Development of International Standards for Medical Communications in English

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Chest 2008;134;661-662
DOI 10.1378/chest.08-0971

CHEST Postgraduate Education Corner

MEDICAL WRITING TIP OF THE MONTH

Development of International Standards for Medical Communications in English*

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(CHEST 2008; 134:661–662)

Key words: English for medical purposes; international standardization; language testing; validation

Abbreviations: EMP = English for medical purposes; PROFEX = Proficiency Examination of English for Medical Purposes in Hungary

As many of those who have read previous installments of the present *CHEST* series "Medical Writing Tip of the Month" are aware, written communications in the field of medicine is one area that is extremely wide and difficult to master for both native and nonnative speakers of English. Because of the special burden carried by those who are not native speakers of English, there has been a growing movement during the past almost 30 years to develop courses and teach English for Specific Purposes with special regard to such key areas as English for medicine, business, and law. Pioneering work was done at the University of Edinburgh in the Institute of Applied Language Studies, and other courses have been developed in countries such as China, the Czech Republic, Finland, Hungary, Japan, the Netherlands, and Poland, just to mention a few.

With the development of education in this area has come the associated need for an assessment of communicative competence. In 2000, the influential book entitled "Assessing Languages for Specific Purposes" was published by Dan Douglas, and this was followed by the development and accreditation of a Proficiency Examination of English for Medical Purposes in Hungary (PROFEX), also in the year 2000. This year (2008) will see the first official examination to measure proficiency in English for medical purposes (EMP) in Japan after two pilot studies in the year 2007, and further developments are taking place in other parts of the world.

The Hungarian Proficiency Examination in EMP

The PROFEX is by no means meant to test medical knowledge or skills. It is a language examination in the sense that specific-purpose language testing "is a special case of communicative language testing . . . based on a theoretical construct of contextualized communicative language ability."[1] The development of the test presented particular challenges. One of the first things that had to be determined was the target population. The target population was set to include a wide range, including medical staff, practicing physicians, hospital and clinical personnel, researchers in the biomedical field, and those working in the allied health fields.

Once the target population was established, we moved toward assessing needs; to do this, we carried out extensive surveys and questionnaires among professors, students, practicing physicians, and allied health workers of the University Medical School of Pecs, Hungary. The following forms of medical communications were identified as essential by the majority of responders: history taking; giving explanations to patients, staff members, and peers; giving and understanding conference presentations; conducting professional conversations with peers and other staff members; writing official letters, reading research articles and hospital documents, translating EMP texts from and into English and summarizing

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The authors have reported to the ACCP that no significant conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

Manuscript received April 11, 2008; revision accepted April 14, 2008.

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DOI: 10.1378/chest.08-0971

longer biomedical texts in English. We did not set out to test the ability of an individual to write and read a research paper in English.

With any examination, structure, validation, and accreditation are essential. For accreditation, we turned to the Hungarian National Board for Accrediting Language Examinations, using accreditation criteria based on recommendations proposed by the Council of Europe in the Common European Framework of Reference. The purpose of these communications is to describe "what language learners have to learn to do in order to use a language for communication and what knowledge and skills they have to develop."[2]

However, to obtain validation and accreditation, one of the first things to consider is the construction of the test before it is done. We developed a system consisting of the following six steps:

Step 1. Test development in teams including authentic medical journal material;
Step 2. External supervision of the quality of the text;
Step 3. Adjustment, including a feasibility assessment of the edited test by an *ad hoc* team by recognized medical testing expert;
Step 4. Pilot studies in small groups;
Step 5. Traditional statistical analysis; and
Step 6. External validation.

As a result, we were able to obtain accreditation from the Hungarian National Board for Accrediting Language Examinations.

The examination is divided into oral and written skills assessment. The oral skills assessment focused on listening comprehension and speaking. The candidate is required to listen for factual and implied information in a native EMP text and in a dialogue between two biomedical professionals or a professional and a layman. The speed of the speech in both cases is close to that of average native speakers, and the duration is around 4 min per text. The genres of these texts include medical interviews, case reports, oral presentations, history taking, and explanation. Speaking assessment includes an introductory conversation between the candidate and the examiner about the candidate's professional background, which is followed by presenting a problem in a monologue, taking a case history in a dialogue (with the candidate in the role of the medical professional and the examiner playing the part of the patient), and presenting a graph, diagram, or a table. The candidate should be able to give and understand factual and implied information, and also to give an appropriate explanation.

The written skills assessment focuses on reading comprehension, writing official letters, and transferring information from the candidate's mother tongue into English. The candidate is supposed to understand global, factual, and implied information in an authentic general medical text, which can be taken from one of the following sources: encyclopedias; medical textbooks; technical descriptions; and official letters or applications. As well, the candidate should understand information from an authentic subject-specific medical text taken from medical textbooks, medical research articles, summaries, extracts, abstracts, or case reports. The length of the two texts altogether is 1,100 to 1,200 words.

The second task of the writing skills assessment is a letter-writing task. Candidates are asked to write an official letter containing factual and implied information from given prompts. The genres include job applications, conference correspondence, supporting letters, letters of complaint, referrals, and case reports for peers. The expected length is 150 to 200 words.

The third task is the mediation module, which requires summarizing a description of a disease in English. The original text consisting of 300 to 350 word is written in the candidate's mother tongue, and 10 prompts are given as guidelines. The expected length of the summary is a minimum of 150 words.

Take-Home Message

The PROFEX has been successful for the past 8 years in helping to standardize EMP communications in Hungary. Similar efforts have been made in China, and also in Japan by the Japan Society for Medical English Education. It is hoped that increasing cooperation between the two societies will lead to steps toward making possible the international standardization of EMP education and testing. We firmly believe that this can have a beneficial effect on global medical communication. Establishing an international standardized system of EMP education and testing may promote this idea. This could contribute hugely to the access to a vast amount of important data from certain areas of the world that are not being accessed now because they are not available in English.

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