Origin and development of English for Medical Purposes. Part II: Research on spoken medical English

Françoise Salager-Meyer

Graduate School of Medicine, English for Medical Purposes Unit, University of the Andes Mérida, Mérida, Venezuela

Correspondence to:

Françoise Salager-Meyer
Graduate School of Medicine, English for Medical Purposes Unit
University of the Andes
Mérida, Venezuela
francoise.sm@gmail.com

Abstract

In the second part of the review on 'English for Medical Purposes', I present the main results of the research conducted on spoken interaction in medical settings. I start with those EMP studies that have a clear pedagogical goal, followed by EMP research that consists in the linguistic analysis of medical conference presentations. The third category of EMP studies discussed is of a sociolinguistic nature and consists in the literature on healthcare (doctor/patient) communication.

Keywords: Medical English, Spoken, Medical conference, Doctor–patient communication

Introduction

In the first part of this short review paper on English for Medical Purposes (EMP), I dealt with written medical discourse.[1] This second part focuses on research on *spoken* medical discourse.

Research on spoken medical discourse

We should distinguish three partially overlapping categories within EMP research conducted on spoken interaction in medical settings. The first group of EMP studies has a pedagogical goal and focuses on improving the English language skills of non-Anglophone medical students and health professionals in order to equip them with the communicative skills they need to participate in their academic cultures. The second body of research consists in linguistic analysis of medical conference presentations. The third category of EMP studies is of a sociolinguistic nature and refers to the literature on healthcare (doctor–patient) communication, the aim of which is to analyse, *inter alia*, the way doctors and patients (and/or their family) interact in medical consultations. These three categories are briefly discussed below.

Pedagogical aim: Developing oral skills of non-native English-speaking medical students and health professionals

Quite a few research-based EMP courses encompass doctor–patient communication skills. Maclean *et al.*,[2] for example, report the case of Cuba, where it is the Ministry of Public Health, not the Ministry of Education that takes full responsibility for all medical education, including the English language training of medical undergraduates and postgraduates. A major step in the development of EMP teaching in Cuba was the establishment in 1989 of a link with the Institute for Applied Language Studies of the University of Edinburgh, Scotland, which has specific experience in the field of medical English as well as a broad teacher education expertise.[3] A similar project is now running with the University of Westminster (UK).

In the literature on healthcare professional settings, we could also cite the research conducted by Shi *et al.*,[4] who analysed and identified the communicative skills and needs of Hong Kong medical students expected to work in hospitals as doctors. The authors video- and audio-taped sessions of ward teaching, and identified which linguistic skills the students needed in order to achieve various cognitive learning objectives, such as using appropriate everyday and technical terms to translate information from doctor–patient (in Cantonese) to doctor–doctor discourse (in English). In the course that was later developed, video sequences were used along with teaching tasks in order to improve student's performance through practice. The study illustrates how authentic data can be exploited to

DOI: 10.1179/2047480614Z.000000000204

construct a tightly focused curriculum addressing students' needs.

Another example of an EMP course with a focus on spoken (doctor–patient) communication is that described by Basturkmen.[5] The course was designed for overseas-trained doctors who seek work in New Zealand. Prior observations of medical consultations, with their typical sequence and associated language of doctor–patient consultations, were used as materials for the course design. Role-play or simulation exercises to rehearse language and skills useful in the clinical context are used all through that textbook. Needless to say, developing oral skills is also very important for those medical professionals from developing countries who often seek to migrate to, or practice in, Anglophone countries.

Other EMP specialists have focused their attention on more occluded genres, such as nursing care plans. Hussin,[6] for example, analysed the linguistic needs for immigrant nurses-in-training in English dominant settings where there is a shortage of domestic healthcare workers, such as in Thailand. In such countries, there is indeed an urgent need to train clinic and hospital staff to interact with English-speaking patients.

It is also noteworthy that the EMP site of Tokyo Medical University offers an EMP interactive course covering 18 modules of clinical therapeutics (https://www.emp-tmu.net/login/?PHPSESSID=b3 46b5abe51dcea1b2e1769d618cfc8e).

The language of medical conference presentations

Medical conference presentations have also attracted the attention of EMP researchers, but less widely than the previously reported research. The most frequently cited research in this specific area is that of Betty Lou Dubois,[7] whose interest in the juxtaposition of the visual with the verbal led her to examine the use of slides in biomedical speeches. She later studied the design and presentation of posters at biomedical meetings[8] and the use of imprecise numerical expressions in biomedical slide talks.[9]

More recent research on medical conferences was done by Webber[10,11] who examined the question–answer phase following medical presentations and analysed the interactive features of medical conference monologues, for example the use of personal pronouns, specific discourse markers, and imprecise quantifiers. If-conditionals, as a multifunctional resource in medical conference presentations, have been analysed by Carter-Thomas and Rowley-Jolivet.[12]

Sociolinguistic research: Healthcare provider–patient communication

The third category of research conducted in Anglophone medical settings encompasses the interactional, sociolinguistic, and micro-ethnographic literature on healthcare communication, especially doctor–patient and, but to a lesser extent, doctor–nurse–patient communication. The great majority of this type of research points to the conflictive nature of these encounters.

Not surprisingly, then, the role, form and frequency of questions have been the most frequently analysed features of such interactions. The findings of that research confirm the asymmetrical power relations of medical consultations. West[13] found, for instance, that almost 90% of questions were asked by doctors, and Ainsworth-Vaughn,[14] although reporting a lower percentage (62%), remarks that question frequency in medical consultations seems to depend on the patient's gender, culture and ailment, and whether it is the first or a control consultation.

A description of consultations conducted in English between doctors and patients of various nationalities in the hospitals of Abu Dhabi (United Arab Emirates) also puts forth the asymmetrical relations of medical consultations.[15] The principal finding of that study is that doctors employ a doctor-centred consultation style in the sense that they tend to ask closed questions, seldom enquire about their patients' social and/or psychological history and/or check their patients' understanding. Patients want to express the subjective experience of their illness and how it impacts their daily lives, whereas doctors strive to direct the course of the interview so as to reach a diagnosis. This is what Mishler[16] very aptly calls 'the struggle between the voice of the life world' and 'the voice of medicine'.

There has also been a great interest in the study of patients' narratives as an important constitutive element of medical discourse and as a source of information for clinical problem solving.[17,18] As far as I know, Carol Berkenkotter's book[19] is the first and only book that exclusively focuses on psychiatric interviews. There the author examines the evolving role of case history narratives in the growth of psychiatry as a medical profession and illustrates how discursive changes occurring over time in this genre mirror evolving assumptions and epistemological commitments among those who cared for the mentally ill.

Euphemisms and the use of metaphors in doctor--patient communication, especially distressing and taboo subjects, such as death and dying, have also been the subject of several studies. For example, Allan and Burridge[20] analysed the motivation of euphemisms in medicine, while Tsai[21] made a cross-cultural analysis of birth and death metaphors.

These and other topics that reveal the complexity of doctor–patient interaction can be found in

specialised journals, such as *Communication and Medicine*, and in books.[14–17] The second part of Gotti and Salager-Meyer's book specifically presents the results of discourse analysis research on doctor–patient end-of-life discussions and post-traumatic stress disorder, on issues related to gender-relevant differences in the description of chest pain, doctor–patient communication in multilingual settings, and psychiatric interviews.[22]

For lack of space, this overview (Parts I and II) is necessarily limited and partial, but I believe it illustrates the liveliness of EMP research. For over 30 years this field of research has accumulated a significant body of knowledge on the linguistic, sociolinguistic, and rhetorical features of both written and oral English-medium medical discourse.

Acknowledgements

This paper was written thanks to Grant No. 1039-13-06-B from the Scientific, Technological, Humanistic and Artistic Research Center of the University of the Andes, Mérida (Venezuela).

References

1. Salager-Meyer F. Origin and development of English for Medical Purposes. Part I: Research on written medical discourse. Medical Writing 2014;23(1):46–48.
2. Maclean J, Santos Betancourt Z, Hunter A. The evolution of an ESP programme in Cuba. English for Specific Purposes 2000;19:17–30.
3. Maclean J. Professional preparation: a technique for LSP teacher education. In: Howard R, Brown G, editors. Teacher education for LSP. Clevedon, UK: Multilingual Matters; 1997. p. 158–75.
4. Shi L, Corcos R, Storey A. Using student performance data to develop an English course for clinical training. English for Specific Purposes 2001;20:267–91. DOI: http://dx.doi.org/10.1016/S0889-4906(00)00002-8.
5. Basturkmen H. Developing courses in English for specific purposes 2010. Basingstoke, UK: Palgrave Macmillan, 2010.
6. Hussin V. An ESP program for students of nursing. In: Orr T, editor. English for specific purposes. Alexandria, VA: TESOL; 2004. p. 25–40.
7. Dubois BL. The use of slides in biomedical speeches. ESP Journal 1980;1:45–50.
8. Dubois BL. Popularization at the highest level: Poster sessions at biomedical meetings. International Journal of the Sociology of Language 1985;56:67–84. DOI: 10.1515/ijsl.1985.56.67.
9. Dubois BL. Something on the order of around forty to forty four: imprecise numerical expressions in biomedical slide talks. Language and Society 1987;16:527–41. DOI: http://dx.doi.org/10.1017/S0047404500000361.
10. Webber P. The paper is now open for discussion. In: Ventola E, Thompson S, editors. The language of conferencing. Frankfurt: Peter Lang; 2002. p. 227–54.
11. Webber P. Interactive features in medical conference monologues. English for Specific Purposes 2005;24:157–81. doi.org/10.1016/j.esp.2004.02.003.
12. Carter-Thomas S, Rowley-Jolivet E. If-conditionals in medical discourse. From theory to disciplinary practice. Journal of English for Academic Purposes 2008;7:191–205. doi.org/10.1016/j.jeap.2008.03.004.
13. West C. Routine complications: troubles with talks between doctors and patients. Bloomington, IN: Indiana University Press; 1984.
14. Ainsworth-Vaugh N. The discourse of medical encounters. In: Schiffrin D, Tannen D, Hamilton H editors. The handbook of discourse analysis. Oxford: Blackwell; 2001. p. 453–69. DOI: 10.1002/9780470753460.ch24.
15. Ibrahim Y. Doctor and patient questions as a measure of doctor-centredness in UAE hospitals. English for Specific Purposes 2001;20(4):331–44. DOI: http://dx.doi.org/10.1016/S0889-4906(00)00020-X.
16. Mishler E. The discourse of medicine: dialectics of medical interviews. Norwood, NJ: Ablex; 1984.
17. Hunter K. Doctor's stories: the narrative structure of medical knowledge. Princeton, NJ: Princeton University Press, 1991.
18. Fleischman S. Language and medicine. In: Schiffrin D, Tannen D, Hamilton H, editors. The handbook of discourse analysis. Oxford: Blackwell; 2001. p. 70–502. DOI: 10.1002/9780470753460.ch25.
19. Berkenkotter C. Patients tales: case histories and the use of narrative in psychiatry. South Carolina, USA: The University of South Carolina Press; 2008.
20. Allan K, Burridge K. Euphemism and dysphemism: language used as a Shield and Weapon. Oxford: Oxford University Press; 1991.
21. Tsai MH. Managing topics of birth and death in doctor-patient communication. Journal of Pragmatics 2010;42:1350–63.
22. Gotti M, Salager-Meyer F. Advances in medical discourse analysis: oral and written contexts. Bern: Peter Lang; 2006.

Author information

Françoise Salager-Meyer completed her MA in Russian language and literature at the University of Lyons (France) and her PhD (Linguistics) at the University of Texas at Austin (USA). In 1994 and 2004, she was awarded the Horowitz Prize for her works on the pragmatics of written medical discourse. She was the section editor of the Language and Medicine section of the second edition of the Encyclopedia of Language and Linguistics (2006, Elsevier) and is currently coordinating the Multilingual and Multidisciplinary Research Group on Scientific Discourse Analysis, Graduate at the University of the Andes, Mérida (Venezuela).