

Improving English Skill Confidence in Japanese Medical Students Using Omnibus Style English Exposure

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Abstract:

Medical education is undergoing rapid globalization and development of medical English courses is necessary to enhance the English competence of medical students in non-native countries including Japan. We examined whether omnibus style English exposure could influence English skill confidence of second-grade Japanese medical students. We applied an Medical English course with omnibus style lecture series focusing on how English skills are required in future career of medical students as a clinician or a researcher. From 2016 to 2018, we conducted a questionnaire-based survey asking their self-estimate of English skill confidence at the beginning and the end of the course (n=296). Four English skill components including reading, writing, listening and speaking were self-estimated on a Likert scale from 1 to 5. Self-estimation of skills at the beginning of the course showed higher confidence at reading (mean \pm SD: 3.25 \pm 0.92), writing (2.64 \pm 0.89) and lower confidence at listening (2.42 \pm 1.09) and speaking (2.13 \pm 1.04). Although reading skills did not show significant improvement after the course (p= 0.79), we observed significant improvement of writing (p= 0.026), listening (p<0.001) and speaking (p<0.001) scores at the end of the course. Omnibus style English exposure improved students' English skill confidence especially for skills with lower scores such as listening and speaking.

Key words: English skill confidence, English for medical purpose, Non-native English speaker, Omnibus style English exposure

Introduction

With the rapid progression of globalization in medical education, 'bilingual teaching' in non-language courses has become a hot issue in the non-English native country (Chen & Chen, 2012). Despite the progression of globalization and an increased number of foreign tourists visiting Japan, we still have a small occasion to speak English in our daily life in Japan. Japanese society still has a small population of foreigners. Even though English is learned as a second language and one of the required subjects in the entrance examination of every medical school, motivation to learn English is quite varied in each medical student in Japan. For medical students, Japan is one of the countries in which medicine can be learned in their mother tongue. All major English textbooks were instantly translated into Japanese and many practical manuals

with beautiful pictures and illustrations are available in Japanese. National board exam for the medical doctors have been performed in Japanese, although a few English questions were introduced in recent years. For some students, it is difficult to maintain motivation to learn English. Because of traditional English education in Japan emphasizing on examination marks on reading and writing skills, students might have different confidence to each English skill including reading, writing, listening and speaking. We aimed to clarify how our English course affected self-confidence or motivation of second-grade medical students to learn English. We conducted a questionnaire-based survey asking self-estimate of English skills in our Medical English course at Hokkaido University, Japan.

Methods

We conducted 22.5 hour medical English course in a semester for 2nd grader of medical students in a 6-year curriculum. The curriculum was omnibus style lecture series including, medical terminology, globalization in clinical medicine, how to arrange studying abroad, manuscript reading in small groups, communication with foreign students, etc (Table 1). The lectures were done by Japanese and foreign teachers either in Japanese or English. In addition to improving students' English skills, we focused on teaching them how English language skills are important in their future career. We provided lessons to indicated how doctors need English skills for medical purposes, such as learning the recent topics of medicine, studying abroad, treating foreign patients, attending international academic conferences or collaborative research project, etc. Lectures were interactively designed to demand students' active learning attitudes. In consecutive 3 years from 2016 to 2018, we conducted a questionnaire-based survey asking students self-estimate of English skill confidence and motivation to learn English at the beginning and end of the course. Four English skill components including reading, writing, listening and speaking were self-estimated on a Likert scale from 1 to 5. In the questionnaire, we also asked how they have been exposed to English (English experience), how they study English (Current study methods) and what they wish to do in their future (Wishlist). Questionnaire sheet had opted out choice so that if the students do not agree to use their data for the analysis.

Table 1

| Title | Lecturer | Langage |
|---|---|----------------------|
| Guidance | Japanese Professor | Japanese |
| Medical Terminology 1 | Foreign Assistant Professor | English |
| Globalization of medicine and introduction of international students 1 | Japanese Assistant Professor, Exchange foreign student | Japanese, English |
| Reading and writing of English for medical purposes | Foreign Assistant Professor | English |
| Globalization of medicine and introduction of international students 2 | Japanese Assistant Professor, Exchange foreign student | Japanese |
| Medical Terminology 2 | Foreign Assistant Professor | English |
| Manner for international communications | Foreign Assistant Professor | English |
| Basic knowledge for studying abroad | Japanese Clinitian | English |
| Globalization of Clinical Medicine | Foreign Associate Professor | Japanese |
| Advices from senior doctors who studied abroad | Japanese Assistant Professor | Japanese |
| Understanding Patients' Social Background (Approach for Holistic Health Care) | Foreign Professor | English |
| Medical English for Clinical Situations -Tips for Better Communication in Medical Settings- | Japanese Assistant Professor | Japanese, English |
| Practical use of medical English in research papers | Japanese Assistant Professor | Japanese |
| Examination, Questionnaire | | Japanese |

Results

Data from a total of 296 students were analyzed excluding opt-out choice and a blank sheet. A number of students in each year were as follows: 95 in 2016, 97 in 2017, and 104 in 2018. Self-estimation of English skills at the beginning of the course are as follows from higher to lower confidence: reading (mean \pm SD: 3.25 ± 0.92), writing (2.64 ± 0.89), listening (2.42 ± 1.09) and speaking (2.13 ± 1.04) (Fig 1A). Although reading skill did not show significant improvement after the course ($p= 0.79$), we observed significant improvement of writing ($p= 0.026$), listening ($p<0.001$) and speaking ($p<0.001$) scores at the end of the course. English experiences were varied among students. Around 40% of the students experienced traveling abroad and around 10% of the students had lived in foreign countries (Fig 1B). They study English in a wide variety of methods; traveling abroad and English skill examination were the most popular methods (Fig 1C). Similarly, English skill examination or traveling abroad are popular items in the wish list to study English in the future. Whereas, students had low interest in working as a clinician or researcher in foreign countries (Fig 1D).

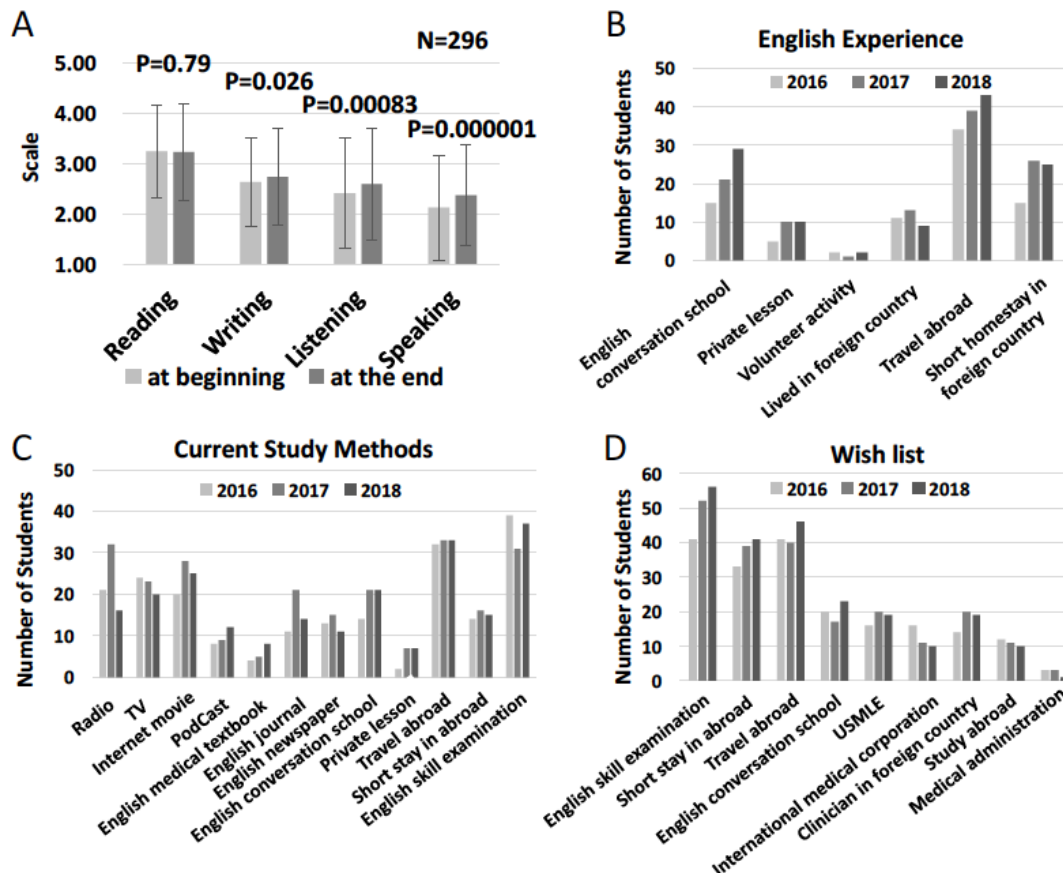


Figure 1

A. Self-confidence for each skill before and after the curriculum

Self-confidence score for each skill was compared at the beginning and the end of the course.

Data from 296 students were analyzed by t-test (paired data).

B. English experience

C. Current study method

D. Wishlist

Students can choose multiple items for B-D.

Discussion

In the current study, we first revealed selfconfidence of English skills of medical students in Japan and examined whether omnibus style English exposure could influence their English confidence. We developed an omnibus style medical English course for 2nd grader who starts medical curriculum. Most students did not have any vision about how English skills are important for their future career. Our Medical English course was not only a language class aiming to improve their English skills, but also focusing on letting them notice how English skills can be helpful for the development of their future career in Medicine. We assessed four English skill components (including reading, writing, listening and speaking) using a questionnaire-based survey at the beginning and end of the course. Our omnibus style English course improved writing, listening and speaking self-estimated scores significantly at the end of the course.

The Foreign Service Institute (FSI) of the Department of State created the ranking of difficult language to learn as an English speaker (State). The Japanese language is ranked as one of the most difficult languages to master for native English speakers. Reasonably, learning English is difficult for many Japanese reflecting the linguistic distance between Japanese and English. According to the most recent EF English Proficiency Index, the English level of Japanese is ranked 49th out of 88 countries, categorized as low proficiency (EPI, 2018). Many Japanese have trouble learning English (Tsuboya-Newell, 2017) and feel less confident about their English proficiency.

Objective English proficiency depends on a person's language learning ability, motivation, learning environment, the intensity of instruction, and prior English experience. The self-confidence of each English skill does not necessary to match objective language proficiency. Self-confidence score would reflect the gap between the levels the person wishes to attain and the levels the person currently perform. In this study, we focused on the self-confidence of English skills and explore how our English course affects the scores. Stepwise downscaling of self-confidence from reading, writing, listening and speaking in this order, is quite understandable because it reflected how long they have spent time for each skill in English learning in Japan. It was interesting that naïve and less confident skills such as listening and speaking are more stimulated after a limited time of English exposure. It is suggesting that lower confidence skills such as listening and speaking are more sensitive to intervention. Evaluation of self-estimation of each skill without objective examination is the main limitation of the current study. Further surveys with objective assessment of skills are warranted in the future.

In Japan, English is learned as a second language and each medical school adopts English as one of the required subjects in the entrance exam. Every student has spent a lot of time to learn English in their school life to pass the entrance examination; however, they showed less confidence in listening and speaking. In Japan, English education and entrance examination focused more on reading and writing skills rather than listening or speaking. Students tend to spend more time to brush up reading and writing skills than speaking and listening. Reading and writing skills are important skills to understand and compose scientific research papers for medical doctors and researchers; however, listening and speaking skills are also important to treat foreign patients or exchange views with their international counterparts. Reading and writing skills are silent skills and can be trained by themselves, however listening and speaking are more interactive communication skills, in which student needs to be involved with others. Development of medical English courses focusing on listening comprehension and spoken English could promote confidence in medical students and help them develop practical English communication skills.

There are still stereotypical images of Japanese learners as being quiet, non-critical recipients of information and rote learners (Saiki, Imafuku, Suzuki, & Ban, 2017). Most Japanese students hesitate to express their opinion in front of their peer. These attitudes could result from the style of English education. The traditional Japanese style of the lecture is knowledge-based passive education. Additionally, total hours of English classes are still racking to achieve enough English proficiency (Tsuboya-Newell, 2017). Object students in this study officially started studying English since their junior high school (12-year-old). Depends on increasing requirement for globalization in Japan, reform of English curriculum has been done to start studying English curriculum from 5th grader (10-year-old) of elementary school since 2011. In 2020, further curriculum reform will be implemented in English education from 3rd grader (8-year-old) of elementary schools in Japan, which is the same timing with other Asian countries such as China, Korea, Taiwan, Vietnam. The new curriculum focuses more on communication skills such as listening and speaking. These curriculum reform could improve self-esteem for each English skill in the future.

A shift of focus toward communication in English is a global requirement but not easy in the non-English native country (Tan et al. 2015). To move with rapid international medical education, we have improved contents of the curriculum every year reflecting students' feedback. After the course, many students wanted more opportunities to use English as a communication tool. For the enthusiastic students, we are providing extra-curriculum chances to learn English such as training of history taking/physical examination, or clinical case presentation. We have also arranged a short stay in affiliated foreign medical schools or receiving exchange students from foreign medical schools. Promotion of omnibus English courses may improve the English skills of non-native medical students, and hopefully higher self-estimate will contribute to keep medical students motivated to learn English in medical contexts.

Conclusion

Japanese medical students showed higher confidence in reading and writing, but lower confidence in listening and speaking. Omnibus style English exposure may improve students' English skill confidence especially for lower confidence skills such as listening and speaking.

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