TEACHING STRATEGIES OF MAKING MEDICAL TOPICS MORE PRACTICAL AND ATTRACTIVE TO STUDENTS

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Abstract: Teaching medical English is often a challenge for teachers because we have to talk about concrete scientific data while trying to find ways to involve students in discussions and group activities. Bringing up interesting topics that are familiar to students, keeping them active by creating opportunities for debates and teaching them how to use real medical forms are good strategies for an interesting medical English class.

Keywords:medical terminology, families of words, medical forms, group work, role-play.

Medical texts are very different from literary texts in that they offer specific, scientific data which don't leave much to imagination. They are based on concrete information regarding diagnosis, prognosis or treatment of different medical diseases, they describe organs and their role in the human body or reveal research findings and describe investigations which are explained with accuracy and precision. These texts can be used though as raw material for ESP classes, opening the door for interpretation and debating. Used as tools for perfecting students' skills in communication and vocabulary, they offer an amazing range of interractive opportunities for student-student or group activities.

Teaching medical English to medical students, we are often confronted with their lack of interest in learning something that is only slightly touching their main study subject which is medicine. Moreover, their level of knowledge of English may differ very much, to such an extent that some of them may consider the texts almost unapproachable and therefore boring at some point. Consequently, the task of the teacher is to 'stir things up' by launching topics for discussion that would involve all students and would be approachable for all of them. In order to do that, the teacher should keep in mind that instead of reading and translating the text with maximum accuracy, it would be more convenient that the students understand the main ideas of the text and be able to get involved in topic discussions that would finally improve their vocabulary and of course, strengthen the confidence of those who feel intimidated by their colleagues.

In this paper I will write about a practical course that I prepared and experienced with my Ist year medical students. It is focused on communication and group work and its final objectives are buiding up vocabulary by finding synonyms to different medical terms, forming families of words and using medical terminology. The final stage of the course is focused on egaging students in conversation by practicing on observation files in groups.

The topic of the course is *Drugs of abuse.* The first step after introducing the subject proposed for discussion is to ask students what drugs of abuse they know. The aim of this task is eliciting vocabulary, the type of activity is brainstorming and the work format includes the whole class of medical students. During this stage students come up with the names of a wide range of substances that are addictive to the human body, such as: amphetamines, LSD, cocaine, heroine, marihuana, opium. A strange thing that I experienced with my students is that, while I kept

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asking for more information, they came to a halt, failing to mention the most common addictive substances which are of course, alcohol, caffeine, tabacco, sleeping-pills and painkillers.

After writing all these terms on the blackbord, the next step, step 2, is to ask students to work in groups and build up word families by adding sufixes and prefixes to the following words: *addict*, *harm*, *depend*, and also to use them in a context, in sentences of their own. They will come up with a lot of terms, such as addiction, addictive, non-addictive, addicted, dependance, independance, depending, harmless, harmful, harmlessly, unharmful and so on, which will be all written again on the blackbord. The teacher will also ask students to communicate some of the sentences that they have built up using these terms.

The next question addressed to the students is whether they know what *side-effects* and *withdrawal effects* mean and which is the difference between them. Now the teacher could mention the fact that pills can be roufly classified into three groups: prescribed medication, over-the-counter medication or illigal drugs. During this stange, the students are asked again to work in groups and name as many symptoms as they can think of regarding drug withdrawal, keeping in mind the fact that these symptoms vary depending on the drug of abuse and the length of the addiction period. The students will mention nausea, nervousness, sweating, vomiting, drowsiness, dizziness, blurred vision, confusion, coma, trembling, anxiety, hallucinations, uneasiness and others. The teacher points out that many of these terms are derived words. He writes examples of how a part of speech turns into another one by adding specific suffixes, obtaining nouns from adjectives or nouns from verbs etc. He can also remind the students the grammar rules of doubling the final consonant before an ending that may show degrees of comparison (for adjectives), past tense (for verbs) and also the rule of changing *y* into *-i(e)* in adjectives and adverbs. Reminding students some rules of grammar is never a bad idea, as there will always be some of them who come across this information for the first time.

During the third step of the activity the students are asked to imagine themselves are doctors working in a hospital. They are on the night shift in the ER when they receive a patient in a high stage of alcohol intoxication, accompanied by a sober person, capable of offering valuable information to the doctors on duty.

The students are asked to create a scenario, establish the age of the patient, his family history, the history of his addiction, decide on the person who brought the patient to hospital, whether he/she is a relative, a friend of the patient or someone else, the conditions in which the patient was found with details about the time, place, possible situations in which he was involved or which led to his present condition etc. They are told that they will have to produce a dialogue between the ER doctor and the patient's attendant and that they will have to use the information to fill in the patient's medical form. Then each group receives a chart with a case note on which the students will have to write their 'observations' after consulting the patient and discussing with the person who brought him to the ER. They are asked to make use of the medical vocabulary discussed in the first part of the class.

There are plenty of clinical forms to choose from and they can be easily found in books or on the internet: medical clearance forms, discharge summary template, medical history forms, assorted forms which are very complex, thorough and minute, giving information about the patient's family history, medication administration, previous hospitalizations and possible surgeries that the patient might have undergone and so on. The form that I chose to use in my class of 1st year students is that of case history. Of course, I brought some changes to the original file and I adapted the entries of the form as I thought fit, keeping in mind that I address students of medicine, not doctors. The form is presented below:

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LAST NAME
FIRST NAME
AGE .....
SEX M..... F.....
OCCUPATION
PAST HISTORY
PRESENT COMPLAINT
GENERAL CONDITION
OTHER CLINICAL OBSERVATIONS
INVESTIGATIONS
DIAGNOSIS
TREATMENT
OTHER RECOMMANDATIONS

During this stage of the course each group of students works as a team, it is a brainstorming activity during which they have to make up a realistic story and come up with details about 'the patient' 's life, details about his condition when he was brought in and so on. They will use many of the medical terms mentioned previously during the course.

The last step of the activity, step number 4, is focused on students' communication skills mostly as they are asked to appoint two representatives of their group who have to play the role doctor-patient's attendant. They are allowed to keep the case history form that they have filled in and to peek at it as they reproduce the dialogue but they are not allowed to read from the paper. They should be encouraged to speak and use the information acquired during the course, but while doing this they should know that they must get involved in a conversation and should not read from the notes.

During this stage of the course, the teacher's role is particularly important as he has to note any of the students' mistakes, pay attention to the way they use the given medical vocabulary, see if they understood the meaning of the words and are able to use them in the right context, coordinate them if necessary and also encourage them by stressing on what they did well. Each group receives a feedback from the teacher as soon as they finish the role-play.

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