English Seminar for Japanese University Teachers

Nobuko NAKANO
Division of English Language, School of Nursing and Medical Technology, University of Occupational and Environmental Health, Japan. Kitakyushu 807, Japan

There is nothing that more embarrasses me than being asked "What are you?" during traveling abroad. I hesitate for a moment, then reply reluctantly in a low voice, "I'm teaching English," and I am discouraged and become speechless at their "Really?" with a rising intonation. The next moment, some of them become embarrassed and apologize after becoming aware of the seriousness of my situation. Others make a sarcastic remark, "Oh, I'm interested in you," and smile sympathetically.

It is a matter of urgent necessity to rescue Japanese teachers of English who find themselves in the same awkward situation. In this sense, the English Seminar for Japanese University Teachers held jointly by the Ministry of Education and the British Council was extremely useful. It took place at the University of Essex located in Colchester, an ancient town with an exceptionally long interesting history in North-East Essex. The University of Essex is one of the seven "New Universities" established in the 60's under a new educational project of the British Government. It aims at expansion of the student body, a unique curriculum and a new administrative system both of school and office management. As a matter of fact, this project aims at developing a new type of university at Essex University, of which departments are completely independent but interrelated at the same time with one another. The design of the buildings of the university is a symbol of these new interdisciplinary as well as independent ideas; each department is separated from but connected with each other by very intricated corridors. Although these corridors look like a labyrinth, and visitors get lost in them from time to time, it is truly symbolic of a new type university which is groping for the ideal modern university. The department of language and linguistics to which we, ten Japanese university teachers temporarily belonged, is as good as any department in the university. Fig. 1 is a chart that shows how linguistics interacts with many other academic fields.

The following is the list of lectures given for the period of eight weeks; Advanced English, Applied Linguistics, Articulatory Phonetics, Description of English, English for Specific Purposes (E.S.P.), Linguistic Phonetics, Psychology of Language Learning, Socio Linguistics, Theoretical Linguistics and Semantics. Every lecture was well considered and well arranged so that even those who attended English lectures in linguistics for the first time were able to follow intelligibly. Worth special mention, however, was Applied Linguistics and E.S.P.
Fig. 1. Interaction of linguistics and other academic studies. (From the lectures in Applied Linguistics)

**Applied Linguistics**

In the course of Applied Linguistics, the chief professor Mr. Arthur Spicer talked about what the study of linguistics consists in, and what Applied Linguistics can do for language teaching. He emphasized that Applied Linguistics is "a wide application of all aspects of language learning" and "a consumer of all the theories in the field not only of linguistics but also of any other academic studies." He criticized the metaphors to which the relationships between a teacher and a learner have often been referred so far; an empty container metaphor, for instance, which means that a learner is something like an empty container which a teacher fills up with necessary knowledge and linguistic usage in a language. He insisted that any metaphors and slogans derived from the overgeneralization of Chomsky's theory of innate ability, Skinner's behaviorism, Pavlov's theory of conditional responses etc. are useless if not used consciously as well as eclectically. The
best language teacher, therefore, is a teacher who can teach a language "in conscious, reasoned and eclectic ways." Applied Linguistics is the last goal of language teaching and the exhaustion of all variables in linguistics.

E. S. P.

E. S. P. is one of the subjects which I was most interested in. Acquiring language as a language for living is obviously a different thing from acquiring language as a language for learning. We cannot forget the fact that languages are greatly concerned with what we call "society", and social diversity and changes demand of a language that it satisfies the various needs of the situation. Though the term "needs" is ambiguous, as Mr. Peter Doughty argues in his Language Study, the Teacher and Learner, it carries the most crucial underlying implications in the field of E. S. P. We should not stop at the boundaries of school English, but we should emerge from these confines of tradition and investigate what needs a society has, and how we could meet such social needs.

The lectures on E. S. P. were workshop type ones and we were required to work on such topics as, what learning conditions we should keep in mind when we teach a second language, what are the technical problems of language teaching in a particular social context, and so on.

As one of the off-campus activities of E. S. P., we were allowed to visit Professor Peter Strevenst, a world-famous specialist in E. S. P., and enjoy the honor of interviewing him. We were offered a number of textbooks for E. S. P. which he himself had written or edited.

We also visited an English training school named CESC (Colchester English Study Centre), which is one of the oldest schools that offers courses in teaching English for Specific Purposes in the U. K. For instance, the first session of the course for doctors starts with watching a videotape, the second session takes the form of a simulated clinical conference based on the information presented on the videotape, in which the students discuss the different diagnoses, laboratory findings and treatment. The most interesting thing concerning this second session is that it is not a language teacher but a real doctor who conducts the class here, and that the language teacher remains at the back of the classroom observing and checking the language problems of the students. The third session deals with any language problems which have merged during the previous session. The students are given individually by the language teacher attending the clinical conference the opportunity to revise their knowledge of English and improve their communicative abilities. This is a new type of language teaching and we were able to receive many valuable suggestions as to the nature and methodology of language teaching.

Tutorial

Most universities in the U. K. have a unique teaching form called "tutorial". It takes the form of a class or a seminar conducted by a tutor for a single student or for a small
number of students. There happened to be three Japanese teachers, including me, who were from medical colleges, one of whom was enthusiastic about writing and editing a series of comprehensive English textbooks for foreign medical and paramedical students. Therefore, under the guidance of a tutor, we organized a team and started investigating the medical facilities in Colchester, collecting form samples such as a prescription form, a patients' chart form etc. At the Career Office of the university, we were also able to gather accurate and up-to-date information of actual medical conditions in the U. K.

As a direct result of these investigations, we became more or less familiar with the details of medical education, a doctor's qualification and how doctors work in the U. K.

There are thirty places in the U. K. where it is possible to study medicine and five more in the Republic of Ireland. Just like in Japan, a large number of young people want to enter medicine, so there is intense competitions. In most cases, the students are required to have passed two or three subjects at the advanced level ("A" level) in the General Certificate of Education (G. C. E.), and these two or three subjects are normally chemistry, physics, and biology, but the subjects and the number of the "A" or "O" level subjects required vary from school to school. At an interview, "honesty and intelligence" are thought of as most necessary, and "perseverance, poise, loyalty, conscientiousness, resourcefulness, sympathy, patience, compassion, gentleness, imagination" etc. are tested. (Becoming a Doctor, 1981)

According to the Becoming a Doctor, 1981, the school expenses for these medical courses are about £10,800 (1981) including everything from tuition fees to books for five or six years, but all students can receive the local authority grants according to their custodians' financial conditions.

After five or six terms (one year—three terms) of practical courses in which the students study anatomy, physiology, biochemistry, etc., they start clinical work and learn history-taking, how to use a stethoscope and other clinical procedures in the wards over the period of three years. When a student passes the final examination and receives his MB and ch or chir (Surgery) diplomas, he is still required to work in a hospital as a house officer for a year, after which he is qualified to have his name inserted into the Medical Register and becomes a registered medical practitioner.

The number of registered doctors was 97,150 in 1978. Their working fields are roughly classified into three kinds of medical services, general practitioner, hospital services and community medical services. The third one has two types of doctors; one is called a community physician and is concerned mainly with preventive medicine, the other is a community health doctor and he concerns himself with the promotion of health, immunization, family planning and so on.

In order to enter community medicine, it is necessary to receive specialized postgraduate training, and especially when one wants to work as a community physician, he or she must hold membership in the Faculty of Community Medicine (MFCM).

On the other hand, our investigations uncovered accidentally the difficult problems that confront the English people. A hospital for the mental handicapped in a certain
village in England is dependent for a considerable proportion of its financial resources from the donations of the public, and replenishes the shortage of manpower by the use of volunteers.

The U. K. has an admirable National Health Service and even a tourist can receive free treatment at a hospital if he fell ill while staying in the country, but, on the whole, except in emergencies, people have to wait for a fairly long time until they can actually see a doctor at a hospital.

The reasons for entering a medical college have long been the subject of discussion among Japanese, and this seem to be true in the U. K. as well. The guidance book issued by the British Medical Association in 1981 for the convenience of candidates for a medical school warns in the opening chapter as follows:

"Should you go on?

So, now is a good time to ask yourself again why you want to become a doctor. If it is

because you like the idea of the social status,
because you like the idea of holding the power of life and death in your hands,
because you enjoy giving orders,
because there is a doctor in your family and you might as well follow him as do anything else,

then think again — you're probably on the wrong lines.

But if you want to become a doctor

because you want to know more about the way the human body works,
because healing the sick is a positive contribution to human happiness,
because you are interested in science and how scientific knowledge can be used to help the sick,
because there is a doctor in your family and you admire him and the work he does, then, — you're probably on the right lines."

I myself fell ill three times during my stay and consulted a doctor each time. Each one of them was fully sympathetic and the treatments were satisfactory and appropriate. It was as if they were proving that the interviewers of the medical schools in the U. K. have a discerning eye.

References
