Developing In-Service English Training Programs for Doctors and Nurses in Japan

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1,900,000

3   1   /   2018   2
    (2019)   2020

3   100

100

This project developed English communication classes for medical staff and
students at a Japanese university. The purpose was to develop sustainable in-service English classes
for medical learners. Ten to fifteen evening classes were held in each year of the project: Classes
were divided into three phases by year: (Phase 1, 2018) general communication skills classes;
(Phase 2, 2019) conference skills classes; (Phase 3, 2020) online communication skills classes
combining medical staff and graduate/undergraduate students. Over 100 participants joined these
classes over the three-year period.
Feedback was obtained in the form of focus-group interviews and post-course questionnaires. It was
found that classes focusing on conference skill development were most popular among medical staff.
Moreover, online formats were considered successful due to their easy access, and may facilitate the
integration of in-service and pre-service learning.

in-service learning communication skills Medical staff focus group interview questionnair
e emergent syllabus applied improvisation

English has become the language of communication in many professional fields, including medicine. For medical professionals, a sufficient command of English requires formal English skills as well as the ability to speak and understand informal English[1]. It has also been found that poor English proficiency was an obstacle for Japanese medical doctors in practicing evidence-based medicine[2]. To develop medical professionals' English competence, knowledge of the English skills necessary for their work is required, and here the needs analysis is essential[3]. Japanese medical faculty have stressed that doctors need English reading skills[4], though the skills required of those not affiliated with university hospitals were not surveyed. Results often depend on the site of the needs analysis (e.g., urban or rural areas).

To identify the English-language needs of medical doctors and nurses in Kagawa prefecture, we launched a needs analysis, funded by a Scientific Research (C) grant-in-aid for 2015-2017 (#15K02518). More than 2,000 questionnaires were collected from medical doctors (MDs) and registered nurses (RNs) at five different hospitals, and over 20 doctors and nurses were interviewed. Both MDs and RNs indicated that English was necessary for their work, and were interested in continuing their English education through in-service English training programs[5]. Moreover, both MDs and RNs strongly asserted that medical and nursing students need English speaking skills, particularly to prepare them for joining international conferences.

We thus learned that doctors and nurses in Kagawa are interested in furthering their English education, especially in terms of English speaking. To this end, we planned to launch in-service English courses that would enable MDs and RNs employed at a university hospital in Kagawa to become autonomous learners of English.

The purpose of this project aimed to improve the English communicative competence of MDs and RNs employed at a university hospital in Kagawa through the development of in-service English courses. Communicative competence was defined as the development of linguistic as well as sociolinguistic, discourse, and strategic competencies[6]. Ultimately, we hoped that communicative competence would enable these MDs and RNs to become autonomous learners of English, who could continue to learn English without in-service courses.

In order to assess the efficacy of these courses, qualitative data would be collected. In addition, an emergent syllabus design would be employed to allow for flexibility in the implementation of course activities[7].

This project would consist of two main components: 1) developing in-service English classes for medical staff; and 2) collecting qualitative data from participants in order to assess and adjust in-service classes. These components are explained below.

1) Development of in-service English classes

During the three-year period, we planned to offer English courses for medical staff in order to improve their English communication skills. The Principal Investigator and two Co-investigators would plan and teach these courses together. Following an emergent syllabus design, we planned to develop activities and structure the courses according to the needs and abilities of class participants.

2) Qualitative data collection

We planned to collect qualitative data from participants to assess the quality of course activities and design. Qualitative data was to be collected through pre-course/post-course fluency assessments; focus group interviews; and post-course questionnaire surveys. Qualitative data would undergo thematic coding. Findings would be used to adjust the activities and design of courses offered during the three-year period, to further improve the efficacy of the in-service courses and increase participant satisfaction. This feedback loop of course development and participant feedback is illustrated in Figure 1.
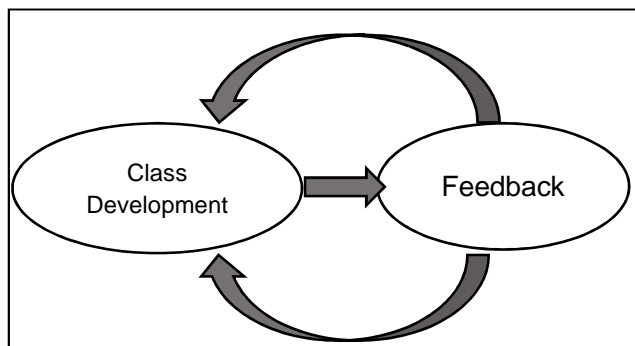
Figure 1. The cycle of class development and feedback.

In-service courses were marked by three phases according to the year of the project: 1) General communication skills (2018); 2) Communication skills for conferences (2019); and 3) Online communication skills courses (2020). Through the development of in-service courses and qualitative data collection, three major findings emerged, namely that participants were most interested in English skill development for international conferences; attendance and dropout were the largest obstacles to the execution of classes; and shifting English classes online offers opportunities for integrating in-service education with pre-service education for undergraduate students.

1. Participant interest in developing conference skills
Those who attended more than one of the courses offered during the three-year period were mainly MDs or faculty members/graduate students in the life sciences. Through post-course survey responses and focus group interviews we found that these participants were most interested in improving their English skills for international conferences. Skills that were needed included formal presentation skills as well as expressions and techniques for handling Q&A sessions and informal communication skills for mingling with conference attendees. MD/faculty participants were largely not interested in using English for communicating with foreign patients. RN and paramedical participants were interested in improving their English skills for talking with foreign patients and travelling; however, these participants were fewer in number than MDs/faculty and tended to attend only one course. We thus judged that focusing courses on conference skills would benefit the most and the most motivated of participants.

2. The problems of poor attendance and dropout
Poor attendance and participant dropout has been noted as a significant problem in in-service education[8]. In this project as well, poor attendance and participant dropout caused difficulties in executing class activities and carrying out assessment measures. For instance, due to participant dropout, pre-course/post-course fluency assessments had to be abandoned in the first year of the project. Figure 2 and 3 show attendance numbers for the two courses that were offered in the first year and second year of the project, respectively.
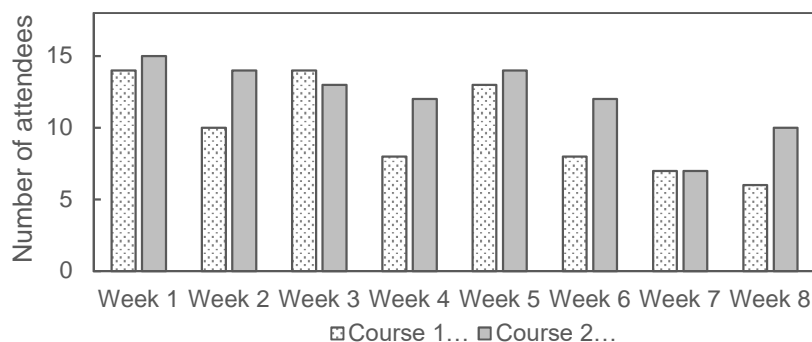

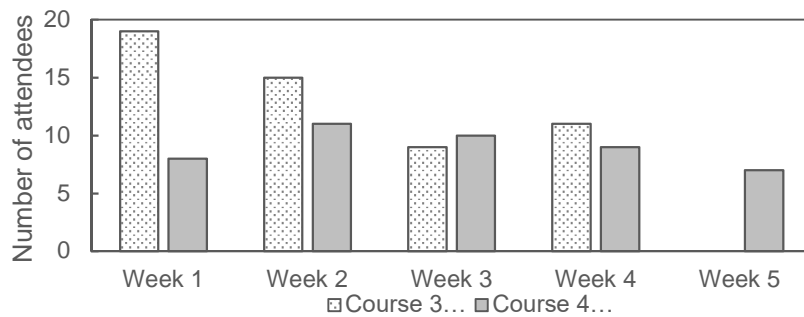Figure 2. Weekly attendance numbers for both first-year (2018) courses.

Figure 3. Weekly attendance numbers for both second-year (2019) courses.

Deducing the cause of participant dropout was difficult because those participants did not join interviews or return post-course questionnaires. However, the likely explanation is that participants were busy with work responsibilities, and this problem is inevitable in in-service education. In-service English courses for medical staff/faculty should be managed flexibly, so that varying numbers of participants in each individual class does not affect the execution of class activities.

3. Online English classes as a means of integrating in-service and pre-service education
Due to the Covid-19 pandemic, the third year (2020) represented a departure from courses offered in the first two years. English classes were offered online, using Zoom, and classes were divided into three phases rather than courses (participants were not required to register before classes and could join freely). To our surprise, participants evaluated this online format positively, as participants were enabled to join the classes easily regardless of their location. Moreover, we were able to include office staff as well as undergraduate students in classes. The breakdown of participants in 2020 classes is shown in Table 1.

Table 1. Online English classes and the number of participants (2020–2021)

Class		Date	Time	Faculty /staff	Graduate students	Office staff	Students	Total
Phase 1	1	May 21 (2020)	18:00–18:40	6	3	0	0	9
	2	May 28	12:30–13:00	0	0	0	4	4
	3	June 4	18:00–18:40	5	1	0	0	6
	4	June 11	12:30–13:00	0	0	0	2	2
	5	June 18	18:00–18:40	2	1	0	0	3
Phase 2	6	July 16	18:00–18:40	2	4	2	0	8
	7	July 30	18:00–18:40	4	1	1	4	10
	8	August 27	18:00–18:40	0	1	1	4	6
	9	September 10	18:00–18:40	0	3	1	5	9
Phase 3	10	November 26	18:00–18:40	2	1	1	1	5
	11	December 22	18:00–18:40	1	1	0	3	5
	12	January 21 (2021)	18:00–18:40	2	2	2	1	7
	13	February 18	18:00–18:40	3	0	1	0	4
				29	18	9	24	78

Involving undergraduate students (pre-service learners) in in-service education can help students to recognize the importance of English to medical professionals, and help in-service learners to see themselves as mentors in an apprentice-mentor relationship[9]. In future programs we hope to find means to integrate pre-service and in-service learning programs in order to benefit both groups of learners.

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