Practical Study of English Education Adapted to the Technical Needs at a College

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1. Preface (Intensive Training in English for Technical Needs)

English should be and is studied and taught as one of the subjects for general education at a college. And general English covers a very wide range from the geography and history of a foreign country to the ways of life and social customs there. In fact it would be impossible to set limits to the teaching materials of general English. As for the linguistic faculty, more and more emphasis is attached to practical English and to the training of the speaking skill of the students. This tendency is being accelerated by the wide spread of various devices and machines, with a fair measure of success annexed. Furthermore, there are various requirements from the specialized course and the professional field. Some demand to train the ability of reading and writing the special works in English, and some the comprehensive faculty in the technical world. Those requirements could not possibly be neglected. At our three-year college of medical care technology, where the future followers of medico-technical business study, more than ninety hours of English are taught in total. Most of these hours are applied to the reading of what is called liberal arts, and to the training of hearing ability of general English. About thirty hours or so are supposed to be spared for the above mentioned requirements from the specialized course, which will hereinafter be referred to as 'technical needs'.

This article is a briefing on a practical curriculum or teaching plan of an intensive training in English devised to meet the technical needs at a college. The report centers around the teaching materials of the training, finally settled after five years' repeated trial and error. I wish this article would prove helpful to senior high school students, too. It could give them a good stimulus or motivation if they knew the dull and dry-as-dust grammatical rules and rewriting drills, seeming necessary solely for an entrance exam, are really of importance or quite indispensable in writing a technical paper in English. I also wish this article should serve as an aid in building a bridge between the general English and the technical English at colleges.

2. Three Major Aims of the Training

By the intensive training, the learners are expected to be given the following faculties. (1) They will be able to understand the symptoms and conditions spoken in English by a foreigner, and to take him to a proper consultation room at a hospital. (2) When they encounter a telephone call in English, they are expected to respond and connect it to a proper party, not just to giggle and behave like backward four-year-olds. (3) From an idealistic viewpoint, they are also expected not only to make oral report of medical research in English, but also to write a medical paper in English. The textbook of this training should be compiled to provide the learners with some basic knowledge of important expressions concerning sickness and hospital, and of important grammatical rules essential in writing a medical paper in English. A positive and constructive cooperation from the specialized departments is indispensable to accomplish the materials of this intensive training. The teaching materials, divided into three parts according to the aims, are given in the following chapters 3 ~ 5.
3. Training the Conversational Ability of Technical English

It may seem to the students quite impossible at first, to master a practical ability of spoken English only by learning from textbooks. If they are given as many opportunities and as many repeated situations of natural English as possible, even by tape recorder, they'll gradually be accustomed at least to hearing it, and that'll encourage them to try to approach a sick foreigner on the street and manage to take him to an appropriate hospital or a doctor. Here are some of the examples of the speaking situations concerning sickness and hospital.

**Dialogue 1**

Y = you  F = foreigner  D = doctor

*One day you happen to see a foreign woman crouching by the roadside.*

Y: You look a little pale. Anything wrong?
F: I don't feel very well.
Y: That's too bad. May I call an ambulance?
F: Thank you. I'd appreciate it.

*At a hospital*

D: What seems to be the trouble?
F: I have a headache.
D: Do you have a fever? Let me feel your pulse...
I think you've caught a bad cold. Let me give you an injection.
F: Thank you.
D: Please take one tablet every four hours.
F: Is it serious?
D: It's nothing serious for the present. But, you should stay in bed for two or three days.

**Dialogue 2**

Y = you  F = foreigner

*In the train*

Y: Excuse me ma'am, is there something wrong?
F: Yes. I have been feeling sick.
Y: Do you think you can make it alone?
F: I don't know. I'm starting to get dizzy, too.
Y: That's not good. Let's get off at the next station and find a doctor.
F: I don't know how to thank you.

*At your office*

F: Excuse me, can you help me out a little? My wife seems to have fainted.
Y: Certainly, sir. Where is she?
F: She's just over there.
Y: Let me have a look. I think she'll be all right, sir. Stay with her while I call our dispensary and have them send a nurse up.

In order to produce the intended effect, the following linguistic trainings, made in parallel with the study of the dialogues, are very fruitful. And some more examples of important expressions and basic words also arouse the students' interest.

**Pattern Drill 1**

Ex  I have been feeling sick.
1. I have been feeling dizzy.
2. I have been suffering from a headache.
3. I have been sneezing.
4. I have been coughing.

**Pattern Drill 2**

Ex  I have a headache.
1. I have a stomachache.
2. I have a sore throat.
3. Where is the pain? I have a pain in my knee.
   I feel achy all over.
4. Training the Telephoning Skill of Technical English

**Pattern Drill 3**

Ex  Let me feel your pulse.
1. Let me sound the lungs.
2. Let me take your temperature.
3. Let me see your tongue.

**Important Expressions**

1. Please take care of yourself.
2. Come again the day after tomorrow.
3. Influenza is now prevalent throughout the country.
4. Ten of my classmates are absent with a cold.
5. You still have a little fever.
6. You mustn't leave your sickbed.
7. Otherwise you might suffer a relapse.
8. Our teacher advises us to wear a mask when we go out and to rinse our throat as soon as we come home.
9. People do not know the blessing of health till they lose it.
10. Temperance is the best physic.

**Basic Words & Phrases**

1. ward; internal medicine, surgery, maternity, pediatrics
2. physician, surgeon, dentist
3. chemist, drug store, pharmacy
4. infectious disease, contagious disease
5. vomiting, symptom
6. chronic disease, acute disease
7. preventive injection
8. intemperance
9. be in good health
10. be out of sorts, suffer from bad health
11. get ill, fall ill, be taken ill
12. be good for the health
13. decline in one's health
14. maintain (preserve) one's health
15. lose (injure) one's health
16. recover from one's disease
17. be seriously (dangerously) ill
18. catch (contract) a disease
19. have a good appetite
20. have an eye trouble

**Over the Phone 1**

F = foreigner  Y = you

F: Please connect me with Dr. Yamada.
Y: Who's calling, please?
F: This is Mr. K. McDonald.
Y: One moment, please . . . Hello, Mr. McDonald? I'm sorry, but Dr. Yamada is on another line. Could you please hold on a moment? Or will you call us back?
F: I'll hold the line . . .
Y: Sorry to have kept you waiting. Dr. Yamada is on the line. Please go ahead.

**Over the Phone 2**

M = Mr. McDonald  Y = you

The following morning you call Mr. McDonald to see how he is.

Y: Good morning, sir. This is Dr. Yamada's nurse. How are you feeling? Any better?
M: I'm in bad shape, I'm afraid. I have an upset stomach and there's a terrible pain in my back. I may have a slipped disc again.
Y: Oh, that's too bad . . . Is there anything I can do?
M: No, that's all right. If I just take it easy, I'm sure I'll be fine.

These are some of the examples in which you encounter a telephone call in English. To arouse the students' interest, we can add some more useful expressions over the phone and words of telephone.
Useful Expressions over the Phone

1. Who's calling (speaking), please?
2. What name shall I give?
3. Can you put me through to Dr. K?
4. I'm afraid you have a wrong number.
5. Let's hang up, and I'll call you right back.
6. The line is busy.

Words of Telephone

1. area code
2. local office number
3. pilot number
4. extension number
5. person-to-person call
6. station-to-station call
7. collect call

5. Training the Faculty for Reporting the Technical Research in Spoken & Written English

First the students should understand the following basic knowledge. The colloquial style, or informal spoken style, is suitable for an oral report. And the literary (formal, official or written) style is for the summary, abstract, materials and methods of medical paper. Introduction or discussion should be written in colloquial style. Body of medical paper is in-between. In the style fit for an oral report, there are some deal of redundant expressions and they help make it easy to understand when they are spoken. Succession of important key words is very difficult to listen to. In the literary style, however, the whole construction is entirely changed elaborately. The argument is perfectly logically developed, and is pruned of all the superfluous words and expressions. Other linguistic characteristics should also be taken into consideration. The first-person subjects hardly appear in the explanation of materials and methods, especially in the abstract or summary chapter. These subjects tend to sound too full of self-assertion or humility. In a thesis, we need to take an objective view of everything, and no personal private view should come to the front, except when the responsibility of the author is to be clarified in the discussion chapter. Phrases are more often used than clauses. Most sentence subjects are third-person, and not human beings. Not a talkative word but an unmisunderstandable word is used. Frequent use of passive voice, abstract nouns, and -ible, -able suffix adjectives and their derivatives, is another feature of the literary style.

Examples of Spoken Style

1. It rained very hard. So we couldn't go out.
2. As the rain was very heavy, we couldn't go out.
3. The rain was too heavy for us to go out.
4. I do not understand him at all.
5. I can not understand what he means.
6. Chisum introduced a rapid elution test in 1970. There he used a slide glass method. This is very useful in the practical work. But it leaves a few faults. For example, waterdrops drop on the slide glass and cause the hemolysis of the samples. So we employed 2 ~ 5% glycerin into the indicator cell suspensions and prevented the hemolysis.

Examples of Written Style

1. The heavy rain prevented us from going out.
2. The heavy rain made it impossible to go out.
3. The heavy rain disabled us from going out.
4. What he can mean, is above my comprehension.
5. His meaning is incomprehensible.
6. One of the inconveniences of the Chisum's method, which he introduced in 1970 and is now being put to more practical use, is hemolysis caused by waterdrops on the slide glass. In order to prevent it, 2 ~ 5% glycerin added to the indicator cell suspensions proved very efficacious.
7. Yoshida identified that anti-A and anti-B agglutinins exist quite regularly in the saliva as well as in the blood serums of a normal human being. But we have yet been unable to put this theory to any practical use in the field of legal medicine so far.

8. There are three reasons for it. First(ly), we cannot easily detect the agglutinins in saliva as the value of their titration is too small. Secondly, hemolysis and viscosity of saliva hinder its agglutinations, or cause them to be inadequate for the purpose. And thirdly, physical and chemical resistances of antibodies are quite weak and it is difficult to store the samples long enough.

9. In order to utilize this theory for the test of blood typing, we have tried several ways to remove as many obstacles as possible. We here report the result that if we pursue the following methods using saliva, we can increase the ability to detect the smallest quantities of agglutinins, and that we can raise up the precision of blood typing from saliva to 98% . . .

10. We also practiced the absorption inhibition test to every sample soon after the above-mentioned test, to get rid of the exceptional misdetections. As the result, the precision was raised up to 100%. So we can say it is safer to perform the following tests, when and where there are no agglutinins to be detected or if they are requested . . .

7. Yoshida reported that anti-A and -B agglutinins exist in normal human saliva as well as in human sera. His identification has not been utilized to any medicolegal practice.

8. The reasons are undetectably small titration, inadequate agglutination caused by hemolysis and viscosity of saliva, and difficulty of storage due to physical and chemical weakness of antibodies.

9. This paper reports of the procedures to remove the above-mentioned obstacles wherever practicable, and to establish a more satisfactory detection of the smallest quantities of agglutinins in saliva. Precision of typing from saliva agglutinins was raised up to 98% by the pursuit of procedures described below . . .

10. Furthermore, those tests described below should be performed to complete the precision of examination where no desirable reactions were detected by the above test, or if requested . . .

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