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Teaching & Learning:Asahikawa 1992 to 2005

Simon Bayley

【談話室】

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The duration of my period of employment at Asahikawa Medical College encompassed a period of many changes in the college, in Japanese education, in Japanese society and, inevitably, the teaching and learning of English at the college. This time also included many changes in my own life, both personal and professional, which, along with my experience prior to coming to the college will colour the following largely subjective account.

In 1992 when I first started teaching at AMC, the English language curriculum and classes were quite different from those of 2005. In those days, medical students were required to take a year and a half of general subjects before beginning medical studies. Learning English was regarded as important but not, as it is widely recognised now, as an essential skill in the development of a good doctor in Japan. The classes were well-organised and of a manageable size: some 25 students per group compared with the larger lecture-format not uncommon in other universities both then and now.

In the late nineties, there was a major overhaul of education in the college with a re-examination of aims and the consequent production of a new curriculum; the new aims affected all aspects of teaching in the college and impacted on English teaching and classes in their form, content and academic atmosphere.

Under the new curriculum, English classes were shortened from 80 minutes to a more sensible 60 minutes. While the shorter periods are certainly easier for the student and his or her attention span, teaching such classes requires more detailed planning and exact timing, and less time can be spent on relationship building amongst students and

between teacher and students. It is understandable that my classes were frequently described as 'high-tension' as, in the shorter format, time is precious with no time for any distraction from using English.

While the length of each lesson was shortened, the course itself was extended into the third year. This permitted the development of a syllabus that could parallel a student's growing knowledge of medicine. The First Year was mainly spent finding communicative uses for the language students had studied prior to coming to the AMC, while students' beliefs about what English was were challenged. These beliefs, with their concomitant feelings of lack of relevance and low-level interest, had often been acquired in the context of examination preparation or in learning about the language rather than how to use it. In the Second Year, the content of the course was based more in science and medicine with an emphasis on the students' writing skills. The Third Year of the new syllabus gave students a chance to do what they would be doing in their work as a doctor: using English as a tool to study medicine, to discuss their ideas, write about their research and then present their ideas informally and formally.

While the English teaching became more focussed on production skills, speaking and writing, there was less time for reading, listening and vocabulary learning. These skills were developed in the classes taught by Japanese teachers, but also students were encouraged to develop them in their own time through use of the self-access materials. These materials were provided to encourage reading in English, to focus on the meaning of the text rather than the vocabulary and to inculcate the pleasure of reading. Audio tapes and

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CDs were also made available; some of the listening material accompanied the reading texts while much was also sourced from medical and scientific radio programmes and lectures. In setting up these self-access facilities it was hoped that they would serve as a resource for everybody in the college interested in developing his or her reading, listening and knowledge of medical areas beyond his own speciality as all materials were constantly updated in line with the latest developments.

That it was possible to keep the self-access materials so up-to-date is due to another great change that occurred during my time in Asahikawa Medical College: the development in technology. The use of personal computers enabled much more efficient access to materials—through the Internet—and greater ability to manipulate them for teaching materials. The personal computer is also being used directly in the classroom along with the Internet, moving eventually to the use of interactive whiteboards

There have been many changes in the medical students due to the changes in Japanese education at large. The level of spoken English that students have when they arrive at the college does seem to be higher than it was 15 years ago, a development that could be ascribed to the use of experienced, native-speaking teaching assistants in many high schools. However, there has been little evidence of enhanced reading ability as most teaching or reading in High school or *yobiko* seems aimed at the entrance exams where the focus is more on lexical meaning than reading comprehension; moreover, colleagues have commented on a decline in general reading ability even in Japanese as reading has become in many cases the means to an end and the time once spent in leisure reading is now used for less demanding pastimes such as TV games.

Compared with students in other countries there have never been any discipline problems among the AMC students: no arguing between ethnic or national groups; no students coming to class under the influence of recreational drugs; no students kissing each other in the back of the classroom—all behaviour I have witnessed teaching in Europe. The student 'culture' did slightly change as a result of the new curriculum as students found the subjects more motivating but students still focus too much on examina-

tions. Moreover, despite decreased incidences in the last few years, some students still succumbed to the temptation to rely on technology to fulfil their assignments, i.e., they submit work copied from the internet or use translation software: this would not be acceptable in the work of a doctor so there is no reason why it should be tolerated among students.

Whereas 15 years ago the number of students who had had the experience of interacting with a native English speaker was lower, so was the proportion that had had experience of travelling abroad. The presence of these more experienced students in the classroom has a beneficial effect, creating a more relaxed ambience and one more motivating for their peers. Equally, the admission of transfer students in to the latter part of the second year has made the study body more varied in age and experience and even aims and has enhanced cooperation and peer-learning.

A major influence on medical student culture since 1996 was the opening of the nursing school. The increase in the size of the student body and the presence of so many highly motivated and serious students, mostly young women, was academically stimulating. In terms of English teaching, these enthusiastic and articulate students were extremely responsive, relatively uninhibited in using English and a delight to teach.

Inculcating the appropriate student ethos or culture is a duty of any institute of learning and the teacher's role is not confined to the classroom. Through the classes, ESS club and through the many enjoyable informal conversations with students over the years, I hope I have influenced students to take responsibility for their own learning and to take a broader view of medicine and the world. I have gained particular satisfaction from the work of the students in ESS in collecting money at school festivals and then putting that money to good by donating to medical and social support groups in under-developed countries.

As well as our efforts to have English and the English department regarded as a resource for the staff of the college and hospital, I was able to use many of the scientists as resources for my classes. I am deeply grateful to the many doctors and scientists from around the world, from Bangladesh and Britain, from Ireland and Australia,

from Tanzania, Peru, Hungary and the USA, and especially those doctors from China who, through their cooperation with my students, made a much greater contribution to Asahikawa Medical College than they realise. At the end of each year I would solicit feedback and opinions from the students so as to know how the courses could be improved and interviewing the foreign scientists was consistently cited as the high point of their course.

That I was able to make a small but positive contribution to Asahikawa Medical College is in large part to the support that I was given in my personal and professional life. Of course, over a period of nearly 14 years, there are too many names to mention here and too little space to recount the many ways that they helped. I do, however, feel compelled to mention a few people in the college without whose help my experience would have been so different. First, I must thank my colleagues, particularly Mr Naito and Mrs Matsuoka both of whom taught me so much about Japan and how to listen my students. I must thank the three wise men whose friendship did so much to ease our life in Asahikawa as well as my own work: Professor Shimizu, Professor Abiko and Professor Ishikawa. I would like to recognise the patient work that all those people in the Administration, Library and Cleaning departments who

work so hard to create the environment in which I worked. Finally, I must thank the students in front of whom I stood and taught for so many years and yet from whom I learned so much.

The period I spent teaching at Asahikawa Medical College was the longest I have spent in any one place since leaving the family home for university. It was also the period of most change in my life: three of my four children being born in Asahikawa. I write now at the end of a summer in England and yet I know that soon in Asahikawa the *aka tombo* will be flying, there will be the beautiful autumnal evenings and before long the people of Asahikawa Medical College will see the first dusting of snow on Asahidake. I will never forget Asahikawa; I would like to hope that Asahikawa will remember me.

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