
1970年 医学博士。病理学教室助手。
1972年—1974年 London大学Chester Beatty病研究所留学。
1974年 東京大学医学部病理学教室講師。
1977年 同助教授。
1981年 群馬大学医学部病理学教室教授。
1988年 東京大学医学部病理学教室教授。付属病院病理部長。
1997年 日本病理学会理事長。
1999年 北海道総合病院病理部長。東京大学名誉教授。
2011年 北海道総合病院病理解剖科部長。
現在に至る。
Panel Discussion

CLIL approaches for EMP education: EMP learning tips from Japanese medical students studying at medical schools in European countries

海外の医学部で学ぶ医学生と考える日本の医学英語教育

Chair
Takayuki Oshimi 押味貴之
(Office of Medical Education, International University of Health and Welfare School of Medicine 国際医療福祉大学医学部 医学教育統括センター)

Speakers
Kenji Odajima 小田島憲司
(International Medical Universities 海外医科大学事務局)
Izumi Yoshida 吉田いづみ
(Semmelweis University Faculty of Medicine ハンガリー国立シェメルーワイ大学医学部)
et al 他

Content and Language Integrated Learning (CLIL) is an approach for teaching content in a foreign language. It is widely used at medical schools in non-English speaking countries, but not many medical schools in Japan have implemented the CLIL approach in their English for medical purposes (EMP) programs. In this 90-minute panel discussion, we will invite 4 speakers, including 3 Japanese medical students who are currently studying at European medical schools, and a representative of an agency that helps Japanese students secure places in medical schools in Europe, to discuss the implementation of the CLIL approach in EMP programs at Japanese medical schools.
Saturday, August 3, 9:30–10:30
General topics 1: Reading / Vocabulary  一般演題1：読解と語彙の指導
Chairs: Kazuaki Shimoji  下総一（Juntendo School of Medicine Department of Neurosurgery 藤田東洋大学医学部 神経外科）
Mitsuyo Suzuki 菊木光代(Tokyo Women’s Medical University 東京女子医科大学)

1 Japanese medical students’ reading of English academic papers and an evaluation of their ability to put grammatical knowledge to practical use
9:30–9:45 Maki Shimizu 清水真紀 (Gunma University 群馬大学)

Background
The aim of this study was to demonstrate how first-year Japanese medical students read English academic papers, focusing on their understanding of passage structure and their grammatical knowledge.

Methods
Fifty freshmen medical students at Gunma University participated in this study. They started by reading the abstract of a paper entitled “Effect of Aspirin on Cardiovascular Events and Bleeding in the Healthy Elderly” in the New England Journal of Medicine at their own pace. The abstract consisted of the following unmarked sections: Background, Methods, Results, and Conclusion. Subsequently, they were instructed to use their judgment to insert slash marks to demarcate these sections at the appropriate places, and to answer comprehension questions. They were also given a grammar test from the reference book Grammar in Use.

Results
By section, 89.2% of the students accurately separated the Methods from Background sections, 29.7% accurately separated Results from Methods, and 86.5% accurately separated Conclusion from Results. Overall, 18.9% of the students scored full marks; that is, they accurately differentiated between all of the sections of the abstract. The students who scored full marks also obtained significantly higher marks in the grammar test than the other students (p < .05).

Conclusion
Firstly, medical students equipped with effective knowledge of English grammar were able to distinguish between the sections of the abstract. Secondly, many students had difficulty in differentiating between the end of the Methods section and the start of the Results section, which may have been partly due to the characteristics of the first sentence of the Results section.

2 Trialling a third-year medical English course with second-year students
9:45–10:00 Walter Davies, Kazumichi Enokida 杉田一樹, Simon Fraser, Keiso Tatsukawa 速川聖三 (Hiroshima University 広島大学)

In this presentation, we describe and evaluate an experimental flipped learning course for second-year students, involving an online component and a classroom component, and using body-systems-based units of material. It was experimental primarily because the course materials were originally designed for third-year students. The success of the course was evaluated using 1) final-day test results and 2) student feedback in the form of both qualitative and quantitative data gathered from an end-of-course questionnaire. On a vocabulary test, the second-year students performed almost as well as third-year students taking the test in the same year. Data from the quantitative feedback show that student motivation was very high, the teaching and materials were clear. Qualitative data indicates that some students considered the course to be too difficult, suggesting that the materials were not suitable for all participants. There were also some minor weaknesses relating to the classroom materials. A key factor in the success of the course is considered to be timing (October and November): Second-year students had a good grounding in anatomy and physiology by the time they took the course, which gave them the schematic knowledge to be successful in their medical English studies. Also, because the course had less time pressure than the current third-year intensive course, it created the space to focus on word roots and affixes in relation to medical terms.
In e-learning environments, digital portfolios can provide a space where evidence of a learner’s accomplishments or achievements is stored. ‘Digital badges’, often referred to as ‘micro-credentials’, are expected to function not only as valid indicators of learners’ accomplishments, skills and knowledge, but also as useful tools for motivational and reward purposes. In this study, the authors developed a Basic Medical English Terminology course on Moodle, one of the most popular learning management systems (LMSs), using the badge function of the LMS. The badges students earned for the course were designed to function as a validated indicators to their teachers of their achievements. We hypothesized that the use of badges would not only help the learners confirm their achievements on the course but also help motivate them toward further autonomous study. Through a three-year survey of students’ perceptions, we found that the majority (82.6%) were satisfied with their study through this course, and that the majority (82.8%) also found the use of badges helpful in confirming their course achievements. The results also showed that two-thirds of them (64.1%) found that earning badges helped motivate them toward further autonomous study. These findings indicate that while there is still room for improvements regarding motivation, the use of digital badges has the potential to provide students with opportunities to confirm their achievements and enhance their learner autonomy in online self-study courses.
Changes in students’ perceptions and grit after participating in a study-abroad program

Since 2006, Showa University has organized a 4-week summer study-abroad program through Portland State University (Oregon, USA) for 1st-year students. To better understand this program’s effects on the students, we assessed changes in their reasons for participating, the worries they had about the program, and the personality trait of grit (perseverance and passion for long-term goals). Before participating in the 2018 program, 31 students (10 medical, 8 dental, 9 pharmacy, and 4 nursing and rehabilitation sciences; 13 males, 18 females) completed a questionnaire and rated several reasons/worries on a 5-point Likert scale; they also rated their grit on a previously validated scale from the psychology literature. After the program, the students completed another questionnaire and again rated their reasons/worries and grit. Before the program, the students’ top reasons for participating were to interact with foreigners (MN=4.7), experience foreign culture (MN=4.6), and enhance self-development/growth (MN=4.6). Afterwards, the following reasons were rated significantly higher: unique opportunity (except for males), parents’ recommendation, and future career benefits. The top worries at the start of the program were English ability (MN=3.9), staying with a host family (MN=3.5), and security (MN=3.2). Afterwards, each of these worries was either rated at the same level or lower; English ability (except for dental students), dorm life, and staying abroad were rated significantly lower (p<.05) after the program. Regarding grit, different levels were observed among the 4 schools. Additionally, post-program ratings for the grit sub-scale “perseverance of effort” correlated significantly with greater agreement to the item “I changed”. Although limited by a small sample size, these preliminary results suggest some of the changes in perception that occur while students are studying abroad. Follow-up assessment of these students will also be discussed.

Multi-module study tour program for dental students

This paper discusses the processes of developing and operating a short-term study-tour program for dental university students. The two-week program for Kanagawa Dental University (KDU) undergraduate students was designed and developed in 2018 and launched early in spring, 2019, with the three modules of ‘language’, ‘dentistry’, and ‘social activity’. Sixteen students from Year 1 to 4 participated in the program. This paper reports on (1) the idea behind the design and running of a study-tour program with three learning modules that aim to help students develop five focused resources: second language, disciplinary knowledge, intercultural understanding, collaborative autonomy, and social bond. The paper also focuses on (2) the students’ perceptions of the short-term program as active participants, as well as (3) potential future trajectories of the program. Inspired by social constructivism, this paper particularly emphasizes a wide range of interaction and collaboration among the program designers, local coordinators, and student participants, who are inseparably essential actors for the successful development and operation of this educational program. The students were invited to work as co-designers and co-coordinators throughout the processes, took on a range of roles across the modules, and developed the target resources through the course of their participation in the program. The voices of participant students are documented through qualitative analysis of their interview data.
Since 2016, in an effort to strengthen ties with high schools locally and overseas, we began involving high school students in some of our international activities at the Faculty of Medicine, University of Tsukuba. These activities—exchange programs in medical science—were initially developed as a way to foster a more international outlook in our students, and increase their motivation for scientific research and English study. The addition of high school students into these programs, while presenting certain challenges, has been largely successful. It has given them a taste of university-level research in medical sciences, including laboratory experiments, as well as helping them to forge international friendships with high school and university students. Furthermore, it has encouraged our university students to take the role of supervisors and teachers, which we have found to be effective for developing scientific communication skills and confidence in English. In this presentation, we will describe the high school students’ involvement and achievements in the courses, share some student feedback, and also reflect on our experiences as instructors and organizers, with particular emphasis on English language education.
This presentation will argue that when working with presentations, the results of the EMP class should be reflected in the language of the learners. A class of 30 students are told to find topics they find interesting within the current teaching material. They are asked to come up with a 5- to 7-minute presentation. At presentation time, the students, typically in groups of 3-5, will have a number of slides with text, images and pictures. They will talk through their presentation and, at times, there may be some questions. Yet, most of the material is not the presenters’, and their interest in it is questionable. Achieving results in a class may depend on the students’ interest in the topic they present. Trying to generate interest should, therefore, be the first step in the presentation. The students need to be able to converse about their topic and to explain it. Working with the topic, rather than formally presenting it, needs to be the focus of the program. It is possible that time restrictions may mean that this kind of teaching will end in no formal presentations at all. Although the sense of ‘we have presented’ provides some satisfaction, the genuine achievement may compensate for the loss of the grand finale.

A new elective course for first-year undergraduate students at Tokyo Medical and Dental University (TMDU) was offered in 2018 with the aim of teaching healthcare majors (medicine, nursing, and dentistry) how to communicate with English-speaking foreign patients using the SOAP method—a method of gathering patients’ Subjective and Objective symptoms, Assessing the medical problem and Planning the course of medical treatment. This course covered the common symptoms, diagnostic methods and possible treatment options of 8 common medical cases related to the major body systems (cardiovascular, respiratory, systemic, and digestive). Students practiced the SOAP method for each case in doctor-patient interactions; the first interaction involved students role-playing both doctor and patient roles, and subsequent interactions were with simulated patients (SPs) recruited from amongst TMDU’s foreign graduate students. None of the graduate students, despite their varying backgrounds of medical knowledge, had any experience of acting as SPs, so they were given a short introductory course on simulating a patient. As part of the new undergraduate course, students practiced basic examination techniques for each body system on fellow classmates and on the SPs. After each interaction, the SPs were asked to evaluate the students based on 10 criteria, including professionalism, method of communicating, and the ability to use the SOAP method. Although improvements were observed in English communication and professionalism in dealing with foreign patients, limitations were observed in effective physical examination, the ability to diagnose, and expressing empathy.
3 Starting small and speaking plain—teaching health literacy

One year to the 2020 Olympics and universities, educators, and clinical facilities everywhere (especially small ones like ours) are feeling the pressure to become “globally-friendly.” Lack of resources and time make things exponentially more difficult. So, what’s a clinic to do? As with the old geriatric dosing adage, “Start low, go slow,” we need to start small and speak “plain.” We’re a 5-minute walk from Shin-Osaka Station and given how few psychiatric clinics are open to foreigners, we need to prepare. Honoring the Japanese mottainai! (“reduce, reuse, recycle”) spirit, the idea is to reuse and recycle the materials written for our Japanese patients by asking our students to translate them into plain language to enhance health literacy; providing students with assignments that will eventually be read by patients should prove a further incentive. Recycling the drug info sheets and rendering them into patient-ready English requires some dexterity—the use of plain English—something I always cover with my students. Assisting me in this endeavor is my colleague and partner-in-translation-mischief, Shiho Koizumi. We’d like to share how our mottainai project will generate patient-friendly information documents (relatively pain-free) for our non-Japanese patients.

4 A tool for intelligibility: Towards Tokyo 2020 and beyond

In no other profession is the need for intelligibility in oral communication more critical than in healthcare. This presentation describes the development of a pedagogical tool in the form of a pronunciation practice guide to help Japanese students and professionals in healthcare disciplines improve their ability to pronounce commonly used medical English terms and expressions more intelligibly. The tool, named medical pronunciation practice guide-1 (MPPG1) developed as phase-1 of a Kakenhi project, uses a unique way of acquiring intelligibility by training the learners to compare the English way of pronunciation (EWP) of English words with their Japanese way of pronunciation (JWP). Results of a test trial of MPPG1 conducted on a class of 87 nursing and medical technology majors at a Japanese university demonstrated a remarkable increase in EWP frequency in the students at the end of a 15-week semester during which they did weekly practice using the guide, as compared to values at the start. Results also showed an increase in student motivation to improve their pronunciation and a gain in confidence upon acquiring intelligibility in their speech. The presentation gives a theoretical background to MPPG1 development, describes its main features and procedures for use in the classroom, and recommends its use in medical English classrooms and other healthcare settings across Japan where the English language is being used. MPPG1 has the potential not only to facilitate the use of more practical medical English in preparation for Tokyo 2020 but beyond as Japan continues to move toward being a more global society.
1 Disability compensation evaluation for US veterans in Japan

Our hospital, Rinku General Medical Center (RGMC), which is located in the south of Osaka Prefecture near Kansai International Airport, is one of the few designated evaluating facilities for disability compensation of United States Veterans. We have so far evaluated about sixty veterans since 2012. The total number of veterans around the world is over twenty million, and their social welfare, including healthcare, is under the administration of the United States Department of Veterans Affairs (VA). Generally, veterans visit a VA hospital inside the U.S. for healthcare issues. However, veterans living outside the U.S. need to find a designated medical facility in the country where they reside. The amount or grade of compensation is determined on the basis of test results and DBQs (Disability Benefit Questionnaires) administered online. The costs of evaluation are not covered by individual health insurance, but are paid by the U.S. Department of Veterans Affairs. Most disorders that we encounter during evaluation are musculoskeletal problems such as joint pain and extremity numbness secondary to trauma during training or war. Others include hearing impairment due to combat plane noise, advanced cognitive disturbance due to carbon monoxide poisoning from exhaust gas, PTSD, health issues due to exposure to such toxic substances as Agent Orange, and shrapnel eye injuries.

2 Maternal and childcare seminar for foreign residents of Sapporo

NPO法人SEMIさっぽろ（旧札幌英語医療通訳グループ）は、札幌市及び近郊に在住している外国人の医療通訳サポートを行っている。2009年4月に設立後、4000件を超える通訳派遣を行っており、2019年1月に特別非営利活動法人SEMIさっぽろに改組した。また、事業の一環として、2010年から公益財団法人札幌国際プラザと一緒に外国人籍市民のための母子保健セミナーを毎年共催している。妊娠中および3歳までの子どもがいる家庭を対象としたもので、このセミナーをきっかけに札幌市の提供するさまざまな資料が英訳されるようになった。参加者の方々は北海道大学の留学生や研究者、およびその家族だが、他にも医療的背景を持つ家庭や家内で診療に来た家庭からの参加者も多い。当初は区の保健センターによる母子保健に関する講話（英語通訳通訳）、子ども未来職員による札幌市の保健サービスに関する講話（英語通訳通訳）、小児科医による講話（英語）が一度に行われていたが、それぞれに対する質疑応答も多いことから、ここ3年ほどは講師と小児科医の講話と、保育サービスに関する講話を別個の日程で開催するようになっている。昨年度は、暖かい国や地域から札幌に来冬の生活に不安があるという声を受け、札幌市子育て総合支援センターの保育士による冬の過ごし方セミナーを開催し、冬の生活上の情報や、屋外および屋内での北海道ならではの過ごし方について実演を交えながら講話を行った。このようなセミナーを開催することで、外国籍市民が抱える問題を公的機関が把握するきっかけにできている。と同時に、参加する外国籍市民にとっても、どこと行けばどのような情報を得られるのかを知るきっかけにもなり、知人の親族のいない外国での子育てで親子が孤立しないようくま作りにもなっている。参加者同士の交流の場ともなっており、子育て支援を通じた国際交流の場となっている。
How many Japanese university hospitals have websites in English?
日本の大学病院で英語のホームページを持っている割合はどのくらいか？

15:00–15:15  Yoichi Takaki 高木 隆一 (Harasanshin Hospital 原三信病院)

医療機関への外国人受診者数が増加する中。一部の病院は外国語のホームページ(HP)を作成している。また、各病院が外国人患者受け入れ医療機関認証制度(Japan Medical Service Accreditation for International Patients: JMIP)の認証を得る場合には、英語のHP作成が必要となる。原三信病院では、JMIP取得に向けた活動の中で、英語のHPを作成する必要性に迫られ、多数の病院の外国語HPを参照した。外国語HPの言語数に関しては、多言語のHPを持っている病院、英語のみの病院、外国語HPのない病院が存在した。HPの内容に関しては、住所・連絡先・診療科が主体のシンプルなHP、外国人が病院を受診の際の手続きが詳細に記載されている充実したHPと、内容に差を認めた。そこで、日本の各地区の中核病院と考えられる、82の大学病院に関して、英語または多言語HPをもつ病院の割合、HPの内容を調べた。結果は、全国の大学病院で、英語のHPをもつ割合は約60%であり、充実した内容をもつHPの割合は45%であった。
Invited lecture 2
Less classroom, more clinic: Redesigning curricula to incorporate medical English into medical practice..................... 34

General topics 5
Writing
ライティングの指導........................................ 36

General topics 6
New approaches
新たな取り組み........................................... 38

General topics 7
Test measures
テスト対策.................................................. 40

General topics 8
Medical practice
医療実践.................................................. 42

General topics 9
Practical reports based on needs analysis
ニーズ解析に基づく実践報告.............................. 44

General topics 10
Future of medical English research and education
医学英語研究と医学英語教育の今後.................. 46

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

日本語で発表の演題は、演題名を英日併記。抄録を日本語で掲載しています。
一方、英語で発表の演題は、演題名・抄録とも英語のみで掲載しています。
BACKGROUND

Though the overall level of English ability amongst Japanese medical professionals continues to rise, English language learning in the medical school curriculum in Japan continues to be highly variable with questionable effectiveness in terms of real-world language competency. Despite the long hours that many medical students are required to spend in English classes, existing competency gaps suggest that fundamental curricular changes are warranted. Japan continues to be a strongly work-oriented culture, in which theoretical or ‘soft skill’ learning in medicine continues to lag behind its Western counterparts. In contrast, Japan continues to excel at productivity-oriented activities in which concrete, ‘hard skills’ are gained within the explicit context of specific work needs. This general disposition is quite clearly manifested in the relative strength, when compared to other developed countries, of Japan’s procedurally-oriented specialties (e.g., endoscopically-driven gastrointestinal medicine, interventional cardiology and radiology, and many surgical subspecialties) versus Japan’s relative weakness in the patient-oriented fields of medicine (e.g., public health and infectious disease, family medicine, general medicine, and psychiatry).

INTERVENTION

In order to translate the soft skills inherent in both language-learning and patient-oriented medicine into the ‘vocabulary’ of procedural medicine’s hard skills, redesigning medical English educational curricula is essential. The University of Hawaii’s [UH] Clinical Reasoning Workshop provides a model on which to base a redesign of medical English education. Since 1997, the University of Hawaii School of Medicine has invited senior medical students from across Japan to study patient-centered medical interview and clinical reasoning skills in Honolulu. In 2010, a version of this program was imported to Japan by UH faculty and conducted in similar fashion at St. Luke’s International Hospital in Tokyo. The Clinical Reasoning Workshop runs over five days and incorporates approximately forty hours of learning time. The program hinges on several key factors that we believe are
essential to its success in Japan:

[1] The program focuses on real-world situations faced by practicing clinicians, and the real-world skills needed by them to care for patients, thus marrying medical English with other ‘hard’ and ‘soft’ skills required for a medical practice.

[2] The program has a logical structure in which each day’s activities build towards the next day’s activities, simulating the ideal structure of a four-year US medical school curriculum, and ‘easing’ students into progressively more challenging language situations.

[3] The program incorporates humanistic, patient-centered practice in all activities, emphasizing communication skills.

[4] The program spends the majority of time on student-driven activities including interactive lectures, problem-based learning, and mock interviews with English-speaking simulated patients.

[5] The program emphasizes skills not widely found in current Japanese medical education curricula, particularly clinical history-taking and diagnostic reasoning skills, as well as physical exam skills.

DISCUSSION

The Clinical Reasoning Workshop in Japan ran from 2010 to 2017, educating over 160 Japanese senior medical students, who are now young residents in a variety of top residency programs throughout Japan and overseas. Year after year, feedback for the program was overwhelmingly positive. In addition to the skills gained in the program, an added benefit was found to be the network gained by students of like-minded progressive education-forward learners. Many of these relationships have lasted for years onwards. Now with many of our alumnae in positions as Clinical Directors, Medical Education Directors, and supervisors of younger physicians, we anticipate that the Clinical Reasoning Workshop will continue to exert a ripple effect in terms of onward positive benefit to the Japanese medical education community.
Sunday, August 4, 10:00–11:00
General topics 5: Writing

*Chairs:* Yoshiharu Motoo 元雄孝治 (Department of Medical Oncology, Kanazawa Medical University 金沢医科大学 造血、血液内科学),
Ruri Ashida 芦田るり (Centre for International Affairs of The Jikei University 東京慈恵会医科大学 国際交流センター)

### 1 A manageable method for teaching extensive writing to undergraduate students

10:00–10:15 Craig Woods (Kanazawa Medical University 金沢医科大学)

In Japan, hospitals designated as Advanced Treatment Hospitals by the Ministry of Health, Labour and Welfare are required to publish in English at least 70 research papers per year, and this number is likely to increase in the near future. Kanazawa Medical University Hospital is currently designated as an Advanced Treatment Hospital, and many undergraduates choose to work at the hospital after graduation. Therefore, there is a clear need for teaching structured writing at our university. We believe that the most appropriate time to teach writing is during students’ 1st and 2nd years of undergraduate study, because there is minimal teaching of English writing in high schools, and in the later years at a medical university students need to focus on medical studies. This presentation introduces a method for teaching extensive writing to 1st-year students that allows for submission and revision of student assignments based on actionable feedback while not overwhelming the teacher with grading demands. The class structure, and the tools and methods used for collection, grading and revision of student work will be shared. Also shown will be the support information that students need to correctly format their work, manage their documents and communicate by email.

### 2 An e-portfolio journal for weekly reflection on learning in English and Medical English classes

10:15–10:30 Raoul Breugelmans, Mihoko Hayashi 美穂子 (Tokyo Medical University 東京医科大)

Tokyo Medical University is in the process of revising its English and Medical English courses in accordance with the JASMEEE Medical English Education Guidelines Corresponding to the Global Standards for Medical Education. As part of this revision, we have introduced an e-portfolio journal in which all first-year students write weekly entries on the topic “What I learned in English I and Medical English I class this week”, adapted from the method reported by Holmes at the 16th JASMEEE Academic Meeting. The ICT software used for the English journals is the Mahara e-portfolio system, which is already used extensively in our medical school curriculum. Our experience with a successful clinical rotation journal in which fifth-year students write daily entries reflecting on their experience on the ward encouraged us to implement a journal for English-related courses, starting with the first-year courses as a trial. The journals are shared with 11 part-time and 2 full-time teachers in charge of the English I and Medical English I courses. Each teacher is assigned about 10 entries from different students every week. The teacher reads the entries, and posts a short feedback comment on each entry. In addition to the objectives reported by Holmes, it also serves as a means to evaluate the achievement of the JASMEEE guideline requirements, it provides students with regular writing practice with feedback from teachers, and it gives teachers an overview of all English-related classes. In this presentation, we will report on our preliminary findings in terms of benefits and challenges.
Using art, specifically the medium of comics, can be an effective method of educating students while promoting self-directed learning and ultimately student-led production of visual material using the target language. This study highlights how to effectively utilize comics in an educational setting with the final goal of having students produce and present comics in English, allowing them to demonstrate medical knowledge gained from other courses. The International University of Health and Welfare’s ultimate goal is to raise doctors who can be active internationally, so all courses for the first two years are taught in English and incorporate “active learning”. However, in courses not directly related to medicine it is not always easy to conduct truly active classes and maintain medical students’ motivation. This can especially be the case in the culture and humanity courses given by the authors of this study. With these challenges in mind, we based a unit on a TED (Technology, Entertainment, Design) Talks video addressing the use of comics in education, which provided the students with a chance to explore the medium as a learning tool. After reviewing different styles of comics, students worked in groups to create their own comics in poster form, utilizing medical knowledge gained from other courses. The comics they produced tackled a medical issue, illustrated a medical procedure, or educated the reader on a historical figure in the medical world.
Practitioners of Teaching English to Speakers of Other Languages (TESOL) face an endless cycle of teaching and carrying out research aimed at improving programs and resolving the various challenges they face along the way. In my case, the main challenges are 1) dealing with students with relatively low motivation for and proficiency in English learning, 2) meeting high program goals with only two required courses, and 3) being a novice when it comes to teaching appropriate materials for prospective therapists. To overcome these challenges, I have used various techniques based on the concepts of backward design of syllabi, learner autonomy, active and collaborative learning, and teaching of learning strategies. My foremost focus has been on how to create an English program in which students enjoy learning and simultaneously acquire the high level of English skills they need for their future professional development. In this in-progress research report, I will present the course design and methodological approaches taken, giving a quantitative analysis of the students’ progress over a 2-year period based on their initial placement test scores, synthesized final exam scores, and final grades. I will also present an analysis of the students’ overall perceptions of the course, as reflected in their course evaluations.
This presentation is an account of an ‘Active Learning’ and CLIL-based practical activity involving students studying medical English at Kagoshima University during a local hospital visit. The hospital visit was designed to expose the students to medical encounters and discourse with real medical practitioners and patients in a working medical environment. Creating and maintaining motivation is one of the key components of a successful language programme. With the aim of motivating the students, we decided to join in the preparation and execution of an asthma seminar for parents and children at a local hospital. This presentation will describe the rationale and reasoning behind the visit, what it gave to all the participants involved, and how this kind of activity informs our instruction in the classroom. It will also discuss how we can best motivate and prepare students studying medical English for their acquisition of English and create an awareness of what is expected of them if they are to flourish in an English-speaking medical environment. It will outline a plan on how all of this can be achieved; in essence, it is a 4-part programme:

1. Make lessons interesting and meaningful
2. Make students aware of their role in patient-doctor discourse
3. Create awareness of the ‘vertical nature’ of language
4. Facilitate opportunities for students to try out/witness patient-doctor discourse

Enclothed cognition is the term coined by Adam and Galinsky (2012) to describe the systematic effect that clothing can have on the performance of attention-related tasks. This situational relevance is most observable when subjects are asked to wear items of clothing imbued with particular symbolic meaning. Previous studies have shown that native English-speaking undergraduate students randomly assigned to wear white lab/doctor’s coats performed better in tasks associated with deliberative thinking and attentiveness. However, no studies have investigated how the effect of enclothed cognition applies to medical students operating in a 2nd language. To investigate whether the greater attentional control associated with the wearing of white lab/doctor’s coats can be observed to produce improved results we divided 1st- and 2nd-year medical students into two randomly assigned groups. One group was asked to wear a white coat, and the other was not. Both groups were then set the same range of communicative and analytical English-language tasks. These included simulated patient (SP) history-taking, TOEFL tests, and online quiz activities. When a comparison was made between the performances of the white coat/non-white coat groups, the results suggested that how we dress affects not only how other people perceive us, but also how we perceive ourselves.
How does learner autonomy influence preparation for and performance on the TOEFL ITP test?

Background
Research carried out for the 1st cohort of IUHW medical students showed that test preparation in the classroom is only weakly correlated with improvements in TOEFL ITP scores, while out-of-class preparation showed no correlation with score improvement. In this paper we try to fill the gap in the previous report by looking at how learner autonomy affects the way students prepare for and perform on the test.

Methods
Test-taking strategies were explicitly taught only to 1st-year students (2nd cohort) choosing autonomously to attend an elective course aimed to prepare them for taking the TOEFL ITP test. All students (n=139) were required to complete the same online TOEFL preparation course, and data were collected at four points in time to identify learners undertaking the assignment proactively. A correlation analysis was carried out involving 43 factors including test scores, online course progress, scores and time spent, as well as attendance in the elective course.

Results
We found a weak positive correlation (0.247; p < 0.005) between attendance and TOEFL ITP listening score improvement, and a weak negative correlation (-0.258; p < 0.005) between attendance and pre-program test scores. Remarkably, we found no significant correlation at any of the four points between the online course score, time spent or assignment progress and TOEFL ITP test score improvement.

Conclusion
The results indicate that formal (in-class or out-of-class) test-preparation for the TOEFL ITP test does not yield significant score gains even for highly motivated students who enjoy learning autonomy.

Using text analysis of TED Talks to improve class activities

First-year students at IUHW learn English through various activities in an English language program based on active learning. These activities include using TED Talks as authentic materials to introduce various topics. We designed vocabulary exercises to improve students' understanding of the TED Talks. Although most of the students' TOEFL ITP test scores were significantly higher at the end of the first-year English program than they were at the beginning of the academic year, some students struggled to understand the TED Talks. To develop more effective activities, we analyzed the texts of the TED Talks in an attempt to identify the sources of their difficulties. To carry out the analyses, we used Text Inspector, a web tool that rates the difficulty levels of text and vocabulary according to the Common European Framework of Reference for Languages (CEFR). The TOEFL ITP listening materials were also analyzed to compare the difficulty levels of the texts. Most of the texts of the TED Talks were revealed to be at C1 or C2 level on the CEFR by Text Inspector. The texts of some of the TOEFL ITP Part 3 listening materials were also at C1 level, so from the perspective of text difficulty, the TED Talks and the TOEFL ITP Part 3 listening tests are at approximately the same level. These analyses help instructors to prepare class activities which are more suitable for students with different English proficiency levels.
While audience response systems have been gaining popularity in recent years, there is little evidence of their educational effectiveness, and no known studies within the context of medical English education in Japan exist. Because there is anecdotal evidence of a growing number of Japanese medical schools currently using some form of audience response system in their English classes, it would be useful for all medical English educators to be informed of the latest developments in the area of audience response systems. Our research aims were 1) to review the current literature on audience response systems, and 2) to compare and contrast the various systems to identify the advantages and disadvantages of each with respect to their application in medical English classrooms. The presentation will close by inviting the audience to participate in a live demonstration so everyone present can experience an audience response system for themselves.
Background
International University of Health and Welfare School of Medicine is the only medical school in Japan that has conducted its medical 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
Second-year medical students (120 domestic and 20 international) completed a clinical program taught in English as well as 45 hours of history-taking skills training in English and 120 hours of medical English lessons. We used a modified rubric for non-native English-speaking medical students created by Yamamori et al. (2018) to measure history-taking skills in three domains: spoken English proficiency, communication/interpersonal skills, and sequence of questions. All three domains of the rubric and the students’ pre- and post-program scores on Test of English as a Foreign Language Institutional Testing Program (TOEFL ITP) were analyzed in a cross-sectional study.

Results
The students’ pre- and post-program TOEFL ITP scores, particularly in Section 1 (listening skills), showed strong positive correlations with all three domains (Pearson correlation coefficient: r values ranged between 0.685 and 0.806, p < 0.01 for total, and between 0.716 and 0.815, p < 0.01 for listening skills).

Conclusion
The rubric for history-taking performance in English for non-native English-speaking medical students shows a strong positive correlation with TOEFL ITP scores. Further investigation is needed to assess its reliability.

Our Neurosurgical Department is the only department at the Faculty of Medicine of the University of Tsukuba that provides 4th- and 5th-year medical students with a unique opportunity to participate in English ward rounds, which they do during their one-month neurosurgical training. The preparatory class includes a basic human anatomy and symptoms review plus examples of clinical case presentations related to neurosurgery. Students choose their patients from a general neurosurgery or vascular neurosurgery group, and, after preparation, report to the professor of neurosurgery in English. If a patient has been discharged before the presentation, they report in front of a screen showing neuroimaging, and if the patient is in the ward, they report at the bedside. The patients are informed in advance about the program, and all issues are figured out beforehand. Residents also join the rounds to help students answer the professor’s questions. We analyzed over 50 completed student feedback questionnaires and found a very positive attitude to English rounds, in spite of the compulsory nature of this part of the educational program. Even though most respondents would not choose neurosurgery as a specialty, they were universally highly motivated to participate because of the unique opportunity to practice medical English. We believe that such courses contribute to students’ development as internationally-oriented medical doctors, and that they will further ready the Japanese medical system for international events, such as the Olympic Games in 2020.
Feedback methods and practice in medical interpreting role-playing sessions

Mieko Miura 三浦美恵子 (Language Education Department, International University of Health and Welfare, Ohtawara Campus 国際医療福祉大学 大田原キャンパス 言語教育学部)

15:10–15:25

国际医療福祉大学(大田原キャンパス)では、2015年から選択科目として「英語医療通訳入門」を開講しており、特に医師・外国人患者・医療通訳者役分けて行うロールプレイの訓練に力を入れて医療通訳スキルの向上を目指している。近年は、学生の通訳パフォーマンスに対して系統的なかつ効果的なフィードバックを行うということを目標に指導しており、今のところ以下の方法・順番で行っている：①学生が行ったロールプレイの様子を録画したビデオ映像を見て、良い点と改善点についてグループで話し合う。②①の内容を紙面にまとめ、グループごとに発表する。③Evaluation Sheetを使って、学生同士が互いのパフォーマンスについて評価・採点する。④留学生を交えたロールプレイ（医師：教員、外国人患者：留学生、医療通訳者：学生）を行った後に、教員から個々の学生にEvaluation Sheetと口頭によるフィードバックを与える。英語医療通訳入門では、学期末にロールプレイの試験を行っているが、このようなフィードバックは、学生が比較的早い時期からロールプレイの試験を意識して練習する動機づけとなり、自分自身と他のパフォーマンスについて振り返り、適切な声量・アクセント・表情、英語の基本語彙とアクセント・通訳の正確さなどに対する意識を高める上で役に立つと考えている。本発表では、2018年(前期・後期)と2019年(前期)の英語医療通訳入門で行ったフィードバックの詳細について、ビデオ映像を交えて報告する。
In ESP, needs analysis plays a central role in determining learning goals, teaching methods, teaching materials, and learning assessment. In order to maximise the validity of a needs analysis survey tool, Long (2005) recommended using combinations of various sources of information, including ‘domain insiders’ (those working in the specialised field that is being studied) and ‘domain outsiders’ (such as language teachers, who do not have direct experience of the specialised field). The presenters received a JSPS grant to conduct a nationwide needs analysis of English among nurses in Japanese hospitals, and their reports on practical considerations in conducting focus groups, and how various obstacles were overcome. We will explain the ways in which data were evaluated, categorised and assimilated into the survey instrument. Finally, we will exemplify the ways in which the ‘domain insiders’ provided insights into the tasks carried out by nurses in Japanese hospitals, and their use of English for professional development.

**1 Focus groups in nursing English needs analysis**

**15:30–15:45 Simon Capper, Porter Mathew** (Japanese Red Cross Hiroshima College of Nursing, Japan)

In ESP, needs analysis plays a central role in determining learning goals, teaching methods, teaching materials, and learning assessment. In order to maximise the validity of a needs analysis survey tool, Long (2005) recommended using combinations of various sources of information, including ‘domain insiders’ (those working in the specialised field that is being studied) and ‘domain outsiders’ (such as language teachers, who do not have direct experience of the specialised field). The presenters received a JSPS grant to conduct a nationwide needs analysis of nursing English, focusing on identifying the special English needs of nurses for professional development, and more specifically, on identifying the tasks that nurses need to achieve in English in order to carry out patient care and general work duties. Having already created a survey tool in consultation with ‘domain outsiders’–language teaching professionals and nursing educators–we conducted a series of focus group interviews with ‘domain insiders’–nurses. These interviews were based on semi-structured discussions to elicit details of the English needs of nurses for professional development and for their provision of healthcare to non-Japanese patients. This presentation reports on practical considerations in conducting focus groups, and how various obstacles were overcome. We will explain the ways in which data were evaluated, categorised and assimilated into the survey instrument. Finally, we will exemplify the ways in which the ‘domain insiders’ provided insights into the tasks carried out by nurses in Japanese hospitals, and their use of English for professional development.

**2 Responding to medical/nursing students’ expressed needs: a case study**

**15:45–16:00 Miyuki Nambu, Noriko Nagai** (University of Miyazaki, Japan)

Medical English education is the key to the ESP education in medicine. Medical English tasks are more specific and complex than those in language education. In Japan, medical professionals are facing many challenges in terms of English competencies. This study aimed to provide insights into the needs of medical students. A focus group discussion was conducted with medical students from the Faculty of Medical Sciences at the University of Miyazaki. The discussion was semi-structured and aimed at understanding the students’ needs and expectations for medical English education. The results showed that medical students require a range of skills, including communication, document reading, and writing, to function effectively in a medical setting. The findings support the need for more tailored and practical medical English education programs.
This project builds upon an English needs analysis of medical doctors and nurses in western Japan, which showed that these professionals need basic English speaking skills more than specialized terminology and expressions. Based upon needs analysis findings, two in-service English courses, each running for eight-week sessions, were organized and conducted during a one-year period for staff at one university hospital in Shikoku. Approximately twenty staff members (both medical and paramedical) participated in each course. The primary objective of this one-year trial was to identify successful elements in the course design and methodology in order to establish in-service courses on a permanent basis. An emergent syllabus design was used to test various methods as the instructors became more aware of participants’ abilities and interests. Tasks included fluency-building exercises, instruction in compensatory strategies, and techniques from improvisational theater to accustom participants to impromptu speaking. Feedback from participants on the courses was gained through questionnaires and focus group interviews. Although feedback was generally positive, several barriers to participation were identified, including the participants’ busy schedules and their diverse English abilities and goals. This project has revealed the unpredictable nature of voluntary in-service English courses for Japanese medical staff, and points to the importance of tailoring in-service courses to the needs and interests of specific groups of participants.
Productivity and transparency of neoclassical compounds used as medical terms, and the application to vocabulary learning

16:35–16:50  Hiromi Hayashi 林 弘美 (Meiji Pharmaceutical University 明治薬科大学)

本発表では、gastrology（胃病学）やenteralgia（腸痛）など、医学用語に多く見られる新古典複合語（neoclassical compound）[cf. Warren (1990), Bauer (1998)等]について生産性（productivity）の観点から論じ、医療系の学部で学ぶ学生者に対して英語の授業内で可能な指導法を提案する。そして、新古典複合語に習熟することが医学用語以外の語彙の増強にもつながることを示す。

生産性という概念は、語形成に関し、「新たな語が作られるか」という観点と「新たな語をどの程度作り出し得るか」という観点の両面で論じられている。

Fernández-Domínguez (2009, 2013) は前者をavailability、後者をprofitabilityと呼び、長野 (2018) は、それぞれに対する訳語として「生産性」と「生産力／生産量」を提唱している。本発表では、新古典複合語の特徴を概観した上で、新古典複合語にはavailabilityの意味での「生産性」、「生産力／生産量」も高いことを示す。また、新古典複合語の意味は、構成要素の意味の合成として決まることが多いという点で「透明性」があるとされる。この意味の透明性から、構成要素を覚えることで新たな新古典複合語にも対応しやすいという、学習者にとっての利点を生じることを示す。併せて、新古典複合語における連結母音（combining vowel）の重要性を取り上げ、新たな新古典複合語が作り出される仕組みを見ると、さらに、医学用語（あるいは、より一般的に科学用語）における新古典複合語の位置づけを確認することにより、新古典複合語と通常の複合語・派生語・略語の関係を捉えることによって、新たな諸語の増強につなげていく方法を示す。

A critical look at English for medical purposes research

16:50–17:05  Adam J. Lebowitz (Jichi Medical University 自治医科大学)

This presentation looks critically at problems appearing in English for Medical Purposes (EMP) research. These include intervention vs. non-intervention studies, self-reported outcomes, student “satisfaction”, biased questionnaires, and “innovative” program/curriculum reports. Suggestions are made regarding study reliability, validity, and data management based on standards from highly competitive medical education journals. Ethical standards for data collection and management come from medical “best practices”. Adopting more rigorous standards for research methodology and analysis could raise EMP research quality by ensuring result validity and applicability. Following “best practices” in particular could integrate EMP closer to the general medical field.
In this personal account, my swan song in effect, I want to sum up and share in less than 15 minutes what I've learned in the 20 years I've spent teaching English to Japanese medical students at the University of Tokyo. In my talks at our previous academic meetings I've focused on the nuts and bolts of teaching; this time I want to take a step back from the practical details and think about general trends I've observed and share some lessons I've learned. I promise nothing new, no surprises, no cosmic insights: instead, I intend to overview experiences shared, consciously or unconsciously, by most of my colleagues. We've all been there, but we haven't considered collectively what it all means, what the big picture looks like. With you I will briefly revisit the past in the hope that this will help others (presumably our younger colleagues) navigating the future in our times of momentous change.
Awardee: Kris “Siri”

Kris “Siri” Siriratsivawong is a U.S. board-certified General Surgeon, who is a senior lecturer in the Department of Medical Education at Showa University. He obtained his Bachelors of Science degree in Molecular Biophysics and Biochemistry from Yale University, and then attended medical school at the University of Pittsburgh, where he conducted clinical research in trauma surgery with a focus on geriatric medicine. Upon graduation from medical school, he worked as a Medical Corps officer in the U.S. Navy for over 11 years. As the Department Head of General Surgery at U.S. Naval Hospital Yokosuka, he was the lead surgery educator in the Graduate Medical Education committee. His passion for teaching led him to Showa University, where he leads a clinical English course for medical students. His interests are in clinical education and simulation training, and he continues to be engaged in clinical work in acute care surgery and trauma.

Setting up for success: A workshop for Japanese medical students in preparation for overseas clinical electives

Kris Siriratsivawong, Michael W. Myers, Miyuki Hashimoto, Yuka Hiraizumi, Shizuna Tsuchiya, Miki Izumi, Yuji Kiuchi, Takashi Miyazaki

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 (SPs), and (4) clinical case presentation. During day one of the workshop, the lecture, given 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 SPs. 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.
# 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>清水淡子</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>大濑祥子</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 勘</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>柳田政則</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>
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<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市ヶ谷</td>
</tr>
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<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>
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<td>第18回</td>
<td>伊達 敦</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>
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<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</td>
<td>中野サンプラザ</td>
</tr>
<tr>
<td>第23回</td>
<td>高田 淳</td>
<td>2020年6月27, 28日</td>
<td>高知県立県民文化ホール</td>
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<td>第24回</td>
<td>元雄良治</td>
<td>2021年7月(予定)</td>
<td>金沢市内 (予定)</td>
</tr>
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