



## Preparation for bilingual medical education

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personal statements, especially as each medical school will incur thousands of applications. Assessing validity of a sub-population may be a medium ground between reducing fraudulent information and costs. Though this may not stop exaggerations of the truth which are difficult to follow up, we hypothesise that it could hinder those fraudulent claims which are easier to follow up (e.g. length of work placement, assigned duties).

The above points illustrate the paramount importance of the interview. The interview separates those candidates who are and are not worthy of an offer, however it is equally important to distinguish these groups from the candidates who use deceptive methods to attain an interview in the first place. Though some candidates may still “slip through the cracks”, the interview process can minimise this through experienced interview techniques (Edwards et al. 1990).

In conclusion we believe the contribution by Kumwenda et al. to *Medical Teacher* should be commended as it highlights an important issue, and we welcome change for more objectivity within medical school admissions.

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- Kumwenda B, Dowell J, Husbands A. 2013. Is embellishing UCAS personal statements accepted practice in applications to medicine and dentistry? *Med Teach* 35(7):599–603.

## Preparation for bilingual medical education

Dear Sir

Globalization is an inevitable trend for medical education in the twenty-first century, making it necessary to cultivate globalized health professionals. In non-English speaking countries, the bilingual medical course (BMC), in which both the students' mother tongue and a second language (mainly English) are used, is an essential way to cultivate such professionals. In China, the government has attached great importance to BMC and set about formulating a series of policies since 2001. Nowadays, BMC for the undergraduates is in full swing in not only China, but also other Asian countries (Yang & Xi 2009).

However, the outcome of this course does not always live up to the expectation. One major reason is that the students are not well prepared to absorb new medical knowledge via English for medical purposes. Medical English, belonging to the category of English for specific purposes (ESP), has characteristic lexical and syntactic features as well as rhetorical organization, which distinguish it from general English. Lack

of training in medical English hampers the effort at setting up BMC.

Therefore, it is necessary to deliver a medical English course to the undergraduates before they receive BMC. To develop such a course, which possesses the characteristics of any ESP courses, the teachers should identify the students' specific needs as a first step. They can rely on questionnaire surveys, field observations, interviews, etc., to investigate the deficiencies between students' current performance and the desired performance in the target language situation, namely the BMC. In conducting this course, a genre-informed pedagogy can be adopted by analyzing the written and spoken genres encountered in BMC. Meanwhile, teachers should creatively employ the learning-centered methodology which emphasizes the priority of students in the classes. Last but not the least, continuous assessment should accompany the duration of the course to constantly adjust the course to suit the students' need.

Our university (Third Military Medical University, TMMU) has taken the lead in designing and providing the medical English course to the undergraduates majoring in clinical medicine, aiming to introduce the general features about medical English texts frequently occurring in BMC (such as the lexical and syntactic features) by engaging students in the target situation-oriented activities, such as reading, writing, discussion, etc. Given its relative infancy, however, many problems remain to be addressed.

Tough as the task is, the effort is urgently needed to design a medical English course to prepare for BMC, and eventually cultivate qualified globalized health professionals.

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## Are radiology visual skills one dimension in undergraduate medical education?

Dear Sir

In your recent article, Ravesloot and colleagues provide valuable insight on the assessment of visual skills across a postgraduate radiology training (Ravesloot et al. 2012) and found large differences from the first to the third year of training in one overall dimension.

In this context, we administered an examination at the start of year, with 32 radiologic images in eight body structures to