

# JUST WHAT THE DOCTOR ORDERED: A tailor-made English Course for doctors

---

David Shea  
Universidad de Las Palmas de Gran Canaria

*In this paper I offer a personal account of the preparation and teaching experience of an English course for Spanish doctors in Las Palmas de Gran Canaria. Although the course incorporates specialized vocabulary required by members of the medical profession, it also provides a variety of language activities to bolster the non-English speaking doctor's confidence with the language in different areas inside the hospital or clinic, at conferences and in other situations where English might be necessary. The course has been designed to be lively and enjoyable and, hopefully, somewhat therapeutic for busy doctors, particularly those doing their residency placements. By encouraging discussion of the ways doctors view their work and their relationships with both medical colleagues and patients, the course also has helped this language instructor to overcome his own fears of physicians.*

There is little need to convince doctors in Spain of the importance of English in medicine. Many of them spend large chunks of their professional and 'leisure' time wading through a plethora of current medical journals published in English. Also on Gran Canaria there is a very cosmopolitan tradition as the island receives a steady stream of pink-cheeked northern European tourists throughout the year so there is an immediate incentive to speak English right here at home.

I first began working for the *Colegio Oficial de Médicos de Las Palmas de Gran Canaria* last summer translating articles from Spanish into English. From this initial experience, I became aware of the fact that many doctors and surgeons had a good literary and written command of English and were able to compose quite competent English versions of their findings on their own. In these cases, I served merely as a style editor drawing on my training as a copy editor and reporter for daily newspapers in my native United States.

As an extension of this translation work, I was asked to design and teach an eight-month English course to doctors beginning in the autumn of 1994, a job which I took with some trepidation as I have a deep-seated fear of physicians. But after having worked with several doctors on translations, I was confident the job would be fairly straightforward as most are reading and writing in English all the time.

As I prepared the course and interviewed prospective students at the time of enrollment, I recognized the need to not limit the classwork to strictly medical considerations. Indeed my main goal is to bridge the gap between these doctors' literary knowledge of English and both their inability to make sense of spoken English and their reluctance to speak. This gap is certainly not peculiar to the medical professions but relates to the pre-communicative era in ELT when the emphasis of most language teaching was on grammar and vocabulary. I submit that many TEFL and TESL teachers here in Spain find that their students know more about the grammatical structures of English than their native English-speaking instructors would ever care to admit. Yet these same students can't express themselves orally in English with any confidence nor can they discern what native English speakers are saying.

I utilized a few specialized English textbooks for teaching doctors to help me prepare the course but on the whole these resources have only served as guides. In ten years of language teaching I have never found one text which is appropriate for the needs of a whole class for an entire course. Like many instructors I read around and then put together my own material whether I am working with bankers or baritone opera singers, old age pensioners or nursery school children. I try to give the courses my own personal stamp so I feel comfortable teaching it and can thus facilitate the students' learning. In the case of the doctors' course, for example, I have had to overcome my own fear of the physicians who I have always felt hide behind a wall of jargon and over-specialized vocabulary that ordinary members of the public can never hope to understand. This course has helped me appreciate how wrong I was in this respect as we discuss our opinions openly, particularly in debating controversial issues such as AIDS care, euthanasia and technological advancements in medicine, to cite just a few.

I have purposely restricted the class sizes to less than ten students per group to foster as much conversation and familiarity as possible. The 21 doctors who enrolled are divided into three groups, two beginners and one advanced class. The ninety-minute class sessions are held two evenings per week.

Many of the doctors who signed up for the courses are doing their residency training after passing the so-called MIR examinations which Spanish doctors must get through in order to embark on their chosen specialization. The post-MIR residencies can last four or five demanding years depending on the area of medicine being pursued. I mention this fact because a resident doctor has considerable responsibilities with interminably long shiftwork and lectures to attend. The last thing a young doctor wants from a language class, I believe, is any further slog. Their shift work means they all invariably miss classes on a more or less regular basis. I try to keep them informed of what I am planning for the upcoming classes so they do not feel left out.

A few older doctors also attend the classes. All these doctors have been in medicine for more than a quarter of a century. The balance between old and young has contributed most positively to the ethos of the class, particularly regarding the discussion of how medicine has changed in the course of their careers.

As mentioned earlier, one of my principle objectives in the course is to train the student's ear and encourage good conversational skills. I also strive to improve the students' pronunciation. The common complaint at the outset of the course was "I can read and write English but I can't understand what English people are saying and can barely make myself understood!"

We have spent a considerable amount of time in each session doing role play activities, imagining hospital situations in an English speaking country, for example, or attending conferences overseas. I have purposely incorporated bus, taxi, hotel, restaurant and on-the-street situations as general mixers. The doctors seem to gain valuable insights into their own work by assuming the role of the patient. Again, I have found that it is important not to overdo the clinical considerations. 'Doctors are people, too!' I kept reassuring myself before the course began. Only now after the first trimester do I really believe this basic truth.

As for training the ear, I mix recordings I have made from radio broadcasts and my own recordings with prepared language cassettes. The textbook

*Language in Medicine* by Eric Glendinning & Beverly Holmström, a most thorough and well-researched work, is accompanied by a cassette full of doctor-patient interviews but my students have found this far too difficult to understand. My goal by the end of the course is to work up to a level where these mock clinical consultations will not baffle the students. Thus I have a progression of graded lead-up material which I have prepared to try to sharpen the student's listening skills to the sounds that English speakers make. I am employing the term 'sounds' with some authority because the many of the doctors complain that what they hear on the recordings is little more than 'a baffling wall of sound'.

To lighten this job of aural fine tuning, I also include a collection of short recordings I have made of animal, insect, domestic machinery, people screaming, sobbing and generally raising hell. Much of this gem I taped back in my hometown of Turners Falls (population 3,000 souls) in rural Western Massachusetts and includes a bobwhite, owl, bumble bee, hornet, green bottlefly and my own dear Uncle Frank chortling at his own bad joke. The game is called "Say, what was that!?!?" but it can also be termed "Hey, who's making that racket?" or "Can you guess where was this recording made?" depending on what grammatical teaching point the instructor wants to draw from the exercise. This listening game may seem little more than light relief or a time filler, but I would argue that focusing on an assortment of odd sounds makes for valuable discussion, equalizes the class and wakes up the neurosurgeon in the back of the room who has just arrived from a 32-hour stint on duty at the nearby hospital. It also greatly expands the student's vocabulary. I find this curious assortment of sounds from my old New England home transports the class members out of their immediate subtropic Canarian surroundings and refreshes them for the next exercise. Again the emphasis is on keeping the lessons varied and fast moving and allowing for a certain amount of imagination. Most doctors are asked to be technically precise, compassionate and even somewhat infallible, but their jobs don't generally tax their imaginative skills.

To encourage discussion, we have devoted a couple of sessions to the question of how doctors are viewed in society and how the doctors view

their work themselves. I kicked off the proceedings by playing a country & western recording by an American singer, songwriter and satirist who describes a degrading, nightmarish visit to the worst doctor in town (in this singer's case New York City, but it could have just as easily referred to Las Palmas). A part of the song says

*I went to the doctor and the doctor said: "Son,  
You look older than me and I'm seventy one,  
You're falling apart, you're not living right..."*

*I went to the doctor and the doctor said "Boy,  
You're body's a temple, it's not a toy,  
Fill up this here paper cup and give it to the nurse..."*

*I went to the doctor and the doctor said "Shucks,  
That's just about all you owe me 300 bucks  
And you can call me in the morning,  
  
And you can call me in the morning,  
That is if you're not dead!"*

(London Wainwright III, from a 1993 recording "The Doctor")

The entire song, all eight verses, was presented to the class as a gap fill-in exercise followed by a consideration of the colloquial expressions and phrasal verbs plus a discussion question:

*"Can you remember the last time you went to the doctor for a routine check-up? Try to recount the visit (without too many details please!) using the simple past tense. If you can't remember, make the event up. Was it a positive or negative experience. Were you frightened? Be honest."*

The exercise was successful in that it triggered some lively and lighthearted debate concerning why it is that doctors rarely visit the doctor. It is also

interesting for doctors to talk about the mutual respect that must exist between patient and doctor and also between doctors and colleagues and other hospital personnel.

We also discussed the language doctors use to describe different medical conditions and even parts of the body and the terms that most people outside the medical profession employ. This has led to an ongoing consideration of registers of language. We have considered what is appropriate language and when to employ what the Wizard of Oz once termed "the vernacular of the peasantry."

In group discussion it has been valuable to draw on the varied experiences particularly between the older and younger members of the class. Most of the doctors on the course are from the Canary Islands and so our discussion has not only encompassed how medicine has changed in the past quarter of a century but also "*How life in the Canary Islands has changed since you were a child.*" This is particularly fruitful on an island which has undergone tremendous upheaval and development since the first great tourist and building boom of the early 1960s.

I have purposely delayed consideration of the specific medical aspects of this course because this has required the least amount of imagination and teaching ingenuity. I say this because I have relied heavily on the work of Glendinning and Holmström in the text mentioned above, among others. The biggest challenge has been to become familiar with the terminology myself and allow the doctors who already understand it to guide their teacher. I consider this humbling experience as extremely valuable for any instructor. "So now we've taught you something about diabetes", one doctor commented recently. I felt grateful that I wasn't the only one who recognized the two-way learning process that was taking place and I didn't have to say so.

In their work, Glendinning and Holmström devote considerable time to the art of explaining a diagnosis in a manner that the average patient can understand. We have also considered magazine articles from popular international magazines such as *Time* and *Newsweek* which may at times oversimplify or trivialize health issues in such areas as cholesterol ("have you got good or bad cholesterol?").

As most of the doctors on the course work in public hospitals and clinics, particularly the Materno Infantil, Insular, Pino hospitals, large teaching facilities, it has also been interesting to compare the Spanish health service with other European services. This work has included a lively debate on the comparative merits of the British and Spanish national health services after reading an article by the British Secretary of Health Virginia Bottomley taken from the daily *Independent*.

Implicit in all our group discussions has been the topic of the doctor's responsibilities to the patient. I have tried to include as many current affairs articles from newspapers and magazines on this subject as food for thought. For example, a clipping from an American newspaper gave a first person account by a nursing professor of witnessing her own elderly father die through a series of small strokes. Hospital officials offer a barrage of mechanical gadgetry to save her ailing parent but in the end the woman, Marjorie Funk, just said no: "I had deemed just about all the available technology inappropriate for my beloved father."

The ensuing discussion centered on the changes that have occurred in medicine during the past quarter century. The shared feeling among the older doctors was that while medical advancements have prolonged people's lives, the demands made upon medical personnel and bureaucratic pressures (paper work, etc.) have taken much of the humanity out of the job. It was important for younger physicians to hear their elder colleagues accounts of what hospitals and other health facilities were like two or three decades ago. Even at the end of the day if the young doctors have to return to the 24-hour shiftwork grind, they will have had at least the chance to pause and consider why we allow a system like this to continue.

This sort of soul-searching was not by any means programmed into the course by the instructor but it has been rewarding for me to learn from its development and allow the course enough freedom to educate both the instructor and the instructed.

Most language instructors would agree that when all is said and done there is nothing as educationally comforting as students who do their homework



and learn new vocabulary. In teaching doctors there is a tremendous temptation to constantly dish out lots of new terminology because, at least in my experience so far, the doctors almost invariably learn every word.

In fact it can be disconcerting when your students remember more about the last lesson than the teacher does (and I keep notes too!). But I have tried to not take advantage of this situation. It can be dangerous to assume that because the students have lots of new words in their heads, they are learning the language. In the end, if they can't express themselves and make sense of what English speakers are saying to them or to others, the class is unsuccessful.

So I am not sure I have put forth a case for the importance of language teaching for a specific purpose, but I hope I have supplied more or less what the doctors ordered.

## WORKS CITED

- Glendinning, Eric H.** and **Holmström, Beverly, A.** 1987. *English in Medicine. A course in communication skills*. Cambridge: Cambridge University Press.
- Bottomley, Virginia.** 1994. "National health, local dynamic" in *The Independent*. August 22, Opinion Section, page 14.
- Nash, J. Madeleine.** 1994. "Cracking Down on Cholesterol: Hope for Unhealthy Hearts", in *TIME* magazine. Vol. 144, No. 22, November 28.
- Cowley, Geoffrey.** 1994. "What's High Cholesterol?," in *NEWSWEEK* magazine, Vol. 20, November 14.
- Funk, Marjorie.** 1994. "Doctors, Nurses, don't forget the human touch," in *The Boston Globe* daily newspaper, Monday, May 30, 1994.