

**English for Medical Purposes:  
A Program to Ensure the Success of Our International Medical Graduates**

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### **BACKGROUND:**

According to the College of Physicians and Surgeons, Canada's regulatory body for physicians in Ontario, the doctor shortage in Ontario has reached "unprecedented proportions" (London Free Press, 2004). Predictions indicate that by the end of this decade we may be short 6000 doctors, resulting in 2 million people being left without a physician (Association of International Physicians & Surgeons of Ontario, 2002). In fact, reports of doctor shortages across North America are becoming more and more commonplace, and various governing bodies continue to search for solutions to this problem. In order to recommend such solutions, the causes of the problem must first be understood.

In the U.S., as well as Canada, the area of medicine being hardest hit by these shortages is that of primary care. Medical graduates here in North America are choosing to enter areas of specialty due to the greater income potential and career options such positions offer (Brigham & Women's Hospital, 2004). The resulting decrease in the number of graduates entering into a general practice raises concern. Add to this issue the fact that Canada is an aging population, and we can see that we will be experiencing an even greater shortage due to the number of our current physicians quickly approaching retirement age.

In order to remedy this problem, a variety of solutions are being explored, such as increasing medical school and residency positions, offering incentives to those entering family medicine and those willing to locate in rural areas, and offering more support to our physicians in order to make the profession a more attractive one. Another solution being considered by many communities is the licensing of International Medical Graduates (IMGs).

Looking to internationally trained physicians to fill our void is not anything new for Canada. In fact, International Medical Graduates have always been an integral component of our Canadian medical system. Even as far back as the late 1960s, a quarter of Canada's new doctors were international physicians (Association of International Physicians & Surgeons of Ontario, 2002). It is believed that qualifying IMGs to practice here in Canada may actually be the most efficient route to solving the doctor shortage problem. Although the system for qualification most definitely needs some streamlining, it is possible for an internationally trained physician to be licensed in one to two years as opposed to the seven to eight years it will take a new student entering the field of medicine to qualify for practice (Whitehead, 2004). The shortage we are experiencing needs to be addressed as soon as possible, and IMGs are definitely a viable solution.

### **SUPPORT IS NEEDED:**

If we look to International Medical Graduates as a solution to our doctor shortage problem, we must ensure that these doctors are offered the support they need to successfully integrate into the Canadian medical community.

As they integrate, IMGs will need to adjust to differences in the medical system here in Canada and that of their home country. Medical systems may differ completely in their organization, and the new doctor must become familiar with the workings of the new system. In addition, the expectations we have of our doctors may differ from what is required of them in their home country. Whereas in North America we expect emphasis to be placed on evidence-based practice and the application of technology, they may come from a culture which prefers to emphasize traditional medicine. Not only may the formal setup of the systems and the physician's responsibilities vary, but also the roles and responsibilities of the participants may vary as well. For example, non-physician staff such as nurses, technicians, etc, often have far more responsibility here in North America than they are given in other areas of the world. It is important, therefore, for the IMG to understand the system, its expectations of them, and the roles of others within the system.

In addition to facing a strange, new system, IMGs may experience a difference in the doctor-patient relationship. This relationship is of course integral to their success. The doctor-patient relationship varies culture to culture; while some cultures may treat the doctor with the highest respect and never question their authority, in our culture we expect the physician to listen to us, answer our questions, and even take our recommendations. This is not a case of disrespect for the doctor, but rather a need for the patient to feel respected as an individual. In addition, patients want the doctor to spend time with them, to empathize with them. This will particularly be an adjustment for doctors coming from cultures where the sheer number of patients does not allow for the luxury of such personal service. An understanding of the doctor patient relationship within the context of the new culture will be crucial.

Finally, for IMGs coming from countries where English is not the first language, the language barrier they must overcome will offer another challenge. The physicians, their colleagues and their patients can all find this barrier frustrating. Although governing bodies in North America do require proof of English equivalency for licensing, these tests do not ensure fluency, and do not demonstrate the ability to use English in the communications tasks they will encounter in the practice of medicine, such as presenting to superiors, expressing empathy to patients, explaining medical problems in layman terms to patients and residents, to name but a few. Perhaps this is a weakness of the tests currently being used, but the need for communications support is clear.

**JUSTIFICATION:** for offering an English for Medical Purposes Program to IMGs

- A report on the field of English for Medical Purposes (history and research)

Many International Medical Graduates studied medicine in their native language, only communicating in English within the walls of their English classes. Although they may have learned English medical vocabulary and have developed strong academic reading skills through reading English medical journals, they often have not had any practical communicative

experience in the field of medicine. They have also not been exposed to the culture and cultural norms of their new home, and the 'culture' of the medical profession within it. For these reasons, to ensure professional success, it is essential that these IMGs are offered an English for Medical Purposes program that offers them the chance to build their English communication skills in context.

In addition, as mentioned earlier, passing an English equivalency test is not enough, as these tests do not demonstrate the ability to communicate effectively in the medical setting. In fact, studies have shown that in many cases IMGs who have acquired high English language proficiency scores receive poor language skill ratings from their superiors and colleagues and reports of dissatisfaction from their patients. For example, a study reported in the English for Specific Purposes Journal in 1999 concluded that participating IMGs were seen as being deficient in their communication ability by those interacting with them professionally, including both fellow staff and those under their care, even though the same IMGs had received exceptional scores on their English proficiency tests. The Test of English for International Communication (TOEIC) scores for the participants in this study far exceeded the national mean of 635, with a participant mean of 904 (Eggy, Musial, & Smulowitz, 1999). Thus, it is evident that additional communications training is necessary to ensure the professional success of the IMG.

The dissatisfaction of the patients mentioned in the 1999 study is cause for concern. Susan Eggy (1998), a communications specialist teaching in the Division of Internal Medicine at Wayne State University, found that a doctor's ability to communicate successfully with their patients and subsequently build relationships with them not only affects patient satisfaction, but in turn influences a patient's compliance with recommended treatments, the resulting medical outcomes, and the occurrence of malpractice suits. In fact, as reported by Ambady, LaPlante, Ngyuen, Rosenthal, Chaumeton and Levinson in 2002, a study by Levinson et al found that even a small detail such as a physician's tone of voice has an impact on the patient's tendency to initiate a malpractice suit. In this study a domineering tone created by speaking deeply, articulating clearly and not accenting words was shown to be detected as a lack of empathy and understanding by the patients. It was found that physicians using this tone were more likely to be sued than those who did not. Therefore, we can see that not only what is being said, but how it is being said is important. Communication features such as tone, do not come naturally to us when we speak in a second language, so language training in a medical context is crucial.

There is no doubt that the perceived deficiencies detected by faculty and colleagues and the low level of patient satisfaction, demonstrates a need for an English for Medical Purposes program which covers the areas of both doctor-patient and doctor-colleague communication. By providing such a program, we will ensure the professional success of our IMGs, the satisfaction of the patients, and the consistent quality of our country's health care system.

## References

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**English for Medical Purposes**  
**A Program Proposal**  
(Presented by Applied Language Associates)

**Overview:**

Based on my understanding of the roles and responsibilities of a physician/medical resident, I see the development of the English language skills listed below as essential for the success of an International Medical Graduate living and working in Canada. Therefore, the inclusion of these skills would be integral to any medical communications program offered.

For each skill area I have given examples of the types of practice I believe would be beneficial. Of course, this may vary depending on the participants in the program. Recommended practice exercises reflect the various tasks IMGs are likely to encounter in their academic studies, contacts with other professionals, and interactions with their patients.

This list is by no means all-inclusive, but is presented as a means of initiating discussion between Applied Language Associates and the medical community.

**Required Communications Skills:**

**Oral skills:**

- ❑ **Pronunciation** – individual sound practice with emphasis on problem areas for the particular language groups; intense suprasegmental practice (word and sentence stress, intonation, and rhythm, tone) will be emphasized as it is often difficulties with these elements that greatly affect one’s fluency, and may cause serious miscommunication problems.
- ❑ **Presentation skills** – for medical meetings or presenting cases to superiors. Study would include both presentation organization as well as techniques such as enunciation, body language, speed, cue usage etc.
- ❑ **Teaching skills** – presenting material and describing procedures clearly to juniors, or patients.
- ❑ **Doctor-Patient Conversation** – the consultation: including greetings; determining complaints; taking histories; performing physicals; recommending treatments and closing consultations. Learning to explain diagnostic procedures or medical conditions in lay terms; encourage open communication by using open-ended questions; express empathy; check for understanding; negotiate treatment; deliver bad news; etc.

- ❑ Discussion/Collaboration – With colleagues or at medical conferences and seminars: entering the discussion; expressing or asking for opinions; agreeing and disagreeing; asking for and giving clarification; and making suggestions.
- ❑ Daily communications skills: handling phone calls, requesting tests or consultations, interacting with other hospital personnel, etc.
- ❑ Spontaneous conversation skills – practice responding to topics without preparation. How to handle casual conversation situations, such as chatting with patients.

### **Writing Skills:**

- ❑ The Medical Paper: writing for journals – the overall organization (abstract, introduction, methods, results and discussion).
- ❑ Language Functions in Medical/Scientific Writing –expressing purpose; expressing necessity; predicting; defining; expressing cause and effect; comparing; recommending, etc.
- ❑ Everyday writing – notes, letters, charts, etc.

### **Listening Skills:**

- ❑ Formal Presentations: Listening for organization, cues, etc. in formal medical presentations. Note-taking
- ❑ Everyday conversations: Practice listening actively to real conversations which may occur in a medical practice, in order to gain familiarity with expressions, idioms, tone, inference etc., and to improve understanding of patients and colleagues.
- ❑ Listening Etiquette: Learn the ‘rules’ of listening, such as turn-taking, interruption etc. For example, learn to avoid interrupting, allowing patient to open up about their concerns.

### **Reading Skills:**

- ❑ General – Skimming, scanning, reading to comprehend, recognizing emotion or position, applying word and sentence attack, etc. These skills are applied to the task of reading scientific medical papers and journals.

### **Vocabulary Skills:**

- ❑ Word study skills – using stem, prefixes and suffixes; context clues, and dictionaries
- ❑ Medical terminology
- ❑ Vocabulary Differences: between physician and patient terminology

### **Cultural Awareness:**

- ❑ Cultural values and norms of the doctor-patient relationship – including a comparison of cultural images of these roles. E.g. the doctor patient relationship as a partnership
- ❑ Understanding social concerns of the culture
- ❑ Understanding culturally acceptable boundaries – what questions are acceptable for a physician to ask?

## **Classes:**

The program will be designed to be communicative in nature, with students actively participating in classes through role-plays, simulations, presentations, interviews, etc. Video and audiotaping will be used regularly as a means of assessment by the instructor and self-reflection by the students. In addition, all skills taught will be in context, so that the activities performed will as closely as possible simulate the actual tasks which are part of a Canadian physician's professional life.

Applied Language Associates is equipped to offer small English classes (maximum 6 students) at their business location at 262 Oxford St. East. As an alternative, Applied Language Associates would be open to offering language classes on site as required.

In addition, Applied Language Associates is interested in providing either group classes or private tutoring or a combination of the two.

## **The ALA Approach:**

Applied Language Associates is an English for Specific Purposes service. Our approach involves designing programs that meet the specific needs of the students, instead of the students having to fit our programs. The learners determine what is taught. Through a needs analysis, we determine what skills areas require attention and the weighted importance of each skill to the student's success. Through this approach, we ensure that the programs we offer help the students face the actual language challenges they meet as part of their careers.

## **ALA's Owner/Instructor:**

**Susan Meehan** (BA English, TESL Certified) has been teaching English in a variety of contexts for close to fifteen years. Her experience includes teaching English as a Foreign Language and Business English overseas in Japan, volunteering her time to spouses of Japanese business men who are working in London and to elementary school ESL students, teaching English for Academic Purposes to students preparing to attend Canadian universities, and helping a variety of professionals meet their goals.

In addition to her experience teaching English, Susan has also been responsible for curriculum design, and enjoys the challenge of designing programs that meet the needs of the students. It is this specialization of courses that makes Applied Language Associates a little different.

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