

# Analysis on Medical English Faculty Construction and Teaching Philosophy

Chundi Zhang

*Qiqihar Medical University, Qiqihar, Heilongjiang, 161006, China*

**Keywords:** Medical English, teaching faculty, teaching philosophy.

**Abstract:** With rapid development of medicine in China, medical English has been valued. However, medical English faculty construction cannot meet standards in professionalism, teaching forces and teaching philosophy. This work analyzed medical English faculty construction and teaching philosophy from three aspects—current situation and characteristics of medical English teaching, problems in medical English teaching faculty construction, and establishments of teaching philosophy.

## 1 INTRODUCTION

In recent years, demand for medical professionals is increasing due to added international hospitals in China and frequent international exchanges. China's medical colleges are challenged and medical English teaching faces greater opportunities. Medical colleges are required to train medical professionals both medical profession and professional English. Medical English has become increasingly important and been widely used in medical practice. Thus it demands higher for medical English teachers to master strong English skills and solid medical knowledge (Qin Yizhu, Shi Lei, Xu Yanling, 2014). Meanwhile they should update their teaching philosophy instead of applying public English teaching theory mechanically to medical English teaching.

## 2 CURRENT SITUATION AND PHILOSOPHY OF MEDICAL ENGLISH TEACHING

### 2.1 Current situation of medical students' English skills

Currently, most Chinese medical students have certain abilities to read medical literature but much weaker English speaking and listening skills. They usually have scanty knowledge of medical lectures in English, cannot exchange fluently with foreign

scholars and also cannot understand well foreign patients' needs. It is extremely difficult for most of them to accomplish a qualified English thesis independently. The limited professional English proficiency has hindered the development of China's medical career and its international academic communication (Tang Yi, Chu Changbiao, 2014). Therefore, it is urgent to establish and improve China's medical English teaching faculty.

### 2.2 Shortage of medical English faculty

Medical English teaching faculty construction and teaching forces are closely related to medical students' English application skills. It is essential to construct medical English teaching faculty and change the current teaching methods to improve medical workers' English skills. At present, the shortage of medical English faculty largely impacts the development of China's medical English teaching. In some medical colleges, the proportion between medical English teachers and simple English teachers is low, some even reaching 4%. The teachers' limited medical abilities directly impact colleges' training medical professionals. At present, China's medical English teachers are divided into two categories, one having strong English skills but deficient medical knowledge, the other being the opposite. The former can teach and communicate in English, but with little knowledge of medicine. The latter have proficient medical background and can use English when looking up information, but incapable of teaching in English (Xia Boqiao, 2014). In short, medicine and English

cannot be well combined together, causing challenges to medical English teaching faculty construction.

### **2.3 Deficiency of medical English teaching methods**

Chinese students have formed their own habits of learning English during junior high school. But medical English learning has its own characteristics and difficulties, far different from that of junior high school English and college public English. First, the vocabulary of medical English is complicated. A lot of medical English words have evolved from the ancient Greek and Latin, since modern medicine stems from Europe. Different from modern English, medical English words are longer with distinct morphological methods. Therefore, memorizing medical English words becomes the primary problem. Second, medical literature has more complex sentences, suitable for expressing complex and strict medical logic. Thus it's difficult for students to write and translate professional articles. Third, different from ordinary English articles, medical English professional papers have special requirements, with fixed format. In the long-term application study, medical students have only access to writing ordinary English papers, without knowledge of writing medical English papers. In conclusion, both teachers and students have flaws in terms of medical English teaching and learning methods, not able to jump out of the inherent mode to meet current demand.

### **2.4 Deficiency of systematic and scientific philosophy in medical English teaching**

Medical English teaching faculty construction has long-term limitations in China. Currently, China has very few medical English teachers. And medical English courses are basically taught by public English teachers or medical teachers with stronger English skills. These teachers have formed certain teaching philosophy and copy mechanically accumulated teaching experiences to current medical English teaching. As public English teachers with solid knowledge of English, they have no in-depth understanding of medical knowledge and cannot teach the combined knowledge well. They cannot understand the intrinsic meaning of medical expertise and medical English, causing limitations in teaching and learning. So, both public English teachers and medical teachers teaching medical

English should change the traditional teaching philosophy.

## **3 PROBLEMS IN MEDICAL ENGLISH TEACHING FACULTY CONSTRUCTION**

### **3.1 Big workload and shortage of teachers**

In most colleges, medical English teaching is served by college English teachers with loads of English teaching. The number of teachers has not increased according to college enrollment, making medical English teaching faculty construction more difficult. Plus, college English teachers' capabilities are uneven, adding difficulties to effective work. The number of teachers is an important prerequisite assurance of teaching quality. Moreover, they barely get chances and energy to enhance themselves owing to heavy tasks.

### **3.2 Urgent need to rationalize the structure of teachers**

Currently, the unscientific and irrational structure of medical English teachers mainly reflects in age, gender, job title, education, degrees and so on. According to statistics, more medical colleges have lower proportion of associate professor in medical English teachers and in some colleges, lecturer has become a dominant force. In addition, female English teachers are in high proportion and some institutions present serious imbalance in male and female English teachers. At present, China has very few doctoral programs of medical English. Education of medical English teachers is far from optimistic, compared to other disciplines. Therefore, medical English teaching faculty construction urgently needs improvement.

### **3.3 Easy loss of backbone teachers**

With the development of society and China's economic takeoff, flow of talents is no longer fresh. Especially, as high-level talents, the flow of medical English teachers is irreversible. It is generally considered as a two-way choice between talents and employers. But it is not the case for universities, often passive. Colleges fail to prevent loss of talents as well as dismiss the gag teachers. So the brain

drain is another big problem for medical English teaching faculty construction.

## **4 ANALYSIS ON STRATEGIES AND TEACHING PHILOSOPHY OF MEDICAL ENGLISH TEACHING FACULTY CONSTRUCTION**

### **4.1 Focus on improving medical English teachers' self-cultivation**

On the one hand, medical English teachers need to improve their teaching ability and research capacity through their own efforts. They should make full use of existing resources, and communicate actively with medical professional teachers, learning from each other. Meanwhile, some professional websites can also be used to enhance their teaching ability. Additionally, they can observe medical professional teachers' experiments and write some medical papers to deeply understand the meaning of medical English vocabulary as well as the logic of medical papers. On the other hand, for medical professional teachers, opportunity to re-educate English should be offered. Domestic knowledgeable medical teachers are imperfect in English and can be undoubtedly beneficial to medical English teaching faculty construction if they improve their English. Colleges can provide more opportunities for them to learn at home and abroad, absorbing learning and teaching experiences of excellent medical English teachers. Meanwhile, young teachers should be encouraged to pursue degrees, learning the latest developments of leading medicine. In short, to enhance teachers' abilities is the basis of medical English teaching faculty construction.

### **4.2 Establishing relevant departments and enriching faculty**

University teachers' professional development and training management agency is essential for teaching faculty construction. Universities establish relevant departments to aid teachers' medical professional learning and English learning comprehensively in terms of intelligence, knowledge, resources and organization. Such departments are mainly responsible to set relevant standards and regulations in line with teachers' development; make training plans both in and out of schools, with overall

management, targeted research and summary of experiences; organize all kinds of teaching competitions and evaluate the results to make teachers fully realize their deficiencies and remedy them timely.

Enriching teaching faculty is most important for medical English teaching construction, local teachers' self-improvement and training being the foundation. Meanwhile, foreign teachers can be hired according to actual needs. Considering students' limited English skills, foreign teachers should co-teach with local teachers to achieve the best teaching results. In this way, both students' English communication skills and local teachers' medical English teaching ability can be improved. Colleges should give full play to the role of foreign teachers to cultivate cooperated young teachers. And young teachers should seize the opportunity of cooperation with foreign teachers to learn professional knowledge and teaching methods. In addition, flow of talents is another tricky problem for faculty construction. How colleges can retain talents is critical. Colleges should make full use of national preferential policies to solve teachers' worries, such as housing and other issues. Meanwhile, they should also improve conditions for teaching and research as well as pay research bonuses and allowances fairly and impartially. These preferential policies to some extent help schools retain talents.

### **4.3 Analysis of teaching philosophy**

The traditional English teaching methods are spoon-fed, teachers asking students to memorize words, read a lot of English articles and develop English language sense. But medical English teaching is far different from general English teaching, traditional teaching philosophy being not any longer applicable. Firstly, medical English teaching sets priority to students' application abilities, solving realistic problems. Thus in classes, teachers should guide students to participate actively to enhance the practicality of teaching. The second capability medical English teaching pays attention to is co-writing ability. Communication and collaboration are integral in medical English teaching. Teachers should organize students to carry out written communication to develop their co-writing ability. Co-writing can be carried out in groups, members of which are not limited to students. Teachers can also join students to acquire knowledge and accomplish tasks together, broadening students' horizons. Lastly, it comes to innovation ability, which is

essential in learning any disciplines. Teachers should actively guide students to develop their innovation ability; make student-led efforts to build students' knowledge framework; put students' ability of memorizing words aside. Considering medical English learning and reciting medicine word as the same thing is taboo. Students should learn integrated knowledge and build their own knowledge framework. And teachers should become their mentors other than imparters and implanters.

## 5 CONCLUSIONS

With the continuous development of China's medical career and frequent exchanges between international medical workers, medical English appears to be much more important. Thus medical English teaching faculty construction and changing teaching philosophy are necessary paths for China's training more medical talents as well as important measures to promote medical English teaching. Despite the difficulties of change, the enormous mass of medical English educators will work together and cooperate closely to innovate teaching methods. In consequence, China's medical talents cultivation will achieve better results.

## ACKNOWLEDGEMENTS

This work was funded by 2014 Qiqihar Medical University Education Research Fund Projects (JY20141042).

## REFERENCES

- Qin Yizhu, Shi Lei, Xu Yanling. Application of Constructivist Learning Theory in Medical English Teaching. *Education*, 2014 (1): 66-67.
- Tang Yi, Chu Changbiao. Analysis on Characteristics of Medical English Teaching and Discussions of Strategies. *Chinese Medicine*, 2014 (4): 122-124.
- Xia Boqiao. Exploration on Medical English Teaching of Adult Education. *Education Forum*, 2014 (24): 223-224.