



Medical English studies are an increasingly significant component of university life, in both medical and biomedical degree courses as well as medically-oriented research projects. Nowhere is this truer than in Italy. This volume records the state of the art in this area of knowledge and teaching as discussed in the First National Conference on Medical English held in Foggia in April 2010 and from which the papers in this volume ultimately derive. *Teaching Medical English: Methods and Models* is thus a record of up-to-date research and thinking in the worldwide scholarly community as well as a guide to current teaching activities and best practices.

The 15 papers in the volume are representative of the main theoretical and applicative trends characterizing the study of, and research into, English in medical and biomedical contexts. The editors and authors of the volume have attempted to provide a comprehensive survey of a fast-evolving ESP field, marking conceptual and thematic boundaries and providing new insights into research modes that will prove useful for the current generation of researchers, teachers and students in today's globalized reality of medical sciences. Topics dealt with include medical texts, genres and corpora, linguistic analyses of Medical English, syllabus design, teaching strategies based on new technologies, interdisciplinary co-operation within and beyond Italy, and much more. The contributions are by Maurizio Gotti; Giuseppe Guglielmi and Maria Teresa Cascavilla; Arcangelo Liso; Margherita Ulrych; Daniele Russo; Giuliana Garzone; Anthony Baldry; Anna Loiacono; Jaana Helena Simpanen, Linda McMillan, Federica Luparello and Antonina Ausilia Uttilla; Tatiana Canziani; Marianna Lya Zumbo; Cristina Guccione; Paola Clara Leotta; Barbara Cappuzzo; Christopher Taylor.



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Teaching Medical English

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Teaching Medical English

Methods and Models

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editors

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Methods and Models**

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Foreword

The origins of this volume lie in a selection of the plenary lectures and papers presented at the First National Conference on Medical English held in Foggia (*Palazzo Dogana*) and Barletta (*Sala Rossa del Castello*) from April 28th to 30th 2010. The Conference was convened by Anna Loiacono, Associate Professor of English in the Faculty of Medicine, University of Foggia, and Giovanni Iamartino, Professor of English in the Faculty of Arts, University of Milan, who chaired the Scientific Committee. Kim Grego, a tenured Assistant Professor also working in Milan and a member of the Scientific Committee, provided support in preparing the event and liaising with all the participants.

The Scientific Committee organized the event, encouraged by the feeling that the time was ripe for a wider-ranging and more systematic discussion of the methodologies, modalities, theoretical and applicative perspectives involved in teaching and learning for medical purposes, and in particular in the many health contexts where English is taught as a curricular discipline at university level: nursing, health professions, postgraduate courses and so on.

As a matter of fact, the *Teaching Medical English: Methods and Models* Conference cannot be defined as a one-off, since it was preceded by two meetings that helped raise awareness that change needed to be monitored, experiences discussed and best practices encouraged. The first – perhaps significantly held at the “Ettore Majorana Centre for Scientific Culture” in Erice as a session in a 2007 medical conference – succeeded in bringing together a small group of medical experts and linguists, Giovanni Iamartino among them, in order to deal with ongoing institutional changes and new teaching opportunities in Italian Medical Faculties as well as to consider why and how linguists might profitably make Medical English their own field of research.

The same range of topics was taken up two years later when a well-attended two-day conference was organized in Palermo by Tatiana Canziani, one of the few *ricercatori* (or tenured assistant

Dopo Lisbona, c'è anche *Europa 2020* che individua, dopo la crescita intelligente e l'economia della conoscenza, la creatività e l'innovazione come i cardini dello sviluppo. L'Europa, infatti, deve necessariamente giungere a questo obiettivo comune che prepara a un nuovo Rinascimento, proprio per non soccombere davanti a paesi emergenti sempre più forti e organizzati. "Dobbiamo tutti riconoscerlo", ha detto Obama in un recente discorso, "che l'istruzione e l'innovazione saranno la moneta del XXI secolo". Dunque, il cammino è stato tracciato, ma occorre costruire autostrade di andata e di ritorno perché i nostri giovani vadano ma anche possano tornare dall'estero. La speranza fondata rimane quella di vedere in Europa la circolazione di persone, beni e capitali affiancarsi alla libera circolazione di conoscenza, in un percorso che non sia a senso unico.

Perché una trasformazione, come quella dell'eccellenza linguistica, diventi innovazione e possa essere motivo di crescita per tutti occorre studiarla, prepararla, fare ricerca su di essa e, soprattutto, sostenerla. Le sperimentazioni attuali sono nate per lo più su base volontaria dei docenti di lingue, che per primi hanno proposto specifiche attività, riuscendo a trascinare con il loro entusiasmo anche Presidi e Collegio Docenti. Bisogna non far cadere la passione ma, anzi, potenziare questa ricchezza per farla diventare patrimonio diffuso della scuola e dell'università.

La pubblicità, che in genere sa cogliere bene le trasformazioni, dice che oggi il mondo cambia troppo velocemente per stargli dietro e che quindi "bisogna stargli avanti". E' un buon insegnamento che ci deve aiutare a realizzare le nostre speranze.

*Foggia, 28 aprile 2010
On. Valentina Aprea*

Teaching Medical English. An Introduction

The term 'Medical English' may be taken as a broad, inclusive label covering and identifying three main paths in the vast map of English language studies.

The first path leads to the exploration of Medical English as a variety of English for Special Purposes – in other words, to theoretical research in medical discourse focusing on such issues as lexical, linguistic and textual investigations into medical text-types and genres, medical translation, historical and diachronic studies of medical discourse, and so on.²

The second path leads to empirical research, designed to guide the practical activity of teaching, testing and learning Medical English and to identify the status of the discipline in local, national and international academic contexts. For at least a few years now academics have taken an active interest in how the discipline is seen and perceived by the other participants involved in the educational process, which has in turn acted as a stimulus to designing and providing more effective teaching instruments and innovative syllabuses. Related issues, which have been very much in the foreground recently, are the various government policies, in Italy and abroad, regarding the weight and value of Medical English as a discipline across the academic curriculum, the complex question of the transnational recognition of qualifications, and the problem of evaluating and validating teaching and testing systems.

The third research path is socially-oriented, embracing a number of closely inter-related disciplines such as semiotics, psychology and neurosciences. In this area, Medical English represents a system of communication with a multiplicity of contexts, functions, agents and interactants.³ It has become an international 'code', accepted

² Recent surveys of ESP by Italian scholars include Gotti (2005) and Cortese and Solly (2008); as far as Medical English is concerned, see Gotti and Salager-Meyer eds (2006), and Iamartino, Canziani and Grego (forthcoming).

³ Here the research work being done by such scholars as Srikant Sarangi, Celia Roberts, Christopher Candlin, Françoise Salager-Meyer and others is of the utmost

worldwide as being of vital importance in exchanging information, in protecting life and rescuing populations. This research path is characterized by tightly interwoven medical and linguistic concerns on an increasingly global scale. Nowadays, these globalizing trends are credited with greater interest and significance than had previously been the case in either academic or other contexts. There are several reasons for this change in the perception of the discipline, among them the *institutional* (the need to lay out more standardized curricula in a global scenario), the *educational* (students' awareness of the importance of competence in Medical English) and the *linguistic* and *textual* (the open debate about the extent to which a language syllabus could, and should, be specifically content-based).

While some of these issues have been already investigated,⁴ more still need further exploration, which gives medical discourse the appeal of an as yet largely unexplored territory: scholars are both fascinated by its fertile ground and, at the same time, scared by the breadth of its horizons. The very fact that the discipline is variously named in official documents defies any attempt at categorization or standardization under a single term: in the Italian academic context, Medical English is labelled and referred to as *Lingua inglese*, *Inglese scientifico*, *Inglese medico-scientifico*, *Conoscenze linguistiche*, *Ulteriori conoscenze linguistiche*, *Inglese con orientamento medico-scientifico*, *Laboratorio di lingua inglese* or, as in the case of a combined teaching module, *Conoscenze linguistiche ed informatiche*. This lexical confusion and ambiguity parallels the terminological abundance characterizing linguistic research in English for Special Purposes (ESP) which, as far as Medical English is concerned, also includes such labels as *English for Medical Purposes*, *English for Doctors and Nurses*, *English for the Healthcare Professions* and so on.

This is the background against which the present volume on *Teaching Medical English: Methods and Models* is to be placed. While including a selection of the papers read at the 2010 Conference held in Foggia, it outlines the current theoretical and applicative

importance: see, e.g., Sarangi & Roberts eds (1999), Candlin (2002), Roberts et al. (2003), and the journal *Communication and Medicine* edited by Sarangi.

⁴ See the survey in Grego (forthcoming).

trends characterizing the teaching of English in Italian medical and biomedical contexts at university level.

The volume opens with Maurizio Gotti's contribution entitled *Insights into medical discourse in oral and written contexts*: after sketching the historical development of Medical English in early modern Europe, Gotti highlights the most relevant outcomes of the discipline as far as the identification of textual genres and analyses of oral and written registers are concerned; he also stresses the relationship between social and cultural identities and discourse choice and variation. This gives Gotti the opportunity to point out the compliance of medical discourse with the norms that govern genre construction: he does so by providing examples from CADIS, a corpus of academic discourse which is part of the CERLIS project, itself an authoritative attempt to tackle the prickly question of the teaching/learning of lexis (and languages in general) in specific disciplinary fields. The continuous expansion of medical disciplines, with their countless subdivisions and the subsequent huge number of published papers – a fact that Gotti describes as “hyperinflation in information” – marks a real difficulty in keeping up with the rapid development of acronyms and terms.

Some of the many issues tackled by Gotti are taken up by the two following papers, both of them by medical doctors, thus emphasizing how useful the co-operation between linguistics and medical specialists can be. *Scientific articles and how to write them*, jointly written by Giuseppe Guglielmi and Maria Teresa Cascavilla, highlights the significance of applying the IMRAD structure to research articles and also provides highly practical clues deriving from Guglielmi's long-standing experience as editor of international journals of radiology.

Arcangelo Liso, a haematologist, stresses the need to acquire competence and excellence in public speaking in his paper on *Speaking for excellence*, which investigates both linguistic and non-linguistic features of oral discourse. He describes the very precise norms that govern the skill of speaking in medical meetings, sets of rules that are not so often dealt with during curricular language courses.

Important links are created between medicine and the fields of translation and data banks in the fourth and fifth papers in this volume:

Margherita Ulrych's *Transediting and its relevance to medical discourse* and Daniele Russo's *Computer assisted translation and medical textbooks*. Ulrych considers the polysemy of the term 'translation' in the medical field and investigates the notion and meaning of 'translational research' in both applied medical studies and the several other activities in which medical content needs to be mediated: transediting, a composite term of translation and editing, is one of the most relevant to medical discourse, the boundaries and implications of which are extensively observed in her paper. As Ulrych recalls, the status of English as the international language of science, with both pros and cons, has different implications for native and non-native speakers. In his contribution, Russo explores the way CAT programs can be used to good advantage in the medical domain in both text translation and training translators. Rapid developments in Information Technology, as suggested by Russo, will help translators by means of more reliable TM systems that are improving Computer Assisted Medical Translation.

Continuous lexical expansion is not just the sole problem area in medical discourse, insofar as the best teaching methodology is at stake as the next four contributions in the book illustrate. The amount and diversification of text genres included in the medical domain surpasses all other disciplinary domains, as highlighted in *Rethinking genres in medical communication: Theoretical issues and pedagogical implications*, by Giuliana Garzone, whose discussion of 'genre-based teaching' opens up a new way for re-contextualizing medical discourse and textbooks in terms of genre sets and text types. The expression 'medical discourse', itself ambiguous, has a broad semantic range, referring as it does to scientific communication (mainly a written register) and clinical practice that possesses the typical features of a dialogical communicative instance framed within well-defined morphological and syntactic patterns. Garzone's contribution provides a rich methodological framework which is applied coherently as regards pedagogical applications.

Issues of syllabus design, multimedia and multimodality and online medical genres come together in Anthony Baldry's paper on *ESP syllabus design in the age of mediacy: How do readership, viewership and sharingship interact?* which uses multimodal/ multimedia web

genre analysis to explore web-based health record genres managing information for individual and collective benefit. Baldry argues that the notion of sharingship lies at the very heart of modern communicative styles in medical genres and implies the need for new modes of discourse analysis and new pragmatic approaches to ESP teaching.

On a more practical level, 'home-made' multimedia texts in Medical English teaching are described in the contributions by Anna Loiacono and by Jaana Simpanen, Linda McMillan, Federica Luparello, and Antonina Ausilia Uttilla. Both papers illustrate multimedia techniques that explore and exploit audio-visual modalities, thereby actively involving students in various ways and narrowing the gap between medical theory and clinical practice that exists in most medical curricula. Loiacono's *The contribution of film-based syllabuses to the teaching of Medical English in Italian Universities* first deals with the medical academic curriculum in the latest 'ordinamento ministeriale' which grants medical language teaching a more central role and status; and then, in keeping with the priority given to text type and genre analysis in Medical English syllabus design, it discusses *Forward*, a film specifically designed for medical students and providing a model of hospital procedures and hospital discourse with which they can readily identify. The same sort of students' identification and involvement is at the core of the film-shooting project described by Jaana Simpanen and her colleagues in their paper on *Digital video producing in teaching English for Specific Purposes: Med©sitcom*.

Explorations of medical discourse as far as lexical, linguistic and communicative standardization is concerned emerge in the next three contributions to this volume. After a short introduction to, and a detailed classification of, medical eponyms, Tatiana Canziani concludes her paper on *The status of medical eponyms: advantages and disadvantages* by arguing that, while the general preference for a more standardized terminology has led to a reduction in the number of eponyms named after physicians, this has been counterbalanced by the creation of new classes of eponyms that seem to be playing a crucial role in doctor-patient communication.

Considerable help towards a closer definition of some new patterns comes from Marianna Zummo's paper on *Doctor-patient exchanges in web counselling*, a conversational analysis of doctor-patient moves in healthcare interactions, which explores recurrent patterns in online counselling that emerge from a corpus of question entries and answers; Zummo highlights the finding that the medical answer corpus seems to follow a rhetorical structure essentially consisting of four moves, namely orientation (general explanation of the health topic), patient issue consideration, recommendation, and the doctor's personal opinion. A useful historical survey is carried out by Cristina Guccione, whose *Standardization trends in medical language in the European Union* deals with the efforts made towards terminological standardization in the medical field. She considers standardization both prospectively and retrospectively, and stresses the contribution made – by scholars first, and by the European Union, in more recent times – to favour this process by providing, for example, multilingual glossaries of medical terminology.

The practical implications of Medical English teaching, often hinted at in this volume, are brought to the fore by Paola Leotta and Barbara Cappuzzo. In her paper on *Teaching English for psychological studies through NLP: from theory to practice*, Paola Leotta illustrates her own teaching practice and instructional materials based on neurolinguistic programming for students of psychology. Instead, Barbara Cappuzzo, the author of *Medical English textbooks for Italian university students. Do they meet the MIUR educational instructions about scientific English learning? Three works under investigation*, reviews some Medical English textbooks for undergraduates, comparing their structure and evaluating their effectiveness in target teaching.

A volume on the 'art and craft' of Medical English – the theoretical and methodological foundations of the discipline as well as its more practical applications in a specific teaching and learning context – cannot do without a contribution on the sociopolitical and institutional aspects of the discipline. This is the topic of the final contribution to this book, Christopher Taylor's *Medical English: some reflections at national level*, which provides a survey of the current state of University Language Centres – both nationally and internationally – as

well as an overview of the discipline, considering its political and organizational structure at a national level. The key points Taylor highlights deal with the functions and initiatives of the *Centri Linguistici di Ateneo* (CLA) in Italy and in Europe as regards the teaching, learning and evaluation of medical discourse in English. What clearly emerges is the need to advise local and national institutions to adopt better and more systematic recruitment policies in order to reduce the great discrepancy between the increasing demands made by medical staff for high specialized language courses and the very few human resources allocated for this purpose. A questionnaire sent to all CLAs was the first move towards the necessary steps to survey the current state of English-language teaching, so as to draw up a 'map' of the discipline across the country and possibly extending the survey to the whole of Europe by means of CERCLES, the European Confederation of Language Centres in Higher Education. Italy is far from having a clearly established position in this respect, and one of the most important responsibilities for English language teachers in Italian Universities is to advise governments on measures designed to improve language and discourse training in Medical Faculties and in all other health contexts: a vast number of students leaving school apply for the entrance tests in medical studies, nursing and the health professions. Other key points in Taylor's contribution include inter-university cooperation regarding objectives, syllabi, assessment, parallel curricula and the use of technology. Such cooperation is still in its infancy, and it may be even more difficult to promote at a time when the political and economic situation is in trouble; nonetheless, given the ever increasing importance of Medical English as a teaching tool and a professional 'booster', it is to be hoped that the right medicine can be found to enable Medical English to grow in a healthy and sound way.

It is also hoped that this volume will contribute to this, and that the various approaches and perspectives discussed by its authors will allow a more unified vision of Medical English to emerge, together with prospective insights into the discipline's future trends.

Anna Loiacono, Giovanni Iamartino and Kim S. Grego