

Teaching English to Medical Students

В статье описывается английский для специальных целей как феномен, возникший в 1960-е годы за рубежом, и, в частности, английский для медиков. В центре педагогического процесса и проектирования программы находится подход, ориентированный на студента. Кроме того, анализируются лексические и дискурсивные особенности медицинского английского.

Ключевые слова: Английский для специальных целей, английский для студентов-медиков, центрированный на студенте подход, лексические, дискурсивные признаки, корпусный подход

The article deals with the description of ESP (English for Specific Purposes) as a phenomenon both theoretical and practical which emerged in 1960s abroad and particularly English for Medical Students. The student-centred approach is at the core of all teaching process and ESP syllabus design. Moreover, lexical and discursal characteristics of Medical English are analysed.

Keywords: English for Specific Purposes, English for Medical Students, student-centred approach, corpus approach

ESP has grown to become one of the most prominent areas of ELT today. It started as the movement within teaching EFL (ESL) in 1960 s. ESP resulted from the growth of science, technology and business. “As with most developments in human activity, ESP was not a planned and coherent movement, but rather a phenomenon that grew out of converging trends” [2, p. 6].

Early ESP work was dominated by EAP. However, in the 1990 s the largest area of growth was in business communication. In recent years massive expansion of International Business relations has led to a huge demand for EBP

As we can see, it has had a relatively long time to mature, and so we would expect the ESP community to have a clear idea about what ESP means. Strangely, however, this doesn't seem the case.

Tom Hutchinson in his book “English for Specific Purposes: A Learning – centred approach” clarifies the essential characteristics and developments of ESP.

Hutchinson suggested to treat it not as a product but as an approach,” ESP is an approach to language teaching in which all decisions as to content and method are made based on the learner's reason for learning” [2, 19]. Another leading British expert in this field Tony Dudley-Evans gives an extended definition in terms of ‘absolute’ and ‘variable’ characteristics [1, p. 4-5].

From the comparative definitional analysis we can assume the most essential ESP characteristics:

1. ESP is aimed at specific learners' needs (so the syllabus design is based on the needs analysis and it is learner-centred from the point of view of methodology and learning psychology)

2. ESP is centred on the language and context appropriate to the subject and methodology used (grammar, lexis, register, skills and discourse genres are contextually predetermined by the activities the learners are going to perform).

Thus, a workable definition might be as following ' ESP is a course designed for special learners' needs and based on subject related authentic materials''

As a matter of fact, at the beginning the ESP development syllabuses were skill oriented: students were exposed to extensive reading of subject related text and translating them to target language. They were taught skimming strategies as well as summarizing techniques. John M. Swales suggested teaching various genres of academic and research writing through students' exposure to scientific text (articles, informative letters) [4 ,p.77]. Medicine is one of the most ancient and essential branches of human knowledge. As far as Medical English is concerned, it may include EAP for students following a degree course in medicine (or nursing) in which English is a medium of instruction or EOP (English for Occupational Purposes) aimed at practicing doctors using English to talk to patients or write a research paper in English. Whatever the goal might be, without a detailed learners' needs analysis is impossible to design the syllabus, teaching materials and assessment tests. In order to meet the requirements of EMS, we should identify the communicative purpose in the domain of medicine. It is governed by the main aim of medicine — to treat and to study illnesses and injuries. Analyzing our teaching methodology, we can assume that the EMS syllabus should comprise the following areas:

Reading authentic texts (scientific papers)

Verbal communication skills with patients and medical staff

Written medical communication (case histories, filling in medical forms, referral letters etc.)

Delivery of papers and presentations at International conferences.

As for the oral doctor –patient communication it is rigidly structured and determined by their roles and mostly asymmetrical: it is the physician who interactionally controls most of the discourse. The doctor asks the questions, controls the topics and their development, deflects or ignores patient topics or contributions that he or she deems irrelevant. The physician also provides the amount of medical information that s/he deems appropriate, and determines the amount of social talk in openings and closings. The institutional power and authority of the physician, as well as the relatively powerless institutional position of the patient are created, reflected and maintained by asymmetrical discourse practices of the encounter. The asymmetry of a medical encounter – the control of the physician over the discourse is a topic of much

investigation in research on language in medicine. The research is very interesting for theoretical and applied reasons: theoretically, the description of language in medical encounters contributes to our understanding of institutional interaction, symmetrical and asymmetrical roles and relationships as created and reflected by discourse, and specialized sequences within the interaction of medical encounters. Practically, the description of language in medical encounters allows linguists to help medical professionals improve communication and to help patients and families work effectively with medical professionals. The study of lexical, grammatical, functional features of medical discourse is of utmost importance for EMS teachers who can use them in their teaching materials or syllabus design during the course.

In linguistic literature six typical parts of medical encounters are identified: opening stage – greetings and small talks; discovering the reason of the encounter – the patient complaint; conducting a verbal or physical examination, or both – the history and physical examination; consideration of the patient's conditions – delivery of diagnostic opinion and information; detailing treatment or further investigation – treatment and advice; closing stage – small talk and closing.

Medical terminology brings an image of a very complicated and mysterious system to which the uninitiated have but limited access. Those who have daily expose of this fascinating system of communication are usually unaware that they have acquired a different language. Most words of the medical vocabulary are completely foreign. There is little doubt that language is deeply embedded in the culture of medicine. The advancement of medical knowledge has affected and illuminated history, culture and literature. An insight into the history and origin of medical terms would demystify the linguistic jargon, which is so important in specialist communication. In medical English, 98% of all technical terms have Latin and Greek roots. New medical words, which arise every month, are created using these same roots.

Necessity can explain that English has borrowed countless medical terms. Western medicine was taught in Latin and, to a lesser extent, Greek, for 2000 years. Several Greek words are about 3000 years old, for example, *asphyxia*, *thorax* and *labyrinth*. Hippocrates used the word *asphyxia* to refer to the *dura mater* in the 5th century BC. The meanings of the most ancient terms have slightly changed, but they are used in English and in most European languages. Until the end of the 17th century, medical textbooks were written in Latin. Students at the Sorbonne, or at Oxford or Bologna, would learn anatomy and physiology from books in Latin and based on the writings of famous Roman physicians, such as Galen who lived AD 129 to 199. Another influential anatomist Vesalius as late as AD 1542 wrote his famous book on anatomy in Latin, but included an index of all the Greek names for parts of the body — because the medical students who would use his textbook were required to have knowledge of both Latin and Greek. The first American medical textbooks used at Harvard were written in Latin.

Latin and Classical Greek however are used in medical English not only due to certain tradition. Those so-called ‘dead’ languages form the basis for scientific and technical terms for the following reasons. In ‘dead’ languages, the meaning of a word does not change: it is consistent. In a living language, words acquire new meanings. *Hydros* will always mean ‘water’ in Classical Greek. In a living language, words acquire new meanings. For example, ‘acid’ originated from Latin *acidus* – ‘tart’ meant a chemical such as the acetic acid in vinegar. In modern English there are thousands of named acids, among the more familiar being *amino acids*, *folic*, *nitric*, *sulfuric*, *tannic* and *ribonucleic acids*. Nowadays it has acquired another meaning and is used in English slang for LSD, lysergic acid diethylamide, a dangerous hallucinogenic drug.

Among the loan words of the medical vocabulary there are few of other than Latin and Greek origin. One of the most productive stems is *mamma* [breast]. The term is a reduplication of the ProtoIndo European root *ma*, breast or mother. This is not only the first sound uttered by many human infants; it may also be the most widespread root in the world: Latin *mater*, Greek *meter*, German *Mutter*, Russian *mama*, French *mere*, Polish *matka*. It also appears in many language families of the world seemingly unrelated to IndoEuropean. The Chinese word for mother is *ma*; the Arabic is *oum*; the Hebrew is *em*. Nowadays the word *mamma* lays the foundation for many terms, applied not only to concepts of traditional medicine (*mammary gland*), but to the recently set medical fields: *mammogram* (an X-ray film record of the soft tissue of the breast) and *mammoplasty* (cosmetic surgery to improve the lift or size of breast or to reconstruct breasts reduced by surgery to remove cancerous tissue). Another example of a medical term of non-Greek or -Latin root may be *debridement* (*debrider*, French, to unbridle, then in medicine, to remove adhesions). To *debride* a wound is to remove foreign materials and cut away dead or damaged tissue. The word was originally borrowed by the English from French in 1880 to refer to treating gunshot wounds.

The word *influenza* is of Italian origin. It first appeared in print in AD 1375 and referred to the mistaken medieval notion that the highly contagious viral infection of the respiratory tract was ‘influenced’ by unfavorable stars and planets. This horoscopic poppycock lingered for almost 500 years until modern theories of disease and identification of viruses. During that half-millennium, nations blamed one another for the malady. In Russia, the *flu* was called ‘*the Chinese disease*’, in Germany ‘*the Russian pest*’, and in Italy the *flu* was ‘*the German disease*’. That gave rise to the growth of confusing synonyms. In a similar manner, the English called *syphilis* ‘*the French disease*’ and the French termed it ‘*la maladie anglaise*’.

The emergence of synonyms in medical lexicon is stimulated by ethical reasons. The blunt words *cancer* (Latin, crab, a disease of malignant tumors) and *tumor* (Latin, swelling, neoplasm, and cancer) have always been considered by physicians to be too unbearable to be pronounced in front of their patients. There are compassionate reasons for employing euphemisms in the practice of medicine. Now-

adays public awareness of the major disease and the vocabulary used to describe it has grown. And medical language provides a long list of euphemistic alternatives. Doctors can and do refer to cancer as ‘the mitotic figure’, ‘a neoplasm’, or ‘a neoplastic figure’. The obscure technical jargon is sometimes necessary during doctor-patient interchanges. Thus, teaching this aspect of communication should be included into the EMS course.

Instead of Latin and Greek roots, which actually denote something about a medical procedure, medical eponyms are sometimes used. An eponym is a name for a structure, disease or syndrome based on the surname of a physician or medical researcher, often associated with the discovery or first clinical description of the object or disorder. The expressions like *Parkinsonian syndrome*, *Parkinson’s disease* which stand for paralysis agitans, or some other meaningless honorific terms – *the foramen of Winslow*, *Scarpa’s fascia*, (*Antonio Scarpa Italian anatomist . membranous abdominal wall*) *Hunter’s canal*, *Fallopian tube* – only add to confusion, but in fact do not honor to the pioneering physicians and researchers. The most salient criticism of eponyms is that research into their origins leads to the discovery that in anatomy at least, many of the surnames attached to structures are false or incorrect. The people honored by having their names attached to some anatomical part were in fact not the first to describe them or discover them. Eponyms are not practical, not efficient and not scientific labels; they should be discouraged.

The new terms speed the learning of medical nomenclature, improve the clarity of journal research articles and medical literature in general, and make easier international and interlingual medical communication. This is also important in today’s world with increasing specialization, accompanied by a greater and greater diversity among the subsets of fields of medicine.

In language methodology there exist a number of methods for teaching students vocabulary, medical terminology in our case. One of the most efficient among them we consider corpora approach, which has grown exponentially into corpus-based language studies and pedagogical materials. There’s already a substantial body of corpus-based texts (medical as well) that can be an invaluable source for designing teaching materials.

“Corpus has now become one of the new language teaching catchphrases, and both teachers and learners alike are increasingly becoming consumers of corpus-based educational products, such as dictionaries and grammars” (3.p.39).

To sum up, the lexical units used in medical communication can be viewed as a vast semantic field, i.e. a closely-knit sector of vocabulary united by the concept of curing illness or disease. It may be further subdivided into smaller semantic areas corresponding to diverse subsets of fields of medicine with ever increasing specialization. However, teaching medical students only vocabulary isn’t enough within the EMS course. As it has been stated above, it requires an interdisciplinary approach to all components beginning with syllabus design to teaching materials and assessment.

References

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УДК 372.8

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Возможности предметно-языкового интегрированного обучения для самостоятельной работы студентов

В статье рассматривается роль методики предметно-языкового интегративного обучения (CLIL) в организации самостоятельной работы студентов. Автор делает вывод, что данный подход является эффективным для повышения мотивации учащихся самостоятельно работать с профессиональным контентом на иностранном языке. CLIL позволяет сбалансировать объем и содержание изучаемого материала, освоение которого будет осуществляться на принципы системности и последовательности.

Ключевые слова: современные образовательные технологии, предметно-языковое интегрированное обучение, самостоятельная работа, иностранные языки, иноязычная компетенция, профессиональные компетенции, мотивация

Современная система образования все чаще требует внедрения новых методик преподавания, необычных вариантов подачи материала не только на занятиях в аудитории, но и во внеаудиторной самостоятельной деятельности, а также технологий, которые позволяют одновременно изучать несколько предметов.

Самостоятельная работа нацелена на индивидуальный характер обучения студентов, важным моментом является заинтересованность учащихся в получении информации по профильным дисциплинам [1].

Если преподавателю удастся совместить интерес студентов от деятельности на занятиях с самостоятельной работой, то у них начнут развиваться навыки познавательной активности, мотивирующие их на более осознанное и глубокое проникновение в суть изучаемого материала. Помочь в этом обучающимся