



## Teaching medical writing in an integrated skills approach in Belgrade

by Sofija Micic

### Introduction

The study and teaching of second language writing has gained status as a sub-discipline of both applied linguistics and composition studies over the past decade [1]. It is extremely important to train medical students to be competent writers as they will write case reports, research articles and communicate with international scientific audiences in their future career.

Reforms in medical education in Serbia have had an impact on English for Medical Academic Purposes instruction. In its 20-year history and until recently, the medical English course was a compulsory two-year course taken during the first two years of undergraduate medical education by non-native, Serbian medical students. A new medical curriculum was approved in 2004 and the medical English instruction was extended to a five-year course (two compulsory and three elective courses). The reason for this is that there has been an awareness of the ever increasing importance of scientific English and the need for non-native medical undergraduates to become proficient professionals.

The new two-year course runs in parallel with the subject course and relates to it, adapts to it as the learners' experience or needs change, and generally remains flexible. It prepares them for oral and written communication in their future professional world. It includes professional-to-professional discourse rather than professional to lay discourse and authentic medical literature rather than simplified text. Topic selection is in terms of medical matters rather than language items. Course materials and methods reflect the particular needs as encompassed in the new textbook *English for Medical Academic Purposes* by the author of this article. There is more active cooperation with members of staff of the specialist disciplines. The old, grammar-translation, approach to language teaching has been abandoned. The new approach is context-based, in which learning is contextual, holistic and synthetic rather than analytic. It is student- rather than subject-centred, enquiry-based and interactive, involving cooperative learning.

Elective courses will start in autumn 2007 and will be offered to the third, fourth and fifth year medical undergraduates. As these are the courses for senior medical students, target activities will be practised: case work, writing up research and so on. They will include problem-based, genre-based work on typical collocations, as well as skills development. The planned time schedule is 1 hour 30 minutes a week (30 classes in total), and the approach we are

taking will be an integrated skills model. One significant part of instruction will be devoted to writing, others include listening, reading and speaking. Study skills encompass a wide range of activities: listening and note-taking, reading skills (such as skimming, scanning, guessing meanings from context and using the dictionary), seminar discussion, oral presentation, essay/thesis/laboratory report writing, using the library, using computers in their various applications (word-processing, the Internet etc.). Developing students' study skills competence is more important than teaching the specific individual skills.

In the compulsory course, writing is practised as a basic skill involving gap-filling, note-taking and paragraph (re)construction. At this later stage, it will involve case report and research articles.

### Product or process?

Should teachers aim to develop generalised academic writing skills in their students, hoping that these skills and strategies will transfer to subsequent writing tasks across the curriculum? Or should they focus instead on teaching students how to analyse and imitate the norms of the specific discourse communities to which students hope to gain admission? These are questions relating to whether we are taking a product or process approach to writing.

The *product* approach to writing means setting up a context (exploring the situations that require a particular register, genre, audience, purpose, topic), modelling (by reading texts of the appropriate genre), noticing (setting tasks that draw students' attention to typical features and grammatical features), explicit genre analysis (when students, prompted by the teacher, work out the major features of the text—the function, styles, schematic stages and linguistic features of the genre), and text comparison. This can be followed by controlled production, e.g. text completion, text reconstruction and text reordering; and finally independent production of drafts, when students individually or in groups choose a topic within the target genre, do the vocabulary research and write the text. Feedback might include a degree of individual and group conferencing before publishing the final draft.

The *process* approach consists of the thinking stage in which students identify the rhetorical problem, plan a solution or series of solutions to the problem and finally reach an appropriate conclusion; and the process stage involving translating the plan into paragraphs and sentences, reviewing

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the first draft and then revising the text to produce a number of subsequent drafts. In the actual teaching, the skills of editing and review are taught through peer review and group work, and the whole emphasis is on moving students on from over-concern with sentence-level accuracy [2].

Both approaches have advantages and weaknesses, so we advocate a combination of the two. The stages to be followed are:

- Develop *rhetorical awareness* by looking at model texts
- Practise specific *genre* features, especially moves and writer stance
- Carry out writing tasks showing awareness of the *needs of individual readers and the discourse community* and the *purpose of writing*
- Evaluate the writing (through *peer review* or reformulation).

But, above all, the teacher of writing needs to seek a balance between talking about writing and setting up tasks where students actually write, singly, or in pairs or groups, while in class.

### Making use of case reports

The teacher can prepare notes from the 'problem' part of a case report, and give these to the students to reconstruct in a written report. Then they can read the original and proceed to discussion. The language of differential diagnosis can be taught and a focused gap-filling exercise can be done.

### Making use of research articles

Reconstructive writing starts from fractured sentences, or notes, or gapped text. For example:

- Introduction: with verb tense choices
- Method: changing active verbs back to original passive
- Results: filling gapped text with reference to tables and figures
- Discussion: gapped text with most common questions, focusing on probability and argument.

### Native language (L1) and foreign language (L2) literacy

Our students are non-native learners of English and, naturally, one has to take into account their native language

competency. L1 and L2 literacy studies indicate that skilled writers generally tend to demonstrate more efficient reading skills than weaker writers. But, literacy does not automatically transfer from L1 to L2. Moreover, the development of L2 writing skills may depend on a constellation of independent factors such as L2 proficiency, L1 and L2 reading ability, L1 and L2 writing proficiency, and exposure to particular genres of writing [3]. These findings show the interactive nature of writing competence.

### Conclusion

Texts that future doctors will produce should be readable and understandable and have to follow certain rules which imply that they should have:

- short, simple words
- short sentences
- parallelism
- concrete language
- text markers
- repetitions as reinforcement
- vertical lists
- alphabetical lists
- logical placement of the verb
- simple verb tenses
- active voice [4].

For non-native speakers developing their writing skills on the way toward becoming independent writers, input from both a language professional and an experienced medical expert is important [5]. This is our instruction goal for the future and we shall strive to introduce graduate medical English courses where this collaboration will be crucial.

If medical writers, especially non-native, pay attention to the above rules, they will significantly improve their writing skills and reach the goal of producing excellent texts. In our courses with an integrated skills approach, writing can provide input for other language work, i.e. reading, speaking and, most importantly, integrated skills tasks, such as projects. We hope that our elective courses will significantly improve our students' medical English competency.

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3. Ferris D, Hedgcock J. S. Teaching ESL Composition. Purpose, Process and Practice. 1998; Mahwah, NJ: Lawrence Erlbaum Associates.
4. Albin V. Translating and Formatting Texts for Patients with Low Literacy Skills, in H. Fischbach (Ed) *Translation and Medicine. American Translators Association Scholarly Monograph Series*, Vol. X 1998, Amsterdam/Philadelphia: John Benjamins Publishing Company, 117-29.
5. Benfield J. R., Feak C. B. How Authors Can Cope With the Burden of English as an International Language. *Chest* 2006; 129: 1728-30.

## Unforgivable spelling errors

Believe it or not, the three most common spelling errors I see from native and non-native speakers of English are:

- sepErate
- occuRed
- occuRing

Whatever happened to spellcheckers?

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