Around Europe

Medical English for Finnish Doctors

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Summary

Courses in medical editing and medical English are relatively new and infrequent. We have now provided seven of them for Finnish doctors who wished to publish their work in English, to present papers in English to conferences, to work in English-speaking countries—or who wanted to improve their knowledge of the language. Although such courses should be tailored to individual needs, most participants seem to have found them helpful, particularly the sessions spent in the language laboratories. We suggest that courses in medical English might be useful for both medical students and postgraduate doctors outside English-speaking countries.

Introduction

English is now the international medical language. About 70% of articles published in European medical journals are written in it, and this proportion is likely to go on increasing. Papers presented at international meetings show the same trend, and in some societies all papers must be presented and discussed in English. With this trend in mind the Finnish Medical Society Duodecim decided to try to improve the standards of English in its three English-language journals—*Annals of Clinical Research*, *Annales Chirurgiae et Gynaecologiae Fenniae*, and *Medical Biology*. At first this took the form of an impersonal liaison, supervising the language of the articles by post between London and Helsinki. But in 1971 the societies decided to hold a short conference on medical writing and medical English in Helsinki, and invited us to take part; while in 1972 and 1973 they sponsored similar courses in all the five medical schools in Finland. Since courses in medical writing and medical English are uncommon enough in English-speaking countries, let alone in others, we thought it would be worthwhile to record our experiences with them.

Methods

The programmes and forms of teaching were planned by Y.C. in co-operation with S.P.L. and W.F.W., who had had experience in editing and language supervision. For the 1972 and 1973 courses they were joined by D.A.P. Each course lasted for two days. The courses (attendances in parentheses) were arranged in 1971 in Helsinki (80); in 1972 in Helsinki (65), Turku (24), and Oulu (46); and in 1973 in Helsinki (65), Tampere (20), and Kuopio (30).

The teaching was done by the British doctors entirely in English. The doctors who attended the courses already read English fluently and all understood spoken English well when it was delivered slowly. Before each course the participants were sent a specially prepared booklet which discussed difficulties of English grammar, style, and proof-reading, as well as material that would be used in the course. We also suggested that they should read Charles Thorne's *Better Medical Writing*.¹

Each course was divided into five parts: lectures, class exercises, language supervision in small groups, panel discussions, and language laboratory sessions (see table). At first we devoted many of the lectures to problems of medical writing—on "better medical articles," "writing a summary," "scientific quality in medical articles," "supervising medical articles," "the patient in hospital," and "British English versus American English." But we found that relatively few participants were concerned with these problems: they had come because they wanted to publish their articles in English, to deliver papers in English at conferences, or to work in English-speaking countries—or just because they wanted to improve their English. In later courses we came to use short lectures on more general subjects to introduce ourselves, and then moved on to items which needed audience participation. In this way we got to know the audience and what they wanted from the course—which was mainly to hear exactly how a large number of English words and phrases are pronounced.

Typical Programme

Day 1 0800	Better Medical Articles. Lecture and discussion
0900	Shades of Meaning: fill-in exercises
10.00-10.15	Pause
10.15-11.45	Language Laboratory
11.45-13.00	Pause
13.00	Common English Mistakes made by Finnish authors. Lecture and discussion
14.00	Clinical session
15.00-16.00	Language supervision in groups-e.g., "clinics"
16.00-16.30	Pause
16.30-18.00	Language Laboratory
Day 2 0900-10.30	Language supervision in groups-e.g., "clinics"
10.30-11.00	Pause
11.00-12.00	E.C.F.M.G. exercises
12.00-13.00	Pause
13.00-15.30	Language Laboratory
15.30-16.00	Pause
16.00-17.00	Panel discussion

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BREAKING THE ICE

The Finns resemble the English in their shyness towards speaking foreign languages in public, and to break the ice we started with "fill-in" exercises. For these, we used sentences in English, usually taken from editorials in medical journals, with key words missing. We then invited the audience to suggest appropriate words to fill the gaps. The response to this session was always good and provided the opportunity to discuss the shades of meaning which distinguish the words suggested—for example, between "find," "show," "discover," "review," "reveal," and "document." It also identified the more articulate and extrovert members, as well as the quiet ones who might need more encouragement later.

The second type of session at which the audience participated was a clinical one, in various forms tailored to their suggestions. Thus some audiences wanted to discuss medical equipment and the names for the medical hierarchy in England and America. Others suggested that one of the audience should produce a case history in Finnish and the group then went through the presentation of the case in English as might be done on a teaching round. Yet another variation was to use an English case history, chosen not only for its complexity but also for the way it illustrated clinical practices in Britain. All these variations introduced medical terms and their pronunciation, and by this stage most of the audience had lost their self-consciousness and was taking an active part in medical discussion.

A third type of group session was a mock American E.C.F.M.G. examination at which one of us asked a series of questions taken from multiple-choice papers. The participants then chose their answers from a series of possibilities on the sheets provided. Several of the case histories illustrated a tendency to overstatement and prolixity—in which the far-fetched, abstract, long, romance word, or circumlocution was used rather than the familiar, concrete, short, Saxon, or single word. Thus this session also allowed us to emphasize the principles of good medical writing. The audience usually enjoyed it and its competitiveness, and appreciated the mixture of written and spoken medical terms—though they were surprised to find how difficult these questions could be.

"CLINICS"

A further approach was to hold "clinics." We offered to spend time with individual authors of papers or even theses in preparation, either by themselves or using their articles for teaching small groups. These personal encounters were revealing and instructive. Even people who spoke English fluently often found the grammatical constructions and word order of correct written English difficult. Discussing the articles sentence by sentence showed how often the author's subtle meaning might be hidden from an editor, expert referee, or language supervisor who has to read the script without discussing it with the author. Often the problems derived from disorganized thoughts or illogicality rather than from difficulty in using a foreign language.

At the end of each course we held a panel discussion. We co-opted articulate members of the audience and discussed a subject they had suggested. We asked what else they would like included in such a course. Their answer to this question was usually "more medical talk," especially individually or in small groups or in the language laboratory.

The final part of the courses given in Helsinki was attended by many medical editors and so the panel discussion here often dealt with topics of particular interest to them—for example, editorial policies on refereeing, rewriting, or ethics.

Finnish high schools or in the branches of the Finnish America Society. As we had had no experience of teaching in these, and as most handbooks were in the style of "where is the pen of my aunt?" stage, we decided to learn by practice. We assumed that a student wanted to hear English doctors speaking and to compare his own efforts with theirs. So we recorded on to a master tape a large medical vocabulary containing particularly awkward and difficult terms, with suitable pauses between each word so that the student could record his version on to his own tape. He then played back the tape with words spoken by the teacher and himself and was able to correct any of his mistakes. A more advanced stage was for the student to read the medical terms from his script first, before the English spoken version, and then to correct it after hearing the teacher. This self-correction appeared to be particularly stimulating.

As well as the pronunciation of difficult individual medical words, we also taught the rhythm of English speech. At first we used recordings of readings of various articles from medical journals and from more literary medical writing, such as Richard Asher's essays.² Again, we left pauses for the student to copy the rhythms of the sentences as well as the sounds and stresses of the words. We found it best to allow him to record the whole piece and then for the teacher to discuss the various points over the intercom with him individually while he was listening to the two versions again. Here too the students could be asked to read the sentences aloud, hear the English version, and then repeat it.

Our experience in the first four courses showed that many printed medical articles were unsuitable for reading aloud, so that we wrote our own script for speaking. This introduced many difficult medical terms which the students had already met in the individual vocabulary, illustrating some features of British medical practice (such as the general-practice team which includes ancillary workers). Our final script dealt with the history of a woman with pancreatic carcinoma, made up of the patient's initial consultation with her general practitioner, his letter to a consultant, the patient's interview with the consultant, the consultant's letter back, and a subsequent discussion between the two doctors. There were two versions of this: one at normal speed without interruptions, and the second with pauses for the students to record their own versions.

At least one expert text³ on language teaching (which we have read since) suggests that this practice is one approved way of using the language laboratory, and certainly the participants have always asked for still more time there. Most of the courses have had three or four 90-minute sessions, which was gruelling for us as teachers and probably provided as much new material as most students could absorb, given the short length of the courses. But undoubtedly this teaching benefited almost all students, particularly those who were shy or inarticulate in more public forms of participation, and it ensured that the final discussion was lively and involved nearly everybody.

We now think that the best way of ensuring that all the time is used to the utmost is to record a master tape in Britain, have it duplicated in Finland, and sent to each participant with his papers for the course. We did this in the most recent courses and found that the groups came to the language laboratory already familiar with the vocabulary and the case history.

Discussion

The need for medical English courses for English-speaking foreign doctors may not be obvious. In Finland though medical students have usually learnt English at school for between three and seven years little of this has been concerned with medicine. Nevertheless, most medical textbooks are written in English and students have to learn a large new

LANGUAGE LABORATORIES

We used the language laboratories which exist in most

vocabulary, usually without hearing medical English spoken at all. This gap between "general" and professional English may lead to the students' misunderstanding what the textbook says, and it certainly slows down reading and learning. In Finland the two youngest medical faculties (in Kuopio and Tampere) have included short courses on English or another foreign language in their curriculum, but the older faculties (in Helsinki, Turku, and Oulu) have no such arrangements.⁴ Only one faculty (Turku) has included a course on medical English in its postgraduate educational programme.

To argue from our experience in these courses to courses in medical writing or medical English in general is not easy. Our students were already used to writing papers employing the conventional format of English medical articles, and their general level of understanding English was high. In other countries students might be much less strongly motivated or less fluent in English. But there can be no doubt of the importance of English as the medical language: "it must be accepted as a fact that English is and will remain the principal scientific and medical vehicle of international communication."⁵ A look at four issues of *Current Contents* showed that of 139 non-national journals 39 were published in the language of the country of origin and 25 in English, while 75 were multilingual. Analysing 10 of the so-called multilingual journals, however, we found that over 80% of their articles were written in English. Though there are still only a few European societies with federal or individual membership, their number is increasing and all those in existence conduct their meetings in English.⁶

We believe that at some time during postgraduate training there is a place in every country, including Britain, for courses in medical writing. Apart from their poor standard of English too many articles fail to answer Bradford Hill's⁷ fundamental questions: "why did you start, what did you do, what did you find, and what does it mean?" In Britain such courses could possibly be combined with language laboratory courses in medical French or German. For foreign English speakers it is also logical to combine some tuition in medical writing with that in medical English, based on trying to correct the commonest mistakes known to be made in that country. The importance of tailoring tuition to individual needs has been recognized by E.L.S.E. (European Association of Editors of Biological Periodicals), which is now developing guide lines for articles written in English. Their suggested style book will be in three parts: a "core" book, applicable to all countries and scientific disciplines; a "specialty" book covering the individual discipline; and a "national" book, dealing with the commonest mistakes in English writing made by scientists of that country.

A non-English doctor may be able to read English texts,

but he may still be far from competent at writing or delivering papers in English. The main purpose of our courses, it soon became clear, was to familiarize the Finnish doctors who attended them with the sound and shape of medical English. For this, we believe that it is essential to have teachers who are themselves entirely at home in medicine and English and who have some experience in writing and lecturing.

Most of the participants on these courses wanted to hear more medical terms in as many contexts as possible, as a questionnaire circulated after the first course showed. We have not attempted any further scientific appraisal of these courses but have just asked the groups what they thought of them and how they could be better adapted to their needs. Our audience always wanted the minimum of lectures and the maximum of participation. Some initial formal session was needed, however, to explain what the course was about, to introduce ourselves, and to start the audience thinking in another language. We tried all sorts of variations for the first session, including "making a good article bad," and a three-handed discussion on rewriting medical articles as in the experiment recently reported in the *New England Journal of Medicine*.⁸ We also tried variations for the later sessions by asking the audience to translate Finnish versions of English articles back into English, to make a summary or an abstract of an article, or to shorten an article—but these proved less popular. We did not use dictation or any written exercises.

If we were asked to run any further courses we would consider trying longer ones, possibly residential, in which the participants could make really substantial progress. Such courses would need to last at least a week, but could be tailored to individual needs and possibly be opened to doctors from other non-English-speaking countries.

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