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COMPREHENSIVE STRATEGIES FOR TEACHING MEDICAL ENGLISH: AN INTERCULTURAL APPROACH

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Abstract. *Being a doctor in today's globalized society means not only becoming a good English speaker but mainly an intercultural communicator. Since English has become a prevalent language within almost all social, cultural and scientific domains in our daily life and therefore, rightly considered as the lingua franca for science and medicine, non-native medical students and healthcare workers experience a constant demand for an active medical terminology assessment in English: a basic requirement for their further career. However, the identity of a true medical professional involves not only the excellent command of language skills but also medical attitude and behavior of an intercultural language education. The aim of this work concerns the relationship between language and culture and the development of intercultural communicative competence, as well as understanding the challenges faced by non-native speakers, particularly the medical students or doctors. The major problem of teaching Medical English is to decide what kind of language is representative for this domain: should it include only teaching specific sets of texts and technical terminology given in course books or it should raise the student's awareness while contrasting specialized language with daily expressions about diseases and associated medical concerns.*

Keywords: EMP, medical students, intercultural communication, authenticity, communicative competence

STRATEGII COMPREHENSIVE PENTRU PREDAREA ENGLIZEI MEDICALE: O ABORDARE INTERCULTURALĂ

Rezumat. *Fiind medic în societatea globalizată de astăzi înseamnă nu doar să devii un bun vorbitor de limba engleză, ci mai ales un comunicator intercultural. Deoarece engleza a devenit o limbă predominantă în aproape toate domeniile sociale, culturale și științifice din viața noastră de zi cu zi și, prin urmare, este considerată pe bună dreptate drept limba franca pentru știință și medicină, studenții medicali și lucrătorii din domeniul sănătății care nu sunt vorbitori nativi se confruntă cu o cerință constantă pentru evaluarea activă a terminologiei medicale în limba engleză: un prerequisite fundamental pentru cariera lor ulterioară. Cu toate acestea, identitatea unui adevărat profesionist medical implică nu doar stăpânirea excelentă a abilităților lingvistice, ci și adoptarea unei atitudini și comportamente specifice educației lingvistice interculturale. Scopul acestei lucrări privește relația dintre limbă și cultură și dezvoltarea competenței comunicative interculturale, precum și înțelegerea provocărilor cu care se confruntă vorbitorii non-nativi, în special studenții sau medicii în formare. Principala provocare în predarea Limbii Engleze Medicale este să se decidă ce tip de limbaj este reprezentativ pentru acest domeniu: ar trebui să includă doar predarea unor seturi specifice de texte și terminologie tehnică prezentate în manuale sau ar trebui să crească conștientizarea studenților, contrastând limbajul specializat cu expresiile cotidiene despre boli și preocupări medicale asociate.*

Cuvinte-cheie: EMP, studenți medicali, comunicare interculturală, autenticitate, competență comunicativă.

Introduction

Nowadays, the identification of English as an international language and “lingua franca” for almost all social, political, cultural areas is already a well-known fact. Therefore the EFL teaching and learning process cannot be restricted to teaching just the linguistic skills like phonology, morphology, but to ‘task-based’ and ‘problem-based learning’, as well. The contemporary teaching models of communicative competence provide not just learning a language, but they also should include the essential

component of cultural comprehension and awareness (Bachman 1990; Council of Europe 2001). English as a second language for communication has arisen interest in the culture learning and the development of intercultural awareness in education as a way to encourage cultural tolerance and linguistic diversity in language teaching [2]. Thus, the shifting from native speaker proficiency to intercultural speaker competence has gradually led to development of various theories on intercultural communication.

Intercultural communication and the importance of culture in teaching a foreign language has been recognized since early 1990's due to such authors as Byram (1997) and Kramsch (1993), but the term 'intercultural competence' has only been acknowledged relatively recently, when it was included in standards for foreign language learning such as the Common European Framework of Reference for Languages (Council of Europe, 2001) and the National Standards for Foreign Language Education (American Council of the Teaching of Foreign Languages, 1996) in the United States of America.

Risager, K., (1998:243) describes four different ideal-typical approaches to EFLT, which are originally cited below:

1. The foreign-culture approach, which has been losing ground since the 1980s;
2. The intercultural approach, which has replaced the foreign-culture approach, and is the dominant one today;
3. The multicultural approach, which has made its appearance since the 1980s, but still is in marginal position;
4. The transcultural approach, which is just beginning to appear as a result of internationalization [10].

In this context, Alfred et al [1, pag. 351] pointed out that any society, which expects its education system to prepare people for living in an internationalised culture and globalised economy, and also for the interaction between people of different cultures within and across national boundaries, the process of tertiary socialisation and the acquisition of intercultural competence are clearly desirable.

The intercultural approach from the perspective of EMP

„An understanding of the local culture of learning should not be based on stereotypes, or a received view of culture, in which assertions are made about the traditional roles of teachers and students and approaches to learning, often in reference to western cultures. Rather, it should depend on examination of particular classrooms” [6, pag. 129]. English in Medical Education responds to all these shifts by means of using the classroom language in real-life medical settings and task assignments related to the development of professional identity. Additionally, it fuses together two basic components - academic medicine and English for Medical Purposes to improve cross-cultural care education for future professionals. The idea is that being a good doctor in today globalized society does not only require the specific professional knowledge and proper

language acquisition but also being an intercultural communicator. Briefly, to learn a professional language will require knowledge about the culture of the target language. Communication that lacks appropriate cultural background often may lead to various incidents, or worse, as in case of medical practice to serious misunderstandings regarding treatment or care, complications or even lethal outcomes. Actually, the ability to communicate effectively in the healthcare environment is recognized as an essential part of safe practice [2]. Glendinning, E. H et.al highlighted the importance of understanding cultural differences for effective communication between healthcare providers and patients, ensuring that cultural beliefs and practices are respected and integrated into the care provided [3, pag. 76].

Due to the rapid growth of globalization and acute need for intercultural practice exchange among healthcare professionals, English has been recognized an inseparable component of many higher medical institutions curriculum, especially in developing countries, like Moldova. It is, actually, a mandatory requirement for a medical degree development in range of international publications, conferences, exchange programs, migration, etc., where English is considered the international language for communication. Thus, English for Medical Purposes, has arisen due to professionals need and yet educational strain.

Although, there are lots of course books, online sources or educational materials regarding medical English acquisition, these somewhat deal with the linguistic aspects of this discipline. They usually provide materials focused mainly on some reading skills, learning new medical vocabulary, structural drills and conversational interaction. Thus the content is somewhat technical in character and lacks the emotional side of communication. Moreover, as well as an adequate language competency, doctors should be able to communicate positively with patients, colleagues and real medical settings. Oral communication skills include the ability to 'take a history', 'examine a patient', 'discuss a diagnosis', 'welcome a patient on admission', 'describe wounds' and 'show empathy' [4, pag. 3]. Most of authentic course books, in many respects, provide guidelines for developing communication skills for native medical students or professionals with little or no reference to intercultural communicative competence -- also known as cultural or cross-cultural competence in the field of medicine [7, pag. 4]

The teaching of intercultural competence (henceforth IC) from a medical perspective is prac-

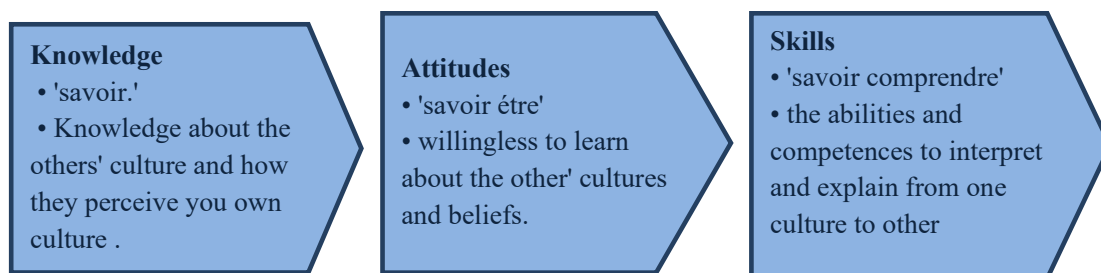


Figure 1. Aspects of Intercultural Competence adapted from BYRAM et al, 2002[2]

tically considered as an on-going process, therefore it may include acquisition of knowledge, attitudes and skills (See Fig.1). The final outcome of the intercultural communication is related to mastering of communicative competence, which is defined as the 'ability to interpret a document or event from another culture, to explain it and relate it to documents or events from one's own'. (1, pag. 13]

Thus, it is a crucially significant, especially in specialized language, to become a proficient speaker, in order to avoid future misinterpretation in any kind of real-world scenarios and situations. Since socio-cultural differences between patients and physicians and among medical practitioners are at a higher risk (in terms of health safety) for different reasons, we cannot but stress the importance of a correctly adapted specialized design and curriculum for teaching EMP (English for Medical Purposes). Students, by no means, can be taught culture and values of tar-

get language from learning technical linguistic skills. According to the specialists, there should be a link between the target and educational environment, which will provide effective doctor-patient communication, patient satisfaction and adherence, proper treatment and cure, positive health outcomes. Therefore, both patient's culture as well as the practitioner's culture are equally important.

Therefore, teaching Medical English will require additional methods, techniques, and strategies to integrate intercultural ESP activities within the classroom in terms of tasks and problem-solving assignments, development of critical skills and the use of literature, authentic visual media in teaching language for doctors. Activities for acquiring intercultural competence may involve cross-cultural guidance through the implementation of different strategies such as those supported in the following diagram:

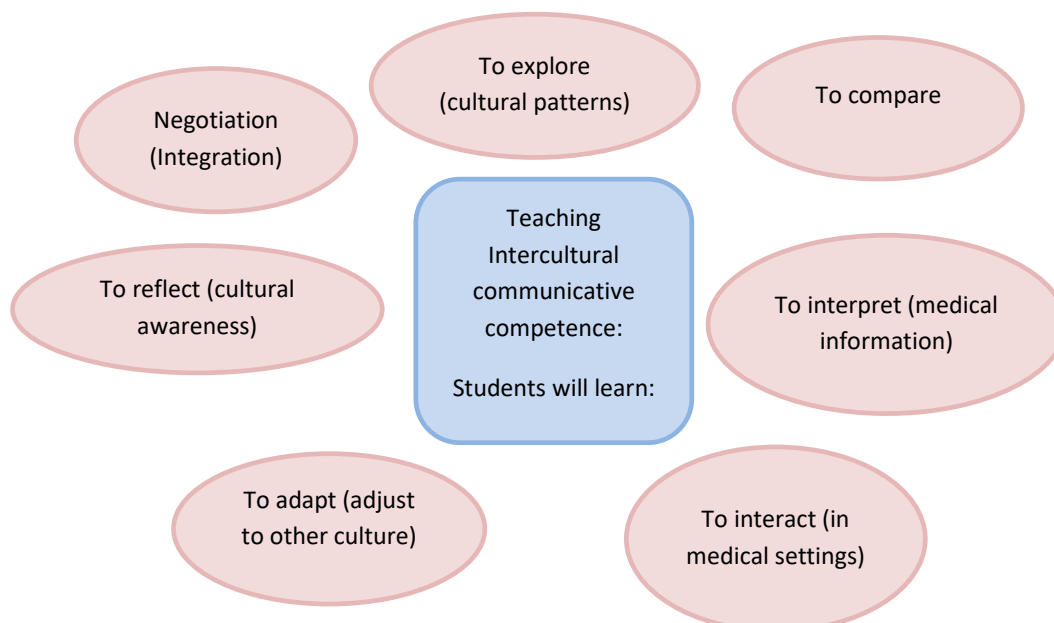


Figure 2. Strategies for teaching IC [9]

Additionally, it is to be noted that all the above strategies form a circular interdependence and there is no definite answer to what strategy is more important, since they are interrelated. The use of these strategies will necessarily imply a „comparative analysis” between a familiar topic (native culture) and unknown situation (target culture). EFL students will gain benefits not just learning about another culture but also develop the ability to compare their native culture to other cultures, to evaluate critically, develop self-awareness and apply this knowledge successfully in both verbal and non-verbal communication for interactional purposes[7], in order to understand other people’s standpoints.

Suggestions for teaching intercultural activities to medical students.

In specialized English teaching, understanding and integrating intercultural communication principles are essential for fostering effective communication and mutual understanding among learners from diverse linguistic and cultural backgrounds [5]. The modern perspective upon this approach refers to the cultural background and intercultural competence. Medical students will learn how to use English language effectively in real communication and understand other peoples’ behavior.

Adapting an intercultural approach to ESP teaching is very significant and beneficial for future learners ‘occupational field (medicine, tourism, business, etc.)’. The ESP trainer should be able to select, manage and design the teaching materials to his learners’ needs and requirements. The classroom used activities should reflect the real-life scenarios and foster both needed linguistic/context-based knowledge and learners’ intercultural competence towards the target culture. A doctor who comes from a less developed country should be prepared to face a number of not only professional barriers but also language difficulties. They will constantly be under pressure, not to mention about problems in conversation with patients and colleagues due to language, cultural or personal differences. An opportunity to facilitate students learning would be students ‘exchange programs, conferences, webinars, video sessions, authentic medical news websites, forums, projects, and others. Also, a good practice would be to invite already practicing doctors (Moldavian) from abroad to seminars or open lessons, in order to share their ideas and considerations upon difficulties working in a foreign country. These discussions may highlight some aspects that learners

should focus upon during teaching learning period. Other possibilities to learn about a foreign culture is to perform a group work project by analyzing the differences and similarities of both native and foreign cultural background and then discuss the results within English classrooms. During the projects students will be able to identify and explore the challenges and problems that cultural diversity brings into health care.

A priori, students should be able to interrelate common medical skills (medical history; physical exam), general communication skills relevant for all patients, and intercultural skills relevant to the target culture. Authenticity is actually a term used to teach and facilitate not only communicative but also intercultural competence. By means of authentic online sources, students have chances to discover news and explore real native communication. Internet and social chats are in continuous demand among learners and, therefore, teachers should think of various teaching tools of how to involve these within learning process and improve students’ intercultural communicative competence. As learners interact with real language content, students learn to use the target language more effectively. Authentic sources may include videos, online movies, TV commercials, talk shows, drawings, photos, medical journals, informal messages and letters etc. All these designed materials might help medical students understand deeper the cultural characteristics of other peoples.

It should be mentioned, that that traditional approach to a teaching ESP is no longer efficient, especially since technical globalization has made intercultural communication inevitable. Therefore, „teachers who foster intercultural learning in second language education should have themselves developed cultural awareness that promotes an open mind and „a positive disposition towards the unfamiliar” [8, pag. 20]. The teacher is merely a guide for the students in aiding students increase their ability to develop cultural awareness in language learning and adaptability necessary to communicate throughout diverse global settings, whereas the technical assistance at the moment is the greatest teaching support for developing intercultural competence among students from various career fields.

Conclusions

The issue of intercultural communication is definitely of great importance in different career fields, or as described in this paper in health care educa-

tion. Besides, specifically for the era of globalization, teaching a foreign language is no longer possible without teaching its cultural values and awareness. A healthcare assistant should be aware and take into account the professional demands, the way individuals react in different medical situations and avoid misinterpretations and cultural misunderstandings

that may appear on. Teaching intercultural communication is undeniably a major priority for educating a new generation of healthcare professionals, who will understand, accept, and value people from different world cultures, will be able to communicate successfully, and learn through intercultural communication.

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