



Zytglogge, Bern

**Ringling  
in an  
'EALTHY  
New  
Year'  
2016**

**Top Stories**

- English for Healthcare: Some reflections
- 5 Qs for EALTHY's President
- Breaking the Language Barrier: Clinical sessions in English in a Spanish setting

## EALTHY

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EALTHY is currently  
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- *Good communication skills*
- *Proactive*
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- *2-3 hours a month to spare*
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**Recognise yourself?**

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**EALTHY** is the *European Association of Language Teachers for Healthcare*, a members association for teachers of English for medicine & healthcare and for other professionals with an interest in the provision of language training for the health sector. We have a global membership.

## Contents

**Page:**

- |              |   |
|--------------|---|
| <b>3</b>     | Editorial<br>Introducing Angela Matthews Siegrist   |
| <b>4</b>     | 5 Qs for EALTHY's President   |
| <b>5-6</b>   | English for Healthcare: Some reflections  |
| <b>6</b>     | Medical English Materials Based on Real-Life Case Studies                                     |
| <b>7</b>     | The Sound of Music in the EHC Classroom   |
| <b>8</b>     | Facilitating Academic Writing in Postgraduate Medical Education: Tips for instructors         |
| <b>9</b>     | Teaching Medical English for Intercultural Communication Based on a Psycholinguistic Approach |
| <b>10</b>    | Integrating Content and Language to Enrich Learning   |
| <b>11</b>    | Soft Skills for Medicine: Breaking bad news   |
| <b>12</b>    | Poster Presentations: An effective way to assess scientific and medical English?              |
| <b>13</b>    | Breaking the Language Barrier: Clinical sessions in English in a Spanish setting              |
| <b>14-15</b> | Reviews   |
| <b>16</b>    | Events at EALTHY  |

## Editorial

What better way for EALTHY to ring in the New Year than with its very own magazine? With its emphasis planted firmly in the teaching and learning of English in the healthcare sector, we very much want this to be YOUR magazine.

President, Catherine Richards kicks off this issue talking about the whys and wherefores of EALTHY and its goals for 2016. Following the success of the 2<sup>nd</sup> *English for Healthcare Conference* recently in Bern, Chris Moore reflects on his experience both as presenter and delegate. While fellow speakers offer a flavour of the variety of topics on offer during the conference, including the use of real-life case studies and even music in the healthcare classroom. If you've ever considered using poster presentations as a means of assessment, then Catherine tells how. One of our top stories comes from Mallorca-based coach, Jonathan McFarland. Jonathan describes how his current project, the development of clinical sessions

in English, has recently taken on a more European twist. I review some English for healthcare-related resources - old and new, print and online - that I hope will inspire you and your learners. Finally, our events page provides news of workshops taking place in the coming months that aim to fulfil EALTHY's mandate to keep your CPD current and valid.

As we launch our first issue, we are naturally on the lookout for contributors. So if you feel the creative urge, I'd love to hear from you.

Wishing all our members a very EALTHY New Year 2016!

**Ros Wright**  
Editor



## Introducing ... Angela Matthews Siegrist

**Angela** is one of the original Nursing Studies graduates from London University and is also trained in Health Education.

She has worked as an English trainer since moving to Switzerland in 1995, and now specialises in ESP, whenever possible in the medical field. In addition, she coaches both presentation skills and preparing medical and scientific papers for publication.

She has recently been working on a teaching training project supporting tutors teaching Nursing Care Assistants on a bilingual German-English course.

Angela takes over from Stefano Golini as EALTHY's Treasurer.



*Welcome to the team, Angela!*



## 5 Qs for EALTHY's President

**Catherine, what gave you the idea to set up an association, given the**

### **plethora of associations for language trainers?**

Actually, I don't think there *are* a plethora of associations for ESP teachers. TESOL and IATEFL, each with their national associations ...yes..., but focus-specific associations? When I first started teaching English to trainee radiographers I remember spending hours hunting for material, ideas, useful websites and lesson plans. I found very little. There are a fair amount of websites offering material for nurses and doctors but not all of it good quality, much very samey and unfortunately most of limited use for radiographers! Or medical practice assistants - for they'd soon been added to the mix. Fast forward to 2013 when Sue (Gilbert) and I were organising the 1st *English for Healthcare Conference*. I was looking for an association to help spread the word and found nothing. So clearly there was an absence. As this was the first conference of its kind it seemed like a good idea to go the whole hog and set up EALTHY.

### **Two years on, what does EALTHY have in store for its members in 2016-2017?**

Spring and autumn workshops - in Switzerland and in the UK for sure - which will be free to members. We're a European association and have members in many different countries so it would be really satisfying to see EALTHY workshops in a number of different countries ... the EALTHY road show! Stay tuned. Then there's the *EALTHY magazine* - you're reading it now. There's a lot to be said about WHAT we teachers do and about the world of teaching English for healthcare and medicine and yet very little space in which to say it. We're also looking into offering webinars - this could be very exciting and of great interest to members who can't attend our workshops and conferences in person.

### **Many people are asking, where is the 'H' in EALTHY and what does the 'y' stand for?**

If you've ever tried to come up with a snappy, clever acronym for a product or an association ...

well, if you had, you might not be asking this question. So here is the answer: European Association for Language Teachers for Healthcare (yeah?!) There never was an H and there was already an EALTH.com. Yeah? :-)

### **What is your English for healthcare specialisation and how did you get into it?**

I currently teach English to trainee radiographers, medical practice assistants and to lab technicians - sometimes called biomedical analysts. Having taught business English on and off for many years I knew I preferred teaching ESP to general English (or 'English for no particular purpose'). The director at the school in which I teach was very keen that the new teacher understood the difference between the two. I assured him that I did so he offered me the job. That was 10 years ago. I don't know if I specialise within the field but I certainly know a fair amount about the language of radiography - particularly patient information in radiography - as it's also the focus of my doctorate.

### **What advice would you give to anyone wanting to move into teaching English for healthcare?**

There are two principal types of teacher in this field: the medical professional and the language teaching professional. Both need to understand that the skills & knowledge of the *other* can only help in the classroom. Read as much as you can about the field your students will be/are working in. Understand that you are now teaching English for *Specific Purposes* (ESP). All the principles of good ESP teaching apply - which means some of what you learned as a general teacher of English will not apply. And much of what you know about a doctor from one country will not be relevant when teaching nurses from another: keep thinking *who, to whom, where, what* and *why*? A good needs analysis for every course you teach is fundamental. A subscription to the journal, *English for Specific Purposes* would be money well spent - as would joining EALTHY and attending conferences and professional development workshops!

*Catherine Richards, President  
interviewed by Ros Wright,  
Editor*





## English for Healthcare: Some reflections

The 2<sup>nd</sup> *English for Healthcare Conference*, set in the stunning location of Bern, was very much of the boutique variety. Around 70 delegates attended. Most were university-level medical English teachers, designing and delivering courses to students from a broad range of subject-specialisms, including nurses, doctors, radiographers, paramedics, and physiotherapists. The speakers were a strong mix of established names – including Ros Wright, Kieran Donaghy, and Virginia Allum – as well as lesser known lights delivering talks on designing courses for Polish nursing students, using music, or developing materials using case studies.

For me the standout talks I attended were the two plenaries. The first was given by Dr Joe Wang, consultant at St Georges Hospital in Tooting, South London. As a hands-on practitioner, Joe gave us excellent insights into the challenges facing the NHS on doctor recruitment, notably the rise in locums, the increasing numbers leaving to work abroad, and the consequent greater reliance on overseas-trained professionals. These, when put together, create multiple issues around communication skills, especially when one considers the cultural challenges of a multi-cultural team of doctors working with the vast range of cultures and languages represented by today's patients. Joe highlighted that the increase in IELTS score from 7 to 7.5 for all doctors didn't necessarily mean they could communicate appropriately and empathetically in practice, something we at SLC have come across many times in

our work on medical English. Joe has recently been involved with the creation of a specialist *English for Doctors* intensive course at the London School of English, along with author and conference co-organiser, Ros Wright.

The second plenary was given by Kieran Donaghy, author of *Films in Health Sciences Education*. His website, <http://film-english.com> won a British Council ELTon award in 2013 for innovation in teaching. Kieran showed a crowded room how to use film clips to deliver engaging medical English lessons that had real practical impact. He used a selection of clips to show empathy – or the lack of – as well as lessons in using intonation, reflective listening and paraphrasing to build relationships with patients in distress. The clips themselves came from some well-known films such as *The Doctor*, starring William Hurt, and *Wit*, with Emma Thompson, as well as a couple of leftfield selections, such as a Thai advert for telecommunications which told a surprisingly powerful story of a young boy repaying a debt to a kind street food vendor, or a clip from Virginia Allum's *Go-animate* series looking at an HCA dealing effectively with an aggressive patient. The clips all had a variety of potential classroom uses. At the end, Kieran talked about getting students to make their own videos, which involves vast amounts of language, both transactional (negotiating, debating, deciding, etc.) as well as the medical English illustrated in the actual films.

I gave a presentation on designing blended English language courses, looking at how we can combine the strongest elements of face-to-face learning on the one hand and online self-study courses on the other to create powerful blended learning experiences.

## English for Healthcare: Some reflections, *contin.*

Having released three online medical English course this year, this subject is of great personal interest, and it was encouraging to see the positive and engaged response of the delegates to the talk.

In addition to the various talks, there was plenty of time to drink coffee, eat croissants, and catch up with everyone at the conference. One of the real advantages of a small boutique-style conference is that you get to speak to most people and you already have plenty in common to talk about. Bern, as mentioned above, is stunning, and it was a real joy spending a couple of hours both before and after the conference

taking in the Old Town, designated a UNESCO World Heritage site in 1983.

So, a big thanks to the two organisers, Catherine Richards and Ros Wright, as well as their team who effortlessly fed, watered, guided and informed us throughout the two days. And of course a big thanks to all those people who spent time with me, sharing their experiences and ideas and making the conference memorable in many ways. I hope to stay in touch with many of them and look forward to meeting again at the next conference.

**Chris Moore**

*Managing Director  
Specialist Language Courses*

## Medical English Materials Based on Real-life Case Studies

Authentic, real-life case studies, when used as teaching materials in medical English classes can serve as effective, interesting and motivating tools<sup>1</sup>. However, there is a lack of case study based materials that can actually be employed for teaching English in healthcare disciplines. Although English language textbooks in healthcare specialties often provide examples of authentic medical cases, they are not meant for teaching English language. Their objective is to teach the healthcare process. Accordingly they are targeted toward healthcare learners who have sufficient English language proficiency to grasp the content. In order to use those case studies for teaching English language to learners in healthcare, they need to be selected and adapted according to the needs, level and ability of the target class.

This presentation described the development and implementation of materials based on real-life case studies for teaching medical English to undergraduates in medical, nursing and medical technology programs. Examples included materials based on authentic medical-genetic<sup>2</sup> and medical-surgical<sup>3</sup> case studies and samples of developed lessons for the respective courses and programs. In addition, the presenter gave tips for selecting and adapting the case studies, and introduced a step-by-step procedure for implementing them in the classroom. The pedagogical approach in developing and implementing the materials focused on developing all five language learning skills including comprehension, reading, writing, listening and speak-

ing. Depending on the course and level, students were engaged in various creative and critical thinking activities in pairs or groups, such as answering questions related to management or treatment of the disease involved, discussing ethical and/or decision-making issues, composing dialogues and acting them out in the class and so on, all based on the content of the case studies.

Results of student assessment and feedback demonstrate the numerous benefits of using medical English materials based on real-life case studies for teaching learners in healthcare.

**Dr Najma Janjua**

*Kagawa Prefectural  
University of Health Sciences  
Japan*

### References

- <sup>1</sup>Janjua N. 2014. Using case studies to develop effective medical English teaching materials and methods for Japanese undergraduate programs. *Journal of Medical English Education* 13(1): 7-14.
- <sup>2</sup>Gelehrter TD and Collins FS. 1990. *Principles of Medical Genetics*. Baltimore: Williams and Wilkins.
- <sup>3</sup>Ankner GM. 2008. *Delmar's Case Study Series: Medical-Surgical Nursing*. New York: Thompson.



## The Sound of Music in the EHC Classroom

In the introduction to my talk I discussed the numerous advantages of integrating music and songs into lesson plans: to teach structures, vocabulary, pronunciation, notions, and functions; to provide a broader cultural input; to trigger creativity; to open discussions; to upgrade writing proficiency, etc.

I presented four of a broad collection of techniques, prac-

tical activities, and tasks - tried and tested personally in the classroom over the years. Three activities can be used to explain and enrich professional vocabulary and the other can elicit class discussion. All the selected songs have a story line and are most compatible with the following exercises: *Cardiac Arrest* by Madness (Vocabulary Prediction); *Riding to New York* by Passenger (Vocabulary Association); *Streets of London* by Ralf McTell (Running Dictation) and *Like a Surgeon* by Weird Al Yankovic (Society Values and Cultural Stereotypes Discussion).

There was a quick overview given for each activity before the delegates tried them out for themselves. Each activity was supported by music videos and lyrics downloaded from the Web.

The richness of using music as a source for foreign language classroom activities lies in its multiple applicability and interpretation. As a conclusion to my talk I encouraged the delegates to find a place for songs in their classrooms.

**Majda Šavle**  
University of Primorska  
Slovenia

## Membership @ EALTHY

### Individual Membership 45Sfr\*

**Individual membership** is for one year on receipt of membership fee:

- Free workshops
- Discounted rate - *English for Healthcare Conference*
- 2 issues of *EALTHY magazine*
- Healthcare English materials
- Publisher special offers

### Institutional Membership 150Sfr

**Institutional membership** is a great way to help your teachers in their professional development:

- 4 EALTHY membership subscriptions (unnamed, so more flexibility for you)
- Additional membership cards at reduced rate 30 Sfr

\*approx. £30 / 45 Euros





## Facilitating Academic Writing in Postgraduate Medical Education: Tips for instructors

EFL academic writing pedagogies in the context of postgraduate medical education can be best described by invoking the classic model of communication. By focusing on the encoder of the

message, *i.e.* the author, students can be taught specific techniques mainly from the field of creative writing. These can help them learn about writing in general, overcome the writing block, avoid procrastination, develop a writing habit, or simply enhance their writing during the individual stages of the writing process. The techniques might include free or rapid writing, group presentations on assigned readings (*e.g.* books or articles on writing), discussions regarding students' writing processes (tips on what works for them), contributing to web-based class blogs or discussion forums.

In the message-oriented approach, *i.e.* the text, instructors can draw on ample research into academic genres such as the medical paper. Swalesian's (2004) CARS (Create a Research Space) model is a well-known technique for performing a structural and rhetorical analysis of the introduction section of a research article. When dealing with texts, instructors should also describe the context of a specific academic genre. In the case of abstracts for instance, the following questions might serve as a springboard for discussing the context: *What is an abstract? Who reads abstracts? Why are they important?* etc.

The final component of the communication model is the receiver, *i.e.* the reader/audience. By using the tools of corpus linguistics, students can familiarize themselves with and gradually acquire typical lexico-grammatical features of academic genres that their disciplinary communities (= the audience) expect them to master. In addition, students can increase their chances of being published by conducting their target journal analysis. Last but not least, a mock peer-review in which students give feedback on their classmates' written assignments, either in class or online, using a simple software is important.

**Dr Robert Helán**  
Language Centre  
Masaryk University  
Brno, Czech Republic



## Teaching Medical English for Intercultural Communication Based on a Psycholinguistic Approach

The teaching of Medical English in Russia has certain specific features when compared with common practice in many European countries. The difference is that we do not teach *clinical* communication in English, as Russian doctors do not communicate in English in the clinical setting, either with patients or with staff members. Results of our needs analysis<sup>1</sup> showed that Russian doctors use English mainly for obtaining professional information from a variety of international sources and for writing short summaries of articles in Russian. We call this 'informative-communicative activity'. Other skills mentioned were, making a paper or poster presentation in English, and participating in academic discussions. Given the growing involvement of Russian physicians

in international collaboration, a new need emerged recently; that of presenting a patient at a clinical session.

When developing Medical English courses it is important to view professional communication from a cross-cultural perspective. According to Russian psycholinguistic theories<sup>2</sup>, effective communication in the intercultural setting, including professional communication, results from the congruence of 'professional images of the world'. While non-congruence causes misunderstanding. Experimental psycholinguistic research shows that with professionals coming from different ethnic cultures, congruence of professional consciousness may be incomplete. One important task is to investigate culture-specific consciousness images to identify the areas of congruence and non-congruence. Another is to develop training courses teaching effective cross-cultural communication based on research data.

Our British-Russian-Spanish experience of conducting international clinical sessions involving doctors and medical English trainers from each side, has proven to be a very effective way of focusing on both the areas of congruence and incongruence in 'professional images of



the world'. Indeed this activity provides students with effective psychological and linguistic strategies for intercultural professional communication.

**Irina Markovina**  
Sechenov 1st Moscow State  
Medical University  
Russian Federation

<sup>1</sup>TEMPUS Project Life-long Learning for the Medical University Teaching Staff. TEMPUS IV 159328-TEMPUS-1-2009-1-FR-TEMPUS-SHMES

<sup>2</sup>e.g. the theory of Verbal Consciousness, theory of Lacunae, theory of Speech Activity.

Go to **page 13** to find out more about the international clinical sessions mentioned in Irina's article.



## Integrating Content & Language to Enrich Learning

In 2007, the University of Calgary in Canada established a branch campus to deliver a Bachelor of Nursing program in Doha, Qatar. Currently, there are over 500 students comprising 33 different nationalities, 80% of whom require English language support. Although the majority of students spend at least one term in the 3-level English for Academic Purposes Program prior to entry into the degree programs, many require ongoing language support until graduation. For this reason, an effective instructional model, which combines instruction in language and academic skills with the acquisition of content knowledge, is needed.

A modified Content and Lan-

guage Integrated Learning (CLIL) approach is currently being trialed to assist native English speaking content instructors, delivering courses in English but without experience of teaching second language learners, in developing skills focused on scaffolding content delivery. Additional support is provided in synchronous content course tutorials taught by EAP instructors. In a recent needs analysis, instructors indicated that the largest competency gap in degree programs was with academic reading skills. Students indicated that the challenges of academic reading were the greatest cause of anxiety as well as animosity. As a result, a large part of the CLIL support is centered on addressing academic reading needs.

Academic reading support is delivered using a variety of instructional approaches. Content instructors are incorporating language teaching pedagogy, focusing on pre- as well as post reading strategies into their courses. Scaffolding

is further provided through integrating reading with listening, writing and speaking in supportive groupings. Tutorials led by language instructors focus on helping students deconstruct text and develop strategic reading skills as well as the ability to transfer these skills to what is being presented in their content courses.

Preliminary feedback from both content instructors and students indicates that the delivery of content using a modified CLIL approach has been successful in facilitating language ability while deepening content knowledge. Although CLIL can be preparation and coordination intensive and require a great deal of institutional support, its advantages outweigh the possible drawbacks and the use of it benefits the growing number of language learners undertaking tertiary education in a foreign language.

**Jody Shimoda**  
University of Calgary in Qatar  
Qatar



## Soft Skills for Medicine: Breaking bad news

The true test of a doctor's communication skills has to be the delivery of bad news; a complex task often carried out several times a week. If delivered poorly, the experience remains with the patient long after the initial shock of the news itself and is further compounded if the doctor struggles to do so in a language that is not his own. Bad news means different things to different people. From the teenager unable to play the football season due to a shoulder injury, to the single mother learning of the return of breast cancer.

There are many dos and don'ts when delivering bad news. Breaking news over the phone is totally unacceptable, as are comments such as '*Nothing can be done*'. Professionals should avoid using unnecessary medical jargon, or being judgemental and must be careful not to allude to an exact time frame when discussing prognosis. Given the highly sensitive nature of this task, it is comforting to know guidelines exist. Baile's SPIKES model guides the medical professional through the maze to ensure bad news is deliv-

ered as effectively as possible and in accordance with the UK's National Health Service protocol.

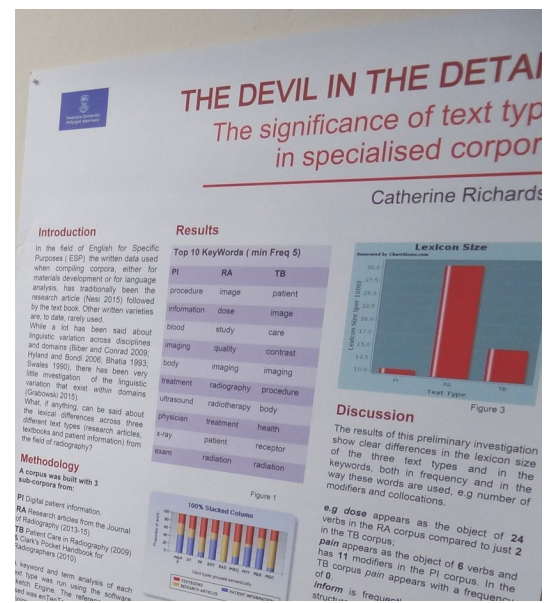
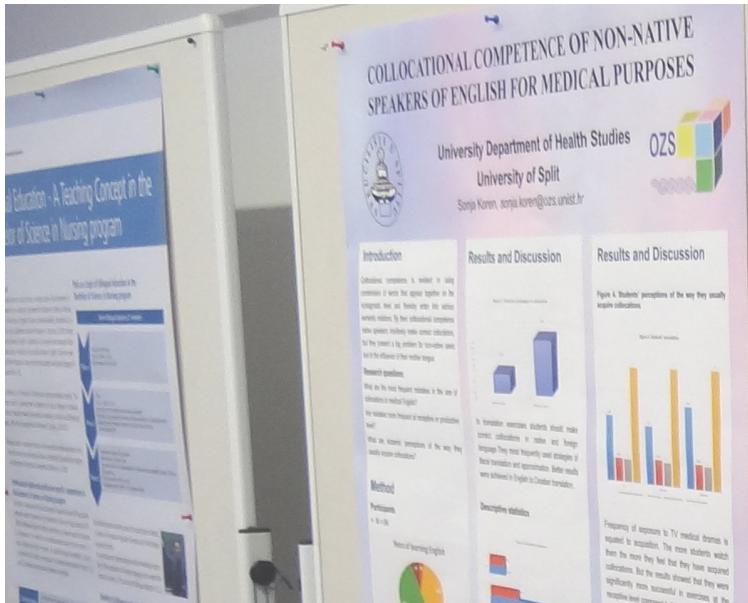
So how does SPIKES work? Trainees first need to **Set** the scene, then determine the patient's **Perception** of their condition, obtain the patient's **Invitation** before delivering the preferred amount **Knowledge**, while providing **Empathy** and finally **Summarising** and laying out a **Strategy** for the future.

There are many advantages to using communication frameworks such as SPIKES in the medical English classroom. As an authentic task it proves an effective and engaging method with immediate relevance to the work environment. From a language perspective, frameworks often provide guidance to the learner and are surprisingly easy to adapt to the classroom. The functions and communication strategies employed in SPIKES are fairly clear: questioning, clarifying, summarising, etc. Additionally, despite the context, neither the lexis, nor the structures employed to carry out such functions are beyond the remit of the ESP trainer and can be taught from a low intermediate level upwards.

**Ros Wright**

[www.englishformedicine.net](http://www.englishformedicine.net)





## Poster Presentations: An effective way to assess scientific and medical English?

This presentation reported on the action research conducted over a two-year period to evaluate the potential of scientific poster presentations as an effective means of assessing specific language competency and professional knowledge in a tertiary training school in southern Switzerland. The students involved were final year radiographers and biomedical technicians.

English assessment in this training centre had previously taken the form of traditional presentations delivered in plenary (sometimes with an invited audience of the students' peers) and/or a 20-minute oral examination in three parts with one or two examiners present – a format common in schools in the region and one loosely based on the Cambridge English examinations. A growing concern that such tests did not '...reflect the actual communicative needs of people in that context' (Douglas 2010) or accurately or validly assess their professional communicative competence prompted the teacher to intro-

duce the change, initially for one programme and then, in the second year, for both training programmes.

Poster presentations are a format common to graduate and post-graduate scientific and medical training programmes the world over, though the ESP students in this study were generally unfamiliar with posters as a form of scientific communication. As a result it was fundamental to split the process into two clear stages. The first stage allowed investigation, experimentation, group feedback and peer assessment of a draft poster to take place before students started work on the second stage: the design of and presentation their individual posters. All posters related to the final year, subject-specific diploma projects in radiography or biomedicine that students had written in their L1.

Data from questionnaires given to all students after the assessed poster presentation and informal feedback from both poster presenters and the 1<sup>st</sup> year students and subject specialists who attended the presentations was extremely positive. As a result, poster presentations have now replaced the traditional presentation and interview as the final assessment.

Catherine Richards  
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## Breaking the Language Barrier: Clinical sessions in English in a Spanish setting

Sir William Osler wrote, *'I desire no other epitaph than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work that I have been called upon to do'*.

I have been teaching English for Medical Purposes for many years, mainly in the two main public hospitals of Mallorca, Son Llatzer and Son Espases. It is a fascinating field, made all the more so by being practiced in a hospital setting. However, being on the inside also highlights the difficulties for Spanish doctors, who have a block with English. Add the fact that English is a prerequisite for Spanish doctors (and all non-English speaking doctors), especially in Mallorca with its tourists and large numbers of non-Spanish speaking residents.

So, English is both a problem and a necessity for Spanish doctors. With this in mind I began to think about the ways of helping doctors and other health professionals. Around five years ago I came up with an idea, whose main aim was threefold:

- to encourage doctors to break the barrier
- to engage busy clinicians with English and
- to embed the learning experience in a clinical setting.

But how?

David Merrill, an Education researcher has proposed, *'learning should be situated in realistic settings'*. In clinical sessions doctors regularly discuss patients; the past medical history, medication, allergies, social and personal history, and so on, with the aim of reaching a

diagnosis and devising a treatment plan. I had a stroke of luck when I was invited to attend a clinical session with the Infectious Diseases department of Son Espases hospital. As the guest doctor from Kenya spoke no Spanish, the department head decided the clinical session should be delivered in English. The idea took shape and developed from there.

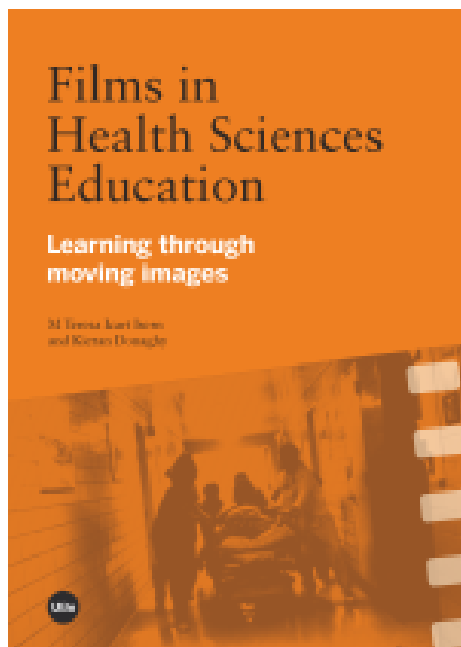
The practicalities are simple. The resident doctors, with the help of a consultant, choose an interesting case to discuss; one with an important educational aspect. They write up the case report, which they send to me for correction. During the clinical session they present the case report, which is then discussed and debated in a normal way, the only difference being - *everything is in English*.

I take notes while the doctors are discussing. At the end of the session I comment on all the linguistic aspects, such as pronunciation, medical terminology, use of acronyms, false friends, word order, grammatical structures, etc. It is a privilege to attend and assist the doctors. The sessions have been very successful in their main aim of introducing and normalizing the use of English in the daily hospital work of Spanish doctors. There are many benefits and few disadvantages.

I now lead *Clinical Sessions in English* in many different departments: from Oncology to Immunology, ENT to Haematology, and Radiology to Pneumology. While each department might make a slight changes, the general format is the same.

This project was started in Mallorca, but as a result of meeting Professor Irina Markovina working at the oldest and most prestigious Medical University in Russia, the Sechenov First Moscow State Medical University, I was invited to lecture in Moscow last April. Since then, we have transferred the Clinical Sessions in English from one hospital and one country to two hospitals and two countries. So far, we have carried out three clinical sessions in Urology between Son Espases and Sechenov via videoconference, and on one occasion both Son Espases (Urology Department) and Son Llatzer (Oncology Department) worked together with Sechenov. The results are promising, but this is just the beginning.

**Jonathan McFarland**  
Freelance Medical English Coach  
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## Book review

### ***Films in Health Sciences Education***

(University of Barcelona, 2012) offers trainers a selection of medical themes to develop in the classroom through the medium of film. Such themes could be of interest to various healthcare professionals, as well as to learners from other disciplines. Kieran, already known in the industry for his use of film in ELT, teams up with Icart Isern whose experience in the medical field makes for an exciting combination of expertise.

Each of the 10 films, some based on true stories (*Iris*) and others adapted from novels (*The Constant Gardener*), is treated in a similar way: a synopsis is followed by 3 *Minutes to Analyse* which offers a section of dialogue, highlighting either an aspect of public health or a particular disease, its diagnosis and treatment. A glossary of key

vocabulary and expressions can be found next, together with extension activities to encourage learners to analyse the clinical and/or ethical issues raised in the dialogue. A bibliography subsequently provides additional web resources for trainers and learners alike seeking to delve deeper into a particular theme.

For trainers wishing to examine film features with their learners, the authors guide learners through the techniques exploited by the cameraman that help us further comprehend the characters. The fisheye lens in *Requiem for a Dream*, for example, is used to draw the viewer into the 'dark world of addiction', by recreating the hallucinatory vision of the addict.

***Films in Health Sciences Education*** is nothing if not original. However, while this title will engage your learners on several different levels as well as develop their understanding within a variety of medical contexts, trainers may feel the need for a little helping hand. I have it on good authority that teachers' notes are in the pipeline and I strongly recommend keeping an eye out for these on the following website: [www.publicacions.ub.edu/liberweb/filmsInHealth](http://www.publicacions.ub.edu/liberweb/filmsInHealth) as well as any future titles by this author-team!

(First published in the *Teaching Times*, Issue N°67)

**Ros Wright**  
[www.englishformedicine.net](http://www.englishformedicine.net)

Go to the EALTHY website for Catherine Richards' review of Kieran's award winning, ***Film in Action: Teaching language using moving images*** (DELTA Publishing)



## Web reviews

*New Year resolutions and all that ...*

As the UK's Chief Medical Officer, Dame Sally Davies, announces new guidelines for alcohol consumption, you may be considering this as a possible topic of conversation for your learners this month.

So how do you go about sourcing a suitable article? You may already have your go-to website for news-worthy medical items. However, you might also want to consider signing up for **MedScape** ([www.medscape.com](http://www.medscape.com)). Its free, written for experts while still accessible to non-experts and includes pages in French and German.

**MedScape** offers up-to-date articles as well as video clips on a whole host of topics and specialties. Under the Education section, features include clinical cases and presentation slideshows, which can be adapted for the classroom.

A lesser known site is **healthtalk.org** ([www.healthtalk.org](http://www.healthtalk.org)) set up in 2001 by a GP from Oxford and her colleague after their own experiences of ill-health. The site provides reliable information about health issues, by sharing people's real-life experiences.

For those teaching in the university sector, **youthhealthtalk.org** offers a vehicle for younger patients (18-25) to express their thoughts and ask questions of experts on all manner of health issues, including alcohol use. Your learners may be surprised to learn about the cultural differences regarding alcohol consumption in the UK, which shock even our closest European neighbours ...

**Ros Wright**  
[www.englishformedicine.net](http://www.englishformedicine.net)

### Interested in writing for EALTHY magazine?

*We're looking for contributions:*

- Web / book reviews
- Medical / healthcare related issues
- Teaching and testing in medical / healthcare English
- Activities and lesson plans
- ESP classroom practice
- Specialised medical / healthcare teacher training

Contact Ros at [ros\\_wright@hotmail.com](mailto:ros_wright@hotmail.com)

# Events @ EALTHY

European Association of Language Teachers for Healthcare

## Workshop

**Title:** *Making it Specific: Using authentic texts & video in the medical & scientific English classroom*

**Speakers:** Susan Wood & Catherine Richards

**Date/Time:** Saturday 2 April, 2016  
9.00-12.30

**Location:** Bern, Switzerland

**Free** for EALTHY members  
55 Sfr non-members

## Workshop

**Topic:** *Nursing and telephone skills*

**Speaker:** Virginia Allum

**Date/Time:** Saturday - June 2016 (TBC)  
9.00-12.30

**Location:** London, UK

**Free** for EALTHY members  
55 Sfr non-members

**EALTHY events are open to members & non-members but spaces are limited.  
Reserve now by sending an email to [admin@ealthy.com](mailto:admin@ealthy.com)  
or fill in the contact form online.**





# 2nd English for Healthcare Conference







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Issue N°1

January 2016

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