Opinion

Comment on “English-speaking SP’s in medical education: the motivation factor”

I have some experience of both working with, and being an English speaking SP, in the UK, Japan and other parts of the world.

While I agree with the points raised by the authors, I would like to suggest that the model of teaching Medical English is treated slightly differently. It is unfortunate that, in Japan, and other non–English speaking countries, it is common for English to be taught as a separate strand of taught classes, provided as an additional ‘bolt–on’ to the curriculum. What ever the reason for this, it would be more appropriate to adopt the modern concept of integrated–learning, and include English as a core component of the curriculum. It is widely accepted that learning in context is effective and appropriate\(^1\), and this principle has been adopted by many core subjects\(^2\), including clinical skills\(^3\). As Medical English is considered to be an important professional skill, then, I suggest that it should be taught and assessed in a familiar professional context.

I endorse the point raised by the authors, that an English speaking station should be included in the National OSCE. The experience of student assessment of English in a dedicated OSCE is substantial\(^4\) and, would meet the quality assurance standards required of an OSCE station\(^5\).

At a time when the WHO and WFME are working towards international accreditation of medical education\(^6\), this is an opportunity for medical education, in Japan, to give a lead on the world stage, and promote a professional standard of international significance.

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References

3) Association of American Medical Colleges Recommendations For Clinical Skills Curricula For Undergraduate Medical Education 2008.
6) WHO and WFME. Accreditation of medical education institutions 2005.