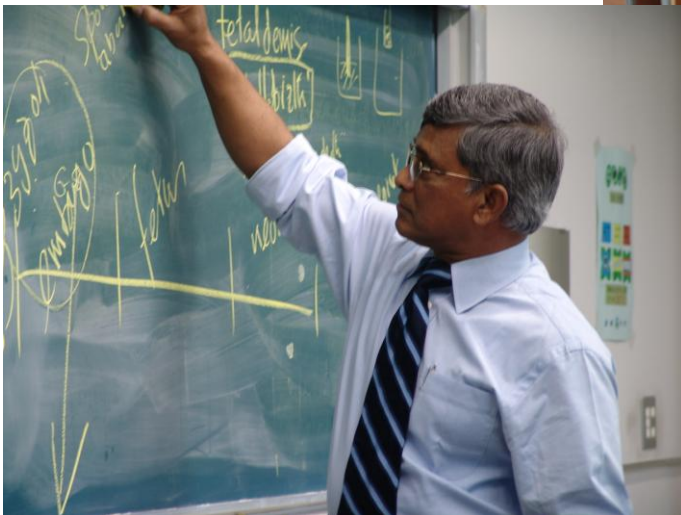


# The 2007(February) EMP Report

Feb. 15-23, 2007



Dr. Vichai Laosombat (PSU)



Dr. Feizal Waffarn (UCI)

English Section, Faculty of Medicine, Department of Social Medicine,  
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## **I EMP**

This is the report of the 2007 (February) EMP, a program of English training designed for 4th year and 5th year medical students.

In the 2005 school year (April, 2005-March, 2006) the Faculty of Medicine, University of Miyazaki (UOM) started EMP. In April, 2005 four 6th-year students attended a one-month clinical clerkship program at Prince of Songkla University (PSU) in Thailand as a student exchange program. The EMP was started as a preparatory English training program for the clinical clerkship at PSU.

EMP (English for Medical Purposes), derives from ESP (English for Specific Purposes), a teaching method designed for motivating English learners by making their goal clear.

On December 14, 2005 the English section presented a proposal for a program for 4th-year and 5th-year students to the Faculty. The Faculty approved the proposal. The proposed plan was for four teachers in the English section to conduct a short English program for students by inviting medical doctors from PSU and University of California, Irvine (UCI), sponsored by the Special Budget for Educational Strategy. Professor MARUYAMA (Applied Physiology) was a mediator for PSU, Professor IKENOUE (Obstetrics and Gynecology) for UCI. The program had four aims: 1) Students will be able to get more out of their overseas program; it will be a more rewarding experience for them. 2) - If the program is regularly integrated into the curriculum (from 1st year through to graduation), students in the earlier years will have more motivation and encouragement to study English. 3) - If postgraduate overseas training can be provided to interns, the University Hospital may be able to keep more interns. 4) Educational enrichment of students and their positive accomplishment through the program will make outside grants possible.

A special budget (2.4 million yen) for educational strategy was granted by the President for our project: "The Program to train Medical workers with English Proficiency." EMP was the main project, which was designed for an establishment of an English education program which is directly linked to the students' future career. We had the 2006 (February-March) EMP by inviting Dr. Teerha Piratvisuth and Dr. Sakon Singha from PSU and Dr. Feizal Waffarn from UCI. Detailed feedback information will appear in IV Feedback report (P. 18)

In April, 2006 we started EMP for the 4th-year and 5th-year medical students, ENP (English for Nursing Purposes) for the 3rd-year and 4th-year students as an elective subject in the curriculum, and ENP for nurses of the University Hospital.

This 2007 (February) EMP was among the programs of the Faculty. It was made by inviting Dr. Vichai Laosombat from PSU and Dr. Feizal Waffarn from UCI sponsored again this year by a special budget (1.3 million yen) for educational strategy by the President.

## II 2007 (February) EMP

### 2007 (February) EMP

The 2007 (February) EMP sessions were conducted from February 15 to 23. Nine 4th-year and six 5th-year students participated. The first session was led by Doctor Vichai Laosombat from PSU, and the second by Dr. Feizal Waffarn, UCI. More detailed information can be found in III (Students' Class report) and IV (Feedback Report).

### The Schedule of the 2007 (February) EMP

| Date               | Time  | Lecturer  |
|--------------------|---|---|
| 15 Feb.07 (Thu.)   | 1st class for 5th-year  | Preview (White)   |
| 19 Feb. 07 (Mon.)  | 2nd class for 5th-year (9:00~10:10)<br>1st class for 4th-year (9:00~10:20)<br>2nd class for 4th-year (10:40~12:00)  | Dr. Vichai<br>Preview (Guest)<br>Dr. Vichai             |
| 20 Feb. 07 (Tue.)  | 3rd class for 5th-year (9:00~10:10)<br>4th class for 5th-year (10:40~12:00)<br>3rd class for 4th-year (13:30~14:50)   | Dr. Vichai<br>Dr. Vichai<br>Dr. Vichai                  |
| 21 Feb. 07 (Wed. ) | 5th class for 5th-year (9:00~10:10)<br>4th class for 4th -year (9:00~10:20)<br>6th class for 5th -year (10:40~12:00)<br>5th class for 4th -year (13:30~14:50) | Dr. Waffarn<br>Dr. Vichai<br>Dr. Waffarn<br>Dr. Waffarn |
| 22 Feb. 07 (Thu.)  | 6th class for 4th -year (9:00~10:10)<br><br>7th class for 4th -year (10:40~12:00)<br>NICU round   | Dr. Waffarn<br><br>Dr. Waffarn                          |
| 23 Feb. 07 (Fri.)  | Last class for 5th -year (9:00~10:20)<br>NICU round<br><br>Last class for 4th -year   | Dr. Waffarn<br><br>Review (Guest)                       |

Lecturers: Dr. Vichai Laosombat (Prince of Songkla University)

Dr. Feizal Waffarn (University of California, Irvine)

English Section: TAMADA Yoshiyuki, YOKOYAMA Shozo, Michael GUEST, Richard WHITE

Students: 6 of 5th-year (Mika Ogaki, Masako Omori, Kiyosumi Ochi, Mari Shimamoto, Hajime Yamazaki, Marie Yamashita)

9 of 4th-year (Masato Ishimatsu, Chiaki Enami, Takayuki Okuno, Xi Chen, Akira Naomi, Kieko Hara, Shoko Hirata, Miwa Hiroshige, Yuuka Fukuda)

English Section, Faculty of Medicine, University of Miyazaki

### III Students' Class Report

#### 5th-year Students' Class Report



#### **First Class: 15th Feb. (Thu) 9:00~10:10**

Preview (White)

Hajime Yamazaki

Mr. White gave us preview for Dr. Vichai & Dr. Waffarn's classes. We watched DVD for Dr. Warffarn's class. In the DVD, an American medical student took a history of a patient and performs physical examinations. When we couldn't understand what they talk about, we stopped the DVD and asked to Mr. White. He answered it in details, so we have pretty good understanding of the DVD now. In addition, we briefly went over Dr. Vichai's handouts with Mr. White. Therefore, we now have confidence to take Dr. Vichai's class as well as Dr. Waffarn's class. Thank you very much for giving me this preview class.

## **Second Class: 19th Feb. (Mon) 9:00~10:20**

### Case Study 1 (Dr. Vichai)

Masako Omori

We discussed and learned about Dengue fever. Dr. Vichai gave us the case study and two articles of Dengue fever before the class.

So, we could preview this case before. This case is that A 7years old Thai girl with fever for 4 days. She has the specific symptoms that is petechial hemmorrhage, hepatomegaly, and no lymphadenopathy.

Dr. Vichai taught us how to diagnose this case. First, he introduce her history, physical exam, and CBC. Secondly, he explained us the medical terms and the normal range of medical tests which we did not know.

Then he let us pick up the problem lists of her. Last, he explained us why symptoms of her occurred, pathological, biological, and chemical.

## **Third Class: 20th Feb. (Tue) 9:00~10:20**

### Case Study 2 (Dr. Vichai)

Kiyosumi Ochi



In this lecture, Dr. Vichai taught us about the thalassaemias. We received the medical records in advance, which contained useful information. The patient was a 2 year-old Thai girl with fever and pallor. She also had anemia and hepatosplenomegaly, but she didn't have bleeding diathesis nor lymphadenopathy. At first she was misdiagnosed as having acute leukemia and transferred to the University Hospital. She was finally diagnosed as having thalassaemias. The Thalassaemias, the commonest monogenic diseases, are a family of inherited

disorders of hemoglobin synthesis. We learned about its epidemiology, characteristic symptoms, histology and pathology, and we studied the mechanisms of abnormal hemoglobin formation on a genetic level.

Thalassaemia is a very rare disease, and we hardly encounter it in daily examinations in Japan. It is more common in Thailand. This was my first chance to study thalassaemias. Dr.Vichai carefully showed us figures and graphics related to thalasseмииs. We learned about the thalassaemias in detail. It was a very impressive lecture for us.

## **Fourth Class: 20th Feb. (Tue) 10:40~12:00**

### Case Study 3 (Dr. Vichai)

Mari Shimamoto

This class was about Case Study-3. The Case is APDE(Acquired Platelet Dysfunction with Eosinophilia). Dr. Vichai explained APDE with the Power Point slides. A 5 year-old Thai boy presented with bruising at both lower extremities for 2 weeks. Almost of all the test examinations are within normal. APDE is common disease in Thailand and 168 children with APDE were studied. The most common symptom is Ecchymosis (petichical hemorrhage like) on the extremities and eosinophilia, prolonged bleeding time was detected in these children. The cause of accchymosis is the platelet aggregation. Some parasitic infections may relative to APDE, because 56% children was detected parasitic infection and about 83% of these children had

serum total IgE higher than 100 IU/ml. But we don't know the exact mechanism of APDE and why APDE is very common only in Child so far.

**Fifth Class: 21st Feb. (Wed) 9:00~10:20**

Case Study 1 (Dr. Waffarn)

Mika Ohgaki

We were given a DVD before this EMP session by Dr. Waffarn. This DVD shows the interview and physical examination between the patient and the medical student who are the Americans. We discussed about this interview in this class; what are cultural or behavioral differences between Japan and America, and what is an appropriate performance etc. When we want to get more information from the patient, it is useful to ask by open-ended question. And make a relaxed atmosphere and addressing his or her feelings are needed. For example, introducing myself politely, do not interrupt the patient talking, non-verbal communication, and establishing the personal rapport are important. After taking a relevant history, we have to be able to perform a physical examination systematically with an appearance professionally competent, and not to forget to explain, in advance, what s/he would be doing during the physical examination.

**Sixth Class: 21st Feb. (Wed) 10:40~12:00**

Case Study 2 (Dr. Waffarn)

Marie Yamashita



EMP class is very useful and exciting for me. In the class, I could learn many medical terms and knowledge of diseases in English. I studied dengue fever, thalassaemias, and eosinophilia and so on. in the class of Dr. Vichai.

In the class of Dr. Waffarn, I learned about how to make the rapport (between the doctor and the patient) and the symptoms and disease of pregnant woman through the case report of the patient with GBM. Then he took us to the NICU to perform the way of the score of gestational age of the baby. It is very difficult for me to understand these things perfectly, but I enjoyed this classes because we could learn preview of this class and always ask the questions of English words.

Then I thought I have to study not only English but also Medical more and more.... Thank you very much.

**Seventh Class: 23rd Feb. (Fri) 9:00~10:10**

NICU round with Dr. Waffarn

Hajime Yamazaki

Today, Dr. Waffarn did round for us in NICU. Today's topic was gestational age. First, Dr. Doi gave us a real case history about a healthy baby and her mother. Dr. Waffarn encouraged us to ask questions when we want to know more information about the baby and her mother. We asked several questions about her mother's past medical history, family history, and medications. After we had good understanding of the baby and mother, we went seeing the baby. Dr. Waffarn told us how to assess gestational age by physical examinations with assessing the real baby's gestational age. Practice with the real baby in English was challenging, but we learned a lot. His round gave us medical knowledge and confidence to learn in English.



## The Impressions of the 5th-year Students

Mika Ohgaki



This was my second time to participate in EMP. In the past 6 months, I have learned how to summarize patient histories, think about differential diagnoses, order exams, and diagnose and treat patients in English with my friends. During this session it was easier for me to understand what the teacher was saying. And because there were only 6 students participating in this session, there was a relaxed atmosphere which made it easier to speak, even with my poor English.

I will endeavor to study even more now so I can make the best use of my time in Thailand. Thank you very much to the supportive teachers and everyone involved for giving me this very useful opportunity.

Masako Omori

EMP class is very useful and exciting for me. In the class, I could learn many medical terms and knowledge of diseases in English. I studied dengue fever, thalassaemias, and eosinophilia and so on in the class of Dr. Vichai. In the class of Dr. Waffarn, I learned about how to make the rapport (between the doctor and the patient) and the symptoms and disease of pregnant woman through the case report of the patient with GBM. Then he took us to the NICU to perform the way of the score of gestational age of the baby. It is very difficult for me to understand these things perfectly, but I enjoyed these classes because we could learn preview of this class and always ask the questions of English words.



Then I thought I have to study not only English but also medicine more and more.... Thank you very much.

Kiyosumi Ochi

These EMP classes, we had many opportunities to talk and communicate with Dr. Vichai and Dr.



Waffarn. They were very kind. Dr. Vichai gave us lectures on tropical infectious diseases and characteristic to Thailand. They were very impressive. These diseases are very rare in Japan, so we rarely see them in daily examinations. Dr. Waffarn taught us how to ask patients about their conditions. Taking a medical history is a very important basic practice for doctors and medical students. He said, one of the most effective ways to improve history taking is to use "Open-Ended Questions". We medical students are likely to overuse "Closed-Ended Questions", so we may not gather useful information from patients.

From now on, I will attempt to begin with several open-ended questions and progress through interviews using a balance of open- to closed-ended questions. Secondly, he said that

establishing a personal rapport with patients is a key basic human relationship. "Rapport" also includes non-verbal communication like facial expressions and body language. Establishing rapport has an important place in daily interviews with patients. The American way of taking a patient's history is somewhat different than the Japanese, but the basics are the same, hearing about the American perspective has led me to reflect on our way of talking with patients. I really appreciate the opportunity to study in Thailand this spring. I'm sincerely grateful for all the kind help I have received.

Mari Shimamoto

It is the third time that I participate in this EMP program. I learned three case studies at Dr. Vichai's lecture. It was so useful for me, will go to Prince of Songkla University at Thailand next April as exchange medical student, because these case studies were all about very common diseases in Thai. And I realized that to search and read papers in English are quite important. The paper about the dengue which gotten ready before lecture was little difficult for me, but it became very helpful to understand this disease and Dr. Vichai's lecture.



The subject of Dr. Waffern's lecture was about the assessment of clinical competence of medical student in USA. We already passed the OSCE (Objective structured clinical examination) which is common examination of medical student in Japan. They are very similar. We picked up some different points and discuss. I thought it was just interesting, and found that it's very useful not only to understand the difference of cultures between USA and Japan, also to understand the important point of clinical communication skill. Because the important point of clinical communication skill was not so different. It's to think about what is better for patients.

I have a dream to work in foreign countries in the future in a group like a Medecins-sans-frontiers. It is not easy to master a foreign language for me, like English, but I have to be able to use it not only for everyday conversation as a traveler but also medical terms, because I must communicate with patients and other medical professionals in English well too.

As I start to prepare for my future plan, this program was a perfect opportunity as a experience to use English in actual situations including medical conversation. Finally, I appreciate all my teachers and all people who cooperated in this program.

Thank you so much.

Hajime Yamazaki

I learned medical English as well as medicine through EMP classes.

Mr. White gave us a preview for Dr. Vichai's class and Dr. Waffarn's, so we could take their classes with confidence.

In Dr. Vichai's class, we learned tropical diseases such as Dengue hemorrhagic fever and thalassemias. Since these tropical disease are not common in Japan, I had no chance to study these in detail. Therefore, his lecture had a lot of new information. I really enjoyed his lecture.





In addition, his way of teaching was very clear and encouraging, so I decided to study pediatrics under his supervision in Thailand.

Dr. Waffarn taught us how to take history and perform physical examinations. Since I had no experience to do these in English, his class was very helpful to obtain basic idea of these. I'm going to have clinical elective attachments in the U.K. and Thailand in the next 2 months. When I take history and perform physical examinations in the U.K. and Thailand, things I learned in his class will help me a lot. Additionally, we learned how to assess neonate's gestational age with assessing a real neonate. This experience gave me knowledge of perinatal medicine and confidence to learn in English.

These EMP classes were very helpful to prepare for my clinical elective attachments in the U.K. and Thailand, and I can leave Japan with full of confidence. I really appreciate to the people who prepared for EMP. Thank you very much.

Marie Yamashita

Dr. Waffarn's lectures in EMP course were very exciting and fruitful experience for me. In his class, he showed us the checklist of the bedside exam for medical student in the US, and we watched DVD in which the medical students perform the bedside interview. I found there were some cultural differences such as the way asking about personal history like abortion or the way they chat with patients. I also could know that the principle in establishing rapport is the same as we do in Japan.



In another class, he showed us the case in which a pregnant woman has GDM and was very anxious if it affects the baby. We discussed about the patients together but hardly anybody noticed what he wanted us to notice. We concentrated only on the disease though he wanted us to concentrate on the patient's feelings. I realized that the importance of establishing rapport. He also taught us some backgrounds including the basic knowledge of gestational period and the cultural difference like the way of counting the date of pregnancy.

The opportunity to use English for medical purposes really motivated me. I think that expressing opinions and receiving information is what is most needed for us to cultivate ourselves as a future medical worker, and I believe that this program will help us with that.

Therefore, I would like to study harder and deepen my medical knowledge and also keep on working to improve my English communication skills so that someday I could use English in my medical career.

## 4th-year Students' Class Report



### First Class: 19th Feb. 9:00~10:20th

Preview (Guest)

Xi Chen

In Mike's session, we previewed the content of Dr. Vichai's handouts. There were 3 cases. We read them in turn, made sure of the meanings of some medical words, some pronunciation and especially talked about the significant symptoms and interpretations of the examinations for each case.

There were some useful expressions used for explanation that we learned today.

- ◆ It's a case where (or *in which*) . . . . .
- ◆ What do you mean by . . . . (when we understand something partially)?
- ◆ (Ex. *Tachycardia* ) is concerned with (*speed*).
- ◆ It's indicative of (or *suggestive of*) . . . .

And one more important thing Mike taught us was to try to maintain our cool when you speak English so you will be recognized as a dependable and confident person!

**Second Class: 19th Feb. 10:40~12:00**

Case Study 1 (Dr. Vichai)

Yuka Fukuda

We discussed a case study- the first of which was about a 7 year-old Thai girl presented with fever for 4 days. Some of the main points presented were:

1. Common causes of fever for kids are infections, such as those from parasites, bacteria, and viruses, acute otitis media, urinary tract infection(UTI), and dengue fever.

2. A positive result in a Tourniquet test indicates the existence of petechial hemorrhage, thrombocytopenia, defects of platelets, etc.

3. Looking at this girl's symptoms, which were fever, petechial hemorrhage, low platelet number, and hepatomegaly, leads us to diagnose her as having dengue fever.

4. Most dengue viral infection cases turn out to be asymptomatic( 80-90%) and only 1-2 % progress to be Grade III or IV on the WHO scale of the severity of DHF. Patients' who are in the state of Grades III or IV, are in critical condition and show circulatory failure, narrowing of pulse pressure ( <20mmHg).

5. The main treatment for dengue fever is fluid therapy. Patients can recover from DF easily if given an appropriate diagnosis and early treatment.

So the most important thing in clinical practice is a doctor's ability to diagnose this disease.

**Third Class: 20th Feb. 13:30~14:50**

Case Study 2 (Dr. Vichai)

Masato Ishimatsu

In Case study #2, we learned mainly how to diagnose Sallacemia.

Dr. Vichi taught us about the details of this common disease in Thailand through each session. He showed us some photos of blood cells taken by microscopes, and how to distinguish the differences between different types of blood cells, and whether they were normal or abnormal. At first, it was very hard to distinguish the abnormal cells from the normal ones, but as he told us how to do it step by step, and we could eventually gain the knowledge about where and what we should check when we diagnose by means of microscopes. One more thing I learned from this session was that we had better know the normal range of a CBC (complete blood count), at the very least. In fact, I learned that the very 1st step of diagnosis is to memorize the normal values and ranges of the test results.

**Fourth Class: 21st Feb. 9:00~10:20**

Case Study 3 (Dr. Vichai)

Shoko Hirata

In this class, we looked at case study #3, about a 5 year-old Thai boy who had acquired platelet dysfunction with eosinophilia (APDE). Dr. Vichai showed us what his problem was exactly firstly, the effects of various exams, and the order of them. We discussed differential diagnosis during this, for example, CBC showing an approximately normal range, such that we can exclude ITP as a cause. In addition, Dr. Vichai said that APDE has something to do with parasites, and has decreased with the improvement of sanitation.

I was impressed with his explanation as to how to connect diagnoses with physiological examinations (for



example, APTT, PT, bleeding time, and the platelet aggregation test). I came to know importance of developing effective diagnoses by using these exams appropriately.

**Fifth Class: 21st Feb. 13:30~14:50**

Case Study 1 (Dr. Waffarn)

Chiaki Enami

In this session, we took up a case concerning pregnancy. Dr. Waffarn made a DVD using an interview with a "pregnant" woman especially for our class!! I saw this DVD in advance, and studied the details more with Dr. Waffarn. The case involved pregnancy with diabetes mellitus. First, we reconstructed the history without a text. Then little by little, we got the whole history of the patient. The way of diagnosing was very similar to the Japanese style. And the knowledge and understanding about pregnancy and related diseases was almost the same. But the method of interviewing was very different. The Doctor in the DVD was very friendly and able to read his patient's condition methodically even if he was still a medical student. The day before, we learned some key points of medical interview and his way of interviewing was almost an ideal type. I also came to understand some important terms and increase my knowledge about pregnancy, so it will be very helpful for my study of medical English in the future.

**Sixth Class: 22nd Feb. 9:00~10:20**

Case Study 2 (Dr. Waffarn)

Miwa Hiroshige

What Dr. Waffarn told us in the first session were the important features of a medical interview and physical exam, in this case for chest pain.

For example, first we should establish personal rapport with the patient and to talk on equal terms. But there are also some differences between USA and Japan, like shaking hands. Secondly, positive reinforcement, active listening and feed back/confirmation are important in order to get more details and cues about the patient's symptoms. Furthermore, we learned that open-ended questions are better than closed-ended questions because the latter is more coercive, therefore former is better for engaging the patient. We believe that these techniques will help us to perform better consultations.

**Seventh Class: 19th Feb. 10:40~12:00**

NICU round with Dr. Waffarn

Takayuki Okuno



From 10:30, Dr. Waffarn gave us a hands-on demonstration in the NICU. What we learned today is how to check the abnormality of neonates. OB-GYN doctors usually check neonates by American 'Ballard method'. The 'Ballard method' is divided into two parts, 1) Neuromuscular and 2) Physical maturity. The Neuromuscular maturity part checks Posture, Square window, Arm recoil, Popliteal angle, Scarf sign and Heel to ear. The physical maturity part checks Lanugo, Planter surface, Breast, Eye/ear, and Genitals. We checked an actual neonate using the 'Ballard method'. Dr. Waffarn

taught and advised us in detail. Then we discussed the 'Ballard method' with Dr. Ikenoue, Dr. Kodama and other doctors included in the lecture and the discussion.

## **Eighth Class: 22nd Feb.**

Review (Guest)

Akira Naomi

In this session we were first given by Mr. Guest a list of useful expressions the doctors or students had used in the previous sessions and of some examples of problems we had expressing ourselves in English. We learned some common medical expressions from this list. Also, although we sometimes had trouble explaining our thinking during the medical sessions we now know what words we should have used. For example, we should have used "diet" instead of "food" or "meal". We should have use "to rule out X" instead of "to deny X" etc. Our goal was not merely to understand the list by reading it but also to absorb these useful expressions and be able to pick them up and use them when we need them.

## **The Impressions of the 4th-year Students**

Masato Ishimatsu

Through the EMP class in this spring, I've experienced so many great things.

First, taught by 2 doctors from different countries, I could get used to the international English. Now that world is small and people including doctors and patients from many countries travel all over the world, it is necessary to understand international English.

Secondly, Dr. Vichai and Dr. Waffarn made us think during each class using a discussion style. With this style of lesson there's no way but to keep thinking, and let me recognize this is what we will do in their country next spring.

And thirdly- and I think this is very important- there was the opportunity to have dinner with Dr. Vichai. Of course it was very nice to talk with him in the class, but during the dinner I could talk with him about so many things which maybe I couldn't ask in the classroom.

Anyway, these three days I've learned many new things from them and this will encourage me to study more Medicine in English, I think.



Chiaki Enami

This time, I attended many sessions with 2 special lecturers from abroad.

First, Dr. Vichai came and we had 3 sessions covering 3 clinical cases. The first session was about "dengue fever". I didn't know about this disease in detail, and his knowledge and clinical experience was wonderful such that I was absorbed in his lecture.

The next day, we dealt with a more complicated case, concerned with thalassemia. Making the diagnosis was very challenging, but while studying about this disease, we found out that the first diagnosis of the patient's previous hospital was not correct. The research of this disease was very complicated and difficult, but very interesting. Dr. Vichai told us about the importance of the ability to make a correct diagnosis.





The last session was about the dysfunction of platelet coagulation. This case was very similar to other two cases as for symptoms. But there were some key points for diagnosis including blood smears. Dr. Vichai showed how to proceed with the diagnosis correctly and the process of the expanding research.

Dr. Waffarn's sessions put emphasis on the style of medical interview. In his 2 sessions in the classroom we took up 2 cases, one of chest pain and one of pregnancy. Both sessions had two main points. The first one was the medical student's interviewing skills (as seen on the DVD), and second one how to make a diagnosis. The most impressive thing in his session were some keywords he used in the sessions. For example, rapport and reinforcement. These words made clear the relationship between patient and doctor. It was very helpful for me to understand what is important in medical interviews.

In the NICU session, I had a chance to take part in Dr. Waffarn's round. He is very experienced not only as a teacher, but also as a clinician. The discussion about the baby in NICU was very interesting and provided me with useful information.

Through all sessions I had many chances to make comments. Compared to Dr. Skelton's session, I could take part in the sessions positively. At the same time, I could get more important information from them by asking questions. Both lecturer's session were very interesting, useful and impressive. I'm very glad to be given a chance to participate in this program.



Takayuki Okuno

During the last term of EMP, I had a promotion tests and was able to go to EMP class only in NICU practices. I was looking forward to Dr. Vichi's class and Dr. Waffarn's because they both have so high ability in a worldwide that it was a rare chance to know it. So it was a thousand pities, and I was sorry for other teachers. But I drank with Dr. Waffarn and spoke too much in a party on last Friday.

This opportunity made me more interested in spending a time in California.

That was a good time. And I hoped not to fail a test again. I think EMP class is a valuable opportunity to communicate in English and broaden my horizon. I am going to study more in next term.

Xi Chen

This week helped me gain so much knowledge and furthered my interests in medicine. Through Dr. Vichai sessions I learned three common diseases found in Thailand in detail. As these diseases aren't common in Japan, though we knew of them, my diagnoses of these cases were completely different. This made me actually feel the difference of common diseases between countries or areas. Ignorance of this knowledge will cause tragedies and even lead patients to death sometimes. In analyzing the results of examinations, a lot of knowledge that we learned in the second or third grades was needed but a part of them we had already forgot. As Dr. Vichai said, we really need to review what we learned before one more time. Also, Dr. Vichai gave us some literature about



these diseases, so that we could understand them easier and in more detail. I seldom have a chance to read English medical theses, although I always think to read them because they will provide us with the latest and most useful information that will be significant when we take clinical practice and become doctors in the future. So this also was a good start for me.

In Dr. Waffarn's sessions, we learned how to make a good relationship with patients. In January, we just had the OSCE that was quite similar to the practice shown in DVD. So it was a good review for us and also an opportunity to compare the differences of consultations between Japan and America. It looks that in America doctors would have more conversation with patients and create a more relaxed atmosphere for patients to speak out by confirmation, positive reinforcement and active listening and so on. This is a point we should adopt. In the last class, we learned The Ballard Maturational Score through seeing the demonstration by Dr. Waffarn in the NICU. And we were lucky to see the underdeveloped testis of the baby in reality that we had only learned in text books so far. That really increased my interest in OBGY and made me to be looking forward to doing clinical practice.

Finally, I appreciate all teachers of EMP in supporting and planning these sessions for us.

Akira Naomi

Through Dr. Vichai's session, we learned 3 cases. All of them were Thai children cases. We focused on Dengue fever, Thalassemia and APDE. This session was very interest for me because these diseases are common in Thailand but not in Japan.

We learned how to do medical interview and physical examination in English in Dr. Waffarn's session. It was useful for me because we could learn from concrete example

I found a deep gap between English words I have known and common expression native speakers use. This gap sometimes prevented me from understanding conversation in DVD and what doctor said in sessions. Even though I knew a word, I couldn't catch the meaning because I didn't know the way he used. We should learn common expression as well as basic medical term.

I learned one more important thing. If we have language problem, we sometimes lose our patient's confidence or we are judged as a good-for nothing by our fellow or our boss. Not because we don't have medical knowledge and skill but simply because we can't make ourselves understood in English.



Kieko HARA

First of all, I really appreciate the two doctors Dr. Vichai and Dr. Waffarn coming over to our university. It was a big week for me, and what I've learned from the sessions will be valuable for study in the future.

Dr. Vichai's session was a great opportunity to learn about thalassemia and APDE, which are very rare in Japan. I noticed some differences between Thai and Japanese situations involve with diseases and treatment, and they were one of the interesting things that caught my attention.



It was also good that I had a chance to observe some blood smear samples as pictures, which is one of my weak points. I realized that my skill to analyze samples and data was fairly poor, because I've studied only through textbooks where I can hardly find any pictures. As I start clinical practice from next year, I'd like to focus on clinical skills and the English that I really need in the hospital.

For Dr. Waffarn's sessions, I recognized that the study of "established rapport" between the doctor and the patient is advanced in America, but at the same time, we should realize the cultural differences between the two countries. I felt that we need more study and application.

The American type of session was also new for me. I'm not sure if that way suits Japanese students, but that kind of session make me think about the session theme more quickly and deeply. Maybe that is one of the best ways to make a definite impression of the topic to students.

In the end, the preview and review sessions that Mr. Guest did helped me a lot. Actually, I suggested that in the questionnaire from last semester and I'm really satisfied that it was realized so rapidly. I'd like to thank all the teachers and staff for the efforts they made for us.

Shoko Hirata

Through this class, I had valuable occasion for my future as a doctor.

Firstly, I had many times speaking English. I got nervous at first time because I thought I couldn't speak well. But all teachers made effort to ease our mind, so I could manage to speak. Besides, there are many phrases that we can use in a hospital, especially in Dr. Waffarn's class.

Secondly, I learned about an appropriate attitude of medical staffs. I came to know the word [triangle relation] which means the relationship between a doctor, a mother, and a fetus. I think it's a key to make good relationship in OB&GYN.

Finally, I gained a lot of medical information I hadn't known. Now I feel necessity to learn them more



Miwa Hiroshige



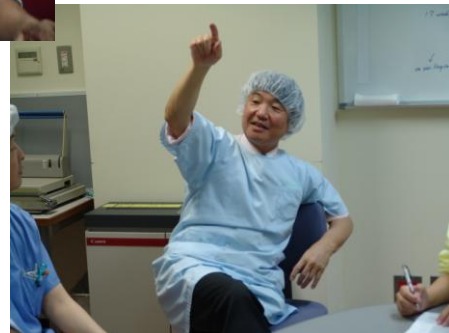
I was very sorry to miss the opportunity to take part in some sessions. However, when I could do, I spoke as much as possible. In the session, I could learned way of discussing about medical scenes in English. Vocabulary used in the situation like that was different from those in the daily life. So, Dr. Waffarn told me not only important techniques and knowledge about medicine but also how to have sessions in English.

Dr. Waffarn gave us much praise that made me active. So, those sessions were very fertile for me. What I felt this time around is necessity of learning more technical terms in English and medical knowledge by myself. Without being lavish of this experiences ,I intend to study more.

Yuuka Fukuda

I enjoyed both doctors sessions very much. The topics discussed in Dr. Vichai's sessions (Dengue fever, thalassaemia, and Acquired platelet dysfunction with eosinophilia) were diseases which are not well-known in Japan and so I was stimulated with lots of new knowledge. In Dr. Waffern's sessions, I could see the difference between medical interviews in America and in Japan and see also some features which are common to both countries.

Both doctors patiently waited for our answers and gave us good explanations to lead to deeper understanding. Mike's previews and reviewed helped me a lot to understand the doctors' sessions to a greater extent.





## IV Feedback Report

After the 2006 (February-March) EMP we asked the students to answer a questionnaire and to write their impressions and opinions about the program. In spite of a rushed schedule, the results of the questionnaire showed that students were very satisfied, so we relieved that our initial goal "Give it a go, and we'll see" was achieved with our mutual cooperation among the whole Faculty of Medicine. The program reaffirmed for us that a clear purpose of English study is very important, and thanks to the sessions done by the invited doctors we obtained some concrete clues about what we should do next and how we might develop the EMP program.

The questionnaire showed that slow decision-making on the special Budget for Educational Strategy and protracted negotiations with guest doctors resulted in a last minute announcement to the students about the program schedule. Taking those results into consideration, we prepared the 2007 (February) EMP. This time we handed some materials, we had got from two doctors, to the students in advance and gave concrete information of the schedule.

5th-year students restarted EMP in April with new members because they had not been well informed about EMP in the rushed schedule. In July and August 14 students joined two sessions by TAMADA and YOKOYAMA, several sessions with previews and reviews by two medical doctors, WHITE and GUEST. We feared that the unrest and terrorists' bombings might lead to less applications to the clinical clerkship in PSU, but nine students applied. Six of them are planning to visit Thailand this April. Those six students joined the 2007 (February) EMP. Two of them had experienced Dr. Waffern's sessions.

4th-year students had fourteen classes including an e-learning session, two sessions by invited British scholar, and a session by an anatomist in the first semester and several classes in October. They did not experience bed-side learning, so some case studies might have been a little difficult for them to understand. But the questionnaire showed that most of them felt satisfied.

In the questionnaire of "Goal Achievement Level," three students answered "Participation Not Satisfied," because re-examination kept some students from attending the sessions. Three students were forced to miss all the classes.

It was not so easy to put EMP schedule into the fixed and tough timetable of the 4th-year and 5th-year students, but we did and had the opportunity to have invited two doctors from abroad supported by the special budget of the University. We've made efforts and will do hereafter, so more efforts of every EMP member is needed to avoid the re-examination.

We are not sure whether we will be able to invite the doctors from abroad next year, too, but we hope we'll be able to get the budget and invite at least two doctors from PSU and UCI.





## 1. Student 'Can-do' feedback

Respondents: 15 Students (6 5th-year and 9 4th-year)

### A. Dr. Waffarn session 1

**In this session, I improved my understanding of:**

|  | 0 | 1   | 2   | 3   | 4  | 5 |
|--|---|-----|-----|-----|----|---|
| a) Medical terminology                                     |   | 79% | 14% | 7%  |    |   |
| b) Doctor-patient Interactions                             |   | 79% | 14% | 7%  |    |   |
| c) The method of taking a history for chest pain           |   | 50% |     |     |    |   |
| d) Clinical English  |   | 79% | 14% |     | 7% |   |
| e) The method of physically examining a chest pain patient |   | 50% | 36% | 14% |    |   |
| f) Stylistic and cultural differences from Japan           |   | 79% | 14% | 7%  |    |   |

0. Not relevant 1. Very much 2. Considerably 3. A little 4. Very little 5. Not at all  
(1 Non-responder)

### B. Dr. waffarn session 2

C.

**In this session, I improved my understanding of:**

|  | 0  | 1   | 2   | 3   | 4  | 5 |
|--|----|-----|-----|-----|----|---|
| a) Medical terminology                                   | 7% | 67% | 13% | 7%  | 7% |   |
| b) Doctor-patient Interactions                           | 7% | 67% | 13% | 7%  | 7% |   |
| c) The method of taking a history for a pregnant patient | 7% | 53% | 20% | 13% | 7% |   |
| d) Clinical English                                      | 7% | 60% | 20% | 7%  | 7% |   |
| e) The method of physically examining a pregnant patient | 7% | 53% | 20% | 13% | 7% |   |
| f) Stylistic and cultural differences from Japan         | 7% | 40% | 40% | 13% |    |   |

0. Not relevant 1. Very much 2. Considerably 3. A little 4. Very little 5. Not at all

### D. Dr. Waffarn session 3

E.

**In this session, I improved my understanding of:**

|  | 0   | 1   | 2   | 3   | 4   | 5 |
|--|-----|-----|-----|-----|-----|---|
| a) Medical terminology                           | 21% | 57% | 7%  | 14% |     |   |
| b) Measuring Gestational Age                     | 21% | 64% | 14% |     |     |   |
| c) Filling in Ballard Chart                      | 21% | 64% |     | 7%  | 7%  |   |
| d) Stylistic and cultural differences from Japan | 21% | 29% | 21% | 7%  | 21% |   |

0. Not relevant 1. Very much 2. Considerably 3. A little 4. Very little 5. Not at all  
(1 Non-responder)

#### **D. Dr. Vichai session (all three sessions combined)**

##### **In this session, I improved my understanding of:**

|  | 0   | 1   | 2   | 3   | 4  | 5 |
|--|-----|-----|-----|-----|----|---|
| a) Medical terminology                   | 7%  | 57% | 21% | 14% |    |   |
| b) Clinical English                      | 7%  | 57% | 14% | 14% | 7% |   |
| c) How to make a diagnosis               | 7%  | 71% | 14% | 7%  |    |   |
| d) How to read medical data              | 7%  | 64% | 14% | 7%  | 7% |   |
| e) How to analyze/interpret medical data | 7%  | 79% | 7%  | 7%  | 7% |   |
| f) Details of dengue fever               | 29% | 57% | 7%  | 7%  |    |   |
| g) Details of thalassaemias              | 14% | 57% | 21% | 7%  |    |   |
| h) Details of Platelet Dysfunction       | 7%  | 57% | 29% | 7%  |    |   |

0. Not relevant 1. Very much 2. Considerably 3. A little 4. Very little 5. Not at all  
(1 Non-responder)

#### **E. All sessions**

##### **I improved:**

|   | 0 | 1   | 2   | 3   | 4  | 5 |
|---|---|-----|-----|-----|----|---|
| a) My English listening skills                                      |   | 43% | 36% | 21% |    |   |
| b) My skills in self expression                                     |   | 43% | 29% | 21% | 7% |   |
| c) My skills in reading medical papers, reports, and questionnaires |   | 50% | 29% | 14% | 7% |   |

0. Not relevant 1. Very much 2. Considerably 3. A little 4. Very little 5. Not at all  
(1 Non-responder)

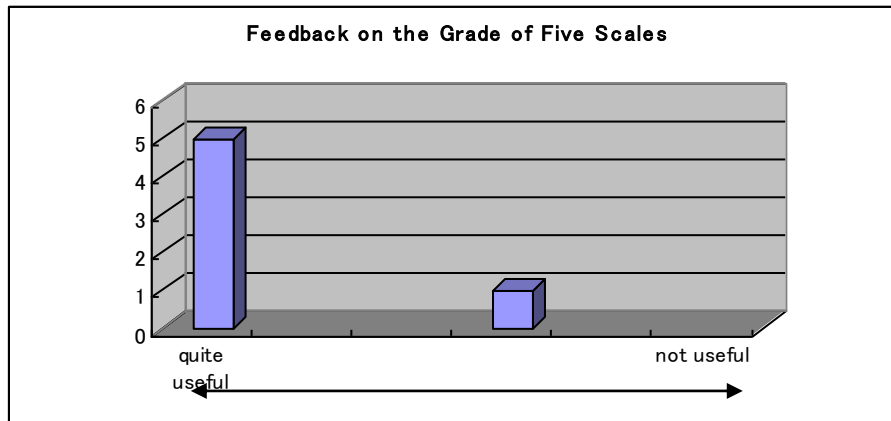
## 2. Questionnaire

### Feedback on Dr. Waffarn's Lecture

|                                | Quite satisfied | Satisfied | Not much satisfied | Not satisfied |
|--------------------------------|-----------------|-----------|--------------------|---------------|
| Goal Achievement Level         | 5               | 2         | 1                  |               |
| Input Quantity                 | 7               | 1         |                    |               |
| Input Level                    | 6               | 2         |                    |               |
| Participation                  | 4               |           | 3                  |               |
| Materials(visual aid included) | 5               | 2         | 1                  |               |
| Length of the training         | 5               | 2         |                    |               |
| Lecture room                   | 5               | 3         |                    |               |
| Facilities or equipments       | 5               | 3         |                    |               |

### A. 5th-year students

1) How useful were the lectures to you? Average 4.5



2) Evaluation of Yourself

(8 respondents)

#### A. What did you find most useful about Dr. Waffarn's sessions?

- I was intrigued by Dr. Waffarn's explanation of medical interviews in America and how they were similar to or different from those done in Japan
- Through the NICU tour I learned how to check gestational age in newborns.
- The most impressive thing was that DVD materials were available in advance so that I could listen to them over and over again before the class started. Although they spoke very fast, it was a challenging task to try to understand what they were talking about.
- I learned the importance of establishing rapport between a doctor and a patient.
- Differences between Japan and America gave me a food of thought.
- I came to know some of the cultural differences between Japan and America.
- I was able to understand how to measure gestational age even in English.

- I was able to speak in English much more this time compared to last year.
- The NICU tour was very impressive.

**B. Is there anything you would like to improve in the sessions?**

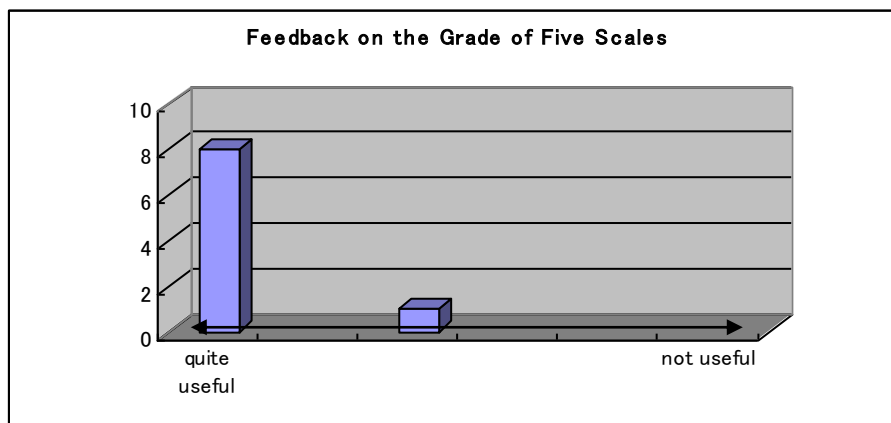
- The picture and sound quality of the DVD was not very good (it was difficult to hear).

**C. What made you most unsatisfied? (Those who chose 'not satisfied' option from the scale.)**

- I could have understood the lectures more if I had been better informed in advance about what Dr. Waffarn would talk about in the lectures.
- I was not satisfied because I couldn't make myself understood in English.
- I was not satisfied because I had very little knowledge of pregnancy.

**B. 4th-year students**

1) How useful were the lectures to you? Average 4.78



2) Evaluation of Yourself

(8 respondents)

|                                | Quite satisfied | Satisfied | Not much satisfied | Not satisfied |
|--------------------------------|-----------------|-----------|--------------------|---------------|
| Goal Achievement Level         | <b>5</b>        | <b>2</b>  | <b>1</b>           |               |
| Input Quantity                 | <b>7</b>        | <b>1</b>  |                    |               |
| Input Level                    | <b>6</b>        | <b>2</b>  |                    |               |
| Participation                  | <b>4</b>        |           | <b>3</b>           |               |
| Materials(visual aid included) | <b>5</b>        | <b>2</b>  | <b>1</b>           |               |
| Length of the training(3-day)  |                 |           |                    |               |
| Lecture room                   | <b>5</b>        | <b>2</b>  |                    |               |
| Facilities or equipments       | <b>5</b>        | <b>3</b>  |                    |               |
|                                | <b>5</b>        | <b>3</b>  |                    |               |

**A. What did you find most useful about Dr. Waffarn's sessions?**

- Frequent questions kept me thinking in English.
- I found it very useful to have opportunities to learn both communication strategies with patients, and medical terms.
- I enjoyed having various discussions based on video clips. It deepened my understanding about the way of establishing a good 'doctor-patient' relationship.
- He showed us concrete examples in explaining 'rapport', which was very easy to understand.
- The NICU round was impressive.
- His lectures gave me opportunities to understand what an American-style session is like.
- The New Ballard score.
- His lecture was an eye-opener. It made me face the reality of how little English I know!
- I gained a new understanding of medical interviews. The most impressive part of the lecture was that I learned about good relationships between doctors and patients based on authentic interviews.
- When I did not know what to say or how to express myself in class, Dr. Waffarn paraphrased questions for me. It helped me understand the nature of the questions.
- Learning American consultations was quite an education for me.

**B. Is there anything you would like to improve in the sessions?**

- Everybody should have committed themselves more to discussions.
- Some proper announcement about preparation should have been made before the NICU round. We treated 'a baby', but some students had long or manicured nails. As fourth-year students have not experienced hands-on medical training yet, some of them cannot act properly in medical situations even when they are required to have common sense.
- I would have enjoyed it more if we had had livelier discussions.

**C. What made you most unsatisfied? (Those who chose 'not satisfied' option from the scale.)**

- I missed the NICU round because of my makeup exam.
- It is regrettable that the tempo of the lecture was so fast that we all felt hesitant about making remarks.
- I failed to express myself in class due to lack of vocabulary and speaking skills when I had something to say.
- I'm afraid I was too passive.
- I found myself not following everybody in class.
- I need much more of both English and medical knowledge.
- The whole atmosphere in class made everybody hesitant to say something.
- The sound of DVD was not clear enough to hear.



## **V Appendices**

### **1. Dr. Vichai's Material**

#### Case study – 1

A 7 yr-old Thai girl presented with fever for 4 days.

On physical examination:

T 39<sup>0</sup>C, HR 120/min, RR 28/min, BP 100/70 mmHg

No pallor, Good consciousness, dry lips

Liver was palpable 3 cm below RCM with mild tenderness,

Spleen was not palpable,

Petechial hemorrhage at the chest & abdomen

no lymphadenopathy.

Heart – tachycardia, normal S1, S2

The rest of examinations are within normal.

CBC showed Hb 13.3 g/dL, Hct 46%, MCV 96 fL, MCH 32.3 pg, MCHC 34.1 g/dl, RDW 14.5%. WBC 6,800 cells/cu.mm. with PMN 41%, L 53%, atypical lymphocyte 6%. Platelet 37,000 cells/cu.mm.  
RBC: normochromic normocytic. Reticulocytes 1.5%

#### Case study - 2

A 2 yr-old Thai girl presented with fever and pallor for 3 wks. She was admitted in a referral hospital 5 d prior to our hospital.

On physical examination:

T 38.8<sup>0</sup>C, HR 120/min, RR 28/min, BP 100/70 mmHg

Markedly pallor, no jaundice, liver was palpable 3 cm below RCM,

Spleen was palpable 3 cm below LCM,

no petechial hemorrhage nor ecchymosis, no lymphadenopathy.

Heart – normal S1, S2

The rest of examinations are within normal.

CBC showed Hb 6.3 g/dL, Hct 16%, MCV 66 fL, MCH 25.3 pg, MCHC 36.1 g/dl, RDW 23%. WBC 126,000 cells/cu.mm. with PMN 41%, L 33%, band 6%, myelocyte 1%, E 1%, M1%, metamyelocytes 16%, blast 21%.

Platelet 297,000 cells/cu.m. NRC 224/100 WBC.

RBC: hypochromia 3+, anisopoikilocytosis 2+, polychromasia 1+.

Reticulocytes 15.5%

She was diagnosed to be Acute Leukemia and transferred to our hospital

### Case study - 3

A 5 yr-old Thai boy presented with bruising at both lower extremities for 2 weeks

On physical examination:

T 37°C, HR 100/min, RR 20/min, BP 100/70 mmHg

No pallor, Good consciousness,

Liver and Spleen was not palpable,

Ecchymoses at both legs & thigh,

No lymphadenopathy.

Heart – normal S1, S2

The rest of examinations are within normal.

CBC showed Hb 13.3 g/dL, Hct 39%, MCV 96 fL, MCH 32.3 pg, MCHC 34.1 g/dl, RDW 14.5%. WBC 9,800 cells/cu.mm. with PMN 41%, L 53%, E 6%. Platelet 177,000 cells/cu.mm.

RBC: normochromic normocytic. Reticulocytes 2.5%

#### Resources:

1. Laosombat V, Wongchanchailert M, et al. Acquired platelet dysfunction with eosinophilia in the south of Thailand. Platelet 2001;12(1):5-14.
2. Weatherall DJ. Pathophysiology of thalassemia. Baillieres Clin Haematol 1998;11(1):127-46.
3. Higgs DR. Alpha thalassemia. Baillieres Clin Haematol 1993;6(1):117-50
4. Chuansumrit A. Treatment of Hemophilia in the developing countries. Hemophilia 2003;9(4): 387-90.

## **2. Dr. Waffarn's Material**

### Case Summary

Jane Mack is a high strung, 49-year-old woman. She has an MBA and is employed as a financial analyst. She is a workaholic who commutes long distances to work. Because she lives alone and works late hours, her diet is generally any fast food that is available. She smokes, drinks a bit, and has sedentary interests when she is not working. She has financial problems and is worried about losing her job. There is a strong history of cardiac disease in her family. She has borderline high cholesterol. She has been having chest pain on and off for the past 2-3 months. The number of incidents has increased over the last month. She is quite anxious about this morning's episode because it lasted about 30 minutes - longer than usual. She is likely to medicate herself with Tylenol or Aspirin. She is three years post-menopausal and was on hormone replacement therapy for approximately six months (Estrogen and Provera). She discontinued this medication on her own due to the side effects of weight gain, breast tenderness and nausea. She uses various vitamins and other products to offset the symptoms of menopause.

#### Vital signs:

Temperature: 98.6 – F

Pulse: 72/min.

Respiration: 16/min.

Blood pressure: 160/92

Allergies to medications: None

#### Student Instructions

- Take a relevant history.
- Perform an appropriate focused physical exam.

Tell the patient what you think is going on with her and what you want to do next.