NEW APPROACHES IN TEACHING MEDICAL ENGLISH TODAY

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Abstract:Foreign language education has gone through many changes over the last 20 years or so. The traditional methods of teaching a foreign language no longer correspond to the needs our students have today. No one says that we should no longer focus on the traditional methods, but that they should be approached from a different perspective. This paper wants to present some of the methods we use during ESP classes (English for Specific Purposes) at the "Grigore T. Popa" University of Medicine and Pharmacy Iasi. Besides the traditional methods that we still consider important, foreign language teachers have realized the importance of bringing into their classes notions that are related to the students' field of study. In our case, references will be made to the ways in which ESP classes for medical students can be used to teach notions on developing communication skills in health care settings.

Keywords: Medical English, ESP, communication skills, doctor-patient relationship, medical interview.

In the past teaching ESP was regarded as the poorer relative of ELT (English Language Teaching). Therefore the main focus of the ESP classes on the idea of teaching specialized vocabulary and some notions on Academic Writing. It is true that we still do this today because our students have to become familiar with the specialized vocabulary that is used in their field. Likewise, they still have to learn about Academic Writing by and large. This whole revolution in the field of ESP is very nicely summed up in Elzbieta Jendrych' study on the **Development in ESP** Today: "At the early stages of ESP teaching, courses were aimed mainly at specialized linguistic competence. In the 1950s, specialized terminology and functional language were regarded to be the priorities in ESP courses. Courses were, to a great extent, language oriented, and their main aim was to teach specialized lexis and grammar. In the mid-1970s and 1980s, a new approach to teaching business English appeared – it was the communicative language teaching approach focused on communication in typical professional situations. With time the priority of linguistic competence, and communication skills became target number one in ESP" (Jendrych 2013). We do believe that in the new economy of things, the role of the foreign language teacher has also changed. Nowadays a teacher does not only teach language (Baker 2016), his / her role has become more significant than it was to be in the past, becoming part of the whole training of our future doctors, a process that has in view the acquiring of the skills required in their future profession. Foreign language teachers are expected to teach students something more than language, they are expected to prepare students for success in the 21st century world (Baker 2016). In her study on **21st Century teaching and learning**, Fiona Baker asks herself what the context of the English language learning should be nowadays, eventually coming to the conclusion that "teachers must nurture technological adeptness, communication and collaboration, and problem-solving. Learning English is playing an increasingly important

global role and, through the medium of English, there is also an opportunity to develop these 21st century skills" (Baker 2016).

It is true that nowadays ESP courses and seminars still focus on specialized vocabulary and the teaching of Academic Writing, as part of the academic curricula, but foreign language teachers had to find new approaches that updated these notions, making them compatible with the needs and requirements of the new world. Therefore we still preserve all traditional methods as the process of learning a foreign language will always mean to acquire the four skills, i.e. reading, writing, listening and speaking, but the discussion will be moved to a whole new level. We have to introduce the element of culture in foreign language teaching. The notion of culture in foreign language teaching was introduced more than three decades ago (mainly with the help of the American linguists Ned Seeley and Wilga Rivers who were the first to speak about the necessity of introducing the element of culture in foreign language classes; however, it was Claire Kramsch, in 1993, who set the foundation of this theory of culture as part of foreign language teaching, once she published her book **Context and Culture in Language Teaching**. That was probably the decade when foreign language teachers started to gradually re-think their roles, especially when it came to teaching specialized language and vocabulary. Starting with these years, we witnessed a major step in the development of foreign language teaching methodology because everything had to be understood in its cultural context, giving a better understanding of the whole phenomenon of language proficiency.

The second huge transformation took place once we started to experience the effects of globalization and cultural diversity. Luckily, having already understood the role of culture in foreign language teaching and learning, maybe it was easier to explain all these things to our students. Moreover the Internet and the rapid technological development have also influenced the way in which we teach foreign languages today. Besides the fact that teachers had to keep themselves updated with the new technology, they also had to adapt their teaching strategies so as their students would better cope with the activities during the ESP classes. The Academic Writing had to introduce some notions on writing for the Internet, and every piece of writing (starting with application forms and finishing up with dissertations and long essays) had to take into account cultural issues and therefore had a much more complex approach. Likewise, when talking about the communication process, we also had to take into account the electronic communication in health care settings or the role and impact of social media on health care professionals.

Medicine relies a lot on communication between doctors and patients. Health care professionals have come to realize the importance of acquiring these communicative skills as they become vital in building a trustworthy relationship with their patients. Foreign language courses at a medical university seemed to be a good opportunity to teach notions on the theory of communication, developing communication skills, understanding intercultural communication and eventually the idea of communication in health care settings. Under the impact of globalization the notion of intercultural communication competence had to be introduced.

All these things prove themselves to be useful in our students' training, along with the development of some optional courses which will enable them to develop some specific communication skills related to their future professional career. Thus, almost a decade ago we introduced some optional English courses in which students are taught how develop their communication skills with the patient, everything being discussed in the context of the English language. Though the discussions take place in the context of using the English language as a medium of communication with the foreign patient, we do not encourage our doctors to leave the

country (but we cannot help but notice the big number of Romanian doctors that chose to leave the country in order to carry out their profession outside the Romanian borders – so such courses have their benefits under these circumstances), and our students should know that the same communication rules can be applied in the Romanian context. Moreover, discussing all these things in the context of English-speaking environments, may actually bring about some more benefits for the Romanian student. Western context may still be very challenging for our doctors as they present some realities that are not to be found in the Romanian context yet (things related to taking the social history or discussing sensitive issues etc.).

Thus one of the key aspects in teaching ESP to medical students today is that of helping our students understand the importance of communication in building a trustworthy relationship between the patient and the doctor. Another revolution in the context of discussing about communication in health care settings was that of seeing the patient as a whole, not as a simple individual. The patient had to be "judged" in his / her cultural context, the doctor having to understand the patient's health choices in this new light. In their study entitled **Physician Communication and Patient Adherence to Treatment: A Meta-analysis**, Kelly B. Haskard Zolnierek and M. Robin DiMatteo emphasize the same idea: "Over the past three decades, the biopsychosocial model of health has become increasingly important in the effective practice of medicine. Central to this model is an emphasis on treating the patient as a whole person, including the biological, behavioral and social aspects of their health. Essential elements of the physician-patient relationship include verbal and nonverbal communication, effective questioning and transmission of information (task-oriented behavior), expressions of empathy and concern (psychological behavior) and partnership and participatory decision-making. In recent decades, teaching and evaluation of biopsychosocial care and communication skills have been incorporated into the medical training process" (Zolnierek 2009).

Today one of the key aspects in the developing the relationship with the patient, from a doctor's perspective, is trying to build a good relationship with him / her, based on mutual respect and understanding. Therefore we put a lot of emphasis on these skills today. As part of foreign language courses, we try to teach our students the importance of developing these communication skills. This will allow them to become better communicators with their patients. They should also know that when they will apply for jobs, employers will look for such skills in their candidates. Therefore we mingle in our courses and seminars activities that will help students understand better all these necessary steps. Discussion take place in the context of the English language and most of the examples used belong to the British context.

The beginning of the interview necessitates a lot of preparation from the doctor. Patients may experience a lot of anxiety before the consultation and, most of the times, they are in a position of vulnerability. Therefore doctors should treat their patients with the utmost care from the very beginning of the interview. Preparing a setting that facilitates communication is a compulsory thing. The skills involved in the beginning of the interview are very important as they dictate how the relationship will progress. Thus, besides establishing a supportive environment, doctors have to develop an awareness of the patients' emotional state. This can be done only if doctors have an idea of how the communication process take place and how communication strategies can be used in their favor. When learning about the communication process, foreign language teachers should draw their students' attention on the nonverbal component. They should develop skills to become good observers, being able to pick up cues that would indicate the patient's emotional state. Future doctors should also know that out of the all five components of the communication process (verbal communication, nonverbal

communication, paralanguage, active listening and cultural awareness), the nonverbal one is the least independent. The nonverbal communication may be very misleading if it is considered on its own, therefore it should always be interpreted in the context in which it is produced. In the first part of the interview, communication requires planning and thinking in terms of outcomes. Therefore, outlining the objectives is very important. In order to establish initial rapport with the patient, the following elements deserve consideration: greeting the patient, introducing yourself, clarifying your role, obtaining the patient's name, demonstrating interest and respect. In terms of relating notions about the medical interview with some grammar notions, we can say that this is a very good moment to discuss with our students how they should ask questions in the English language. The most obvious and direct way to obtain information is to ask questions. However, research shows that the most effective way to do this is by an appropriate choice of different questioning styles, usually starting with open questions and then moving on to closed questions to fill in any gaps in the information the patient has given.

Developing listening skills is also an important skill for doctors. Patients appreciate and respond positively to the doctor who listens carefully. Listening is one of the most important components of communication. Likewise, when we speak about the communication process, students should learn about their position in the first part of the interview when they have to listen to their patient's presenting complaint. They will have to master techniques of active listening, that will show the fact that the receiver's role during the communication process is not a passive one. On the contrary, research shows that 80-90% of the diagnosis relies on the information received in this first part of the interview so how information is received is vital in establishing the diagnosis. In relation to effective listening, we may also mention facilitation. The aim is to help patients to talk as fully as possible about their problems. Doctors may help their patients both verbally and nonverbally to talk. Verbal facilitation may refer to the use of some prompts such as "Please go on and tell me more about your pain!", while nonverbal facilitation may include adopting an appropriate posture (leaning slightly towards the patient, maintain eye contact and nodding the head at times). During the ESP classes, in order to develop students' appropriate skills to deal with such moments of the interview would be asking short and gentle questions, vocabulary related to description (especially adjectives that describe pain). In terms of verb tenses, some focus may be directed towards the use of both Present Tense Simple and Continuous, understanding the difference between these two aspects of the tense in the English language.

Moving on, the medical interview as such (formed of taking the medical history, drug history, family medical history, personal and social history) is not an easy thing to do. The medical interview should have a structured form as the doctor will need to learn about a number of different topics: gathering information, examining the patient and making investigations, making a diagnosis, formulating a treatment plan, explaining and discussing with the patient and closing the interview). Throughout their medical studies, students are taught how to take notes while taking the patients' medical history and most likely, in times, doctors develop their own system of taking a history based on the general framework. In order to be able to evaluate the presenting complaint, doctors need to find out more information about it. The aim is to obtain a detailed history that is complete and accurate, and also to find out the patient's perspective on their illness, how it affects them. This idea goes back to what we have previously said in terms of understanding the patient in the context of his / her own culture. Failing to do so, doctors may mistreat their patients, failing to put a correct diagnosis and ultimately not to succeed in making their patients follow the treatment plan. How patients understand their illness depends a lot on

their cultural choices. Good communication skills are essential in taking an accurate and relevant medical history. In the majority of patients, a diagnosis can be made based on the history taking alone. Doctors should take any opportunity they are given to interview patients, they should be prepared to spend time with the patients. These will ensure them in obtaining a good medical history, establishing rapport, listening actively, asking mainly open questions, picking up and responding to verbal and nonverbal cues, helping the patient when needed, summarizing and checking for accuracy. Grammar reference will be related to discussing with students Present Perfect Tense versus Past Tense. The difference between these two tenses is important in actually making it possible for doctors to detect for how long the patient may have experienced the symptoms or if they stopped at all.

The next level of discussion implies the examination of the patients. Doctors, nurses and other healthcare professionals need to be able to give and receive instructions on how to perform various procedures. When talking to each other, health care professionals may use imperatives, but when it comes to talking to the patient, it is essential to take a more gentle and indirect approach to fit in with the conventions of politeness in the English language. Therefore, when addressing patients, doctors should no longer use imperatives, but rather use the so-called softeners (can, could, just) that will "soften" the imperative. During the ESP classes this could be a good opportunity for teachers to discuss with their students culturally-related matters that would involve the ideas of politeness and gentleness in different languages. A literal translation would be strange in such cases, so students need to learn that they need to translate the meanings, not the words. Grammar reference would be to giving instructions, using imperatives, explaining procedures and making polite requests to patients and colleagues.

Giving results and making a diagnosis constitute the second part of the interview. The roles switch now, because the doctor is the one who gives information to the patient and the patient has to listen. The doctor is supposed to explain the diagnosis and treatment, make decisions and agree on future management. All these may look easy to do, but they are not. Doctors should know that patients will be distressed when they hear about the diagnosis, so they may not be listening. Doctors should be able to pick any cues that would indicate anxiety and they may choose to postpone the meeting and explain all things later. Also, they should know that using appropriate language is also an important way to make the doctor's explanations to be understood more easily. Therefore doctors should give the most important information first, they should also use short words and short sentences, avoid medical jargon. Patients are likely not to understand medical jargon. Grammar could really focus on the Future Tense now as talking about managing the treatment plan implies using the future. Future Passive could also be explained. Future Passive can be used to describe what will happen to the patient (for instance, "You will be given an antibiotic"). Explaining procedures can also be used with *be going to* future.

Breaking bad news is another challenging moment during the doctor-patient encounter. Whenever doctors are giving information to a patient, they may be potentially breaking bad news. Doctors should prepare themselves for such moments, they should take their time while talking to the patients. Patients may need to receive support to cope with these difficult situations. Grammar will focus on expressing the idea of permission, being polite, and also on offering help.

Of course, this is only a superficial look at the techniques used in ESP classes to develop students' communication skills. As ESP teachers we have to remember all the time that "Medical English teaching represents a constant challenge for teachers because they need to be flexible,

open to new approaches and methods, make decisions and adapt themselves to constant changes. In this context, they should take on the role of organizers whose job is to create the conditions and opportunities for learning and provide assistance to students in the acquisition of knowledge and skills necessary to achieve their professional and academic goals" (Milosavljevic 2015). On the other hand, our students have to make sure that today they make all their references in the context of culture. Culture is an important influencing factor in doctor-patient communication for the simple reason that the patients may not share the same perspective upon the world as the doctor. Doctors should treat people as individuals, but at the same time to acknowledge the influence of culture and explore it when it is relevant or necessary. It is important to allow patients to explain their cultural background, values, beliefs and expectations. Awareness of cultural issues can help doctors to make a more accurate assessment of the patient's behavior, to improve the therapeutic relationship and enhance treatment. It has become thus compulsory for us, as ESP teachers, to be ready to handle our job from an interdisciplinary perspective, focusing on developing English language skills in relation to our students' future profession.

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