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# Spoken Communication in Chinese Medicine

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# Spoken Communication in Chinese Medicine

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## Abstract

*This paper reports the production of a learning VCD developed to help the students majoring in Chinese medicine who take the course English for Academic Purposes - Chinese Medicine (EAP-CMED) to learn the communication skills, primarily those used in Chinese medical interviews. A questionnaire survey was conducted to elicit students' feedback on various aspects of the VCD. The findings suggest that the majority of the students believe that the VCD has provided a useful linguistic model of medical interviews in the Chinese medicine context.*

## Key words

Chinese medicine, professional communication skills in medical interviews

## Introduction

The medical interview is often regarded as the most important clinical tool available to health practitioners because it is professionally the major medium of care-giving. This is even more true in Chinese medicine since the unique diagnostic procedures in Chinese medicine are mainly carried out during the medical interview. The interview usually determines the problems to be addressed and builds the doctor-patient relationship that is so central to an accurate diagnosis of the problems and hence the treatment and satisfaction of both the practitioner and the patient. It is believed that a VCD exemplifying the professional skills involved in real medical

interviews in the multimedia format will enable our students to have a better understanding of how these techniques are used by medical practitioners.

## Aims and Objectives

The project aims to provide an alternative channel for our students to learn Chinese medical professional skills in the multimedia format. The main objective is to develop a VCD exemplifying the language and professional skills involved in real medical interviews so that our students could have a better understanding of how these techniques are used by medical practitioners in a Chinese medical context.

## Methodology

### Data Collection

In order to re-produce a near-authentic Chinese medicine interview, I have to know clearly what is going on at the Chinese medical clinic. It so happened that, on quite a few occasions, I was invited to be the interpreter for English-speaking patients who sought Chinese medical help, as many Chinese medicine doctors do not speak English. I was therefore able to observe the whole interview process, and took retrospective notes afterwards. Being an interpreter at the clinic gave me the advantage of being able to obtain reliable data without what sociolinguist Labov (1972) calls the “observer’s paradox” (from Allwright & Bailey, 1991), where the character of the interaction may be radically altered when the event is the researcher’s focus. Moreover, I myself have been to the Chinese medical clinic many times as a patient, of course, a patient with a research agenda, and I paid special attention to the discourse patterns and linguistic representations of Chinese medical conceptual ideas in the interviews, and again, took retrospective notes. So by the time I started writing the script I had a pretty clear idea of how Chinese medical doctors would conduct their interviews – how they would start, what questions they usually ask and what instruction they give for what purposes, what advice they give etc.

For obvious ethical reasons and because of potential disturbance and intrusion to both the doctor and the patient, I chose not to

use recording equipment for obtaining data.

### Writing up the Script

The VCD was designed in such a way that all talks would occur around one cancer case, so that there was a strong coherence between the sections. The final product comprises three parts: 1) a simulated medical interview in a Chinese medicine context; 2) two (follow-up) telephone dialogues related to the case; 3) one (follow-up) case discussion between doctors.

In order to write medically sensible discussions, especially about the symptoms and diagnosis, I consulted medical books on tumors and cancer treatment in Chinese medicine. Linguistically the script was based on the language collected from several bilingual references and textbooks on traditional Chinese medicine for three main areas in Chinese clinical medicine: the descriptions of pulse and tongue conditions, pharmacological actions of Chinese medicinal herbs, and Chinese medicine syndrome-complexes. The references and textbooks used include *Chinese English Manual of Common-used Prescriptions in Traditional Chinese Medicine* (Ou, 1989), *English-Chinese & Chinese-English Course-based Medical Dictionary* (Meng, 1998), *Introduction to English Terminology of Chinese Medicine* (Wiseman & Feng, 1998), *Basic Theory of Traditional Chinese Medicine* (Zhang, 1998), *Exploring Medical Language* (Brooks, 1994), *The Medical Interview* (Cohen-Cole, 1991), *English in Medicine* (2nd edition) (Gelendinning, & Holmstrom,

1998). *The Delivery and Reception of Diagnosis in the General-practice Consultation*. (Heath, 1992), *On Clinicians Co-implicating Recipients' Perspective in the Delivery of Diagnostic News* (Maynard, 1992). *In-depth Interview* (2nd edition) (Minichiello et al. 1995).

Knowing that there are very few references on Chinese medical interviews but believing that there is a marked similarity between Western and Chinese medical interviews, I drew heavily on references on Western medical interviews (see Reference list) - the discourse structure, language functions, and professional skills for effective communication in such an institutional setting.

Specialist medical advice was solicited from the medical consultant for appropriateness and accuracy of the medical contents of the script at every stage of writing. Thanks to the kind consent of the Chinese Medicine School and ready support of his Ph.D. supervisor Prof Yang Wei Yi, Yan Shi (M.D.) was able to participate in the capacity of a 'medical consultant' in the project. He carefully examined my scripts from a medical point of view and provided many valuable comments and suggestions.

### **Final Product**

In order to make the VCD more accessible to different levels of learners, two tracks were prepared, one with and one without subtitles in English. Countless hours were spent on writing and editing the sub-titles of the VCD. I allowed some degree of

linguistic variations and differences from the prepared script in the talks such as 'I see' instead of 'Mm' in backchanneling, as long as they were natural occurrences in a conversation. This flexibility however created tremendous work for sub-titling. Talks had to be 'transcribed'. Difficult as it was, with an efficient production team from the Center for Educational Development (CED), and a very cooperative and committed cast, the final product was very satisfactory considering it was the first ever attempt.

### **Results/Findings**

A questionnaire survey was conducted only on the quality and relevance of the VCD. There were two reasons for this. First, because of course restructuring in the Chinese Medicine School, in the academic year of 2001/2002, there was only one group of Chinese Medicine (pharmacy) students who took the EAP (Chinese Medicine) course. This group of students was less interested in Chinese medical consultations. More attention was therefore put on business-related skills than on language and professional skills for medical interviews to meet the students' needs. When the learning objective had been modified and material had been changed, to test how this VCD had enhanced their learning became irrelevant. Second, the main purpose of the project was to produce a sample of a series of professional communications in English in a Chinese medicine context. It makes sense to let students evaluate the quality and relevance of the VCD production.

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The questionnaire comprises three parts: part one consists of only one question about students' previous experience in Chinese medical interviews conducted in English. Part two seeks students' comments on the production. Part three contain open-ended questions for students elaboration of their choices in Part two and suggestions for future production. Fifteen Chinese medicine (pharmacy) students (one absence) participated in the survey. The statistics generated from the survey are briefly presented and interpreted below:

### **Students' Previous Involvement in Chinese Medical Interviews Conducted in English**

Doctor	Pharmacist	Interpreter	Observer	Patient	Nil
65%	21%	7%	0%	0%	7%

Surprisingly, only seven percent of the students reported that they had no experience at all in Chinese medical interviews conducted in English. Most of the students reported that they had been involved in Chinese medical interviews conducted in English in one way or another, either being a doctor, a pharmacist, or an interpreter. This could be explained by the fact that some students may have received field training at clinics of Chinese medicine, where they acted as practising doctors or pharmacists for English speaking patients. This could be an advantage. With their previous experience, students would be in a better position to assess the relevance and usefulness of the VCD.

### **Students' Comments on the VCD** (1 = strongly disagree; 6 = strongly agree)

The majority of the students agreed that the VCD had provided them with an interesting alternative way to learn medical communication skills in the workplace (Q1), with an average rating of 4.5. This clearly shows that students enjoy learning Chinese medical communication skills through this multi-media format.

Most students were convinced that the VCD had provided them with a better understanding of real life communications in a Chinese medical setting (Q2). A slightly higher average rating of 4.6 was obtained for this item.

The majority of the students also agreed that professional skills (Q3) such as echoing, facilitating, showing empathy and requesting action or information, and language skills (Q4) learnt in class were well demonstrated in the VCD, with a high rating of 4.5 and 5 respectively.

A few students were slightly less convinced of the difficulty level. The reason was, as identified later from informal interviews, that some students were unfamiliar with Chinese medical communication in English; they would therefore prefer a slower speaking speed. However the average rating was still very positive.

As it was hoped that this VCD could serve as a kind of linguistic model for our Chinese medicine students, Questions 6

and 7 asked about the clarity of articulation and accuracy of pronunciation of the performers. It seemed that students were slightly less pleased with the pronunciation of the actors (average rating: 4.1) than clarity of articulation (average rating: 4.5). The reason could be that three non-native speakers were invited to play the role of the Chinese medicine practitioner, nurse and secretary respectively, as such an arrangement was believed to be more realistic in a Chinese medical setting. Though they were all highly competent English speakers, they unavoidably spoke with an accent. Despite a very positive average rating, a couple of students seemed to be less tolerant of the accented English of the speakers.

Comments were also invited on sound quality of the VCD. Again, the feedback was very positive, with an average rating of 4.6. The last question asked whether it was necessary to have English sub-titles and most students agreed they were useful for the better understanding of lower-level learners, with an average rating of a high 4.8.

### Discussion

Students' feedback makes us generally convinced that the VCD production has achieved its main objective, which is, to set a good model of professional communications in a Chinese medicine context for learning purposes. Most students commented that they were impressed by the language and professional skills demonstrated by the participants. Some reported that the discussions of

Chinese medical ideas in English were useful and relevant.

Some non-linguistic aspects of this production were also found to be impressive. A few students commented that the medical examinations carried out by the doctor were very professional. There was actually a good reason for this. In order to make the VCD more authentic, Dr. Shi personally performed the part of examining the patient.

As for the aspects that students were least satisfied with, most of the comments were about the layout of the clinic. Students criticized that the clinic did not look like a real Chinese medical clinic; the decoration was not appropriate. This problem had been brought to our attention even before the filming. However due to practical constraints such as the tight budget and particular fixed layout of the CED studio, unfortunately the decor of the clinic in the VCD was the best we could do.

A couple of students thought that some sections of the interview were too long, for example, the opening part of the interview and the part of examining the patient. One reason for this could be that what the students saw in the VCD challenged their existing schema of medical interviews (world knowledge). Students are more familiar with conventional (western) medical interviews, where patients usually have little chance to talk. Even when they do, their narration of illness is often either interrupted or ignored (Mishler, 1984)

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whereas in traditional Chinese clinical medicine, a full investigation through *wan4 wen2 wen4 qie4* (looking, listening/smelling, asking and palpating) that are all conducted in the interview inevitably makes the duration longer. Another reason is that in Chinese medicine each patient and his/her illness are regarded as unique. The patient usually gets comparatively more attention from the doctor. However this comment was valid in the sense that, for classroom use, shorter episodes would be more effective than longer ones due to students' limited attention span. Learners do lose patience especially when they see more monotonous parts like examining the patient.

For future production, students suggested that the layout of the clinic should be the area for improvement. They also suggested that to make the VCD more interesting, different patients could be used for different sections of the VCD. Some expressed their desire to hear more discussions in English on the diagnoses of the tongue and pulse.

### Enhancement on Teaching and Learning

Although there are a couple of audio tapes and/or audio CDs on medical interviews on the market, few focus on the professional skills in medical interviews. Fewer feature the professional as well as linguistic skills involved in effective medical communication. Worse still, none of them specifically deals with such skills in the context of Chinese medicine,

where a totally different medical theory governing the diagnostic procedures during the medical interview is applied. While there are similarities between all medical interviews, Western or Oriental, differences reflecting respective medical theories and their linguistic representations are a matter of necessary fact, and should be made known and exemplified to our students before they enter the Chinese medical profession. The multi-media VCD has provided an ideal channel for our students to acquire such knowledge and skills in the Chinese medical context in a more interesting way.

Not only can the tailor-made VCD be used as a supplementary/complementary material to classroom teaching, but also serve as self-learning material as well for students who are exempted from the English for Academic Purposes (EAP-Chinese Medicine) course and even traditional Chinese Medicine (TCM) lecturers who are interested in the related skills.

### Limitations/Difficulties

Major difficulties arose mainly from the tight budget. Limited funding made it impossible for us to rent a real clinic for the production as any moving of equipment would incur extra charges, in addition to the rental fee. The solution was to turn the CED studio into a temporary clinic, with basic furniture such as a desk and a chair, an examination bed with curtains. The arrangement was certainly not ideal, as revealed by some students' feedback in the questionnaire survey.

Constrained again by a small budget, we could not afford to hire professional actors either. As a compromise, I invited staff members from the Language Center of HKBU to play the roles of doctors, patient, nurses and secretaries for respective communications. I myself took several responsibilities simultaneously – stage directing, logistics managing, and playing the role of a secretary in one of the episodes in the VCD. Though I took major responsibility for the non-technical aspects of the video production, all the team members gave great support.

As in any professional video production, there were many “Take 2s” during the filming process. Re-making did occur, but mainly due to technical failure, rather than our amateur actors/actresses’ performance. The enthusiasm, the strenuous effort and amazing talent of all the staff involved undoubtedly enhanced the efficiency and quality of the production.

### Conclusion

The questionnaire survey has shown that students are generally satisfied with the language contents of the VCD and interested to learn more professionally related English skills through such a medium. As there is almost no audio-visual material of spoken communication in Chinese medicine currently available, most of the time, teachers have to resort to material on western medical interviews for classroom use. This VCD has served as a very relevant linguistic model of Chinese medical communications for our students,

and provided them with more exposure to near-authentic professional encounters in English while they are still studying at university.

With the current shrinking of university funding and tightening of budgets, I think that existing resources, including human resources, should be fully utilized to produce more useful learning materials that are tailored to our students’ needs, especially when such materials are not available on the market.

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