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【旭川医科大学カリキュラム改革の現状】 旭川医科大学におけるEFLの過去と現在(Teaching EFL in Asahikawa Medical College: Past and Present)

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## 特集：旭川医科大学カリキュラム改革の現状

# 旭川医科大学におけるEFLの過去と現在

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### 【要 旨】

本稿では旭川医科大学における過去15年間のEFL（外国語としての英語）の歴史を振り返る。そして、旭川医科大学、日本社会、そして英語教育におけるここ15年の変化を検証し、それらの変化が教授法、教養英語からESP（特殊な目的のための英語）への漸進的転換に関係していたことを示す。新しいESPカリキュラムについては、学生、医師、教師の要望と必要に応える形で立案されたことを説明する。次に、新しいカリキュラムとESPの根底をなす方法論について論じ、履修要項に関するセクションでは実際の授業内容と教材の使用方法を述べる。続いて、学生の評価方法、教材の出典についても簡単に説明する。最後に、本学の英語教育の将来、さらに、学生、医師、同僚教官からのフィードバックに基づいてシラバスを改訂し続ける必要性について手短に触れる。

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## Teaching EFL in Asahikawa Medical College: Past and Present

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### Introduction

The teaching of English as a Foreign Language (EFL) by the foreign instructor in Asahikawa Medical College (AMC) has undergone a steady process of change over the years. This change is due to a number of factors within the college, in Japanese education and within Japan itself. The process is ongoing: neither the students' backgrounds—socially or in language learning—nor their expectations, nor even the needs of doctors in Japan, can be expected to not change. The curriculum and the teaching have been modified over the last decade to accommodate these changes and will continue to be adapted to new conditions.

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## History

In the early nineties, the main focus of language learning was on communicative English. The students entering this college had all had at least six years of formal English language education behind them and yet their ability to use this English was poor. At school or *yobiko* students had been studying grammar and translation for the purpose of passing examinations, rather than using language as a tool for communication. The students had amassed a large vocabulary and extensive passive knowledge, which they were often unable to use, and were often frustrated by the lack of relevance of language studies.

The aim of the language course in AMC was to 'activate' the students' passive knowledge by providing a range of activities in which English could be used, and, thereafter, teach new vocabulary or exponents and then provide contexts, activities, discussions, role-play etc. for further practice. This oral skills work was supplemented by fairly extensive listening activities and small amounts of reading.

The English syllabus at this time was mainly a notional-functional one, i.e., it concentrated mainly on functions, such as making requests or giving advice, or notions, such as frequency or experience. A typical general EFL textbook, such as might be used in any serious language school, was used. The language level was mainly lower-intermediate. Evaluation was achieved through a mixture of traditional testing, using discrete language items, listening tests and oral interviews.

The move away from a previous emphasis on grammar translation and later behaviourist drilling had occurred in the late-eighties; it was made possible because a decision was made to limit class sizes to about 25 students. At this time the teaching space, the classroom, was reorganised by the teacher: tables were put into groups of six and a large space at the back of the classroom was created. This had the effect of removing the emphasis from the teacher by making students face each other, thereby facilitating discussion and information exchange, and allowing movement around

the room: all elements of a learner-centred class. This arrangement has been continued by successive teachers as it significantly affects the way students regard the classroom, seeing it no longer as a passive context in which the learner watches the teacher teach.

The success of the language teaching at this time can easily be gauged by talking to the ex-students who have since graduated and become doctors. Although some of the functions practiced or activities done might have been of little direct relevance to the students' needs, for example, shopping language or talking about the weather, students were able to practice language use, gain confidence in listening and speaking and develop communicative competence. A common comment, too, is that the classes were enjoyable and, therefore, motivating.

## Changes

In the last decade, a number of factors have prompted for changes in the way that language is taught in Asahikawa Medical College.

The Japanese Ministry of Education has been trying to shift the objectives of English study in secondary education away from grammar translation and studying texts to a more communicative approach. It would be inappropriate to discuss here whether this policy is an overall success, but the increased presence of native English-speaking teachers and, of no less importance, of Japanese teachers who themselves can speak and use English would be expected to have some effect. For a typical student able to gain a place at medical school, the policy seems to be successful: students entering this college are, on average, more comfortable speaking English than students were ten years ago. Unfortunately, with the increase in ability to speak English there seems to have been a concomitant decrease in reading ability, or rather vocabulary knowledge, but it does indicate that high schools are producing students with better all-round language skills and the AMC English course should reflect this.

Of late, a greater proportion of the undergraduate

intake has come from less conventional backgrounds: there are more young people who have lived abroad either as exchange students or with their families. These students will, naturally, have better second language skills than and different requirements from those who have lived locally all their lives. Again, the English course has been altered to try and meet these students' needs and to address the influence that their presence has on overall classroom interaction.

The college entrance examination is another factor in bringing about changes in the ability of students entering Asahikawa Medical College. Over the course of the last decade the form of this examination has changed to focus more on production skills. A predictable backwash affect has ensued, with students now having significantly better writing skills when they begin their English course than did those who entered the course ten years ago. The level of writing skills taught on the course is now higher and attuned to the needs of scientists and medical professionals.

In the past, the foreign instructor teaching English in the college changed every few years. The current teacher has been in the position long enough to be able to get detailed feedback from doctors whom he taught as undergraduates. This has given invaluable information about what they were taught on the course compared with what they need as doctors. It has brought significant modifications in materials and tasks over the years.

Moreover, the teaching in Asahikawa Medical College has not been unaffected by the trend in EFL away from General English towards more needs-oriented teaching, described as English for Specific Purposes (ESP), which has become a major field of EFL. The trend reflects partly the shift in linguistics that underpin language teaching, from a study of grammar to studying how language is used in context, and partly changes in educational psychology, 'emphasising the central importance of the learners and their attitudes to learning' (Hutchison & Waters, 1987). The movement has also been partly market-driven, as the teaching of EFL is now a multi-million dollar industry worldwide within which ESP is of increasing impor-

tance, be it English for doctors, medical students, pilots, engineers or whatever.

Together, these factors produced a gradual but significant change in the way that EFL is taught in Asahikawa Medical College. However, it was the revision of the entire Medical Curriculum in 1999 that forced a reappraisal of the English curriculum. The result is a curriculum that aims to more closely meet the needs of the students and more fully exploit their abilities.

### The new curriculum: assumptions & needs

Before working on a new curriculum it is necessary to have some idea of what the learners can already do. We can expect the students entering Asahikawa Medical College to have completed the Ministry of Education English curriculum and we therefore have a clear idea of the structures and vocabulary they have learned. We also know what to expect as the minimum level in reading or listening skills; the majority of AMC students, however, are somewhat above these minima. We can expect a wide range of speaking skills but a small range, at a relatively low level, of writing skills.

ESP has been defined as 'an approach to course design which states with the question "Why do these learners need to learn English?" (Hutchison & Waters, 1987). While an individual student of General English might indeed have clear needs, in ESP, awareness of the common needs of the group of students underlies the curriculum. ESP is more relevant to the learner and, therefore, more motivating. ESP is not the teaching of 'specialised varieties' of English; although the language is used for special purposes it is not concerned with a special form of English. Equally, ESP is not merely the use of special vocabulary or grammar. Although a large amount of lexis will not be found outside the field of, in this case, medicine and there are certain grammatical structures that will occur more often than in General English, ESP does not focus only on a narrow range of language, like some phrase-book approach to language learning.

The development of the curriculum begins with an

analysis of student needs. Although the exact needs of each individual will probably be different, just as every student has different learning experiences, resources and levels of motivation, students share certain need on which we can focus. In a medical college, students' needs, as distinct from perceived needs, can be evaluated by questioning the medical staff. The uses of and needs for English tend to be given different weighting by different groups of doctors, often reflecting the stage of the career; older doctors may see different needs than do younger doctors, while the students themselves have their own opinions which differ again. The English teacher's job is to reconcile these needs, include any others that he or she thinks are necessary, and then prioritise them and set course goals.

The needs for students as seen by doctors include the following :

- Reading medical textbooks
- Fielding questions after presentations
- Reading scientific journals and analysing
- Working with and supervising foreign doctors
- Writing scientific papers
- Discussing with foreign colleagues
- Writing cover letters to scientific journals
- Entertaining foreign visitors
- Preparing slides and posters
- Develop critical thinking and logical analysis
- Giving presentations

Students, however, tend to have slightly different expectations of the English class and it might be more appropriate to talk about their wants rather than their needs. Having spent so many years learning about English they now want to make active use of their knowledge. Their needs, or wishes include :

- Develop fluency
- Develop vocabulary
- Improve pronunciation
- Practice listening
- Be able to talk to foreigners, especially Americans
- Watch videos
- Enjoy using English
- Talk to foreign patients

The EFL teacher will try to address these needs, where relevant; some, however, can be dismissed. For example, reading skills are taught mainly by the Japanese staff in Asahikawa Medical College, although the foreign teacher's class will use texts to present language and the teaching of writing skills will inevitably have an impact on text analysis and understanding. Furthermore, given the constraints of time, it is not economical to spend much time on 'Talking to Patients' when there are more pressing needs; some of the functions entailed in such a discourse – asking for specific information, explaining processes, giving advice – are, however, relevant and practised in other contexts.

## Methodology

There is nothing new or special about the methodology used in teaching ESP; much of the way in which students are taught is the same as under a General English syllabus. In the college, the basis of communicative methodology is that language learning is an active process, both in terms of cognitive activity and use of speech organs, face and body. It requires students to use knowledge, in appropriate context, and not just acquire knowledge.

The principles underlying the methodology are repeatedly stated to the students, partly to remind them of the difference between the teaching and learning in the college compared with high school and partly to ensure they understand the aims of a task or an activity. The classes are learner-centred; that is, the student's focus is no longer always on the teacher but on the material, the task or the act of communicating with other students. These classes are intended to be more productive and stimulating but they place greater responsibility on the student for his or her learning: language is an active process and if an individual wishes to learn then he or she must be made aware of the necessity of full involvement. Equally, it is the responsibility of the teacher to provide interesting and relevant materials to involve the students.

Being learner-centred, the student's own feelings

are taken into account both in the kind of tasks involved in class and in ways to increase general motivation. Language learning is not an abstract intellectual activity that can be dissociated from emotional response, be it curiosity, self-esteem, pride, humour or whatever. Having fun in the classroom is a legitimate and very effective way to increase motivation, but students, being used to a more formal context for learning, must not believe that an enjoyable activity is somehow lacking a pedagogical aim. Curiosity about other people, in this situation students, is a prime motivator in communication.

If the methodology is learner-centred, then elements of classroom management should be. Students should have some involvement in the decision-making in the classroom, or at least have the impression of some control. Communication skills cannot be developed without a sense of independence and the teacher should not be constantly looked to for correction, approval or decision. Nunan (1988) reports that 'in a learner-centred curriculum the learner should be involved in planning, implementation, and evaluation of the curriculum. This involvement is felt to increase the interest and motivation of the learners.' This is really not feasible in the college given demands on the teacher's and student's time, although in the third year, when classes may be smaller, there is greater student involvement in material selection and planning by the students.

Finally, language learning does not have to be explicit: it is possible to learn language incidentally while concentrating on something else; this underlies much of the task-based work and, in the later parts of the course, the content-based work and peer-teaching. The content-based materials are basically medical texts; some have been adapted or rewritten for different tasks, a few are in their original format. To complete the tasks, students must 'engage in a variety of research efforts, negotiations, and discussions, focussing on language to unravel the meaning of the material they have before them' (Pally, 2000).

## Curriculum to syllabus

Whereas the curriculum describes the underlying principles and procedures of the language programme, the syllabus specifies what is to be taught. The ESP syllabus that we have developed has many aspects in common with the syllabi used in the past; it would be an error to replace many of the activities that proved so successful before.

Whereas in the old syllabus the main skills work was speaking and listening, in the new syllabus the main emphasis is firmly on production skills: speaking and writing. The speaking encompasses a range from making requests through describing processes to discussion, interviewing and presentation. The writing is mainly concerned with text organisation, transition and coherence. There are secondary aims of developing logic and thinking skills and content-based learning.

The syllabus on the new curriculum may be broken down into the following phases, although there is no clear delineation between each phase:

1. A large part of the first few weeks of the course is essentially learner training: it involves showing the students how to react and behave in a way suitable for a communicative English classroom, for example, by responding to questions, asking questions in open class, volunteering information etc.
2. Much of the language work in the earlier parts of the course is not new to the student, but whereas previously it was studied from a grammar perspective, here it is more functional. A lot of the activities emphasise exchanging personal information and lead on to role-playing and simulations.
3. From oral communication, the focus of the work moves to communicative writing. Again, initially, this is personalised but later the subjects are scientific. The teaching focus is first on organisation of ideas, text structure, coherence and cohesion, and use of transition. Students are expected to apply logical analysis in preparation for and execution of the writing.
4. The fourth phase includes a lot peer teaching. Many

medical texts are difficult to use because of the overload of new vocabulary but the problem can be worked around by having the students prepare before class or teach each other new vocabulary as well the content of the texts.

5. In the later stages of the course, in the third year, students are able to have much more extensive discussions about medical and socio-medical subjects. The role-playing activities are more involved and require more background research. Students also have an opportunity to interview foreign doctors during the class for which they must prepare and follow-up with reports. Presentations are given which, again, require background research.

### Student Evaluation

Student evaluation is by mainly written and oral examinations in the first year. In the second year students are given the option of talking an examination or being assessed on a project; most students, however, opt for the examination. In the third year, student assessments are based on written work and presentations. Written reports and class participation also contribute to the students' end-of-year grades throughout the course.

### Materials

There is no commercial textbook available that covers all the points of this syllabus, so one has been written especially for the course. The sources for materials include EFL textbooks, Medical English textbooks, science magazines and books, the internet and excellent materials provided by some of the clinical departments of the college. Because the ESP course has to be sensitive to the needs of the students, these materials are constantly being updated and rewritten.

### The future

As medical science and the needs of medical students change, there is a constant need to update and revise

the English courses in Asahikawa Medical College. The syllabus will also change in response to feedback from the students, from the ex-students after they have graduated and from medical staff in the college. The teaching by the foreign instructor is better integrated with work of the Japanese teachers than it was in the past but in the future we anticipate even greater cooperation between teachers, both Japanese and non-Japanese and both full-time and part-time.

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