



Teaching English to the medical profession Developing communication skills and bringing humanities to medicine

by Jonathan McFarland

“The scientific importance of English is such that, whenever I have a meeting with my residents—and I have many, both residents and meetings—I find myself emphasizing, over and over again, the need for them to learn English.” [1]

(Dr Javier Lucaya, Chairman of Radiology, Vall d’Hebron, Barcelona)

Five years ago when visiting an English family member in the reference hospital for the Balearic Islands, Son Dureta Hospital, I recognised the enormous necessity for English for Medical Purposes, as stated above by Dr Javier Lucaya. Dr Lucaya later says: “I may be exaggerating....” He is not. He is understating. English is essential at all levels of the health system in Spain for communication with the enormous influx of foreign visitors taking vacations in the country in summer. Doctors must also write articles in English for international journals and take part in conferences held in English to advance in their careers. Needs were there, but were not being addressed. I saw an opportunity to merge my interests in teaching and medicine and begin to fill this gap.

Jim Scrivener [2] notes that there are three kinds of teacher: the explainer, the involver and the enabler. I see myself as the last of these three. Scrivener states, “This kind of teacher is confident enough to share control with the learners, or to hand it over to them completely”. Carl Rogers, an American psychologist (1902-1987), considered authenticity to be the most important characteristic for a teacher [2]. It is vital to be yourself, and not the ‘teacher’, and to build up a rapport with the students. I agree with both. I try to share control and be myself. When I start a course, the first thing I say is: “I am the teacher and the student, and you are the students and the teachers. My aim is to teach you English and I hope to learn about your different specialities”.

I started teaching at Son Llatzer Hospital on Majorca in 2003. It is a provincial hospital, with in the region of 400 beds and not all the specialities. I had the great luck to begin working there about 6 months after its inauguration and was therefore there from the beginning. I taught groups of 25, and very often, especially with the low levels, I needed to give them grammar lessons. But even at the low levels I made them give ‘presentations’. The groups were very mixed. There were doctors, nurses, auxiliary nurses, pharmacists, porters, lab technicians, computer staff, receptionists, and administrative staff. This enormous variety of people all working in the same hospital was a great advantage both for me and for them. The classes were a way of allowing hospital staff to interact, who in the normal course of events would not do so. Hospitals are very cliquey places, and porters do not often have the possibility to speak to the head of the Psychiatric Department.

You can never ‘learn’ a language, but you can develop your knowledge to a sufficient level to be able to achieve different things such as speak to patients, give an explanation of illness to the mother of a sick boy, give directions to a lost relative, or give a presentation to the American Society of Nephrology.

I have since focussed on teaching in particular departments, such as ENT, Gynaecology, Paediatrics, or Dermatology. I have continued with the presentations, as they are integral to the life of a doctor. My students give ‘talks’ in the classes, later to be criticised by me, for the linguistic content and by their peers for the scientific content. They learn from me about the use of the definite article and I learn from them about ‘dermoscopy of pigmented facial lesions’.

In 2005, the ENT Department of Son Llatzer Hospital gave a symposium about the importance of image-guided surgery. Originally the meeting was going to be conducted in Spanish with me interpreting, but I suggested that they should give their talks in English. It seemed the ideal situation, and it worked well. I sat at the front of the lecture hall and took notes on my students. The following day I went into class and explained where they had slipped up with their use of language and pronunciation.

As readers of this article you might begin to think that I have misled you with the title. I have talked about my experiences as a teacher of English to members of the medical profession, but where does the subtitle come in? Isn’t bringing the humanities to medicine seemingly an oxymoron?

I have no medical training, but the medical world fascinates me. I am drawn to it, but my training is in the arts, therefore medicine is a field I find difficult. Many people are interested in both arts and science, but there is a crucial difference. If you study the sciences, you can delve into the arts, but the opposite is not really true. This is why I have been drawn to a speciality called the ‘Medical Humanities’.

This speciality was given two formulations by the then editors of the journal of the same name [3]:

“The first is concerned with complementing medical science and technology through the contrasting perspective of the arts and humanities, but without either side impinging on the other. The second aims to refocus the whole of medicine in relation to an understanding of what it is to be fully human; the reuniting of technical and humanistic knowledge and practice is central to this enterprise. We have described these two approaches to medical humanities as “additive” and “integrated” respectively.”

This field is little known in Spain, even amongst doctors. It has been around for a lot longer in the USA and the UK, and is part of the medical training in many universities, such as

New York University, University of Texas, and University College, London. It is not an easy discipline to integrate into the courses in hospitals, but since the beginning it has infiltrated into my teaching, both in content and in style.

I have tried to instil it into my courses in more concrete ways, especially since 2005 when I began to teach at Son Dureta Hospital, where the groups have been smaller, and more focussed on the clinical side of medicine. In relation to the above quotation, I have made literature prominent in tackling the first ‘additive’ point, by using texts with a direct interest to medical professionals, such as Jean-Dominique Bauby’s poignant description of the ‘locked-in syndrome’, or Raymond Carver’s honest poem “What The Doctor Said”, which is an account of the writer’s doctor telling him he has lung cancer [4]¹, or Chekhov, himself a physician, who treats medical topics with cool precision.

I have used the second ‘integrated’ point—‘an understanding of what it is to be fully human’—as a kind of foil to the ever growing trend in medicine to specialisation or maybe over-specialisation. In the medical profession it is essential never to lose sight of the overall picture because if you do, sometimes grave errors will arise. I have worked on the ‘patient-centred approach’, with texts, video work and roleplays. We have had debates about whether medicine is an art or a science and on how to break ‘bad news’ to the family. We spent a few weeks working on the ‘art of dying’, and looked at this from many angles: the medical, the ethical, the religious, and the philosophical. Here, I was indebted to an interesting website put together by Kings College, London [5] based on a year-long symposium addressing a range of questions associated with death and dying.

This term we have begun to work on the question of the role of the doctor, what they can do apart from curing and caring, and how conversation, can help them to be better doctors. As a source text, I used the article entitled “How Work can be Made Less Frustrating and Conversation Less Boring” [6] by Dr Theodore Zeldin in which he writes

“The healthcare profession contains a vast reservoir of potential going to waste, of talents which are not properly appreciated, and of conversations which never take place.”

The article is directed towards doctors and written for a medical journal. It led to essays by my students, with those essays being sent to the author and commented on by him, which in turn led to further debate amongst the students. This was a vital experience of opening out the enclosed ‘classroom’, and only became possible with modern technology, e-mails, and web-links. Technology plays its part, but human interaction is the core. This on-line conversation between students and Dr Zeldin is a thread for this year’s course, and perhaps epitomises my ideas about how to try and use the humanities in a classroom full of scientists.

“Good communication skills are integral to medical and other healthcare practice. Communication is important not only to professional—patient interaction but also within the healthcare team.” [7]

This is integral to what I have been trying to install in both hospitals in Majorca: good communication skills in the English language, both oral and written. I have paid a lot of attention to the writing of abstracts, articles, presentations

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and posters. I have also set writing assignments, the latest being a term project concentrating on an idea picked up from the *British Medical Journal*. At the beginning of this year, the journal chose the 15 most important medical milestones since the first publication of the journal in the 1840s. The topics ranged from immunology to the Pill, sanitation to chlorpromazine, and smoking to vaccines. First my students had to choose the topic they thought had made the biggest impact and write an essay on it. Then they had to give an oral presentation with PowerPoint slides on the same theme. In this way they practised both oral and written communication skills.

As I explained earlier I have always seen presentations or ‘talks’ by the students as a way of furthering their ability to use the language and at the same time impart information of interest to the rest of us. In June 2006 to conclude the first year of the English course at Son Dureta Hospital, accredited by the Local Health Ministry for the Balearic Islands, I set my students the task of giving presentations in the lecture hall of the hospital. There was a mixture of medical and non-medical topics, “The Eating Disorders Unit” alongside “Photography: A technique to relive a magic instance”, and “News from the lab” next to “Dreams”, with “Popular architecture” combining with “Team building”. It was a fitting culmination to a year’s work, but only the beginning of what will hopefully become an annual event in this teaching hospital.

There are many plans for the future, but one is already a reality: a translation and linguistic unit has already been announced for Son Dureta Hospital, essential for a hospital looking to be an important contributor in the field of research and investigation. Soon I hope that English may be the language for clinical sessions, which may happen sooner than expected as I have been asked to attend weekly oncology sessions at Son Llatzer Hospital. These will be held in English and my role will be to give the oncologists feedback on their English. Another plan is to set up a blog for professionals from different hospitals to communicate with each other in English. I am beginning to do this with my students from both hospitals but I think it can be carried further as a means of inter-hospital communication. My hope is that English will become an integral part of hospital training and life. A big hope but attainable.

I wish to dedicate this article to Dr Antoni Obrador (the late Head of the Digestive Unit, Son Dureta University Hospital), who was a great support in setting up the English course.

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¹ After writing his last story, “Errand”, about Chekhov’s death, Carver learned that he had cancer.