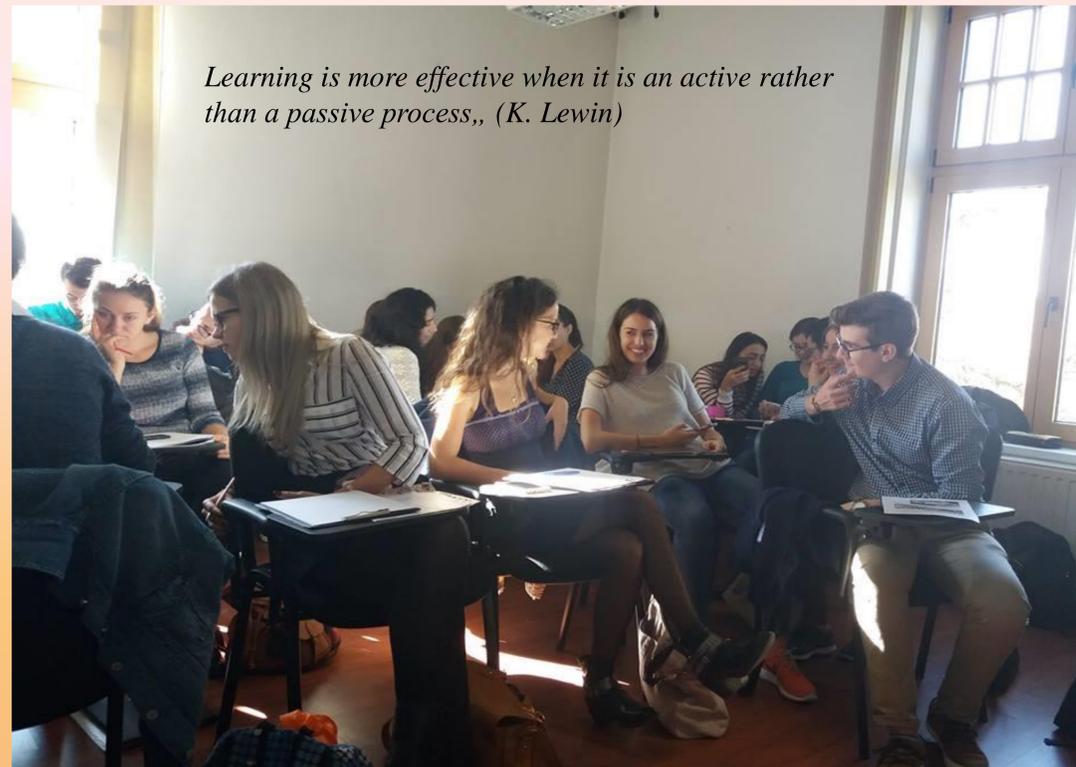


APPLYING SOFTISPED DOCTOR-PATIENT INTERACTION STRATEGIES TO TEACH MEDICAL ENGLISH (ME)

Anisoara Pop, Oana Cristina Mărginean, Meda Georgescu, Nicoleta Suci, L. Azamfirei

University of Medicine and Pharmacy of Tirgu Mures



Learning is more effective when it is an active rather than a passive process., (K. Lewin)

- ❑ **Feedback** obtained from their interlocutors through teach-back, validation, and repetition helped students customize and enhance their performance, also by adapting their pace, tone and volume to their listeners.

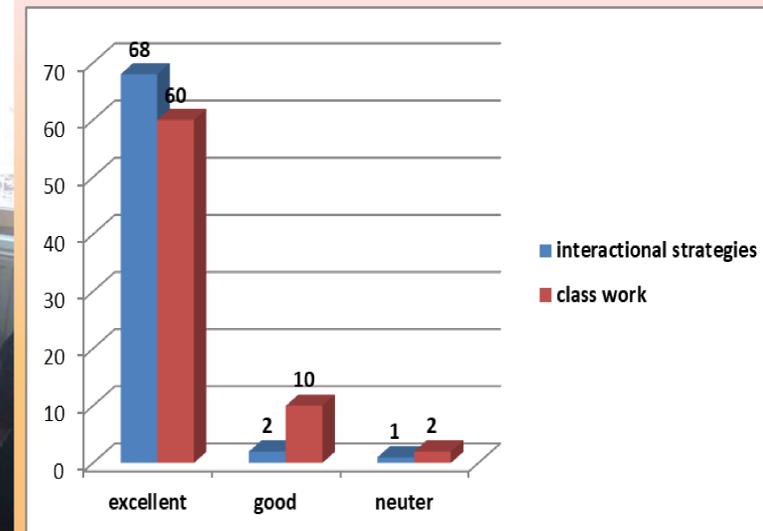


Fig. 2 Students' satisfaction with interventional strategies vs class work

- ❑ Interactional strategies may go unnoticed in common communication but become essential for understanding a message in a foreign language as it will be in communicating with sick people.

CONCLUSION:

- ❑ Although methods proposed in the SoftisPed module target application of communication strategies in a pediatric context, they can be easily adopted and adapted to any other doctor-patient communication field and to communication in general.
- ❑ Besides the linguistic component, adoption of doctor-patient communication strategies to a Medical English learning context had potential benefits pertaining to task authenticity, student involvement and satisfaction, and especially increased awareness about the expressed need of these strategies in their future medical practice.
- ❑ Teaching discrete interactional skills benefits both student confidence and classroom atmosphere.

<https://softis-ped.pixel-online.org/MNG-wip.php>

SoftisPed Erasmus+ Strategic partnership project no. 2016-1-RO01-KA203-024630, coordinated by the University of Medicine and Pharmacy of Tirgu Mures and involving joint work of partners from other four European countries (Italy, Spain, Hungary, Germany), envisages to optimize the quality of pediatric education and care by addressing the development of students' soft skills, with communication as a central ability.

METHOD

The Module *Communicating with Children* focuses on teaching softskills communication strategies including:

- ❑ The use of pictures in order to increase understanding and recall
- ❑ Analogies
- ❑ Stories, games and ludic activities
- ❑ Reviewing and repetitions of key terms, show-me techniques
- ❑ Validation, reflection and clarification
- ❑ Avoiding medical jargon
- ❑ Asking questions, using tag questions, empathetic listening.

Piloted interactional strategies: a group of 72 second year students in GM used:

- ❑ *teach-back,*
- ❑ *repetition,*
- ❑ *validation,*
- ❑ *adaptation of pace, voice tone and volume, to environment and interlocutors.*

Group-work speaking and autonomous reading of:

- ❑ **medical narrations** on the importance of history taking and physicals for establishing a correct diagnosis
- ❑ Students were divided into **6-8 groups of 4** and after reading the assigned story
- ❑ they had to communicate it to their peers, applying the strategies, with each group member taking a part in content-sharing with the audience.

Hypothesis: Interactional strategies help students check peer-understanding in much the same way as a doctor will have to check the patient's understanding of his/her explanations and instructions.

RESULTS AND DISCUSSIONS

Drawbacks. Class communication in an EFL/ME context can often be inappropriately perceived by students as mainly a teacher-student, student-teacher exchange with only tangential involvement of student-student interactions and/or an artificial vocabulary and language practice with no immediate relevance for their future medical training.

- ❑ when working with large groups, lurking and non-democratic involvement in speaking activities may occur .
- ❑ Adaptation of doctor-patient interaction strategies proposed in the Softis-Ped training module shifted the ME class communication paradigm to an authentic, more engaging and meaningful goal - that of communicating appropriately with patients during their future practice.

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