Opinion

A Fundamental Approach to Radically Improve English Education in Japanese Medical Schools

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Abstract

Conclusions
1) The present situation of teaching English for medical purposes (EMP) in Japanese medical schools is chaotic.
2) We need a standardized EMP curriculum and standardized national and international EMP goals.
3) Based on Ministry of Education funding, a free Internet platform for EMP educational materials has been established and could be used to develop a national standardized EMP program.

Key words: Chaotic English education, Curricular standardization, Internet platform, International standardization

Introduction

Despite the level of education at entrance into medical schools, it can hardly be said that the English language ability of most medical school graduates at graduation is at a level for satisfactory communications either with non-Japanese speaking patients or professional colleagues. It is commonly stated that the English level of medical school students at graduation is lower than at matriculation.

The present situation

Based on a combined total of over 50 years of experience with English and medicine in Japan, we have come to the conclusion that the most fundamental problem is that there is no basic core curriculum in English education in medical schools (English for medical purposes, EMP). If the results of the present system are not improved then the considerable achievements made by the Japanese medical world will not be conveyed to the international community, and patients worldwide who could potentially benefit from these advances will fail to do so.

While the purpose of the present opinion manuscript is to suggest what should be done in medical schools to improve EMP rather than explaining the reasons for the poor level of English of high school graduates, we do believe that a paucity of excellent English teachers at the pre-university level, and available teaching materials, as well as perhaps the relatively late age (although that is changing) at which English studies start, may be contributory factors. Moreover, the fact that the students are primarily studying English grammatical rules etc. in order to pass the entrance examinations, is not maximally advantageous to truly mastering natural spoken and written English.

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Be that as it may, it is a common perception among educational staff at medical schools that the English ability of students peaks at the entrance examination and declines thereafter. We could speculate that this may be because many medical students do not realize the importance of English until after graduation, and also because many English language teaching staff have traditionally expressed little interest in teaching medically-related materials to their pupils: questionnaires carried out in 1982 and 1988 by one of the authors (JPB) showed remarkably low levels of responsiveness (just over 10% returned the one-page questionnaires in the provided stamped envelopes) among language teachers in medical schools throughout the country, most did not want to use authentic materials, such as medical journals, and only 4 (in 1982, including the sender of the questionnaire) and 10 persons (in 1988) expressed any interest in joining a research group to examine foreign language studies in medical schools. If the teachers of the English language in the first year or so of medical school are not interested in medically-related subjects, it is unlikely that the students would become enthusiastic about learning EMP.

No two medical schools have the same program. Examination of the curricula of the various medical schools shows that, even within a single year in a single medical school, the materials taught to students in different classes/groups can be totally different, depending on the selection made by the teacher, which could be unrelated to the students' needs. In addition, English syllabi have widely varying numbers of class sizes, numbers of classes per week, and English is taught in different years in different medical schools. Many teachers at medical institutions are trying to invent their own version of the medical English education wheel, but no standard is being worked toward. For the sake of the present discussion, by medical English, we mean EMP, that is the terminology used technically in medicine, especially during medical school, being able to explain such terminology in lay terms, and being able to extract essential information from well-written sources such as the New England Journal of Medicine. Writing of abstracts, full papers and oral presentations are also important, but difficult to fit into the undergraduate curriculum. This is not of course to say that students should not receive general English also: they should, but even here the present situation is chaotic, as described above.

English has become a basic tool in the acquisition of medical knowledge, thus to have a totally erratic system to teach it is, in our opinion, pedagogically and ethically unjustifiable. We hope readers would appreciate the obvious ridiculousness of a totally chaotic and uncontrolled approach to teaching, but there is also an ethical consideration. We believe that students are entitled to a certain minimum level of equal education. They are receiving that in their medical subjects, but the same can certainly not be said about English education. Their ability to acquire knowledge through English is therefore influenced and this will affect the care they provide their future patients. Hence the ethical aspect.

Pilot tests for a national examination of proficiency in English for medical purposes (EPEMP) were held in 2007 and the first official EPEMP was held in April, 2008. Very soon after that, the Ministry of Health and Welfare announced that there will be for the first time a small amount of “general medical English” in the academic year 2009 national medical licensing examination. These two facts suggest that we may be on the cusp of a new era.
Proposal

Now is the time for establishing national standards. This would require cooperation from the Ministry of Health and Welfare, the Ministry of Education, the Japan Society for Medical Education and the Japan Society for Medical English Education, to establish a core level of ability in communicating in English.

In addition standards are needed for the teaching of EMP. Courses in teaching EMP have been given annually at the University of Edinburgh in Scotland. There is no reason why this cannot be done in Japan, and we believe it is essential. Japan is the second country to establish a national examination for proficiency in EMP, the other being Hungary, another non-Indo-European language-speaking nation. The authors are in communication with those involved in the Hungarian Profex exam, with a view to establishing international standards that would facilitate the flow of medical information.

This year we established, thanks to the taxpayers of Japan and the generosity of the Ministry of Education, and the cooperation of The New England Journal of Medicine an electronic open-access EMP site (www.emp-tmu.net). The site provides, free, the educational materials we developed with a Gendai G.P. grant, for our organ-based EMP course. This, or a similar site, could be used to provide materials covering the core curriculum agreed upon by the above-mentioned ministries and societies. It would be a purely educational and non-commercial site.

Conclusion

Many people complain about the low level of English in the Japanese medical world. Looking at the system employed in its teaching in medical schools in Japan today, it is only natural. Our students, and their future patients, deserve much better. However it will require a concerted effort by the academic societies most closely related to this problem, the Japan Society for Medical Education and the Japan Society for Medical English Education, with governmental support, to achieve the goal stated in the above proposal.

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