A CASE STUDY ON SPANISH FOR MEDICAL DOCTORS

Abstract: Organizing and preparing a language course on the threshold level for medical doctors demands a variety of strategic and methodological planning and considerations. The article deals with the questions as to what command of the foreign language medical doctors need to possess for which purpose a survey of the linguistic requirements of the target students and the specific individual objectives is presented. This relates to the readjustment of the CEFR descriptors necessary to fit such a course and discusses the form, approach, syllabus that were employed to ensure the learning target. Specific didactic material and tips that have proved to be helpful conclude the text.

Keywords: foreign language for specific purposes, form, approach, syllabus, readjustment of CEFR descriptors, didactic material

Introduction

Twice a year the University of Zurich and ETH (Federal Polytechnic) Language Centre, Switzerland, offers a semester-long course in 14 modern languages at
different levels, designed for students of all disciplines. In 2017 the first courses for specific purposes were added, namely Italian and Spanish for Physicians/Medical Doctors. Both languages are widely spoken in the German-speaking part of Switzerland – Italian due to the immigration of Italian-speaking immigrants from the southern areas of the country or from Italy itself, Spanish due to the considerable immigration from Spain and Latin America. The following article relates to the efforts of the Spanish department of the above-mentioned Sprachenzentrum UHZ und der ETH Zürich.

**The challenge**

When the Spanish department of our language centre was approached with the idea of considering a language course for physicians or medical doctors, as it were, the challenge was gladly taken up. It was soon determined that all three members of the department would contribute to its planning, which eventually also led to the decision of splitting up the sessions among the three. As a whole, there were 7 two-hour sessions at the centre’s disposal, of which the last would be dedicated to the final test. This meant that each of the three would teach two sessions and participate in the exam, and it also required a clear defining of the contents for each of the sessions.

**The objectives**

The first step to be taken was to determine the objectives. These were based on the survey that had previously been held by the Language Centre and that had shown clearly that there was a strong demand for such a course. Many students said either they were planning to do an internship in a Spanish-speaking country or they considered it important to be able to attend to their Spanish-speaking patients in Spanish. They also expressed what specifically they expected from such a course, i.e. what they needed to learn for their purpose:

**Survey 2017: Linguistic goals as expressed by students**

- everyday sentences and expressions that are normally not taught on regular courses but are necessary when dealing with patients, as e.g., “How long have you had this pain?” “Please, raise your head a little.” “Open your mouth, please.” etc.,
- everyday communication with a Spanish-speaking patient,
- conducting a conversation with a patient on emotions and pain

(plus special and simplified vocabulary for children),
– preserving existing language skills,
– topics pertinent to medicine and anamnesis,
– mastering the daily medical routine in general,
– acquiring more vocabulary and practising speaking with a focus on patients,
– medical terms (anatomy, physiology, hospital routine, operating theatre),
– vocabulary concerning health system,
– care and support of patients after hospital stay,
– understanding the patient’s description of the physical complaints and their concerns,
– formulating correct questions and comprehensible information on the procedure.

The language level

Another point that had to be tackled was the question of what language level the course was to be at, always bearing in mind that the potential students were likely to possess dissimilar commands of the language. It was decided that the course would be based on the *Common European Framework of Reference for Languages (CEFR)* and that it would proceed from Level A1 up to Level B2, while demanding at least Level A2 from participants. The reasons were as follows: firstly, it was not to be a beginners course; secondly, the level was not to be too high in order not to discourage potentially interested students of medicine with only a basic command of the language, the number of whom we expected to be quite large; thirdly, the topical limitation of the course, i.e. its focus on the medical environment and its practical orientation, would allow for rapid progress; and finally, medical students are known to be hard-working learners and those who would enrol for the course were bound to be particularly motivated.

Consequently, the following schedule was designed:

The sessions and their contents

Note that the topics exclusively focus on the grammar, functions and vocabulary relevant to doctors. Thus “giving advice,” for instance, means being familiar with the imperative (*sessions 1 and 2*), expressing prohibition (*sessions 3 and 4*) calls for a study of the conjunctive mode and, finally, talking about symptoms, healing processes, possible consequences and giving formal advice (*sessions 5 and 6*) are only possible if conditional verb forms are known.
Needless to say the topics listed also imply the corresponding vocabulary. In the forthcoming tables certain topics appear more than once, albeit on a more demanding linguistic level each time they do so. This is due to the above-mentioned progression from A1-B2 and to the fact that one function can take different grammatical forms.

The final exam is divided into 2 parts. Part 1 is the written exam and tests vocabulary, grammar and functions. Part 2 is oral and is a simulation of a diagnostic conversation for a given medical case. After ten-minutes of preparation the students have to hold a conversation with the patient (a part played by the teacher) and fill in the patient’s card or the anamnesis sheet, as it were (see below). The other teachers watch the performance and evaluate the student’s performance and with the help of a grid award points for vocabulary, grammar and syntax, style, fluency, the student’s performance in class and their homework.

**Table 1. Sessions 1 and 2 (Levels A1 and A2)**

<table>
<thead>
<tr>
<th>• speaking about</th>
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<tbody>
<tr>
<td>– physical sensations and pain</td>
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<tr>
<td>– parts of the body</td>
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<td>– physical and mental state</td>
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<td>– habits beneficial to health</td>
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<td>– habits in general</td>
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<td>• giving advice and calming the patient</td>
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<td>• warnings</td>
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<td>• expressing</td>
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<tr>
<td>– prohibition</td>
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<td>– intention and goals</td>
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<td>– condition</td>
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<tr>
<td>• describing</td>
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<td>– illnesses and ailments</td>
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<td>– diets</td>
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<td>– treatments</td>
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Source: own elaboration.
### Table 2. Sessions 3 and 4 (Level B1)

- giving advice and making recommendations
- giving
  - personal and impersonal advice and tips
  - assessments
- saying what can and what cannot be done
- expressing
  - prohibition
  - good wishes

Source: own elaboration.

### Table 3. Sessions 5 and 6 (Levels B1 and B2)

- communication skills in the surgery
- giving advice and tips
- making recommendations
- medical specialisation
- the health system
- talking about common illnesses and ailments
- describing the symptoms of an illness and healing processes
- practising anamnesis

Source: own elaboration.

### Table 4. Session 7

- exam

Source: own elaboration.
Course description

Goals
The participants are able to understand and express themselves on topics of health and healthcare.
They have developed appropriate grammatical patterns and vocabulary that allow them to interact in a simple way with patients and colleagues, and deal with practical and organizational issues.

Content
Authentic material such as TV broadcasts, newspaper articles, and texts related to health and medical subjects are the starting point for dealing with various topics in class and in self-study. The course participants enhance their strategies of comprehension and their passive skills. They elicit appropriate medical vocabulary and patterns and practice these in interaction with peers.
Homework includes written and oral comprehension exercises and vocabulary training on Quizlet.
The topics dealt with include:
the structures of the healthcare system; understanding simple texts such as prescriptions and patient instruction leaflets; understanding and describing symptoms and the course of diseases; asking for information during an anamnesis; giving and seeking personal views and opinions; communicating agreement and/or disagreement; sharing goals, hopes and emotions, and giving and asking for suggestions, advice and instructions.

The course description
At this point the course was ready to be advertised.

The teaching material
Another main question was where to get the teaching material from, as no textbook existed for such an intensive course of only 7 sessions. Consequently, we had to rely on our experience as teachers and patients and our own resources, i.e. our knowledge of dozens of textbooks, from which we culled ideas for exercises, tasks and texts to suit our purpose (see bibliography). The latter helped us turn our ideas into our own specific material.
In the following, we are going to present some examples of those tools that have proved to be most useful.

Example 1
The Anamnesis Sheet
The objective is to enable the student to fill in just such a patient card through conversation. This is a pairwork exercise where one student plays the role of the patient and the other that of the doctor. The symptoms of the mock cases are defined by the cards the students pick: first name, family name, insurance policy number, age, weight, height, blood group, illnesses, operations, allergies, observations, momentary medication, reasons for the consultation.
Example 2
The Medical Index Card

For this task pairs of students are given a medical case by means of either a description, an aural document, a photograph, a short written dialogue or a short film. Then they are supposed to fill in the card according to their professional knowledge and, of course, using the target language.

The cards are loaded onto our common Internet platform. In this way, all students are able to study all the index cards, that is to say, they see and thus are able to learn the vocabulary and the grammar and its corresponding functions that their colleagues have used. In this way more exercise material is provided for the individual learner.

Example 3
“Centro médico”

There is a Spanish television series called “Centro médico,” which means “health centre.”

The plot of each episode is directly connected with a new medical case. What is more, Spanish television facilitates the transcription of the dialogues, which, of course, constitutes perfect material for our purpose, for it is both linguistically and factually authentic.
Apart from the regular homework (see below) of learning words and doing grammar exercises, each week the students have to watch one of the 20-minute episodes and either fill in the above-mentioned Medical Index Card or the Anamnesis Sheet. Another useful task is to write down a report of the case, which obliges the students to use the grammar and, especially, the (rather tricky Spanish) verb forms.

(Source: http://www.rtve.es/alacarta/videos/centro-medico/)

**Example 4**

Another type of useful material are the PILs, i.e., the patient information leaflets that each package of medicinal product contains. They serve as reading texts that help one to get to know specific vocabulary. The texts can be used then as a starting point for oral grammar exercises in which the students are to turn the information and instructions contained in the leaflets into advice, recommendations or warnings, thus not only using the freshly acquired vocabulary but also practising the appropriate verbal forms.

**Homework**

All through the course homework was imperative, otherwise a course of this kind would not have been feasible to realise. It implied revising the subject-matter dealt with in class, grammar exercises, studying vocabulary and especially designed tasks (see *Example 3*, for instance). The homework had to be sent to the teachers via the Internet platform, who then corrected and returned it.

**Final review**

Finally, the course, two of which have now been held, was carefully and critically analysed. The students were also asked for feedback. The results turned out most encouraging, since practically all of the students declared that they had learnt what they had expected to and that they had enjoyed the course. Some of them would even have preferred more homework. So it may be said that both courses held to date have been a success. It seems now that word has got round, for the number of participants has been steadily increasing as this year’s course bears witness.
Future Outlook

We are toying with the idea of using the experience gained in this course in order to design an autonomous e-learning course; while we are also planning to develop the teaching material and publish it if it seems innovative enough.

Bibliography – a selection

Textbooks

Articles