

## Teaching English to the medical profession Developing communication skills and bringing humanities to medicine

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**Abstract:** This is a personal account of teaching English for medical purposes (EMP), explaining my interest in helping health professionals in Majorca improve their English. My main aim has been to enable them to communicate both orally at medical conferences and in written form for journals. The article explains how the teaching has been a twofold experience, with the professionals explaining their different specialities, while I have provided them with the necessary linguistic tools. Presentations have been integral to this, with humanities in medicine being a theme underlying the entire approach. The article concludes with a small section on the future of English in a medical context.

**Key words:** communication, English for medical purposes (EMP), medical humanities, presentations, patient-centred approach.

### Enseñar inglés a los médicos: desarrollo de las habilidades de comunicación y acercamiento de las humanidades a la medicina

**Resumen:** Este es un relato personal de mi experiencia en la enseñanza de inglés con fines médicos (IFM), en el que explico mi interés en ayudar a los profesionales sanitarios de Mallorca a mejorar su nivel de inglés. Mi objetivo principal ha sido capacitarlos para que pudieran comunicarse verbalmente en conferencias médicas y por escrito en las publicaciones correspondientes. Doy cuenta en él de la dualidad de la experiencia adquirida durante la enseñanza, en la que los profesionales explicaban sus distintas especializaciones mientras yo les proporcionaba las herramientas lingüísticas necesarias. Las presentaciones han sido un elemento crítico del proceso, y las humanidades médicas un tema subyacente al enfoque integral del proyecto. El artículo finaliza con una pequeña sección acerca del futuro del inglés en el contexto médico.

**Palabras clave:** comunicación, inglés con fines médicos (IFM), humanidades médicas, presentaciones, enfoque orientado hacia el paciente.

Panace@ 2009; 10 (30): 173-175

*The scientific importance of English is such that, whenever I have a meeting with my residents – and I have many, both residents and meetings – I find myself emphasizing, over and over again, the need for them to learn English.*

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Five years ago when visiting an English family member in the reference hospital for the Balearic Islands, Son Dureta Hospital, I recognised the enormous necessity for English for medical purposes, as stated above by Dr Javier Lucaya. Dr Lucaya later says, “I may be exaggerating...” He is not; he is understating. English is essential at all levels of the health system in Spain for communication with the enormous influx of foreign visitors taking their vacations in the country in the summer. Doctors must also write articles in English for international journals and take part in conferences held in English to advance their careers. The needs were there, but were not being addressed. Seeing an opportunity to merge my interests in teaching and medicine, I began to fill this gap.

Jim Scrivener<sup>2</sup> notes that there are three kinds of teachers: the explainer, the involver, and the enabler; I have al-

ways seen myself as the last of these three. Scrivener states, “This kind of teacher is confident enough to share control with the learners, or to hand it over to them completely.” Carl Rogers (1902-1987) considered authenticity to be the most important characteristic for a teacher (Scrivener, 1994). It is vital to be yourself and not the “teacher,” and to build up a rapport with the students. I agree with both. I try to share control and be myself. When I start a course, the first thing I say is, “I am the teacher and the student, and you are the students and the teachers. My aim is to teach you English and I hope to learn about your different specialties.”

I started teaching at Hospital Son Llàtzer on Majorca in 2003. It is a provincial hospital, within the region of 400 beds, not all the specialties. I had the great luck to begin working there about six months after its inauguration and therefore was there from the beginning. I taught groups of 25, and very often, especially with the low levels, I needed to give them grammar lessons. But, even at the low levels, I made them give “presentations.” The groups were very mixed. There were doctors, nurses, auxiliary nurses, pharmacists, porters, lab technicians, computer staff, receptionists, and administrative staff. This enormous variety of people all working in the same hospital was a great advantage both for me and for them. The classes were a way of

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allowing hospital staff to interact, who in the normal course of events would not do so. Hospitals are very cliquey places, and porters do not often have the possibility to speak to the head of the Psychiatric Department.

You can never “learn” a language, but you can develop your knowledge to a sufficient level to be able to achieve different things such as speak to patients, give an explanation of an illness to the mother of a sick boy, give directions to a lost relative, or give a presentation to the American Society of Nephrology.

I have since focused on teaching in particular departments, such as ENT, Gynaecologists, Paediatrics, or Dermatology. I have continued to use presentations, as they are integral to the life of a doctor. My students give “talks” in the classes, later to be criticised by me for the linguistic content and by their peers for the scientific. They learn from me about the use of the definite article, and I learn from them about “dermoscopy of pigmented facial lesions.”

In 2005, the ENT department of Son Llàtzer Hospital gave a symposium about the importance of image-guided surgery. Originally the meeting was going to be conducted in Spanish with me interpreting, but I suggested that they should give their talks in English. It seemed the ideal situation and it worked well. I sat at the front of the lecture hall and took notes on my students. The following day I went into class and explained where they had slipped up with their use of language and pronunciation.

As readers of this article, you might begin to think that I have misled you with the title. I have talked about my experiences as a teacher of English to members of the medical profession, but where does the subtitle come in?

Isn't bringing the humanities to medicine seemingly an oxymoron?

I have no medical training, but the medical world fascinates me. I am drawn to it, but my training is in the arts; therefore, medicine is a field I find difficult. Many people are interested in both arts and sciences, but there is a crucial difference. If you study the sciences, you can delve into the arts, while the opposite is not really true. This is why I have been drawn to a specialty called the “Medical Humanities.”

This specialty was given two formulations by the then editors of the journal of the same name:<sup>3</sup>

The first is concerned with complementing medical science and technology through the contrasting perspective of the arts and humanities, but without either side impinging on the other. The second aims to refocus the whole of medicine in relation to an understanding of what it is to be fully human; the reuniting of technical and humanistic knowledge and practice is central to this enterprise. We have described these two approaches to medical humanities as “additive” and “integrate,” respectively.

This field is little known in Spain, even amongst doctors. It has been around for a lot longer in the USA and the UK, and is part of the medical training in many universities, such

as New York University, University of Texas, and University College, London. It is not an easy discipline to integrate into the courses in the hospitals, but since the beginning, it has infiltrated into my teaching, both in content and in style.

I have tried to instil it into my courses in more concrete ways, especially since 2005 when I began to teach at Son Du-reta Hospital, where the groups have been smaller and more focused on the clinical side of medicine. In relation to the above quotation, I have made literature prominent in tackling the first “additive” point, by using texts with a direct interest to medical professionals, such as Jean-Dominique Bauby’s poignant description of the “locked-in syndrome,” or Raymond Carver’s honest poem “What the Doctor said,” which is an account of the writer’s doctors telling him he has lung cancer,<sup>4</sup> or Chekhov, himself a physician, who treats medical topics with cool precision.

I have used the second “integrated” point — “an understanding of what it is to be fully human” — as a kind of foil to the ever-growing trend in medicine to specialisation or maybe over-specialisation. In the medical profession, it is essential never to lose sight of the overall picture because if you do, sometimes grave errors will arise. I have worked on the “patient-centred approach,” with texts, video work, and role-playing. We spent a few weeks working on the “art of dying,” and looked at this from many angles — the medical, the ethical, the religious, and the philosophical. Here, I was indebted to an interesting website put together by King’s College, London<sup>5</sup> based on a year-long symposium addressing a range of questions associated with death and dying.

This term, we have begun to work on the question of the role of the doctor, what they can do apart from curing and caring, and how conversation can help them to be better doctors. As a source text I used an article entitled “How work can be made less frustrating and conversation less boring”<sup>6</sup> by Dr Theodore Zeldin, in which he writes, “The healthcare profession contains a vast reservoir of potential going to waste, of talents which are not properly appreciated, and of conversations which never take place.”

The article is directed toward doctors and written for a medical journal. It led to essays by my students, with those essays being sent to the author and commented on by him, which in turn led to further debate amongst the students. This was a very vital experience of opening out the enclosed “classroom,” and only became possible with modern technology, e-mails, and web-links. Technology plays its part, but human interaction is the core. This on-line conversation between students and Dr. Zeldin is a thread for this year’s course, and perhaps epitomises my ideas about how to try and use the humanities in a classroom full of scientists.

Good communication skills are integral to medical and other healthcare practice. Communication is important not only to professional-patient interaction, but also within the healthcare team.<sup>7</sup>

This is integral to what I have been trying to install in both hospitals in Majorca — good communication skills in

the English language, both oral and written. I have paid a lot of attention to the writing of abstracts, articles, presentations, and posters. I have also set writing assignments, the latest being a term project concentrating on an idea picked up from the BMJ. At the beginning of this year, the BMJ chose the 15 most important medical milestones since the first publication of the journal in the 1840s. The topics ranged from immunology to the Pill, sanitation to chlorpromazine, and smoking to vaccines. First, my students had to choose the topic they thought had made the biggest impact, write an essay on it, and then give an oral presentation with PowerPoint slides on the same theme. In this way, they practised both oral and written communication skills.

As I explained earlier, I have always seen presentations or “talks” by the students as a way of furthering their ability to use the language and, at the same time, impart information of interest to the rest of us. In June of 2006, to conclude the first year of the English course at Son Dureta Hospital, accredited by the Local Health Ministry for the Balears Islands, I set my students the task of giving presentations in the lecture hall of the hospital. There was a mixture of medical and non-medical topics: “The Eating Disorders Unit” alongside “Photography: A technique to relive a magic instance,” and “News from the lab” next to “Dreams,” with “Popular architecture” combining with “Team building.” It was a fitting culmination to a year’s work, but only the beginning of what will hopefully become an annual event in this teaching hospital.

There are many plans for the future, but two are already realities. First, a small translation unit is working in Son Dureta Hospital, which is essential for a hospital looking to be an important contributor in the field of research and investigation. Second, the ENT and the Paediatric Departments

of Son Dureta Hospital are carrying out clinical sessions in English, with doctors giving presentations and commenting on the day-to day running of the unit. This is a big step forward, with other units already showing an interest in the idea. Another plan is to set up a blog for professionals from different hospitals to communicate with each other in English. I am beginning to do this with my students from both hospitals, but I think it can be carried further as a means of inter-hospital communication. My hope is that English will become an integral part of hospital training and life — a big hope, but attainable.

I wish to dedicate this article to Dr. Antoni Obrador (the late Head of the Digestive Unit, Son Dureta University Hospital – 1951-2006), who was a great support when setting up the English course.

#### Notes

1. Ramón Ribes and Pablo Ros (2006): *Medical English*. Springer: Berlin.
2. Jim Scrivener and Macmillan Heinemann (1994): *Learning Teaching*.
3. *Medical Humanities*: <<http://mh.bmj.com/>>.
4. Raymond Carver (1989): “What The Doctor Said”, *The Atlantic Monthly*: <[http://judithpordon.tripod.com/poetry/raymond\\_carver\\_doctor.html](http://judithpordon.tripod.com/poetry/raymond_carver_doctor.html)>.
5. King’s College (London): *Art of Dying*: <<http://www.kcl.ac.uk/phpnews/wmview.php?ArtID=247>>.
6. Theodore Zelding: “How can Work be Made Less Frustrating and Conversations Less Boring”, *BMJ*: <[www.bmj.com/cgi/content/full/319/7225/1633](http://www.bmj.com/cgi/content/full/319/7225/1633)>.
7. <[www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFcommunicationskillsupdate/\\$FILE/communication.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFcommunicationskillsupdate/$FILE/communication.pdf)>.

