

平成 20 年度「質の高い大学教育推進プログラム」(教育GP) 採択
「複視眼的視野を持つ国際的医療人の育成」

2011 年度後期 EMP 報告書



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I. 英語分野教員から

1. 1

Kouki EMP5 report:

Michael Guest

Since the 5th year students have done just about every EMP activity up to this point we thought that it would be interesting and beneficial to try simulations in these, their last sessions. Since all members will soon be heading to clinical practice in Thailand or the U.S. this made a lot of sense.

In fact, the students were doing simulations in Dr. Murata's sessions too but with Dr. Murata choosing the conditions and always taking on the patient role. In our sessions, I wanted to expand this by having students research two conditions each in advance because they would be acting as patients as well as doctors. The simulation practice included gathering personal information, a history of present illness, previous medical history, family background and social factors. The emphasis was upon relevance and direction as opposed to completing every possible question. The doctor's 'bedside manner' was also considered.

I also chose to have the students expand the post-history taking section. Not only were they to come up with a provisional differential diagnosis (explaining why they had ruled out possible ailments) but also to confirm pertinent information, to tell the patient of follow-up tests and investigations, and make any immediate recommendations to the patient. The students practiced the language necessary in order to carry this out smoothly.

Since the students had no idea about the condition the others had chosen, it meant that they had to use cognitive and critical thinking medical skills, not just language skills. And they could get a feel for the patient's perspective as well. They learned something of medical and linguistic interest in almost every simulation.

On the final day, all EMP5 students acted as a doctor and as a patient once with a small group of onlookers, including 4th year EMP members. This group of onlookers could ask further questions, suggest possible diagnoses, and discuss possible investigations and recommendations as well as the doctor.

At the end of the simulation role-plays the patient revealed the actual condition, explaining the relevant symptoms, and often adding commentary on what the doctors missed or should have focused on more. The 5th year students carried out all their simulations in a very professional manner. I was impressed by the combination of their English skills, interpersonal skills, and medical knowledge. I have no doubts that they will make a good impression abroad and also be excellent physicians in the future no matter where they practice.

Well done EMP5 students and good luck in your clinical practice abroad!

February-March 2012 EMP 4: Teacher's Report

Richard White

In my EMP 4 classes during the Last week of February/first week of March, 2012, I had the students 1) create a brief tutorial lesson, 2) practice and refine their lesson plan, and 3) conduct their tutorials with their classmates and 5th-year students. Before the first class, students were given the following information:

- Before you come to the first class you should have a clear idea of the topic you are going to teach.
- Topics should be interesting, precise, and not well-known to other students.
- Topics do not have to be "academic," but you should try to teach something that will be new to other students.
- Your tutorial should include rhetorical and educational questions.
- A brief review section is also probably a good idea.
- You should make handouts to give to your "students."
- If you like, you can use physical samples and/or graphical computer samples.
- Using the whiteboard is also fine.
- Here is a basic pattern that might be a good guideline for you to follow:

1. Introduction of your topic, and your particular focus.
2. Background and/or known information outline (including any graphics or samples).
3. Rhetorical/setup questions (interactions with your students).
4. Introduction of any keywords or concepts (notes, handouts).
5. New information (including graphics or samples). *THIS WILL BE THE MAIN SECTION OF YOUR TUTORIAL.*
6. Questions/review. (End)

The first four classes were spent clarifying students' topics, refining any materials they planned to use in their tutorials, and practicing their tutorials with the teacher and their classmates. Throughout these sessions students were encouraged to make their tutorials as interactive and engaging as possible, and there was repeated peer/teacher review and feedback.

As an instructor I was generally pleased with the students' attitude and performance throughout these sessions. Their tutorials were engaging and interactive, and they showed a good understanding of how to present new material to a class of students. The only problem I detected was some nervousness/shyness during their tutorials. Hopefully this experience will give them some confidence by showing them that there is really nothing to be nervous or shy about.

「複視眼的視野を持つ国際医療人の育成」をテーマに医学部全体で実施している、EMP 報告書の2001年度後期の発刊となりました。医学科生は6年次の海外実習を目標に、看護学科生は4年次の海外での総合実習を目標にして“EMPを最優先して”受講することが望まれます。今年は、医学科6年生のEMP受講生のうち、8人(古賀李都子さん、細谷まるかさん、山下龍さん、山本紗子さん、緒方彩人さん、川越ほずみさん、天満雄一さん、鈴木貴之さん)と看護学科3年生のEMP受講生3人(芝祐介さん、西山沙希さん、福田実紅さん)、看護学科修士コースの濱砂馨さんが、それぞれタイ王国のプリンス・オブ・ソンクラ大学に留学しました。そして、今回で3度目の派遣となる米国のカリフォルニア大学アーバイン校(UCI)には、医学科6年生の2人(望月直矢さん、篠田千佳さん)が留学しました。詳細の報告は、今年度の『留学報告記(4)』に書かれています。それぞれ、充実した時間を過ごせたようですし、留学先で出会った方々との出会いをこれからも大切にしていられることを願いたいと思います。

そのような充実した海外臨床実習を目指している学生さんのために、今期も様々な方がEMPの主旨に賛同して講義をしてくださいました。まず、UCIを目指す学生さんが現地で一番お世話になる小児科医、Penny MurataさんにEMP講師として来日して頂きました。これが2度目の招聘です。既に12月に行われた同じくUCIのFeizal WaffarnさんとMurataさんによるビデオ面接によって、現在5年生の小澤萌さんと吉澤沙羅さんの夏の留学が決定していますので、二人にとってMurataさんと事前に話す機会がたくさん持てたことは、大きな励みとなったことでしょう。授業内容についてもアンケート結果を見れば分かりますが、満足度の高い授業だったようです。(4年生の張さんによるMurataさんの授業レポートは、量・内容ともに充実しています。)今回Murataさんは、前回と同じくお母様とご一緒の来日となり、宿泊先の青島パームビーチホテルで「温泉をゆっくり楽しみました。ありがとう」とおっしゃってくださいました。学外の講師の方を招聘するとき、せめて気持ちの落ち着ける宿に泊まって頂きたいという気持ちがありますので、このような一言はとてうれしいものです。

大学病院長として毎日大変ご多忙なスケジュールの最中、池ノ上先生が4、5先生の合同授業として再びEMPの講師を務めてくださいました。医学部長をされていた2008年度前期・2009年度後期に続いて、今回が3回目となります。『2008年度前期EMP報告書』には、英語科の玉田先生が学生に配布されたEMP講義スケジュール資料の中に、「池ノ上先生 多分最初で最後の授業になると思います。今回のサプライズ。」と書かれています。それほど貴重な機会だったということですが、その翌年も、そして今回も講師を引き受けてくださった池ノ上先生に深く感謝します。当時は医学部長、そして現在病院長になられてからは一層お忙しいと思いますが、今回も英語科の横山先生と私でEMP講師の依頼にお部屋に伺った際、「いいですよ、いつですか?」と手帳をすぐに確認してくださり、その場で日時が確定しました。大学病院長の英語による授業が受けられる大学が他にあるでしょうか…。EMPの学生さんは本当に恵まれた環境で学んでいると思います。その環境を最大限自分に生かせるかどうかは、個人の意識によりますが…。

福岡女子大学の水元芳先生は、玉田先生のお知り合いが紹介してくださった方です。栄養士・管理栄養士として働かれた後、青年海外協力隊に参加、その後、国際協力事業団国内事業調査員や栄養カウンセラーとしての経験を積み、ミクロネシア、ボツワナ、アフリカなどの国際協力機構事務所勤務など、広く海外で活躍されました。受講生の中には、将来海外で働きたいと考えている学生も少なくありませんので、海外派遣の経験を豊富に持ち、英語の運用能力の高い水元先生の授業は、EMPの受講生にとって興味深く、貴重な機会になったようです。また、偶然にも5年生の小澤萌さんが日本国際保健医療学会で水元先生とご一緒した経緯があったそうで、

「予期せずして EMP で再会することが出来た喜びがありました」と聞きました。ただ今回は再試験該当者が 4 年生に複数いたため、急きよ、4、5 年生合同のクラスになりました。ワークショップ形式の講義でしたので、結果的には 4、5 年生が協力しあつての実のある作業となったようです。再試験を受けない訳にはいかないと思いますが、“EMP 受講生は再試験該当者なし”という緊張感が今後も課題となるのではないかと思います。

夕方に開講している事務局英語 O・EMP・病院看護部 N・ENP では、今回も非常勤の Amy Hombu さん、白坂佳代さんにもお世話になりました。働きながら学ばれる方々ですので、やむを得ず欠席される方や、遅刻なども多かったと思いますが。そこを臨機応変に、また柔軟に対応していただきありがとうございました。授業後のレポートについては、クラスによっては催促をする苦勞もあり温度差があるのは残念ですが、編集する私自身のこれからの課題でもあると思います。

2011 年度後期 ENP は、事務部と看護部各 1 クラスずつ担当いたしました。

事務部クラスは、前期からの継続 2 名と、「久々の英語学習再開です」という新メンバー 1 名の計 3 名でした。私は新しく入られた方にお会いするのは初めてでしたが、3 名は仕事仲間と伺ったので、英語で新メンバーを紹介してもらうことからスタートさせました。語彙力を補強できるよう、引き続き英語に触れる量をできるだけ多くする授業展開とし、今期は表現活動として指示（道案内や調理方法等）に関する表現と、聞き返し、質問、あいづち等の会話表現に慣れることを目標としました。毎時、ウォーミングアップを兼ねて始めに近況を報告してもらっています。今期は課題にしておりましたが、日記を英語で付けて参加するとスムーズに会話が行えることを実感されたようでした。家でゆっくり辞書を引ながら英文を考えることで、これまでに使ったことの無い表現や単語を使った表現を試すことができます。そして、クラス内で発話することで、それらの表現が正しく伝わるかどうかの確認ができます。自分の身近な生活について、そしてその中で様々な心情や考えを英語使って伝えてみるよい機会と捉えて臨まれていたようでした。回を重ねる毎に、自信を持って使える単語の量が増えていくのが分かりました。このウォーミングアップの後、クラスのジャーナルを皆でチェックします。このジャーナルは、クラスで行った内容を英語で記録していくもので、交代制で毎回 1 名が授業後に書き、提出しています。（本報告書に掲載されています。）その添削の方法として、まずピアチェックし、その後、文法や語彙についての説明を行っています。社会人になって自分の書いた英文を皆に見せることには抵抗があり、大変な勇気が必要としますが、他の人の書いた表現を読み、その添削の過程に関わることは、自分のライティングのバリエーションを広げることができ、文法理解を深める事にも繋がります。第 1 回目のクラスではそれらのメリットを説明した上で、皆さんにこのピアチェックを行うかどうか決めてもらっています。これまでのところ、どのクラスにも受け入れてもらっており、皆さんの英語学習への熱意を感じます。この影響はクラス内での発話にも表れ、より積極的に英語を話される空気が生まれています。今期は、メイン活動として指示に関する表現を扱いましたが、そのトピックに応じた必要表現を読みながら、声に出すというインプット作業から入りました。その後、それらの表現と既知の表現を組み合わせ、自分の言いたいことを適切に相手に伝える練習（地図やレシピを使用）を行いました。その他、自律学習への橋渡しとなるよう、辞書の使い方や音声記号の読み方も組み込みました。3 名のクラスで以上のように行っておりましたが、最後の 2 クラスで新たに 3 名のメンバーが加わり、これまでの 2 倍の人数になりました。既にクラスの雰囲気が出来上がったところへの、終盤での合流でしたので、1 回目はいつもより静かな（＝発話が少ない）クラスになりましたが、最終日（2 回目）は活発に活動に取り組み、賑やかなクラスとなりました。人数が増え、発話の声が自然と大きくなったことは大きなメリットでした。次の ENP が始まるまでの間、続けて英語に接して下さっていることを願っています。

次に看護部（Advanced）についてご報告します。こちらは前期にマンツーマンで“A guide to effective care in pregnancy and childbirth”の第 46 章「Breastfeeding」を講読された方 1 名と、同じ産婦人科所属の 1 名が加わり計 2 名のクラスでした。お二人とも助産師で産婦人科勤務なので、共通する題材として前期と同じ「Breastfeeding」を使用しました。この中には産婦人科で使われる専門的用語、そして患者さんへの説明に必要な単語や表現が頻出しています。前期に講読して既に内容を理解している受講者が、このような用語や表現を取り出し、それらの用語を英語でパートナーに説明するスタイルを取りました。聞き手は分からないことをその都度質問し、説明する側はさまざまな方法で説明を試みる、というスタイルを繰り返しました。英文を読んで理

解した後、出てきた用語や表現を繰り返し使って話し、そして聞くことは、専門分野を英語で表現する技術を磨くよい訓練になったようです。自分の英語力で表現できるあらゆる策を試行する姿が見られました。このクラスの受講者は知識欲が旺盛でご自分で情報を集め疑問点を追及していました。興味深い資料を印刷して持って来られることもよくありました。クラス終了後に、1名が2月にタイのソンクラ大学への研修へ行かれました。どのようなコミュニケーションを取られ、どのようなことを吸収されたのか、また今後どのような点を補強したらよいかと感じられたのか等、お話を伺うのをとても楽しみにしています。前述の書籍を中心にクラスは進行しましたが、パートナーが欠席した時には、出席の受講生に本人が選んだトピックについて、続く限り長く話して頂く時もありました。長い間英語のみで話を続けることができる方々です。これからも大量の英語に触れてインプットを続け、表現の域を広げていかれるでしょう。

最後に、このクラスで使用した書籍とサイトをご紹介します。

Murray Enkin, Marc J.N.C. Keirse, (2000). *A guide to effective care in pregnancy and childbirth*,

USA: Oxford University Press

Sheila Ketzinger, (1989). *Pregnancy and Childbirth*: Penguin health books

Baby Center <http://www.babycenter.com/>

The main focus of the O-EMP class was the communication skills. The class began with chatting regarding the daily activities or special events of the participants from the previous week. I encouraged the participants to talk on the spot by asking questions or making comments. This was a good training for carrying on conversations. After that, I introduced a topic for discussion. Sometimes, I gave them a theme to research and prepare to make a short presentation in the following class. The followings were examples of topics that we had for Kouki.

1. You break it, you buy it
2. Skyscrapers around the world
3. English Riddles
4. Foreign Exchange
5. American school system
6. Taboos of other countries
7. Steve Jobs

We were lucky that there was a researcher in the university from Norway. I was able to invite her to join our class for a surprise visit. The participants were able to utilize their English skills by asking questions about her, her study and her country. It was a good experience and good training for them to be able to raise questions and engaged in a discussion with strangers.

In addition, my friend from Switzerland gave me some Raclette Cheese which was a typical food for Swiss people. Raclette cheese appeared in one of the scene in a famous anime movie Heidi, Girl of Alps, which most of Japanese know. I brought it to the class and everyone tasted it.

Although this is an EMP class and since language and culture are inseparable, it is good to learn English and know cultures about other countries. Therefore, this class offers English learning which not limited to only subjects on the medical field.

II. 活動報告

2.1 EMP 日程表

EMP5/4 Schedule 2011

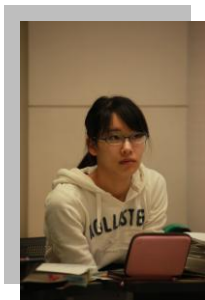
Feb 27 (Mon)	9:00~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5 Room 301	Tamada (medical terms)	Dr. Murata	Guest	Amy Hombu
M4 Room 305		White	Dr. Murata	Dr. Kato
Feb 28 (Tue)	9:00~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5 Room 301	Tamada (medical terms)	Dr. Murata (301)	Dr. Murata	Guest
M4 Room 305			White	Amy Hombu/ Nambu
Feb 29 (Wed)	9:00~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5 Room 301	Tamada (medical terms)	Dr. Mizumoto (301)	Dr. Mizumoto (301)	Guest
M4 Room 305				White
Mar 1 (Thur)	9:00~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5 Room 301	Tamada (medical terms)	Dr. Ikenoue (301)	Dr. Nomizo	Guest
M4 Room 305			Amy Hombu/ Nambu	White
Mar 2 (Fri)	8:40~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5 Room 301	/	Combined Guest/White/ (301)	13:00~13:45 Dr. Akaki	interview Hombu/Yokoyama
M4 Room 301			13:45~14:30 Dr. Akaki	interview Yokoyama/Nambu/

2.2 EMP5 授業報告

Feb. 27

Moe Ozawa

The topic of the session presented by Mrs.Hombu was about “differences in the health insurance system and medical culture between the US and Japan”. She talked about some episodes based on her experience of living with herfamily. This session was beneficial for us 5th year students who are going to PSU or UCI this spring, because when we go to those universitiesand hospitals, we will be asked about and have to discuss those differences. Of course we have long known that the health insurance system in Japan which most medical fees are paid by tax is rare in the U.S., and that the system in US is much different than Japan, but we had not known concrete numbers. When we live our daily lives in Japan, we don’t have chance to think about those differences. However it is important for we, who are going to be doctors , to know Japanese health insurance system well and the differences from other countries.



Feb. 27/28

Risa Nakaie

Teacher: Dr. Murata



For two days, we practiced taking history from patients and how to make personal connections with them.

In the first class, we took history from a 6 and a half month old patient whose Chief Complaint was fever. After taking the history, we made lots of differential diagnoses using the acronym: D, I, R, E, C, T, I, O, N. Each letter stands for Drug, Infection, Renal/Rheum, Endocrine, Cardiac/Congenital, Trauma, Infection, Others, Neoplasm. By thinking about these points, it makes it easy to develop and list a DD. After that, we were asked to make more diagnoses.

In the second class, we studied how to make personal connections with early adolescents. This time, we used the acronym: H, E, A, D, D, S, S, S. Each letter stands for Home, Education, Activity, Diet, Drug, Sex, Suicide, Safety (cf; Domestic Violence etc). We also learned how to ask about them in English. After that, we practiced with Dr. Murata, who played a 16-year-old girl (actually she played it very well). When I ask about very private things such as sex, drugs, I felt it was difficult. She said it’s important to talk about casual things such as TV programs the patient likes to make connection with them. Anyway, we have to practice more.

In the last class, we learned about Precontemplation, Contemplation, Preparation, Action, Maintenance, and Termination with 4th year students. The case was about a mother whose son had obesity. We asked her about him and his social history such as eating habits.

Finally, we made decisions about what stage she was at. After that, we practiced how to engage her at a higher stage using the pattern of Engage, Empathize, Educate, Enlist.

In these classes, we got practical advice because she played them as if they were her real patients. Dr. Murata is very kind and we had lots of chances to speak English. We enjoyed the classes very much.

Mar.1

5th year student- Risa Nakaie

Dr. Ikenoue's session

We took this lecture with the 4th grade students and a few first grade students were observing the lecture as well. First, Dr. Ikenoue told us his interesting story as an OBGY doctor. Then, we watched one story from the drama 'ER'. It was a story about a pregnant woman with eclampsia. Unfortunately, the woman died in the end. As we watched the story, we stopped watching at several points to discuss problems in the drama. Dr. Ikenoue asked us some questions such as, "What do you think happened?",

"What have the people in the hospital done?", and, "Why did they do that?"

All students were encouraged to express their opinions. He also pointed out some important content of the story so that we could understand the patient's condition better. Also, he made sure that the Fourth students understood our conversations by asking them to tell him whenever they didn't understand it. It was sometimes hard to express my thoughts in English precisely but it was still a very valuable experience.

Mar. 2

Dr. Akaki's session

Sara Yoshizawa 5th grade



We had a session with Dr. Akaki on the last day. She discussed the structure of an academic article with us. An article generally consists of an abstract, an introduction, a section dealing with materials and methods, another section on results, and some discussion. Each paragraph has to employ correct terminology, sentences should be short so that the reader can easily understand and be interested in the content. She showed us an example article from the field of pathology. Authors should indicate previous articles published by other researchers. It is very effective to use graphs to compare results from many articles in order to show the significance of your own results.

Mr. Guest's sessions

Yurina Motoyama

In these sessions we practiced the skills of taking a patient history. We studied how the information of basic data, chief complaint, medical history/details, family history, and social history is acquired from a patient.

After that, we summarize the patient's story, and gave a provisional diagnosis, proposed investigations or courses of action, and finally proposed some recommendations to the patient.

Since the contents were similar to some other EMP lessons ("Case Studies"), it was easy to do. However, we could learn about the native English way of dealing with the scene. That was a very good point.

Thank you very much for carrying out useful lessons for us.



2.3 EMP5 2011 後期アンケート

2011 後期 EMP5 アンケート【提出率100%】

1. プログラム全体を通して5段階で評価して、○で囲んで下さい。

とても有益だった	2
有益だった	3
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

2-1. Dr. Murata の授業を5段階で評価して、○で囲んで下さい。 5 5 5 5 5

とても有益だった	5
有益だった	0
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

2-2. Dr. Murata の授業の最も良かった部分とその理由があれば書いてください。

- ・あまり普段やらない小児の症例を英語で学ぶことができた。
- ・UCI で多いと言う肥満の小児、家族への栄養指導ついて学べた点。(大学病院のポリクリでは稀な症例のため)
- ・先生が、全員が発言しやすいような雰囲気をつくってくださって、積極的に参加できたことと、学生の反応によって柔軟に授業を行ってくれたところです。
- ・思春期の子どもからはなかなか本当の事を聞き出せないなど、実際の症例に沿った history taking が非常に参考になった。普段のケーススタディではやらない初期治療の部分まで講義して頂いた点も良かった。

2-3. Dr. Murata の授業の改善すべき部分とその理由があれば書いてください。

- ・特にありません。(2名)
- ・特に思いあたりません。

3-1. Dr. Mizumoto の授業を5段階で評価して、○で囲んで下さい。

とても有益だった	4
有益だった	1
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

3-2. Dr. Mizumoto の授業の最も良かった部分とその理由があれば書いてください。

- ・国際保健のワークショップをグループで行えた点。(医学生にとって必要な観点であるにもかかわらず宮崎大学ではコマ数が大変少ないが、水元先生は事例に基づいたワークショップを行ってくださったため。)
- ・先生のお話がとても興味深かったです。
- ・先生の実体験をたくさん聞いた点が良かった。また、参加型の講義であったので、4年生のメンバーも交えてとても楽しんでやることができました。

3-3. Dr. Mizumoto の授業の改善すべき部分とその理由があれば書いてください。

- ・大変満足なコマでしたが、時間が押して、ワークショップの時間が短くなってしまったのが残念だった。
- ・特にありません。
- ・全体的に時間が少し短かった。もう1コマぐらい時間があってもよかったのではないかと思います。

4-1. Dr. Ikenoue の授業を5段階で評価して、○で囲んで下さい。

とても有益だった	4
有益だった	1
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

4-2. Dr. Ikenoue の授業の最も良かった部分とその理由があれば書いてください。

- ・ER の症例について先生は細かいところまでよくご覧になっており、会話を通して教えていただくことができた。
- ・映像を用いて、テンポよく行えた点。
- ・ER の内容をゆっくりと噛み砕いて理解できるようにしてくださったところです。
- ・事前にビデオを見ておくことで、ある程度の予習ができ、症例の検討がスムーズにできた。

4-3. Dr. Ikenoue の授業の改善すべき部分とその理由があれば書いてください。

- ・池ノ上先生の改善点ではないのだが、ER の2つくらいのお話を何度も見ているので、同じ話ではなく違う話を見たほうが勉強になると思う。
- ・特にありません。事前準備ができたのでとても楽しめました。
- ・ありません。
- ・特にありません。

5-1. Dr. Nomizo の授業を 5 段階で評価して、○で囲んで下さい。4 5 5 4 5

とても有益だった	3
有益だった	2
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

5-2. Dr. Nomizo の授業の最も良かった部分とその理由があれば書いてください。

- ・日常診察で使用する道具の説明が英語でできるようになって、とても実用的な授業でした。
- ・実際にソクラに留学された先輩のお話を聞いた点が非常に良かった。

5-3. Dr. Nomizo の授業の改善すべき部分とその理由があれば書いてください。

- ・ありません。
- ・特にありません

6-1. ゲスト先生の授業を 5 段階で評価して、○で囲んで下さい。4 5 4 5 5

とても有益だった	3
有益だった	2
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

6-2. ゲスト先生の授業の最も良かった部分とその理由があれば書いてください。

- ・私たちがいつも勉強会でおこなっている感じのケーススタディで実践的だし、下の学年も参加させることで来年の学習へのイメージがつかみやすいと思う。
- ・また、自習では分からない問診の具体的なフレーズを学ぶことができたのが最も勉強になった。
- ・ネイティブの言い回しを学べた、また、1年間練習してきた問診の取り方の復習の場とできた点。
- ・問診をとる練習ができてよかったです。
- ・回数をこなすことで、**history taking** のスキルアップができた。

6-3. ゲスト先生の授業の改善すべき部分とその理由があれば書いてください。

- ・同じ症例を何人もとやっていたので、今回先生が機転をきかせて減らして下さったようにもうひとコマ少なくていいと思う。
- ・医療的知識をカバーして下さる先生が補助で入って下さったらなおよいと感じました。
- ・ありません。
- ・特にありません。

7-1. Dr. Akaki の授業を 5 段階で評価して、○で囲んで下さい。

とても有益だった	1
有益だった	4
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

7-2. Dr. Akaki の授業の最も良かった部分とその理由があれば書いてください。

- ・論文を読むという明確なテーマと、短時間での講義で集中しやすかった点。
- ・論文を読むコツを教えて頂けてよかったです。
- ・普段の実習ではなかなか触れることのできない基礎分野の研究について、少しでも理解できた点が良かった。

7-3. Dr. Akaki の授業の改善すべき部分とその理由があれば書いてください。

- ・特にありません。調整ありがとうございました。
- ・ありません。
- ・特にありません。

8. プログラム全体を通して改善すべき部分とその理由があれば書いてください。

- ・プレゼン課題などが毎回突然プログラムが始まってから告げられたりしているの、事前にいって頂けると助かるメンバーもいると思う。
- ・プログラム自体はとてもすばらしく、私自身英語のスキルアップを実感しました。普段の勉強会もためになりますが、このように短期集中で勉強することによって、効率よく英語のスキルアップができると思います。
- ・個人的には今回のプログラムにとても満足しています。

9. プログラムの実施期間（時間）についてどう思いますか？

- ・段々時間割も改善されて、一限を自己学習に使えるスタイルになったのがとてもよかったと思う。毎回増えた課題などもその時間に出来たので私としては実際この時間割のおかげで問題なくこなせて助かった。
- ・5年生にとっては、ポリクリが終わってから1週間後だったので、私はその間に就職活動を行っていましたが、人それぞれ、時間を過ごしてから宮崎に再び戻る、という形だったと思います。しかし、4年生に合わせて2月末になったのだと思っていましたが、実際は4年生の出席率が大変悪く、それを彼らは、自分たちがスケジュールを知らされていなかったからだと申ししていたという点にがっかりしました。5年のメンバーは全員、ポリクリが終わってから1週間の時間を就職活動など行いながらもEMPに合わせて宮崎に戻るなどしていたのに、そのような理由で休まれることは理不尽でしかないと思います。

EMP の先生方にも、何が義務で何が権利かは彼らに対し明確に示していただきたいと思います。不公平すぎると感じました。

さらに言うと、今の4年生は、2011年度の留学生の受け入れにもまったく協力はありませんでした。彼らの学年の参加状況が今年のようなのであれば、容赦なく留学は許可しないべきだと思います。それで渡航ができるのであれば、今までEMPのルールとして守ってきた、忙しい中で、協調性をもって英語を最優先に学ぶ、という大

原則は何だったのかとむなしくなります。私達の学年も就職活動や様々な時間を調整してこれまでも、今春も参加してきました。4年生の態度がいかなるものであっても、関係ないと思います。先生方には一貫性を示していただきたく、お願い申し上げます。

- ・一週間でちょうど良いと思いました。
- ・ちょうど良いと思います。

10. 自分自身の中・長期的な具体目標を立て、それを書いてください。

・今年毎週の自習も含めて実践的な英会話の実力が少しずつ向上してきたのではないと思う。今回もゲスト先生の授業などで今まで聞き方が分からず苦慮していた質問の仕方なども教えてもらえて、留学前にとってもためになる勉強ができた。また、留学先で行うプレゼン発表についても、講義で作って先生の前でプレゼンする機会が得られたためとてもよかったと思う。留学先では患者層も違うし日々苦勞すると思うけれど、こうして勉強してきたことを出来るだけ発揮できるように積極的に挑戦していきたい。

・中期的目標：(UCIで) 今後世界全体の課題となるであろう先進国での健康問題を学ぶ。医学英語、問診力をつける。長期的目標：(将来) UCIでの1か月で学ぶ問診、診断のスキルを、日本の地域、国際保健の場で生かす。

・ERなどのドラマをたくさん見て、ある程度英語で理解できるように努力したいです。

・他のEMP5年生メンバーと比較して、自分自身の英語のスキルは現段階でかなり低いと感じています。今回のソクラ大学への留学で、医学英語をしっかりと使いこなせるようになりたいと思っています。

・今後は個人で英会話教室に通い、定期的に英語を話す機会を作ろうと考えています。卒業までにビジネス英会話レベルの英語力を身につけ、初期研修修了時には、海外でも医師として働けるぐらいの英語力を身につけたいと思っています。

2. 4 EMP4 授業報告

27th February 2012

Date: 27th February 2012

Time: 10:30-12:00

Lecture: Prof White

Theme: Preparation for tutorial

We discussed preparing to do a tutorial in this class. Mr. White presented an example tutorial. The theme was "Rock music vs. Pop music". First, he gave us some information showing some differences between rock and pop music. Then we listened to some samples of The Rolling Stones and The Beatles, which were used to support the thesis that The Rolling Stones are a rock band and The Beatles were a pop band.

Kaho Hirayama



27th June 2011 Yuki Choh

DATE: 27th Feb 2012

TIME: 13:00-14:30



THEME: Case study: infant with fever

Tutor: Dr. Penny Murata

In today's class, we had Dr. Penny Murata from UCI and used a case study, to learn differential diagnosis of fever without source in an infant. The case we used is as below.

New patient, Daisy, 6.5 month old girl

"Fever" x 2 days

She was in usual good health state until 2 days ago when she felt warm. Her temperature was 39 degrees, for which she was given acetaminophen 2.5ml or 80 mg every 6 hours, most recently 6 hours ago. She seems fussier than usual and wants to be held by parents all the time. Her appetite for food is decreased, but she still breastfeeds normally. Poor sleep due to fever. No change in urine out or stooling. No emesis. No travel. No ill contacts.

Dr. Murata asked us what we should ask the mother first, after having explained the differences between the diagnosis of adults and infants. Because infants can't express how they feel or how strong their pain is in their own words, we have to get information about physical states only through observation. The best observer is the mother, so we need to ask her about the baby's condition before being brought to the hospital. For example, we need to ask about the baby's sleep, activity/playing, eating/drinking, crying/fussiness, urinary output, amount and quality of stool, etc.

Dr. Murata played the role of the infant's mother. After we asked some questions, Dr. Murata explained systematic review. We made a list of conditions we thought infants with fever could have, based on systematic review. Below is Dr. Murata's list of conditions we should have for a differential diagnosis of infants with fever without source.

Drugs--- drug fever

Infection (by system) --- meningitis, bacteremia, pyelonephritis, pneumonia, roseola or other viral exanthema

Renal/Rheumatologic--- systemic JRA

Endocrine---

Cardiac/Congenital--- endocarditis

Trauma---

Inflammatory--- Kawasaki disease

Other---

Neoplasm--- leukemia

Then we asked more questions, and eliminated some conditions. When we see infants, we need to ask about ROS (the condition of skin, respiration, eye and ear discharge, pain with eating or drinking, heartbeat, diarrhea, constipation, pain with urination, the concentration of urine, etc.), past medical history (PMH) including health at birth, immunization (received vaccines), medications, allergies, family history and social history (tobacco exposure and pets). After going through these steps, we were left with urinary tract infection: UTI, pericarditis, endocarditis, leukemia and meningitis. Then we were given physical examination data.

T=38.5, HR=180, RR=35, Weight=9kg

General appearance: alert, makes eye contact, cries but consolable by parents

Skin: no rash

HEENT: NC/AT; conjunctiva non-injected, no eye discharge; TM's gray translucent, normal landmarks and light reflex; nose- no mucous; throat- moist mucosa, no exudate/ erythema/ lesions

Neck- supple (which means moving easily)

Chest- clear to auscultation without rales, wheeze, rhonchi, retractions

CV- RRR with 1/6 systolic murmur at left lower sternal border, normal S1/S2

Abdomen- normal BS, soft, NT; no tense, ND; no muscular defense

GU- no labial adhesion (or fusion), no rash

Extremities- no cyanosis, clubbing, edema

This was followed by some lab results (blood test, urine test etc.).

12

CBC with differential 22K ----- 400K 70p15B10L5Mo

36

Blood culture- sent

I/O catheter urine- Urine dipstick—SG 1.020, pH7.5, +nitrate, +leukocyte esterase, negative of glucose/ketones

Culture sent

QNS for UA

Judging from all the information we received, we concluded that she had UTI. Dr. Murata then asked us about possible courses of treatment. We couldn't think of many, so our list was brief. Below is Dr. Murata's list of "what to do for management".

- Antibiotics- amoxicillin or amoxicillin/clavulanic acid; Cepharosporins, Nitrofurantoin, Trimethoprim-sulfamethoxazole
- Renal studies- renal ultrasound; possible voiding cystourethrogram(VCUG)
- Counsel the parents

What we learned through this case study is as below.

- Definition of fever in infant= 38°C
- "Fever without source" differs from "fever of unknown origin".
- Management of fever without source in children depends on age.
- 0-28 days (hospitalization and empiric antibiotics until lab results known)
- 1 month or older (outpatient management possible)
- Serious bacterial infections caused by different organisms depending on age.
- 0-28 days: Group B strep, E coli, Listeria
- 1 month old or older: Strep pneumonia, Neisseria meningitides, H. influenza type B
- Immunization can cause fever, but timing is important.
- Immunization or lack of immunization affects suspicion of serious bacterial infection.
- Meningeal signs (Kerinig's and Brudzinski's) are not reliably present in infants less than 12 months old with meningitis.
- Medication dosing in children is based on weight, and is given in liquid form because subtle control of amount is difficult in pill form. For example, acetaminophen dose is 10-15 mg/kg/dose; Ibuprofen dose is 5-10 mg/kg/dose.
- Indications for renal and ultrasonography: febrile UTI up to age 24 months
- Indications for VCUG: recurrent febrile UTI up to age 24 months or abnormal renal ultrasound
- Vesicoureteral reflux (VUR) grades 1-2 can be managed by primary care physician, but grades 3-5 usually require consultation with urologist.
- Complications of recurrent UTI: hypertension, kidney abscess, kidney failure, hydronephrosis.

We had done case studies before in our regular classes, but this was the first time for us to do a case study of infants in English. Through the class, I really felt the importance of learning medical terms, since I found difficulties in discussion because I couldn't think of English name of diseases. Also, it was very interesting to learn the differences of diagnosis and management between adults and infants. Dr. Murata always listened to and understood what we said in a warm and kind way. We gained a lot from this class.

27th February 2012

Kaho Hirayama

Time: 10:30-12:00

Lecture: Prof White

Theme: Preparation for tutorial

We discussed preparing to do a tutorial in this class. Mr. White presented an example tutorial. The theme was "Rock music vs. Pop music". First, he gave us some information showing some differences between rock and pop music. Then we listened to some samples of The Rolling Stones and The Beatles, which were used to support the thesis that The Rolling Stones are a rock band and The Beatles were a pop band.

EMP class report

27th February 2012

Kaho Hirayama

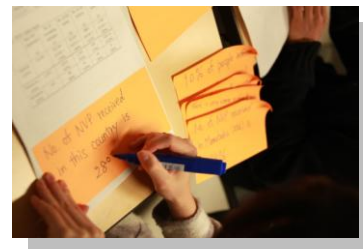
Time: 14:50-16:20

Lecture: Dr. Kato

Theme: Chronic heart failure

This was our only class with Dr. Kato. We did some preparation for this class in advance. Dr. Kato explained clinical condition and treatment of chronic heart failure. He asked each of us questions; for example, about what happens when circulation decreases, about the pronunciation of "rennin", about the use of drugs for treatment, etc.

In July, we had a lecture about "rennin-angiotensin-aldosterone system" with Dr. Kato, but I forgot what I had learned before (for example, the pronunciation of "rennin"). I'll never forget it now. In this class, I learned how to focus on a specific condition. It was a good opportunity for me to deepen my understanding of chronic heart failure.



DATE: 28th February 2011

Kazuhiro Higuchi

TIME: 14:50-16:20

LECTURER: Amy Hombu

THEME: Free Talk

Today, we enjoyed talking about many things. First we introduced ourselves. We told each other about our hometowns, club activities, the reasons why we joined EMP, etc. After our introductions, Ms. Hombu and Ms. Nambu asked us some questions about what we had said. I got to know my classmates by listening to them answer these questions.

Many of us like running, so our talk grew livelier when we started to talk about marathons. Masahiko and I have run in a marathon before, so we talked about our experiences.



Ms. Hombu knows a lot about America, so we asked her a lot of questions (about climate, life in America, etc.). She answered our questions and explained many things. Though we have never been to America, she gave us some understanding of it.

In this way, we enjoyed talking for 90 minutes. It was very hard for me to speak and listen to English, because I only joined EMP the day before. I learned something very important in this class. If I want to be a good at English, I must practice a lot. After class, Ms. Hombu and Ms. Nanbu offered to help me with my English.

28th June 2011

Yuki Choh

DATE: 28th Feb 2012

TIME: 10:30-12:00

THEME: Case study: child with nutrition concerns

Tutor: Dr. Penny Murata (Combined)

Today, we had a combined class with M5 students, by Dr. Murata Penny. In the class we used a case study of a boy with obesity to learn about an approach for enhancing clinical-patient communication, an introduction to motivational interviewing, and how to apply these principals to common nutritional concerns in children. Before we started the case study we learned about the "Four E's," basic techniques for clinical-patient communication.

- Engage the patient.
- Empathize with the patient.
- Educate the patient.
- Enlist the patient in his/her own health care.



For example, "enlist" includes asking how your diagnosis fits with the patient's own diagnosis, considering the patient's own habits and situation, identifying barriers, and developing a plan.

Then, we found out about "motivational interviewing (to change behavior)." In a motivation interview, you ask patients about their confidence and conviction regarding behavioral change, any actions they are trying or have tried to change, and the importance of change for them. You need to ask two important questions in motivational interviewing.

- On a scale of 1 to 10, how important is it to you to make this change?
- On a scale of 1 to 10, how confident are you that you can make this change?

By asking these and other questions, you assess the patient's stage of change. There are 6 stages.

- Pre-contemplation: the stage in which patients even don't realize the importance of the change
- Contemplation: the stage in which patients know the importance, but haven't done anything to change
- Preparation: the stage in which patients are preparing for any actions for the change
- Action: the stage in which patients are taking some action for the change
- Maintenance: the stage in which patients are maintaining the change
- Termination/Identification: the stage in which patients no longer need to see doctors to maintain the change

After the assessment, you move on to intervention: to work on patient's conviction and confidence. If the patient shows resistance to the change, you need to try different strategies. Dr. Murata grouped us into pairs, and we practiced motivational interviewing on each other. One student talked about a problem behavior which he/she wanted to change, and the other asked him/her questions to assess which stage the partner was in. After all students did motivational interviewing, each pair from M4 and M5 students shared their interviews and assessment.

After that, we moved on to a case study. The case we used was as below.

David, 7 and 3/12 year old boy

CC: follow up weight

HPI: His annual check-up was 3 months ago at age 7 years. His weight was 28 kg (90th %), height was 125 cm (75th %), body mass index (BMI) was 18kg/m² (90th 5). Recommendations were to eat healthy foods and exercise. He and his family have not made any changes.

Dr. Murata played the role of David's mother. First we were given basic information about the patient as above, and learned about the standard of child obesity, which is different from that of adults. In children aged 2 years and older, BMI percentile is used to determine "overweight" (85th– 95th %) and "obese" (>95th %). In adults obesity is diagnosed with BMI number (> BMI 25), but in children it is diagnosed with BMI percentile. Thus, in this case David was overweight at his last check-up. Dr. Murata then asked us what questions we should ask to the mother. We made a list of questions concerning his dietary behavior (breakfast, lunch, dinner and snacks), activity, medications, allergies, past medical history, how he spends time afterschool, social history, family history, and what the mother has done since the last annual check-up. We received the following information:

Nutrition: regular cow's milk 240 mL 3-4x/day; 240 mL 3x/day; Gatorade 240mL 2x/week; water 120mL/day; soda 1x/week; breakfast- cereal with milk, sweet bread; school lunch- pizza, hot dog, hamburger; dinner- chicken, rice (or spaghetti); snacks 3x/day- banana, cereal, chips, cookies; fast food or restaurant food- 2x/week; eats dinner with grandparents and again with parents.

Activity: plays video games 2 hours/day, watches TV 3 hours/day, play soccer or basketball with friends at school during recess about 20 min/day Monday- Friday

PMH: Born full-term NSVD without complications.

No hospitalizations or emergency department visits. Mild asthma diagnosed at age 4 years with exacerbations about every month during winter months. Most recent wheezing was 1 month ago.

Immunizations: received all vaccines at appropriate ages.

Medications: albuterol inhaler 2 puffs every 4 hours as needed for cough.

Allergies: none

FH: diabetes type 2 in MGM; hypertension in PGF

SH: Parents both work. Paternal grandparents babysit until parents pick up child after dinner time. 30 year old father smokes 1 ppd since age 20 years (10 pack-years)

There seemed to be many factors creating an environment in which it was difficult to make change. For example:

- He eats too much for each meal.
- He often has dinner twice, and parents don't stop him eating.
- What he eats contains too much sugar and fat, and he often eats fast food and snacks.
- He is a quick feeder.

- Insufficient activity for his age.
- His grandparents, who take care of him after school, don't understand the importance of making the change, so they buy him snacks and sweets. They don't listen to the mother.
- Both parents work, so it's hard for them to fully control David's diet.
- They couldn't afford to make him go to the gym.

The mother also seems to require intervention. She doesn't understand the importance of making the change, though the risk of obesity in childhood was explained to her at the last check-up. She said she was giving him more fruit, but because he didn't eat less, it was just adding extra calories.

Our assessment was that she was in the stage of pre- contemplation. Obesity in childhood is linked with obesity and cardiovascular disease in adulthood. Considering his family history, David's risk of developing diabetes or hypertension in the future is quite high if he doesn't change his dietary behavior.

We were given physical examination data:

PE: T=37.5°C HR=90 RR=30

Weight= 31 kg Height=125cm BMI=19.8 kg/m²

Significant findings: hyperpigmentation of posterior neck

We could see that he has put on more weight since the last check-up; he has become obese, not just overweight. In this class, Dr. Murata didn't give us laboratory results, but we need these lab tests for obese children: lipid panel, complete blood count, insulin, complete metabolic panel and Hemoglobin A1C.

We discussed suggestions for the mother to make the change.

- Limit or discontinue sweetened drinks (soda, juice) and junk food (chips, sweets, fast food)
- Limit food portions to age-appropriate amount
- Increase activity to at least 1 hour per day
- Limit TV/computer screen time to no more than 2 hours per day
- Involve the entire family: in this case, we need to involve his grandparents who are taking care of him, so we asked the mother to bring his grandmother with her next time.

Also, we learned some other important points about children's obesity:

- The key features to address in overweight/obese children are nutrition history, sedentary behavior, and physical activity.
- Portion size is different for children compared with adults.
- The initial goal of weight management in children is to maintain, not lose, weight. This is because children will grow in height, so being overweight or obese will be resolved by simply maintaining weight.

The topic of this class was very interesting to me, because these days the problem of obesity in childhood in Japan is increasing. Dr. Murata told us that 1/3 of children in the US now are obese, so counseling and management of children with obesity is a major part of pediatricians' work. Also, the method of behavior modification she discussed was almost same in content as what we have learned in PH class. I think it helped us to understand behavior modification more deeply.



28th February 2012

Kaho Hirayama

Time: 13:00-14:30

Lecture: Prof White

Theme: Preparation for tutorial

We made handouts in advance. In class Mr. White checked and corrected mistakes. We consulted him regarding theme, content, and the usage of English. We talked about various ways of doing a tutorial.

The title of my tutorial is "Why was Hiroshima chosen as a target?" It is important for our tutorials to be interactive, but this is difficult. One method is to ask questions throughout the tutorial, but it was difficult for me to think of any.

DATE: 29th Feb 2012

TIME: 10:30-12:00, 13:00-14:30

LECTURER: Prof. Mizumoto

THEME:

1. HIV/AIDS Epidemic and South Africa
2. Project formulation with the PCM approach

Timeline:

10:30-11:45 Lecture: HIV/AIDS Epidemic and South Africa

11:45-12:00 Lecture: Project formulation with the PCM approach

13:00-14:00 Problem Analysis (Workshop)

14:00-14:20 Presentation of the analysis

14:20-14:30 Wrap-up

Today's session was divided into two parts. In the first session, we had a lecture on HIV/AIDS and how to make a project using the PCM approach. In the second session, we worked in three groups and actually experienced the introductory part of PCM approach.

In the first lecture, we were given an overview of the HIV/AIDS epidemic and came to understand the uniqueness of AIDS. AIDS is primarily a sexually transmitted infection, and carries a strong stigma in that it was first discovered among gay men.

In the second lecture, the PCM approach (Project Cycle Management) was explained to us. PCM consists of six processes: stakeholder analysis, problem analysis, objective analysis, project selection, development of design matrix, and development of plan of operation. Because of time constraints, we learned about problem analysis and Prof. Mizumoto quickly wrapped up the discussion and made a temporary objective analysis and project selection. The logical framework was very interesting and we discovered that this process can be applied to achieving any goal in daily life.

PCM approach is actually used in project formulation in the field of International Health and Medicine. Since I am strongly interested in this field, I would like to pursue it further..

EMP class report
29th February 2012

Kaho Hirayama

Time: 14:50-16:20

Lecture: Prof White

Theme: Preparation for tutorial

Today Mr. White checked our handouts again and we each practiced our tutorials. Our tutorials were too brief and too much like presentations, so for tomorrow's class we have to think about how to make them more interactive.

DATE: 1st Mar 2012

Masahiko Nakamura

TIME: 8:40-10:10

LECTURER: Prof. Hombu/Prof. Nambu

THEME: Terminology for OB/GYN

Today, we learned some terminology for OB/GYN, especially related to labor and birth. First, we checked the definitions of some basic words: uterus, cervix, contraction, dilation, and labor. Next, we watched a video explaining labor and birth without looking at a transcript. Labor is divided into five stages and the video showed us what happens in pregnant women. In the weeks before birth, certain hormones are produced, which trigger the uterine muscles to contract. Labor contractions are rhythmic and painful, and grow consistently stronger. The strong muscles at the top of the uterus push down and release, guiding babies toward the cervix. When the amniotic sac ruptures labor becomes active. This is the most painful part of labor. When the cervix opens to 10 centimeters, it is fully dilated and women feel the urge to push. The baby moves down with each contraction and the top of its heads comes into view. In the final stage of labor, the placenta detaches and is expelled.



After we watched the video again, while looking at the transcript, we had to summarize the contents in English. It was difficult to study a specialized field in English, but it allowed us to summarize the contents in English.

DATE: 1st Mar 2012

Masahiko Nakamura

TIME: 10:30-12:00

LECTURER: Dr. Ikenoue

THEME: OB/GYN

Today, we learned how to diagnose severe conditions in OB/GYN patients. Before class, we watched an episode of ER as preparation. It dealt with eclampsia, a severe condition for pregnant women. Dr. Green, the main character, failed to diagnose this condition, and his patient died. Dr. Ikenoue showed us what Dr. Green should not have missed. In the drama, Dr. Green checked the condition of the pregnant woman and her baby. He checked the size

of the baby by measuring the woman's abdomen. At this time, he should have considered the possibility of a difficult labor. The baby was bigger than normal. The woman had a fever. He thought she had simple cystitis and allowed her to go home. In the parking lot, however, she went into seizure. Dr. Green and his team tried to induce labor. The only way to treat eclampsia is for the patient to give birth as soon as possible. Doctors usually check the heart rate of the fetus and the contraction of the mother's uterus. This is important to check whether the fetus is getting enough oxygen. In the drama, they missed the deceleration, indicating a lack of oxygen. Dr. Ikenoue told us that checking the fetal heart rate is very important and useful to assess fetal condition.

We learned how to diagnose this condition by watching this drama. It was easy to understand and I enjoyed this lecture.

1st March 2012

Kaho Hirayama

Date: 1st March 2012

Time: 13:00-14:30

Lecture: Prof White

Theme: Preparation for tutorial

Today was our last chance to practice our tutorials. We did a final check of our handouts, and practiced our tutorials again.

Through these classes, I came to understand how difficult it is to make a lesson, and to pass knowledge to students. It was a useful experience for me to realize the difficulties of being a teacher.

2ndMar 2011

Yuki Choh

TIME: 10:00-12:00

THEME: Tutorials by M4 students/ role play of medical interview by M5 students

Tutor: Prof. Guest and Prof. White (Combined)

Today we had a combined class with M5 students conducted by Mr. Guest and Mr. White. We had been practicing all week, now we were "presenting."

First, each M4 student gave a tutorial to M5 students, other M4 students, and teachers. We M4 students had been working hard on our tutorials and practicing a lot, but we were very nervous before the class started. I went first, followed by, Kaho Hirayama and Masahiko Nakamura. I gave a tutorial about Zainichi people; Kaho did one about why Hiroshima was chosen as a target for the atomic bomb; and Masahiko taught us about kampo. The M5 students were attentive and engaged in our tutorials. This was a help to us. Mr. White had been telling us all the time that tutorials are different from presentations, and they have to be interactive. But it was tough to put into practice, especially in a real situation. Sometimes, perhaps, we spoke in a monotone, like during a dull presentation. Sometimes the "students" gave us unexpected responses and questions. To be able to deal with them flexibly required some English fluency. I think tutorials demand higher English ability than regular

presentations/lectures. Through the series of classes on tutorials, I learned how difficult it is to teach something new, and how difficult it is to make a class interactive.

After we finished our tutorials, M5 students did role plays of medical interviews. All the students were divided into 2 groups. M4 students were told to join as observers and later participate as doctors. Each M5 student had prepared a case study before the class, and they were grouped into pairs for role plays. One played the role of a patient, using the case she had prepared, and the other played the role of a doctor. The doctor asked questions and made a diagnosis based on the information she could get from the patient, and sometimes she asked the observers for input to help her make a differential diagnosis. The content of the medical interviews they were doing was just like what we learned in Japanese in OSCE, but I think we need extra practice to be able to do it in English. I was also surprised by the amount of knowledge M5 students had. I think I need to prepare myself for the next level.



DATE: 2nd Mar 2012

Masahiko Nakamura

TIME: 13:45-14:45

LECTURER: Dr. Akaki

THEME: Medical articles

Today we learned about the structure of academic articles. In the future we will read and write a lot of medical articles. If we know the structure of articles, it will help us to read and write them. Before class we were given an article dealing with inhepatic cholangiocarcinoma, and in class Dr. Akaki explained its structure to us..

Medical articles consist of a title, an abstract, an introduction, materials and methods, results, and discussion. A title adequately describes the content of the paper with the fewest possible words. An abstract is a mini-version of the article-- it includes key points from all the main sections. An introduction should have 1) questions/problems, 2) a proper and sufficient review of literature, 3) the method of investigation, 4) the principle results of the paper, and 5) the main conclusion of the paper. You should be able to understand the main points of a paper by reading only the abstract and introduction. Methods and materials are important because experiments must be able to be repeated by anyone. Since this part is often very long and boring, however, many people skip this. Results should be written in the past tense and clearly stated. This is the central part of the paper, it is what readers want to know. Discussion is an interpretation of the results. It gives the relationship between your data and previously published data.

Having found out about the structure of medical articles, it will be easier to read them. This lecture was very useful.

2.5 EMP4 2011 後期アンケート

2011 後期 EMP4 アンケート 【提出率 75%】

2. プログラム全体を通して5段階で評価して、○で囲んで下さい。

とても有益だった	2
有益だった	1
どちらかというとは有益	0
どちらかというとは有益でない	0
あまり有益でない	0
有益でない	0

2-1. Dr. Murata の授業を5段階で評価して、○で囲んで下さい。 5 5

とても有益だった	2
有益だった	0
どちらかというとは有益	0
どちらかというとは有益でない	0
あまり有益でない	0
有益でない	0

2-2. Dr. Murata の授業の最も良かった部分とその理由があれば書いてください。

- ・患者とのコミュニケーションスキルについての講義で、実践的であった点。
- ・英語での case study は初めてだったのですが、ペニー先生は専門知識があまり定着していない、しかも医学英語がなかなかすぐに出てこない私たちでも発言しやすいような雰囲気を作ってくださって、とても勉強になりました。
- ・ケーススタディが実践的な内容で興味を持って受講出来た。

2-3. Dr. Murata の授業の改善すべき部分とその理由があれば書いてください。

3-1. Dr. Mizumoto の授業を5段階で評価して、○で囲んで下さい。

とても有益だった	3
有益だった	0
どちらかというとは有益	0
どちらかというとは有益でない	0
あまり有益でない	0
有益でない	0

3-2. Dr. Mizumoto の授業の最も良かった部分とその理由があれば書いてください。

- ・PCM のワークショップを実際にやったのがとても面白かった。
- ・先生のこれまでの活動の紹介。先生のバイタリティーがとても魅力的だったから。
- ・エイズに関する話や PCM approach など、JAICA に実際行かれた水元先生だからこそできるお話で、楽しくお聞きしました。特に PCM について学ぶのは初めての機会だったのでとても興味深かったです。

3-3. Dr. Mizumoto の授業の改善すべき部分とその理由があれば書いてください。

- ・本来なら 3 日ほどかけるワークショップなので、もう少し時間があるとより意義深いものになったと思う。

4-1. Dr. Ikenoue の授業を 5 段階で評価して、○で囲んで下さい。

とても有益だった	3
有益だった	0
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

4-2. Dr. Ikenoue の授業の最も良かった部分とその理由があれば書いてください。

- ・実践的な講義であった点。
- ・すべての授業の中で最も専門的かつ医学的な内容を私たち 4 年生にもわかりやすいように丁寧にお話してくださって、本当に勉強になりました。同時に自分は今もっと勉強が必要だと思い知らされました。
- ・ER の解説をして下さった形の講義だったので楽しかった。

4-3. Dr. Ikenoue の授業の改善すべき部分とその理由があれば書いてください。

5-1. Dr. Nomizo の授業を 5 段階で評価して、○で囲んで下さい。

とても有益だった	2
有益だった	0
どちらかという有益	1
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

5-2. Dr. Nomizo の授業の最も良かった部分とその理由があれば書いてください。

- ・医療用語や器具の使用方の説明。簡単な内容でも伝えるのは難しいと自覚させてくれたから。
- ・OSCE で使った道具や疾患を英語で説明するのが、クイズのようで楽しかった。

5-3. Dr. Nomizo の授業の改善すべき部分とその理由があれば書いてください。

- ・内容が少し易しすぎ、また授業全体のテーマというか何が目標なのかわからない感じがしました。もう少しテンポの速い授業でもいいな、と思いました。

6-1. ホワイト先生の授業を5段階で評価して、○で囲んで下さい。

とても有益だった	4
有益だった	0
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

6-2. ホワイト先生の授業の最も良かった部分とその理由があれば書いてください。

- ・チュートリアルを体験できた。
- ・Tutorial を行うのは初めての経験で、とても面白かったです。人に何かを教え、興味を抱かせる、理解させることがいかに難しいか、どのような工夫や技術が必要なのか、を学びました。
- ・自分の伝えたい情報を如何に相手に伝えるかを学ぶことが出来たので良かった。

6-3. ホワイト先生の授業の改善すべき部分とその理由があれば書いてください。

7-1. Dr. Akaki の授業を5段階で評価して、○で囲んで下さい。 4 5 5 5

とても有益だった	3
有益だった	1
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

7-2. Dr. Akaki の授業の最も良かった部分とその理由があれば書いてください。

- ・論文の読み方という、新鮮で、かつ有益な内容であった。
- ・英語の論文の構造をわかりやすく教えていただきました。
- ・英語論文の読み方を教えて頂いたので、今後活かしていこうと思う。

7-3. Dr. Akaki の授業の改善すべき部分とその理由があれば書いてください。

- ・時間があと 30 分欲しかった。
- ・時間が短すぎたから、というのもあると思いますが、もう少しじっくりやり取りしながら授業をしてほしかったです。

8-1. Dr. Kato の授業を 5 段階で評価して、○で囲んで下さい。 4 4 5

とても有益だった	1
有益だった	2
どちらかというとは有益	0
どちらかというとは有益でない	0
あまり有益でない	0
有益でない	0

8-2. Dr. Kato の授業の最も良かった部分とその理由があれば書いてください。

- ・循環器の生理についてわかりやすく講義してくれた点
- ・心不全の網羅的な理解をすることができました。
- ・疾患に対するアプローチの仕方を学べたので良かった。

8-3. Dr. Kato の授業の改善すべき部分とその理由があれば書いてください。

- ・もっと内容を増やして欲しかった。
- ・少しテンポが遅すぎると思いました。もっとどんどん進めていってほしいと思いました。途中でだれてしまいます。それと、前回の授業の復習に時間がかかりすぎている気がしました。

9. プログラム全体を通して改善すべき部分とその理由があれば書いてください。

- ・個人的には問題ないです。
- ・実習や試験のことを考えるとこの時期しかないと思う。

10. プログラムの実施期間（時間）についてどう思いますか？

- ・もしかのうであれば再試験期間終了後（春休み期間）に設定して頂けるとより参加しやすかったと思います。
- ・とても内容の詰まった、密度の濃い一週間でした。すべての授業に出たので結構スケジュール的にハードな一週間でしたが、4年生の冬はこの期間のみですし期間を延ばして内容を薄くしても、と思うので、今のカリキュラムのままでよいと思います。ただ、実施期間のアナウンスがギリギリだったので他の予定を立てることが出来ませんでした。来年度はもっと早くアナウンスしていただきたいと思います。

11. 自分自身の中・長期的な具体目標を立て、それを書いてください。（英語に関して）

・ My goal as a doctor is to work in rural areas of Japan and in the developing countries, where there is severe lack of doctors.

To achieve this goal, my mid-term goal is to gain knowledge and skills necessary to see patients holistically, rather than concentrating on certain specialties. Therefore, during the Bed-Side Learning period, I would like to concentrate on each and every specialty, (not selecting one interested specialty) and see as many patients and disease as possible, so that when I go to rural clinics and isolated islands, I would at least have an idea of the common (and maybe some un-common) disease regardless of specialty.

In the long run, I would like to learn more of tropical medicine, and public health, so that I can work as a doctor in developing countries. If possible, I would like to work half a year abroad and half a year in rural

areas of Japan (for a span of three to four years in one place), putting much emphasis on the appraisal of the overall health and welfare status of the citizens within my reach.

- ・中期：NHK のラジオプログラムを使用して、インプットを増やす。医学に関する簡単な内容を説明できるようになる。
- 長期：ポリクリと並行した座学に英語のテキストを使用する。現在もしているが、もっと本気でやる。
- ・今回、すべての EMP 終了後に南部先生と横山先生と面接ができたのがとても有意義でした。
- ・医学英語をしっかりともう一度勉強する、なるべく日常的に英語に接する、英語を使う機会を増やす、ポキャブラリーを増やす、自分の考えの八割は表現できるようになる
- ・1年後の EMP までに英語で自分の言いたいことを言えるようになる。

2. 6 ENP3 授業報告

1st November, 2011

Chihiro Kiyota

We had lunch at Miyazaki Kanko Hotel with Mr.T amada, Ms. Nanbu and EMP6 member after the ENP class. They told us about Thailand and other foreign countries. It was a good time. After lunch, we went back to the university and were told how to study English and technical terms by Mr.T amada. One way is listening to news again and again so we tried listening. After hearing the same story over and over, he made sure that we were able to understand the content. At the beginning, we couldn't understand. but we succeeded in the end. It was difficult for us. We have only 8 more months to study

English so we have to study harder during nursing practice.

November first, Monday 1-2 period

Haruka Ibi

Today's lesson was the first ENP3 lesson of the second semester. We are in nursing practice now and this week is a vacation from ENP lessons. This lesson's teacher was Mr.White. First, we talked about the nursing practice which we had finished. It was difficult for me to explain what I study in nursing practice. I felt that it is necessary to deepen my nursing insights.

Next, we studied about adjectives. We gave images for words in rotation. For example, the images of Tokyo are urban, crowded, noisy, bright and so on. Each time, we explained the reason why we chose the adjective. It was interesting to know other meanings of each word and nuances of expression.

Due to this week, I want to study English more intensively.

19th December

Haruka Ibi

We studied a report which said that alcohol is more harmful than marijuana. First, we made a list of the names of any harmful drugs than we know. Second, we ranked them from most dangerous to least dangerous. I was reminded that there were many harmful drugs in the world. We will become nurses, so we sometimes will use some harmful drugs as medication in hospital. I want to know harmful drugs' effects on body in detail, and I want to be able to use those drugs properly. Finally, we listened to Mr. White read today's article and filled in some missing information. I could get nearly all the words, but I had often heard "a" instead of "e" so, I learned to distinguish the pronunciations of "a" and "e".

20th December, 2011

Chihiro Kiyota

We learned about Nursing profiles from other countries. Nursing profiles are different between Japan and other countries. European and American charts are more detailed and have more intelligible content than Japanese charts. After that, we practiced getting the information and giving it to the other nurses. It is important to give other nurses only the main point quickly at the hospital, therefore, we practiced with care. Although we thought that it was difficult to pass the information at first, we were able to do it by the end. This was a good opportunity to practice.

December 19th ,Monday 3-4period

Haruka Ibi

Today, we started the preparations for international exchange in July. We made a power point presentation of self introduction and Miyazaki University hospital. Ms.Hombu corrected the sentences of our slides. We also made a presentation with Mr.Tamada by using slides. In the self introduction slides, I wrote about my future plans. Mr.Tamada asked me some questions, but I couldn't answer well. I thought that it was necessary to clarify my purpose in going to Thailand in order to be a meaningful practice in July.

We are in nursing practice now, so I felt a weakening of my English speaking skills. I would like to maintain my English skills and study English a little bit every day.

December 21th, Wednesday 1-2 period

Haruka Ibi

Today's teacher is Mr. Yokoyama and we talked about the nursing plan for cardiac infarction in Japanese. The nursing plan consists of an OP(objective plan),TP (treatment plan) and EP (education plan). Nurses create a nursing plan for each patient. Nursing students create a nursing plan for their patient in nursing practice and they carry out their plans. The planning is difficult, so I often lack sleep during practice.

We discussed the nursing plans and were recorded by a recorder. I thought that we became better through discussion. Tomorrow, we will translate this content into English. I felt that this lesson is meaningful because we can study academic nursing English independently.

22nd December, 2011

Chihiro Kiyota

We hadn't had any lessons for a long time but today we had a lesson from Ms. Honbu. who also participated in the lesson. The theme was "The strongest impression from our nursing practice." Communication with patients was the deepest impression for us. It was fun, impressive, shocking, and depressing.

We had many unique experiences.

After that, Ms.Honbu talked about Taiwan, her birthplace. My impression of Taiwan was as a sightseeing spot that Japanese tourists like. I was able to learn more about Taiwan. Some photos of Taiwan were beautiful. I want to go there someday.

We were not able to discuss the topic in English well so we should study English and the technical term more.

2.7 ENP3 2011 後期アンケート

2011 後期 ENP3 年生 アンケート 【提出率80%】

1. プログラム全体を通して5段階で評価して、○で囲んで下さい。4 5 4 4 未

とても有益だった	1
有益だった	3
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

2. プログラムの最も良かった部分とその理由を書いてください。

- ・複数の先生からのサポートを受けて、英語に取り組める環境にあったのが良かったと思います。
- ・医療に関する薬の英名や英語で書かれた問診票を用いての実践的な授業で、留学してからの実習のイメージがついた。また、英語で話すことを目的としたプレゼンづくりで、実際に向こうで看護や医療について英語で話すことが出来るようになるための練習が出来たから。
- ・実際にタイに実習に入ったときに使えるようなケーススタディをしたことです。
- ・タイでも先輩達が行ったと聞いていたので、実際にやってみると難しく、とても勉強になりました。
- ・PSUに行った時の自己紹介の文章や行きたい科の日本の紹介を予め作っておいたこと。
より実践的で良かったです。

3. プログラム全体を通して改善すべき部分とその理由があれば書いてください。

- ・特になし
- ・特にありません
- ・よかったです。

4. プログラムの実施期間（時間）についてどう思いますか？

- ・実習の合間でしたが、集中的に勉強することができたのでちょうどよいと思いました。しかし、急な実習のオリエンテーションなどが入った場合、スケジュール管理が難しかった部分もあったと思います。
- ・今の短期集中より長期積み重ねの方が力は落ちにくいと思いますが、実習の関係上仕方ないと思うので、あとは自分たち自身で努力しないといけないのだなと痛感しています。
- ・実習中だったこともあり、私達の時間が合わずに詰め込む形になりましたが、できればもう少し余裕を持ちました。

5. 自分自身の中・長期的な具体目標を立て、それを書いてください。

- ・中期：英語で実習ができるように、7月の留学までにできる限りの準備をすること 長期：英語でのコミュニケーションに物おじせず、積極的に話しかけられるようになる
- ・中期目標：実習中もなるべく英語に関わって、疾患名や薬品名、手術名などを英語にしてみたりカルテを英語で読んだりする。長期目標：日本での看護実習を英語でプレゼンできるように話す英語・書く英語・聞く英語の

力を身につける。

・自分が行きたい科が決まったので、それに向けて専門用語を覚え、また実際の会話の中で使って行けるようにすることです。

・まだ語彙力が足りないので、語彙を増やしていきたいです。

・今一度幅広い分野の医療英語復習し、実習の際に使えるように用意する。

・留学の際に見ておきたいことを明確にしておく。

6. その他、気がついたことや意見があったら、何でも書いてください。

・特になし

・いつも熱心に指導してくださってありがとうございます。来年度もよろしく申し上げます。

2. 8 ENP2 授業報告

2011.10.3

Risa Akiyama

We had our first ENP class of the term on October 3rd. It was like a meeting. We discussed ways to improve our ENP class and our English. We thought we needed to try harder.

Later, we talked about how to study English. Mr. Tamada told us about self-learning English. I'm most interested in BS newscaster. She speaks accurately and with good pronunciation, and her reading of the manuscript is clear. I want to study more with my classmates.

October 17th

Ono Ayaka

We prepared self-introductions, but we didn't have time to do them. First, we listened to news about an organ transplant and Mr. Tamada asked us some questions about it. It was difficult for me to understand all of it. Next, we read a newspaper article about an organ transplant, and Mr. Tamada explained some of the vocabulary to us. We considered the problem of brain death and organ transplantation.

October 24th.

Akane Ota

Today, we introduce myself with power point. only marie and i, so first, we practice of introduction each other. and marie and i introduce myself to mr. tamada and mrs honnma. at last, we talk with mr. tamada about ENP and so on.

October 31th

Marie Yagi

First, we had presentation about the university of Miyazaki hospital. Mr. Tamada gave us some advice to deepen our hospital introductions and explained the University of Miyazaki Hospital home page in English. After that, we practiced the pronunciation of medical English words with Mr. Tamada, especially the pronunciation of various medical departments.

November 22nd.

Akane Ota

Today, we talk about admission history and nursing assessment. today's class is so useful, because it is based on real assessment sheets. and it contains many kinds of content we learned so we can reconfirm.

November 14th

Ono Ayaka

Today, we had two ENP classes. Mr. Guest talked about a hospital in Malaysia. He gave us an admission history and a nursing assessment sheet that is used in that hospital. We used these sheets to learn expressions for a getting information.

In Mr. White's class we focused on some English adjectives. We were given lists of positive and negative adjectives, and we thought about words or phrases that these adjectives could describe. Mr. White asked our opinions about the things on our lists and we explained the reasons for our opinions.

November 22nd

Marie Yagi

Today, we practiced admission history and nursing assessment with Mr. Guest. We used the same assessment sheets we had used last week. At first, we took a personal health history and admission assessment for Mr. Guest. We listened and wrote down what Mr. Guest said on assessment sheets. After we wrote the information, we took turns passing on the information as quickly as we could. It was important to express the information simply. I thought it was difficult, but through practice I gradually got used to speaking quickly.

December 14th

Marie Yagi

Today, we used information from the label of the pain killer "Eve". We classified the drug information in English into 6 categories: active ingredient, uses, warnings, directions, other information, and inactive ingredients. It was difficult to translate the Japanese information to English. At first, we didn't know how to say the Japanese information in English. But we tried to make English sentences anyway. Mr. White checked our sentences and corrected mistakes. It was good to find how to express the information in English.

In this class, I discovered the importance of not being afraid to make mistakes in practicing English.

December 21st, 2011

Ono Ayaka

This class was the last class this year. We talked about our recent "news" and about our plans for winter vacation. We are all 20 years old, so we were all looking forward to seeing our friends at coming-of-age celebration. After that, we practiced some common English question patterns. First, we wrote our own information in the spaces of a handout-- information about breakfast habits, favorite movies, places we want to go, etc. Then we changed the information into questions to ask our partners. Finally, Mr. White also asked us the questions and we answered them, giving more information. It was difficult for me to explain my parents' jobs.

January 11st

Marie Yagi

Today we had our first class of 2012. At first, we talked about our winter vacation--how we spent Christmas holidays, New Year's Day, Coming of Age Day, etc. It was fun to speak and listen to my classmates. We tried to speak in detail.

Then, Mr. White asked us about some questions we had studied in our last class. Next, Mr. White gave us the topic "movies". We took turns asking Mr. White questions. It was difficult to make questions by myself and make questions to get more details.

January 18th, 2012

Ono Ayaka

First, we talked about what we did on the weekend. I went to a concert last Saturday, and I also talked about my winter vacation. I wanted to talk about my coming-of-age celebration, but I couldn't express myself very well. We practiced some questions for getting basic patient information and medical history. We thought about what questions we would ask to get certain information from a patient and we wrote them down. Next, we asked Mr. White (our "patient") these questions.

January 25th.

Akane Ota

Today is our last class. first , we talk about our weekend. and, we talk our self follows the question prints. one ask and other one answer. we can learn how to ask ,how to answer. i think it is useful class. we can usu those question in other country to make friends.

2.9 ENP2 2011 後期アンケート

2011 後期 ENP2 年生 アンケート 【提出率60%】

1. プログラム全体を通して5段階で評価して、○で囲んで下さい。

とても有益だった	0
有益だった	3
どちらかというとは有益	0
どちらかというとは有益でない	0
あまり有益でない	0
有益でない	0

2. プログラムの最も良かった部分とその理由を書いてください。

- ・授業しやすい環境だった
- ・先生たちが様々な授業をしてくれたこと
- ・ホワイト先生との会話。当たり前ですが、全て英語なので、どのように伝えればいいのか考えなければいけないので勉強になった
- ・少人数で集まっているので、先生とのコミュニケーションがとりやすく個別性に対応しやすいと思います。

3. プログラム全体を通して改善すべき部分とその理由があれば書いてください。

- ・1年生のときは時間にゆとりがあるので、1年のときからENPをやしくは始めることができるのであればもっといいのではないかと思います。

4. プログラムの実施期間（時間）についてどう思いますか？

- ・良いと思う
- ・実施期間はちょうど良いですが、2年後期は課題と授業に忙しくGWをアキコマにグループの人がするので少し困りました。その時によりますが。
- ・特にありません

5. 自分自身の中・長期的な具体目標を立て、それを書いてください。

- ・医療的な英語や表現を多く学ぶこと
- ・日常会話あんどを学びたい
- ・医療英語、いろいろなことを表現できる力を身に付ける
- ・自分の考えや意見などを英語で伝えるのはむずかしく、まだうまく発音できないので、英語ラジオやDVDをもっとみるようにして英語の表現や発音を勉強しもっと積極的に英語を使えるようになりたいです。

6. その他、気がついたことや意見があったら、何でも書いてください。

2. 10 N_ENP 授業報告

【A グループ】 提出なし

【B グループ】

Kaoru Hamasuna

October 5th 2011

It's getting cold and there is a nip of fall in the air. It's time for our late N-ENP class. There are two members in this class. So I have a good feeling that we can spend a fun time.

Firstly, we talked about our latest news each other. Ms. Yonei bought 40inch size TV! I have only 14inch size TV, so I envy her. And she said there is still shrunken big spider that has already been killed in the corners of her room. Because she can't touch that spider. Ms. Shirasaka gave her an advice to use some papers. I am wishing her to be able to remove her spider from her room.

I said that I have just passed a medical ethics committee. I'll start my research and do my best.

Ms. Shirasaka went to China to join a conference. So today, we try to have conversation that we may encounter at the academic conference.

Secondly, we studied many important words in "A guide to effective care in pregnancy and childbirth". I already studied that book, so I explained words to Ms. Yonei. If she knew these words, she affirmed meaning of words to us. I thought that I can ensure these words to brush up previous lesson.

We have a plan to read "conclusion" and I'll report Kunchi –significant intangible folk cultural asset-.

October 19th 2011

Kaoru Hamasuna

We played a warm-up game. We put a name to each card. There are many goods which we usually use at hospital. We learned difference in pronunciation. It was difficult to repeat the names some of the cards Because of the pronunciation. I'd like to answer them more smoothly next time.

After that, we continued to learn important words in the textbook which I picked up. There are various names of body parts in the textbook. So they were hard to explain. We was able to talk to each other about them a lot. Ninety minutes had quickly passed. We learned different nuance between small and little. I knew that we use "little" when we would like to add some emotion. We can learn the differences of nuances and spend a time more enjoyable. I'd like to study and use many words or channels of expression.

November 9th, 2011

Kaoru Hamasuna

We played a warm-up game again. This is my second time challenge, but I was able to answer only 9 things out of 20. I'd like to answer all of them quickly.

After that, we had grammar lesson. I learned difference of "every, each, all, people" and some transitive verb. I use these words for some reason or other by now. Ms. Shirasaka taught me collect meaning and usage of these words. And we can learn nuances too.

I'd like to be pay attention to use collect verb and words.

December 14th 2011

Kaoru Hamasuna

Today's introductory game was about Japanese tea. We read explanations and matched the assorted tea names. There were 8 types of teas "Genmai-cha, Maccha, Fukamushi-cha, Kabuse-cha, Gyokuro, Houji-cha, Sen-cha, Kuki-cha". I don't know about Japanese tea in detail so it was hard to explain the differences. But there are some keywords in the sentences. For example, "this tea is made of stems and leaves of Sen-cha and Gyokuro". "Stems" means KUKI, so I could answer Kuki-cha. We enjoyed that game.

Next, I introduced an Internet site named "baby Center". There are some explanations, pictures and movies about pregnancy from fertilization to delivery. In the site, we can see some explanations of important words such as "ovum, sperm, eyelid, and knee joint". We can also watch realistic movies. They show us the processes of baby development, labor and birth. I'd like to take advantage of the explanations and movies at work.

Lastly, Ms Shirasaka showed us a book "The complete book of PREGNANCY". There are many pictures about birth. She suggested us to read "The journey through the pelvis". I think how wonderful title! We planned to read this article next week. I can't wait to read it!

December 21th 2011

Kaoru Hamasuna

I'm interested in Japanese tea and take hot tea every day after last class. I surprised that I have many kind of Japanese tea in my house. I wouldn't take them. Hot Japanese teas make my feel calm. I rethink about Japanese culture.

Today, we read "The journey through the pelvis" and conclusion of "Breastfeeding". After that, we talk about pelvis care and my research. I could talk from our care for pregnant women to breast care for women after birth.

Because I'm midwife, learning and speaking about our work or women's health is very fun. New baby is born every day all over the world. Midwives take care women and babies in diverse way. But I think all midwives hope that women and their family filled with happiness. So I'll try to communicate with many people in English. And I want to help women who raise their children in Japan.

【Group C】

Yuko Miura

I decided to receive the lesson of the 2nd English.

I would like to learn command of English more and to profit in traveling abroad.

I would like to do my best in English study so that it may seem to have mastered English power by the lesson for one year.

私は2回目の英語の授業を受けることにしました。

私はもっと英語の力を身につけて海外旅行で役だてたいです

1年間の授業で英語の力が身についたと思えるように英語の勉強を頑張りたいと思います

October 17

Yuko Miura

The English class is tense in two people with a teacher

However, I can ask you a question in various ways and take a class happily

I wrote it to hear the English sentence that a teacher pronounced by a new class.

When it did not get used I heard it with an ear, and to write, I felt it if it was difficult.

Because I perform this class every time, I want to do my best.

【Group D】

第3回 ENP レポート 10月28日

Aki Nishimura

今回は、前回勉強した動詞についての復習と、現在、過去、未来型について勉強しました。英語が苦手な私にはどんどん難しくなっていく内容に不安を抱えています。でも、先生にほめていただくこともあり、頑張っていると思っています。

I studied about a future model with the review about the verb that I studied in the past now last time this time.

I hold uneasiness in contents becoming more serious to me who am weak in English. But I may have a teacher praise it and intend to do its best.

2011年11月17日 第5回 ENP レポート

Aki Nishimura

今日は私の誕生日でした。先生が、誕生日にちなんだ話題で講義を進めてくださいました。プレゼントも頂き、素晴らしい1日になりました。一般動詞の使い方を練習しました。be動詞と混同してしまい、頭の中がパンクしそうです。しかし、復習あるのみです。

Today was my birthday.

The teacher advanced the lecture with the subject in connection with a birthday.

The present was also obtained and a wonderful day came.

How to use a general verb was practiced.

It is likely to mix up with be verb and the inside of the head is likely to overflow.

However, it is only review .

2011年11月24日 第6回 ENP レポート

Aki Nishimura

今日は、現在・過去・未来形について勉強しました。ヒアリングや読みの練習も行い、毎回、レベルアップしているので、講義は緊張します。でも、先生とお話しながらの講義は、毎回あっという間で楽しいです。

単語の勉強のため、先生がカードを準備して下さり、ひとつでも多くの単語が習得できるよう頑張るのみです。

I studied about the present, the past, and a future form today.

Since practice of a hearing or reading is also performed and it is improving each time, a lecture becomes it tense.

But a lecture while speaking with a teacher is pleasant at an instant each time.

A teacher needs to prepare a card for the study of a word . It is only doing one's best so that many words' can be mastered at least one.

2011年12月1日 第7回 ENP レポート

Aki Nishimura

前回習った単語を、カードの絵を見ながら答えて復習を行いました。絵を見ながら、単語を連想しましたが、難しいです。前回と今回を合わせて36の単語を学びました。あと3回の講義で80単語習得する予定です。ヒアリングのレベルも高度になってきています。

It answered looking at the picture of a card and reviewed the word learned last time.

It is difficult although reminded of the word, looking at a picture.

36 in all word was studied for last time and this time.

80 words are due to be mastered at three more lectures.

The level of a hearing is also becoming advanced.

2011年12月8日 第8回 ENP 講義

Aki Nishimura

単語の覚え方が苦手ということで、少しでも多くの言葉を覚えるため、カードを使いながら単語を勉強しました。英語を話すには、単語を知らないと話せないなので、一つでも多くの単語を覚えて、日々の英語での会話に役立つように頑張っていきたいと思います。自分なりに、ヒアリングは随分上達してきたと思います。

Because how to memorize words learned slightly many words concerning a weak point, I studied a word while using the card. Because I cannot tell that I do not know the word to speak English, even one learns many words and wants to try it hard to be able to help a conversation in daily English. For oneself, I think that the hearing improved very much.

2011年12月15日 第9回 ENP 講義

Aki Nishimura

先週習った単語の復習と、新たなに日常生活動作についての単語を練習しました。看護を行う上で、日常生活動作の確認は大切なので、役に立ちました。

来週は最後の授業です。英語を勉強することが楽しくなってきました。

I practiced the word about the daily living activity last week on the review of the word that I learned and a new shelf. Because confirmation of the daily living activities was the final act in nursing it, I was useful.

It will be the last class next week. It became a pleasure to study English.

2011年12月22日 第10回 ENP 講義

Aki Nishimura

今日は、最後の授業でした。明後日がクリスマスイヴということもあり、クリスマスについての、ヒアリングと単語の勉強をしました。英語の勉強を引き続き行っていくために、自分へのクリスマスプレゼントとして電子辞書を買いました。あっという間の10回の授業でした。今回、ENPを受講して、初めて英語を勉強することが楽しいと思えました。永射先生、ありがとうございました。

It was the last class today. The day after tomorrow might say Christmas Eve and studied hearing and the word about Christmas. I bought an electronic dictionary as a Christmas present to oneself to perform English study sequentially. It was ten times of instant classes. I attended ENP this time and thought that it was a pleasure to study English for the first time. Ms Nagai, thank you.

2. 11 N-ENP 2011 後期アンケート

2011 後期 看護部 E-ENP アンケート 【提出率 70%】

1. プログラム全体を通して5段階で評価して、○で囲んで下さい。

とても有益だった	3
有益だった	1
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

2. プログラムの最も良かった部分とその理由を書いてください。

- ・ネイティブスピーカーの先生とカンバセーションができたこと。
- ・小人数でよかった。
- ・初めての ENP で、英語力に自信がなかったため、クラスが1名で先生と1対1で受講できたこと。

少人数のグループ編成だったこと。大人数でもそれなりの良さはありますが、聞きたいときに聞きたい事がうまく聞けなかったりして、少人数だと「なんとなく出席している・・・」という状態にならず、刺激的でよかったです。

・今回は、二人であったため、会話の中でたくさん話すことが出来た。また、先生が継続して関わってくださったことや、専門が同じ二人がグループであった為、前期で学んだ内容をふまえて後期の授業に生かすことができた。

3. プログラム全体を通して改善すべき部分とその理由があれば書いてください。

- ・特になし
- ・特にありません（2名）
- ・時間や、内容なども先生と調整していただきましたので、改善点は特にありません。しかし、同じ病棟から、同じ時間や同じ日に何人も参加するというのは希望を出せず、厳しいのかなと思います。

4. プログラムの実施期間（時間）についてどう思いますか？

- ・良い
- ・調度良いと思います
- ・色々な方が参加される授業で、先生方には可能な限りの工夫と配慮をいただいているのだと思います。ありがとうございます。
- ・90分で、ちょうどいいと思います。

5. 自分自身の中・長期的な具体目標を立て、それを書いてください。

・語彙力とヒアリング力を伸ばし、日常的な会話や看護に必要な簡単な会話ができる。アナムネが取れるようになる。

・英語の勉強を継続し、外国の患者さんと日常会話や看護に必要な英会話ができるようになる事が今後の目標です。

・毎回同じ様な内容になりますが、産婦人科病棟に入院してこられた患者さんが、少しでも安心して入院生活を送っていただけるように、自分自身の英語力を磨いていく事と、その努力を継続することです（継続に関してはなかなかできていませんが・・・）。あと、長期的な目標としては、ソククラ大学に行ってみたいということです。ソククラで何がしたい・・・、という具体的な目標まではまだできていませんが、ただ、行ってみたい！とは強く思っています。

・中期目標：これまで学んできた英語を生かして、2012年度には母親学級のテキストを英語で作成する。

・仕事で使う表現や専門用語を、よりスムーズに会話に取り入れることができ、病棟に迎える専門職への説明を行える。

・少しずつ幅を広げ、専門用語以外の単語や表現も使えるようになる。

・長期目標：気持ちやニュアンスを、正しい英語表現で素直に表現できるようになる。

・英語を正しい文法で文書にすることができるようになる。

6. その他、気がついたことや意見があったら、何でも書いてください。

・特になし

・前期、後期と継続して学べたことが、専門の英語に親しむという点では、とても役に立ちました。言葉に慣れることで、次の少し聞きなれない言葉にも抵抗なく立ち向かうことができたと思います。毎回ですが、とても楽しく過ごすことができました。英語科の先生方には心から感謝しています。今後も、よろしく願いいたします。

2. 12 O_EMP 授業報告

【Group A】

October 4th

Saki Ishikawa

We began the class by introducing ourselves.

Then Ms. Hombu gave us a document which showed the today's topic, "You break it, you buy it". We each expressed our opinions. Almost all of students said that we should buy items that we break even by accident, or we should negotiate with the owner of the store and pay some money. However, one of the students had a different opinion. She said that she doesn't have to pay because the store should display the items to avoid the accidents. This opinion was interesting for me and I also felt the importance of taking the wider view.

Takako Aman

October 11th 2011

Today we had a special guest, a researcher from Oslo, Norway, for our class. Her name is Camilla Sekse. This is her first visit to Japan, and she went to Tokyo for about 10 days with her boy friend first. Then she went to IUMS Conference in Sapporo at the beginning of September. After that, she finally came to Miyazaki. She stayed here for about 3 weeks.

We asked her some questions about Norway, and about herself. For example, the language they speak, the best place for sightseeing, about highway in Norway and so on. She answered our questions very kindly.

I've never been to Norway before, but all her answers sounded very interesting to me. It was very nice meeting her in class, and I hope I could go to Norway someday.

After she left, we started to talk about raclette cheese.

Ms.Hombu brought raclette cheese to the class. She said it is a Swiss semi-firm cows-milk cheese originated in Switzerland. It is kind of expensive and we can hardly buy it in Miyazaki. We can order it by internet, but we can't see or buy it in the stores. We were lucky to have the chance to eat the cheese! In Switzerland, usually people use a special machine to warm and scrape it. But we didn't have the special machine, we ate it like cheese fondue with bread. It was very mild and creamy, and it was very delicious. She said that it should be more creamy if we use the machine, and she also said her husband is thinking about buying one, so we are looking forward to going to her party with the machine and raclette cheese!!

Anyway, it was a good opportunity to have raclette cheese, which we have never had before. We had fun eating and talking about it!!

Date: October 18th

Name: Haruna Sakai

Today, we talked about high-rise buildings. Ms. Nagayama told us about Tokyo Sky Tree. The height of Tokyo Sky Tree is 634 meters. This height means Musashi. Please see below for the explanation of Musashi. Musashi is a name of an old area including Tokyo, Saitama and part of Kanagawa.

The entrance fee of Tokyo Sky Tree is 2,000yen. If you pay 2,000yen, you can go to the first observatory (350 meters). When you want to go to the second observatory (450 meters), you pay an additional charge of 1,000yen. I think that the price is so expensive. But I want to go to Tokyo Sky Tree once.

※Musashi (むさし) について

6 3 4

六百三十四 (漢字)

む さ し (音読み)

Yuka Nagayama in group A.

Report for O-EMP on 25th October

We discussed about Foreign Exchange (FX). I didn't know the word "FX" is the abbreviation of "Foreign Exchange" until I learned in this class. I hear about the strong yen problems everyday in the news. I am worried about the presence of Foreign Exchange intervention by the government. Mrs. Hombu emphasized about the followings:

It is important that you understand that trading the Foreign Exchange market involves a high degree of risk, including the risk of losing money.

If you have doubts, you should seek advice from an independent financial advisor.

It is good for the traders that the currencies rate varies greatly. When the exchange rate goes up or down, the traders would make money on the spread. In my opinion, it is strange that the traders get bonus by the vitality movement of the Foreign Exchange rate. It was the first time to hear the word "Big Mac index". I searched for the word on Internet. The site is written as follows:

THE Economist's Big Mac index is a fun guide to whether currencies are at their "correct" level. It is based on the theory of purchasing-power parity (PPP), the notion that in the long run exchange rates should move towards the rate that would equalize the prices of a basket of goods and services around the world.

When I talked to foreigner, I felt the difference of perception about the prices of goods. So I was interested in the Big Mac index. Next time, when I meet foreigners, I would like to ask them "How much is a Big Mac in your country?"

In addition, we read some Riddles. Even when I knew the answer, I could not understand why it was funny. Then, I realized that is due to the difference in culture. I want to improve my English to understand the culture and the riddles.

Fumiko Hashimoto

October 25th 2011

Today we talked about Foreign Exchange, it is often called FX. It is possible to do online trade, so the number of individual investor is growing these days. Some housewives do online trade to make money.

Ms. Hombu worked at a bank in U.S.A., and then she was in charge of investments. So she taught us how money flows in the world, which is difficult for us to know through news on TV. It was very interesting, but it was a little bit difficult for me, so I thought I want to learn more from her.

I learned FX has big risk. But if I study FX properly, and consult specialist, FX is a good way to make money. And If I start FX, I must learn business trends all over the world, it is a good chance to know about it. It's a good chance, but I have to use some spare money.

After that, we started to talk about foreign riddles. We couldn't understand some of the riddles so we felt the culture difference. It was interesting that there are some riddles using alphabets. For example,

Q:Which letter is not me?

A:U.

Because the pronunciation of "U" is same as "you", the same pronunciation but it has a different meaning. I thought there are similar riddles in Japan, too.

Through riddles, I can understand the culture of the country. If I have a chance, I want to know riddles of other countries.

8th,Nov 2011(group A)

Yuka Nagayama

There are a lot of taboos in the world. They are significantly different from countries to countries. I have never gone abroad; thus, I don't know the taboos of other countries. I want to know about them for showing good manner when meeting foreigners. That is the reason I asked Mrs. Hombu for the discussion on this topic. We each selected a country and investigated the taboos. One of the classmates researched on Korean. When they drink in front of elder people, they face to their side to show respects. The other one of my classmates researched on German. She said, "Do not give a red rose to anyone, because a red rose means a marriage proposal." I researched on Indian. They should not drink or smoke in public. It is offensive. And they should not walk over books and paper or even touch them with feet, as Indian people treat books as a metaphor for the Goddess of learning. I think it is the same in Japan. There is a saying, "Paper leads to God." (紙は神に通じる) How wonderful!

I gained a lot of knowledge of different cultures and I will be cautious when I go to foreign countries.

Date: Nov. 8, 2011

Name: Haruna Sakai

Today, we learned about the American school system. It is a compulsory education system as the Japanese system. However, there are many differences between American school system and Japanese school system.

For example it is different how to call grade's name. In Japan, we call high school grade 1st 2nd 3rd. In America, they call 10th grade, 11th grade, 12th grade.

And I was surprised at the American educational system. In Japan, the compulsory school term from elementary school to high school is 6 years-3 years-3 years respectively. In American, depends on the school district, it varies from 6 years-2 years-4 years or 6 years-3 years-3 years and etc.

In America, there is an evaluation test for each school all over the U.S. each year. The result reflects the ranking of the school. In America, the housing price, housing market value and the rent are influenced by the ranking of the school in the area.

Date: Nov. 22, 2011

Name: Haruna Sakai

Today, we learned about Steve Job's.

My knowledge of Steve Job's is that he was a person who made Mac in Apple and was one of the richest people in the world. I also know that he had many black turtleneck shirts.

However, during this lesson, I got to know many other facts about Steve Job that I did not know before. I was surprised by his life story.

- His biological parents chose his adoption parents before he was born.
- He entered Reed college, but he dropped out and took a calligraphy class as an auditor.
- What he learned from calligraphy contributed to the making of Mac.

Steve Job's said that you can't connect the dots looking forward; you can only connect them looking backwards. So you have to trust that the dots will somehow connect in your future. You have to trust in something.

I like this saying. I think I have to do my best in everything now. Because everything I'm doing now is not wrong. It would be useful sometimes in the future.

18th, Nov 2011(group A)

Yuka Nagayama

We talked about skyscrapers. Skyscrapers are very tall buildings or towers. I researched on the high structures, for example Tokyo tower and Skytree. I made a comparison between these two structures and Ocean 45. It is because we are familiar with Ocean 45 here in Miyazaki. So I prepared this picture (See below). It is easy to see the ratio differences. The height of the Tokyo tower is 333m. Since it opened in 1958, the Tokyo tower has been the world's tallest self-supporting steel tower. The Eiffel Tower in Paris is 320 m high. Tokyo tower transmits 24 broadcast waves. I was surprised that the lighting cost is very expensive. They have to pay 21,000 yen a day. But it is important to research the environment, such as wind direction, wind speed, and temperature. As you know, Digital Terrestrial Television Broadcasting started last July. We have to add new broadcast waves and to set up the antenna at a higher place. So Skytree was built. The height is 634m. The tower will be one of the world's tallest ones.

In this class, Mrs. Hombu showed us other skyscrapers in foreign countries. Since I have never seen those structures, I thought "It is amazing!" There are many high structures in New York. And they are old. I want to go there and see them.

Takako Aman

December 7th 2011

Today, we had the last class of this year.

So last week, Ms.Hombu told us to prepare something we are interested in, and talk about them in class.

Haruna told us about her favorite place in Kyoto(she loves Kyoto).

I was late for the class so I couldn't listen to her story.

Yuka told us about her job. She was a lab technician. Now she has special skill for infertility treatment; so she is an embryologist.

In her lab, she treats artificial insemination with sperm, in vitro fertilization and intracytoplasmic sperm injection. She showed us a picture of her lab. There is a machine with many handles and she said she remembers which handle is which. We were surprised that she remembers purposes of all those handles!

It must be a hard work because sperms and eggs are too small and delicate. She always has to concentrate when she does her work. If I were her, I would get a lot of stress from work! So I thought she likes her job.

It was very difficult to understand about her work in English, but it was very interesting and good to know what I didn't know at all.

Ms.Hombu showed us her handcraft things called "shadow box", I saw them for the first time, but those were very beautiful! Those were like 3D in movies!

It was very nice to know what everyone is interested in.

【Group B】

18th Oct 2011

Misa Wakimoto

We began with everyone talking about their own "news" from the past week. Later, we learned the differences between until and to, study and learn, few and a little. I also learned some useful short sentences I can use in daily conversation. Today's topic was my choice, and I spoke about the flooding in Thailand. I explained how that flood happened, the serious damage it did in Thailand, and the effect it had on Japan.

October 18, 2011

Kyoko Tomatsu

First we talked about our recent "news."I went to my daughter's elementary school sports day last Sunday. Her class won the tug-of-war. A clever classmate researched how to win on the internet!

Today's questions were:

Kyoko

1. What does this sentence mean?

You cannot have your cake and eat it too.

2. What is the difference between division and department?

Misa

I work from 8 until 5.

to

Tamiko

The difference between A and B.

1. large and big
2. study and learn
3. see and meet
4. few and little
5. a few and a little

Today's Topic by Misa : Flooding in Thailand

Tamiko Miyanaga

October 25, 2011(Tue)

First, each talked about each other's recent "news." I had lunch with friends on Saturday.

Next, we went over our weekly questions:

①Differences between "Illness" and "sickness" and "disease"

②Learned about the following expressions:

To beat around the bush

A piece of cake/as easy as pie

To be sick and tired of ~

To bend over backwards

To change one's mind

③Learned how to use "You're welcome" and "(It's) my pleasure" and "No problem."

For example:

A : " May I borrow your Marker?"

B : " Thank you"

A : " No problem"

This week's discussion topic was Autumn.

I talked about sports. Mrs. Wakimoto talked about food, and Mrs. Tomatsu talked about baseball.

※Thoughts

This time there were a lot of new words. It was a difficult lesson for me. I do not know basic English yet.

22th Nov 2011

Misa Wakimoto

We started with "what's new?" as usual. We learned differences between from and to, since and for, until and by. My question was about the present perfect tense. We learned some other phrases for describing things at various time periods. My topic today was about the Kingdom of Bhutan. I told the class about the Kingdom of Bhutan and related some stories that happened when the King and Queen of Bhutan came to Japan.

December 13, 2011

Kyoko Tomatsu

Today was our last class this semester. We began by talking about our recent "news."

Misa : She had a bad toothache since Saturday, and she went to the dentist. But her tooth is not well yet.

Saki: She went to her parents' house. Her home town is Hitoyoshi City, Kumamoto Prefecture. She squeezed yuzu (an aromatic citron) juice with her family. Now she has muscle pain.

Kyoko: I had an end of year party for general affairs section last Friday.

Saki's question:

What's the difference between "begin" and "start"?

begin ~something begin dance lessons

start~activity start dancing

Misa's question:

Which is best, A or B

A: What date is convenient?

B: What is a convenient date?

Kyoko's question:

Could you tell me the difference between:

1. You are the most beautiful girl I have ever seen.

2. I have never seen a girl as beautiful as you.

Rick's topic:

The lunar eclipse on December 10, 2011.

【Group C】

September 13, 2011

Reported by Akiko Tokunou

Today was the first lesson of the latter half of English class .

A new member joined us from this lesson.

She is Ms. Miura.

We introduced Ms. Miura to Ms. Shirasaka in English.

Next, we got a work sheets.

We talked about our last week with these sentences.

Sometimes we replaced some original words with others .

Lastly, we read a text.

It was written about "Secret Recipe to cook Two Sunny-Side ups from one Egg"

But the recipe was not in a right order.

We arranged them in the right order.

I wonder if we can make these Sunny-Side ups with the recipe.

September 27, 2011

Reported by Mikiko Sasamoto

Today, we had our 2nd class.

First, we learned how to greet in English because a foreign doctor is going to work at our laboratory from next week. We practiced simple greetings repeatedly.

Next, we reviewed about verb.

Lastly, we talked about last week report together.

October 11, 2011

Reported by Akiko Tokunou

Today, we had our 4th class.

First, we talked about our 3-day holiday.

We asked and answered questions.

We reviewed about verbs and played a bingo game.

Next, we corrected mistakes about in the last week report.

We were given some work sheets last week and then we practiced how to tell the way to get to the places such as library, hospital, and so on .

Ms. Shirasaka talked about her child care in the U.S.A.

I was interested in the topic because it was different from Japanese one.

October 18, 2011

Reported by Mikiko Sasamoto

Today, we had our 5th class.

First, we translated Yuka's diary into English. She wrote many long sentences. She said that it was very difficult to remember simple words. And we learned some transitive verbs such as "be excited", "be tired", "be bored" and so on.

Next, we made some questions how to get to some certain places on worksheets and answered. It took a long time.

After that, we corrected mistakes in the last week report together.

Lastly, we talked about a foreign doctor who works for our laboratory. He is very busy, so we can't have time to talk together in English. If we have a chance, I hope we can speak English which I learned in our class.

Nov. 1

Reported by Akiko Tokunou

Today, we had our 7th class.

First, we learned a phonetic symbol signs and then practiced pronunciations.
Next, Ms. Shirasaka asked a lot of questions about our business trip in Nagoya. We replied in English.
After that, we translated English sentences into Japanese. It was very difficult.
Lastly, we corrected mistakes in the last week report together.
I learned that a Japanese word "zakuro" is "pomegranate" in English.

November 15, 2011(Tue.)

Reported by Tamiko Miyanaga

Today, we had our 9th class.
Today's lesson was the second lesson for me.
First, we corrected mistakes in the last week report.
Next, we played a crossword puzzle by using the words we learned last week.
We made pairs. We filled in the blanks with words. We explained them each other and found the exact words for the blanks in English.
Next, we learned about how to use relative pronouns.
And we made sentences with them.
Finally, we learned about "raise" and "grow".
Today's lesson was the last lesson for me.
I could take a lesson pleasantly.
Thank you very much.

Group C November 22, 2011

Reported by Hatsumi Tominaga.

Today, we had our 10th class.
First, we talked about how to spend our time on last weekends.
I thought everybody had a very enjoyable weekends.
Next, we learned about clo things in English.
I didn't know some of the names in English and I learned them.
Lastly, we sang "Top of the world".
It is fun to sing songs in English.
The lesson was the last one,
I will learn English little by little everyday.

2.13 O_EMP2011 後期アンケート

2011 後期 事務部 O-EMP アンケート (提出率 50%)

1. プログラム全体を通して5段階で評価して、○で囲んで下さい。 5 4 5 5 5 4 4

とても有益だった	4
有益だった	3
どちらかという有益	0
どちらかという有益でない	0
あまり有益でない	0
有益でない	0

2. プログラムの最も良かった部分とその理由を書いてください。

- ・ネイティブの先生と直接話せる機会が持てた事がとても良かったと思います。
- ・留学生の方をゲストとしてお招きし、文化等について直接質問出来たのが良かったです。このようなプログラムが無ければお会いできなかったと思い、貴重な体験をさせていただいたと思います。また、先生が様々なトピックを用意してくださったことで、英語の幅が広がったと思います。加えて、アットホームな雰囲気もあり、皆英語で自分の意見を言いやすく、楽しく時間を過ごすことが出来ました。
- ・本部先生のクラスとリック先生のクラスが一緒になって料理教室をしたことが良かったです。
- ・ディカッション形式で授業が行われるので、ほどよい緊張感でプログラムに臨めた。
- ・ネイティブの先生方と話すことでヒアリング能力が鍛えられる点。
- ・少人数のクラスなので、たくさん話すチャンスがもてたことが良かった。テーマについてスピーチをするのが初めてだったので難しかったが、勉強になった。
- ・英語の基礎から教えていただいたこと。理由は、英語から離れて生活していたため基礎から勉強できてよかった。
- ・リック先生の楽しい気楽な雰囲気の中で、気負わずに英語の会話が勉強できた。

3. プログラム全体を通して改善すべき部分とその理由があれば書いてください。

- ・特にありません。(3名)
- ・リック先生のクラスは、毎週英語のわからないことをメールで送り、その回答を先生がされます。しかし、毎週では質問もなくなり、リック先生のクラスも長くなりましたので、少し変化がほしくなりました。
- ・特にないです。
- ・少人数で英語で会話した方が、自分の英語で話す機会が増えると思った。
- ・色々なレベルの人達と勉強できるのは、自分としても勉強になるけれど、あまりにも差がありすぎると、時々どうしていいか(どこまで自分が口を出していいのか、それとも、何も言わない方がいいのかとか)わからず困った。

4. プログラムの実施期間(時間)についてどう思いますか?

- ・私の中では90分が長く感じましたが、妥当だと思います。

- ・良いと思います。
- ・ちょうど良いです。
- ・現状通りで良いと思います。
- ・現状のままお願いします。他の曜日や他の時間だと参加が難しいので。
- ・時間は今まで通りでよかったと思う。
- ・よいと思います。ただ、個人的に年度の後半は業務がいそがしく、なかなか参加する時間が作れなかったことは残念でした。

5. 自分自身の中・長期的な具体目標を立て、それを書いてください。

- ・普通に会話ができるくらいに上達できたらいいなと思います。
- ・継続して英語を勉強し、英語に苦手意識を持たないようにし、将来的に仕事にも生かしていけたらと思います。
- ・今、総務係にいますので、協定校の留学生（医師や看護師）が頻回にみえます。そんな方々と積極的に交流し、生の英語を日常的に使用するよう努力したいと考え低増す。また、海外に行けるチャンスがあれば行きたいと思っています。
- ・留学生・研究員等が海外から来た場合、できる限りスムーズな対応をできるようになりたいです。日常英会話の語彙力を伸ばしたいです。
- ・単語数を増やす。
- ・日常の簡単な会話を他の言い回しでも表現できるようになる。（3パターンくらい）
- ・英語の文章をできるだけ読むようにし、理解できるようにしたい。
- ・新しい職場（学生支援課）で今まで以上に留学生とかかわる業務が増えたので、英語をもっと仕事に生かせるようにしたい。

6. その他、気がついたことや意見があったら、何でも書いてください。

- ・途中から初級コースに移りましたが、どちらもとてもいい勉強になりました。
 - ・みんな上手でなかなかついていけず、緊張しながら受けていたので、次回は
 - ・自分のレベルに合ったコースでリラックスしながら楽しく勉強ができたらいなと思います。
 - ・新しく入って来られた方は、はじめ慣れなくて緊張されていますので、受講して長い人は、暖かく迎えてあげたいです。
 - ・本部先生のクラスでしたが、EMP 以外の連絡メールのとき（修士学生間の連絡網等）も英語でメールをいただきます。必然的に返信も英語で書くこととなります。毎回頭を悩ませてはいますが、他に英語でメールのやり取りをすることがないのでとてもいい機会になっています。また、大学の職員の方々と知り合いになる機会をもてたことが良かったと思います。大学職員と学生という違う立場ですが、同じ部屋で生徒としてディスカッションできる数少ない時間だと感じました。今後ともよろしくお願いします。
- 特にありません。来年も頑張ります。

III. 終わりに

玉田吉行

報告記は新しくEMPに参加する人のために残して来ました。黒人研究会に参加している時に会誌や会報の編集をしていましたが、決め手はどんな原稿を集められるかでした。この報告書も医学科、看護学科、病院看護部、医学部事務部でやった毎回の授業の報告が柱です。英語で書いたものを出来るだけホワイトさんや担当者にチェックをいれてもらっています。2005年に始めた時からずっと印刷物として残して来ました。留学記も4冊目になっています。切らず残しておきたいのですが、実際は遅れ遅れになっています。このあとがきも一年遅れです。でも、残しておきたい思いが強くて続けています。これからも続けてもらえると嬉しいです。

短期にしろ留学する制度があるのはありがたいことです。しかも単位互換を伴っています。二つの幸運が重なって実際に交換留学が成り立っていると思います。一つは、臨床実習でソクラの学生を受け入れて英語でやるという医局があったことです。それだけでなくとも忙しく時間の拘束も長いなか、医局が自ら手を上げてやり始めたのは大きかったでしょう。初めは受け入れの医局も数えるほどでしたが、今はほとんどの医局が受け入れています。どこの医局にも英語で対応出来るスタッフがいるということでしょう。英語の出来る人がたくさんいる池ノ上さんの医局の存在が大きかったと思います。

もう一つは、英語科が医学科の中にあることです。元々一般教育の学科目等という名目で採用され、統合後は一般教育は全学出動態勢でやることになりましたから、原則的に言えば、一般教育の教員も木花に移るところでした。しかし、教員の定員数の関係もあり、医学科の基礎科目の担当教員として残ることになりました。どちらも、流れとは言え、EMPを始めるにはきわめて幸運だったと思います。

英語科のメンバーは医学をやっていませんが、授業をするなかで学生と向き合っていれば、自然と医学的な内容も取り扱うようになります。それに多くはありませんが医学英語の授業も担当しますから、必然的に医学的な内容を扱わざるを得ません。EMPが今まで担当していた授業に加わった形ですが、内容的には普通の授業の延長で考えられたのはもう一つの幸運でした。しかし、医学の基礎をやったわけではありませんから、内容まではそう深くやれるわけではありません。医学用語のような語彙や発音についてや、ニュースやドキュメンタリーや映画を通して医学的な内容に触れるという程度が限度です。

EMP、ENPでは、医師や看護師と協力をするコーディネイト役も英語科の大切な役割です。表紙を飾っている病院長の池ノ上さんにERを使って産婦人科の内容を授業でやってもらえるように交渉したり、アーバインでお世話になっている小児科のムラタさんを招待して授業をやってもらえるように手配したり、アフリカで活躍しておられた栄養士の水元さんに福岡から来てもらったり、卒業生で米国での研究歴も長い病理学の医局員赤木さんに授業を頼んだり。いままでもソクラやアーバインからかなりの医師を招待していますし、国内からも卒業生も含めたくさんの人に来てもらっています。招聘するには予算が要りますから、学外か学内からの予算を確保するための折衝も僕らの大きな役割です。

どこでもこのような制度があるわけではありませんし、制度があっても今のように機能しているわけではありません。色んな人が協力して初めて機能していますから、制度のありがたさを再認識して、制度を最大限に利用してもらえれば、嬉しい限りです。

2013年3月5日（医学科5年生、4年生のEMPの2日目に）

