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研究課題名(和文)Determining the Form and Structure of English Clinical Case Presentations

研究課題名(英文)Determining the Form and Structure of English Clinical Case Presentations

研究代表者

Michael Guest (Guest, Michael)

宮崎大学・医学部・准教授

研究者番号:00404400

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研究成果の概要(和文): 私はアジア5カ国8つの大学病院を訪問し、非英語圏医療の現場で医師によって行われる英語のクリニカルケースプレゼンテーションがどのように教育、管理されているか調査し、基準に従って分析しジャンルを分けデータ化しました。これらの調査結果に基づいて、調査期間中に3件の論文(査読済み)を学会等で発表しました。さらに、2件投稿中で2020年年度末にはアクセプトされ学術情報誌に掲載、発行されます。また、調査期間中、6カ国で8つの国際会議の発表も行い、7つの国内外においてセミナーに招待され、East Asian Association of Medical English Teachersを設立した。

研究成果の学術的意義や社会的意義

The teaching of clinical case presentations (CPs) has previously been an overlooked part of English medical education. The results of this study should help EMP instructors to add a CP element to their EMP teaching. This will aid both the cognitive and humanitarian development of medical students.

研究成果の概要(英文): I visited eight university hospitals in five different Asian countries in order to note how English clinical case presentations (36 in total) were managed and taught by non-native English speaking physicians and, thereafter, codified the data according to the norms of genre analysis for academic speech events. Based on those findings, I have published three peer-reviewed research papers during the research period, with two more in process, plus a book chapter due in late 2020. During the research period, I also performed eight international conference presentations in six different countries, seven domestic/international invited seminars, and established and coordinated the E. Asian Association of Medical English Teachers (EAMET) organization.

研究分野: 英語額関連

キーワード: case presentations medical English clinical narratives discourse analysis genre analysis academic speech events EMP ESP

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1.研究開始当初の背景

The original research plan was to learn more about the medical speech event: clinical case presentations (CPs), especially in terms of how it is taught, practiced, and performed in non-English speaking milieus (such as in most of E. Asia). This was to involve my observing actual English case presentation held at hospitals in several Asian countries. In doing so, I would be able to observe how the clinicians managed the event in terms of its internal structure, its environmental structure, and its linguistic realizations in a second language. I would also interview clinical case presenters, evaluators, audiences, and instructors regarding the roles and functions of English case presentations both in terms of skill development for resident/trainee physicians but also in terms of the manner in which they were taught or conducted among upper grade medical students. Further to this end, I established the East Asian Association of Medical English Teachers (EAMET) organization, to develop an online resource center and discussion community for medical English teachers in the East Asian region, who often share linguistic (not English as an official language) and environmental features.

2.研究の目的

The reasoning behind the research was to learn more about what has been a largely ignored form of clinical discourse – an insider (peer-to-peer) speech event carried out within highly structured situational contexts worldwide, particularly its management and performance in East Asian countries. An understanding of the social and linguistic parameters of this speech event would not only allow teachers to create better, more suitable classroom materials for my own medical students but also, through publications, presentations, and workshops, divulge the findings to others so that they might be able to more skillfully employ the teaching of English CP skills in their own working environments. The establishment and maintenance of the EAMET organization and website would also allow for this data to be disseminated throughout East Asia.

3.研究の方法

In order to observe English clinical CPs, arrangements were made to visit several hospitals/university hospitals in S. E. Asia. These included: Brawijaya Univ, Indonesia, Prince of Songkla Univ. Thailand; Chiang Mai University, Thailand: Thammasat University, Thailand: Hanoi Medical University, Vietnam; Hong Bang International University, Vietnam; and Cheng Kung National University, Taiwan. Eventually, 36 total CPs were observed and notated. (Only four were recorded; in the other cases, recording was refused and I had to rely on notetaking). One criterion was to observe case presentations in as many departments as possible. These eventually came to include: *Endocrinology, Anesthesiology, Obstetrics-Gynecology, Pediatrics, Respiratory, Family Medicine, Ophthalmology, Surgery, Nursing, and Community Medicine.* For the observation of CPs, I formulated speech categories based upon Swales (1990) models of genre analysis, augmented by Bhatia's (1994) notion of interdiscursivity – the socioenvironmental factors that impact speech events. These approaches were adjusted to fit

with Hymes' (1974) SPEAKING model, in which any situated speech event can be analyzed according to features such as, setting, participants, ends, acts, key, instrumentalities, norms, and genre. Once patterns emerged in the initial speech data (based on Corbin & Strauss' 1994 qualitative data analysis methodology of Grounded Theory), the data could be codified. At each of the institutions mentioned above, I also interviewed a total of 13 CP presenters, department heads, teachers, residents, and evaluators about the roles and functions of CPs within the hospital, including how and when they were taught or practiced at each institution, as well as CP performance parameters, both educational and clinical. Once again, emerging patterns in the responses allowed for increasing codification.

4. 研究成果

One of the earliest, and primary, findings based on the field research was the establishment of a template of moves in CPs that can be adapted and used as a synopsis of the speech event in any clinical setting. In fact, it was argued that having such a template available in English allowed for non-English speaking students to better cognitively grasp the purpose, flow, and direction of CPs more intuitively, that there was a positive washback effect on the novice physician or student's general clinical development. Perhaps more importantly, in terms of new findings that could/should be applied to the EMP classroom, a number of idiosyncratic iterations within CPs were discovered, many of which would be particularly relevant to novice physicians. Among these were variations in terms of commission/omission according to the clinical department, prioritization and explicit organization of specific data to highlight pertinent case features, the use of linguistic code-switching, the role of formulaic academic phrases, acronyms and abbreviated forms, the use of narrative techniques to turn the CP into a type of story-telling, the pervasive role of English as a Lingua Franca non-standard English forms, differences between evaluated CPS and those solely for peer-peer edification, and the role of CPs in bedside and/or classroom teaching in small groups. All of these mean that the formal structure of the CP must be adapted to the clinical case with increasing flexibility as the scope of the case narrows. These results were compiled and published in three international peer-reviewed academic journal articles, presented in over 15 international presentations at conferences, and a were featured in a number of invited workshops and seminars throughout the East Asian region. The EAMET website is regularly updated and now boasts 65 members from 9 different countries. Much of the data and related classroom materials on teaching/practicing CPs is made available to members there. Currently, there are also three further products in the revision stage: 1. A chapter in a prestigious European journal on teaching ESP, expected to be published later in 2020; 2. An invited chapter in a book about STEM English education in Japan, scheduled to be published around the end of 2020, and 3. An invited overview of CPs for a well-known Russian academic journal focusing upon clinical English.

5 . 主な発表論文等

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