Understanding student needs and perceptions is an essential part of English for Specific Purposes (ESP) course development (Belcher, 2009; Richards, 2001). For a new course, obtaining feedback from the students while the course is ongoing is particularly beneficial. Such feedback can help adjust the teaching materials/methods to better meet the needs of the students, especially if the teacher is meeting the students for the first time, as was the case in this instance. To assess how a new English for Medical Purposes reading course was being received by two groups of approximately 50 third-year medical students at a Japanese university, a feedback sheet was developed for use over multiple lessons. This short paper reports on the feedback obtained and how it was used not only for making course adjustments but also for stimulating student engagement.

**The New Medical English Reading Course**
The new Medical English reading course (Table 1) was a compulsory one-year course offered alongside oral presentation and listening courses taught by different teachers. Short case reports from the New England Journal of Medicine were thought to be appropriate for the course based on the author’s previous experience (Noda, 2016). The lesson topics were chosen to match the subjects taught in the clinical lectures taught in Japanese.

**The Feedback Sheet**
The purpose of the feedback sheet (Appendix) was to obtain information that would lead to an understanding of how the course was being received by the students. Additionally, it was a means of encouraging students to reflect on
their learning and keeping track of attendance. The students were asked to write two useful terms/sentences they learned in the lesson and a comment after each lesson. Having students write two useful phrases has multiple purposes: (1) to encourage students to reflect and identify what was valuable for them in the lesson, (2) to enable the teacher to check what students thought was useful, and (3) to check students’ understanding. The comments section was meant to create opportunities for students to express their reflections on what was learned as well as to voice any suggestions or opinions on the course. The sheets were collected and given back the following week with the instructor’s stamp and occasionally her responses.

Table 1
Overview of the Medical English Reading Course

<table>
<thead>
<tr>
<th>Component</th>
<th>Term 1</th>
<th>Term 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim</td>
<td>To encourage students to activate their medical knowledge in learning reading skills</td>
<td>To encourage students to activate their medical knowledge in learning reading skills</td>
</tr>
<tr>
<td>Objective</td>
<td>To raise awareness of the structure and language of case reports</td>
<td>To raise awareness of language use in medical texts</td>
</tr>
<tr>
<td></td>
<td>To foster skills for reading short case reports</td>
<td>To foster skills for reading medical texts in English</td>
</tr>
<tr>
<td>Materials</td>
<td>Case reports from the New England Journal of Medicine’s Images in Clinical Medicine section</td>
<td>Excerpts from Harrison’s Principles of Internal Medicine and corresponding excerpts from the Japanese version of the book</td>
</tr>
<tr>
<td>Lesson</td>
<td>Eliciting student thinking by presenting images (x-rays, CT scans, photographs etc.) from the case report, followed by fill-in-the-blanks, sentence matching, and sentence rearranging activities</td>
<td>In-class English to Japanese translation followed by self-editing and commentary referring to the published Japanese version</td>
</tr>
<tr>
<td>Duration</td>
<td>55 minutes × 14 lessons</td>
<td>55 minutes × 18 lessons</td>
</tr>
<tr>
<td>Size</td>
<td>approx. 50 students × 2 groups</td>
<td>approx. 50 students × 2 groups</td>
</tr>
</tbody>
</table>
Results and Discussion

Term 1 Student Comments
The two expressions and sentences were useful for understanding what kind of expressions the students were paying attention to and thus for devising the end-of-term exam. These included not only medical terms but also formulaic academic phrases (FAPs; Guest, 2017). The comments could be divided into five general categories: comments on teaching materials/methods, class management issues, individual engagement (e.g., I will try harder next time), rapport building (e.g., thank you for writing a response), and medical commentary. The comments on class management issues, such as suggestions on seating arrangements, were of practical value in ensuring a better classroom environment. Some students expressed their desire to have more in-class preparation time to check vocabulary/concepts on their own before a more teacher-led fill-in-the-blanks session. This led to allocating more time during which students could familiarize themselves with new vocabulary and concepts individually or in small groups. It also prompted the creation of activities which required students to search for logic in the text (e.g., sentence matching and rearranging).

The most notable comments, however, were those that made medical commentary related to the course text. In this large class where students were reluctant to speak up, the feedback sheet provided some with a means for making medical commentary. For example, one student pointed out the differences between combination vaccines in the US and Japan. Another pointed out that squamous cell carcinoma (referred to in a case report) is the most common histological type of lung cancer to cavitate. As these contributions were particularly relevant for the course which sought to engage the students’ knowledge in clinical medicine, they were shared with the whole class at a subsequent session. It was hoped that showing peer contributions would stimulate others to make similar commentary.

Utilizing the Feedback Sheet for Term 2
The Term 1 feedback showed that some students were prepared to take the initiative to bring in their medical knowledge into the language classroom. To
encourage other students to do the same, the focal activity in Term 2 was adapted to incorporate a commentary section. The activity centered around translating medical texts from English to Japanese. The translation activity was thought to facilitate an accurate understanding of the text. In addition, it was hoped that it would stimulate the students to make metalinguistic comments (Cook, 2010) related to the medical content. The translation task was done on a worksheet and consisted of three steps: (1) translate a text from *Harrison’s Principles of Internal Medicine* into Japanese, (2) edit their own translation referring to the published Japanese version, and (3) write a reflective commentary on their linguistic/medical observations. While comments on grammatical structures were not discouraged, students were encouraged to comment on the medical terms and concepts. They were reminded that the published translation may not be entirely correct/appropriate. They were also encouraged to compare and comment on the translations. The worksheet also had an optional comments section at the bottom for writing feedback on the course.

At the time of writing this paper, students have completed only five translation tasks. Many students listed useful medical terms/phrases in the comments section. A few requested a list of commonly used phrases showing that they are accustomed to being given terminology lists to memorize. Some students did include more reflective comments on the importance of using terminology/register appropriate for the medical textbook as shown below. The student comments were in Japanese. The English in square brackets is the author’s translation.

- **complicate**で合併という訳は医療系の英文ならよく出てきそうだが、今回訳すことができず、まだ医療系の英文を読みなれていないと感じた。[“Complicated” in the sense of *gappei* probably appears frequently in medical texts in English, but I couldn’t come up with this translation. It was a reminder that I am still not used to reading medical texts in English.]
- **evaluating**を「診断」と訳すのは思いつかなかった。[It didn’t occur to me that “evaluating” could be translated as *shindan*.]

Though still few in number, some students wrote in-depth comments drawing on their medical knowledge:
Conclusion

While structured surveys/interviews are essential for an in-depth understanding of student perceptions, the routine feedback sheet used in Term 1 led to a better understanding of student views on the course and facilitated course adjustment and rapport building. More importantly, comments on the medical content of the text showed that some of the students were prepared to take the initiative to bring in their medical knowledge into the language classroom. Taking this observation into account, the focus of the translation activity in Term 2 focused on encouraging students to examine their own translation with reference to their medical knowledge. The full evaluation of the ongoing use of the translation worksheets will have to wait until the end of Term 2. What is clear at this stage is that students seem to be taking up increased responsibility in activating their medical knowledge in the Medical English reading course.

References


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### Medical English: Reading — Reflections

**April 6, 2017**

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2. 
   Comment(s):  
   Signature:  

**April 13, 2017**

1.  
2.  
   Comment(s):  
   Signature:  

**April 20, 2017**

1.  
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   Comment(s):  
   Signature:  

**April 27, 2017**

1.  
2.  
   Comment(s):  
   Signature:  

**May 11, 2017**

1.  
2.  
   Comment(s):  
   Signature:  

**May 18, 2017**

1.  
2.  
   Comment(s):  
   Signature:  

**May 25, 2017**

1.  
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   Comment(s):  
   Signature:  

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**Name:**

**Date:**