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Edited by Jeffrey Huffman

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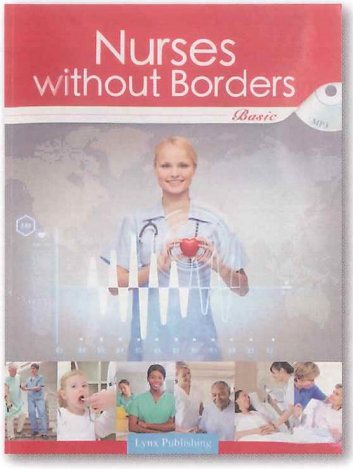

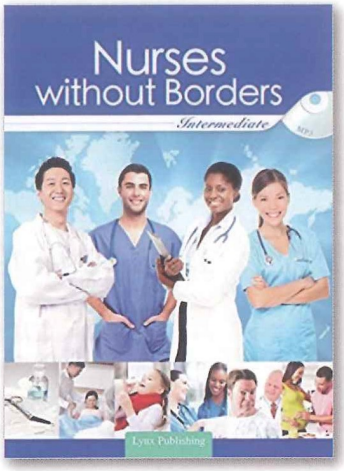

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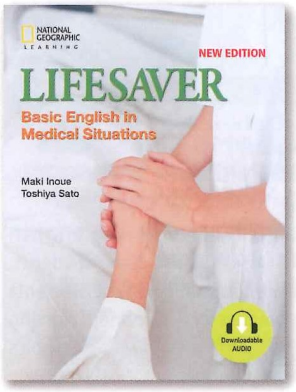

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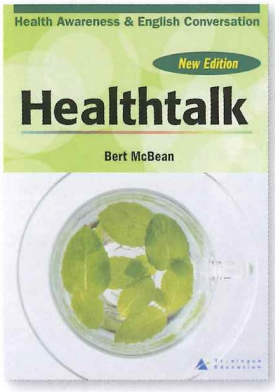

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From the Editor
Jeffrey Huffman

Welcome to the April 2024 issue of Nursing English Nexus, journal of the Japan Association for Nursing English Teaching (JANET). I hope this letter finds you healthy and motivated as you begin another year of teaching and training nursing students and/or nurses to develop the English and intercultural communication skills they will need for success in their future careers as nurses, educators, and researchers in this essential field.

This issue opens with a description of a problem-based learning (PBL) presentations activity conducted with nursing and other healthcare students by Tomoyuki Kawashima of Gunma University. In addition to describing the implementation and assessment of the project in detail, there is also a useful discussion of the challenges encountered, such as students' use of machine translation tools. The second article is by Naoko Hara of IMS Yokohama International Nursing School, who describes how international nursing education, including both English communication skills and cultural competence, can be incorporated into a nursing skills lab setting via faculty collaboration. It seems like a great way to take nursing English instruction beyond the classroom and get students to improve their English and international communication skills in clinical settings. Finally, we have more of a feel-good piece contributed by the former editor of this journal, Michael Guest of the University of Miyazaki. He tells an inspirational story of one of his nursing students who lives with a serious physical impairment but has nonetheless achieved international success as a Paralympic athlete. If you have not followed the Paralympics much in the past, you will certainly want to do so after reading this heartwarming article.

Our sincere thanks to the authors, who have diligently and patiently worked with us through multiple rounds of revisions, and of course to the hardworking reviewers as well as those who contribute their time and energy in the proofreading and layout process. We welcome research articles, reports, teaching tips, book reviews, and a variety of other submission categories, so please do consider writing something up and submitting by July 15 for the October issue.

Call for papers: We welcome anyone with an interest in any aspect of nursing English education to submit an article – in English or Japanese – in one of the following formats:

- Research articles (up to 5000 words)
- Reports (up to 2000 words)
- Introduction of current research projects (up to 1500 words)
- Discussion / observations / polemics / opinions (up to 1500 words)
- Short summaries or reviews of books or articles (up to 1500 words)
- Interviews with nursing educators/researchers (up to 1500 words)
- Reviews of nursing English materials and / or technologies (up to 1500 words)
- Short, practical teaching tips (up to 1000 words)

Submissions must be received by January 15 for the April issue and July 15 for the October issue. Information about the submission process and a style guide can be found at <https://www.janetorg.com/nexus>.

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Problem-Based Learning Presentations with Healthcare Students: Opportunities and Challenges

Tomoyuki Kawashima (tkawashima@gunma-u.ac.jp)
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***Abstract**: Problem-based learning (PBL) is "a teaching style that pushes students to become the drivers of their learning education" and "uses complex, real-world issues as the classroom's subject matter" (The Hun School of Princeton, 2020). PBL is not new in medical and healthcare education. According to Tadesse et al. (2022), PBL was first introduced at medical schools in Canada in the late 1960s. PBL for medical and healthcare students often refers to well-constructed problem-solving tasks based on real-life cases in hospitals. Ramadhani et al. (2019) argue that "PBL can improve critical thinking skills, foster student initiative, internal motivation to learn and can develop interpersonal relationships in group learning" (p. 217). On the other hand, Othman and Shah (2013) contend that the implementation of PBL in language education is "going at a snail-pace" (p. 125) because language learning is not considered a content subject. This report describes a PBL presentation project implemented with healthcare students.*

Keywords: problem-based learning, presentations, healthcare students, machine translation, eye contact

About the Author: Tomoyuki Kawashima is an associate professor at the Graduate School of Health Sciences, Gunma University. He taught English to high school students for 25 years. His research interests include pedagogical applications of World Englishes in English language teaching, affective factors in speaking English, and developing speaking and writing skills.

Instructions

The PBL described in this paper was different from the conventional PBL for medical students. It was a series of group work tasks starting with discussions to identify a health-related issue, analyze the causes of the problem and the current measures, and propose alternative solutions. In the end, students made group presentations to share the outcomes of the group discussions with the entire class. This sequence of collaborative work is referred to as the PBL presentation in this paper. The activity had two objectives: To deepen students' understanding of medical and healthcare problems and suggest solutions by working together, and to develop language skills and attitudes to use English confidently.

The PBL presentation was done by 117 second-year college students majoring in nursing, laboratory sciences, physical therapy, and occupational therapy as part of a compulsory English course. After completing this course, students were expected to have mastered basic expressions in medicine and healthcare and to have deepened their understanding of medical and healthcare problems and suggest solutions. The PBL presentation was done to achieve the course's second aim. Students were in three classes, and I met them once a week over 15 weeks. The PBL project continued for eleven weeks, and presentations were performed in weeks 10 and 11. One-third of the course hours, an equivalent of five 90-minute classes, were used for this activity.

Twenty minutes were spent on weekly group discussions for the first nine weeks. In the first week, students were divided into ten groups of three or four and had an orientation. Then, they were instructed to identify a health-related issue in Japan and propose new solutions. Each student was assigned one of the following four parts and was told to prepare the manuscript and slides for the part:

Part 1: Introduction of the problem (what is the problem, and why is it a serious problem?)

Part 2: Causes of the problem (why does

the problem occur?)

Part 3: Measures that have been taken so far and their shortcomings

Part 4: Proposals for new approaches to address the limitations

Moreover, to encourage students to look at the audience while presenting in class, the length of the script for each part was set to be 100 words, and the number of slides for each part was limited to two.

There were four kinds of take-home assignments. The script and slides were assigned as group tasks, and one student from each group completed and submitted the group's manuscript and slides through Moodle. The remaining two tasks, which involved writing questions and keeping a record of oral reading practice (described below), required students to work individually. When the manuscripts of the ten groups were submitted, they were compiled into a single PDF file which was uploaded on Moodle. Students read the manuscripts of the other groups and created nine questions. For example, a student in charge of Part 2 in Group 5 made questions for Part 2 of all groups except for Group 5. The questions were collected via Google Forms. Later, I read all of the questions and selected three questions to be asked in class for each part of each group. The questions for each part were printed on a piece of paper and, at the start of class, handed to the students who made the questions (Figure 1). Therefore, students who gave presentations were unaware of the questions that would be asked after their presentation.

Figure 1

Example of a student's questions to other groups

Name	Group	Part	Question to Group 6	Question to Group 8
****	Group 2	Part 3	Q1 What is the implementation rate of online treatment by the elderly	Q2 Are robots also used to communicate with patients?

The fourth assignment was to practice reading the manuscript. Each student read his or her part of the script aloud at least five times and submitted a record of their practice. For proof of practice, Google's voice typing tool was used. Students opened a new document in their Google Drive and selected "voice typing" from the Tool Bar. They started reading their script aloud after changing the language from Japanese to English. Then, students compared what was transcribed by the AI with the original script and highlighted the discrepancies in color. Finally, they downloaded the Google document as a PDF file and submitted it via Moodle (Figure 2).

Figure 2

Example of an AI transcription of a student reading a script

五回目(5th Trial)

Not ghosts we explain the way for the loss of care worker. First have you ever heard about the number of carrots now there are two point one 1 million carats in Japan in the future we need two points 8 million can record after 20 years it's what terrible problem so we have to try to improve the present situation second we have a basic balloon so learn about can't work this plant is to accept our negative feelings about our work always so it's a chance to know about the way to take care of someone at the plan for instance we know about the safe and easy way to move someone's body and also we know about the streets event next year but we still have the problem about care work so we have to try to solve that problem but can't work

Regarding grading, 35 points of the 100-point semester grade were allotted to the PBL presentation. The evaluation was further divided into take-home assignments and the final presentation. The presentation script and slides (5 points), the preparation of questions (5 points), and the oral reading practice record (10 points) made up 20 points of the assignment. In addition, 15 points were allocated to the presentation, which included eye contact (5 points), speed (5 points), pronunciation (3 points), and responses to questions (2 points). Only a small number of

points were assigned to question responses because it was unclear to what extent students could answer questions spontaneously.

The following was the evaluation process. I stood at the back of the classroom and monitored how long students looked at the audience during their presentations. Those who continued to read the script or look at the screen were penalized for lack of eye contact. For speed, I judged whether the delivery was at a comfortable pace for the audience with appropriate pauses. Students who read manuscripts tended to speak too fast. The evaluation of pronunciation was based on the intelligibility of speech. Finally, the number of questions appropriately answered was used to determine the grade for the response to questions. Following the presentation, each student answered two or three questions from the floor, depending on the time available.

At the end of the semester, a questionnaire designed to elicit feedback on the activity (see Appendix) was given online through Moodle. I informed the students that their questionnaire data would be anonymized and used for research purposes, and gained their consent to do so.

Opportunities and Challenges for Teachers

The PBL presentation sought to enhance student awareness of health-related issues by allowing students to research causes, analyze current measures, and present alternative solutions. Of the 117 students, 103 students answered the post-instruction questionnaire, with the response rate being 88.0%. Over 90% stated that they gained "a great deal" (26.2%) or "a certain amount" (63.1%) of insight into medical and health problems and were able to present their answers. This shows that the first learning goal of gaining a greater understanding of medical and healthcare problems and proposing solutions was achieved.

Student growth in terms of English language learning, which was the second learning objective, was also noted. I taught two-thirds of the students (n = 81) over two semesters, and they experienced the PBL presentation in both semesters. What was particularly impressive was their progress in responding to questions after their presentations. Though the maximum possible score was 2 points, a paired-sample t-test revealed that the grades improved significantly from the first semester (M = 1.44, SD = .49) to the second semester (M = 1.68, SD = .51, t (80) = -3.818, p <.001). It presented a medium-sized effect (r =.39). The higher evaluation in the second semester demonstrates that students were better prepared for possible questions, and that they managed the situation better in the second semester.

Despite these favorable results, I identified three areas that warrant further intervention to optimize the effects of the instruction: the selection of a problem, the preparation of the presentation script, and eye contact during presentations. As for the first limitation of selecting a problem, when I first conducted the PBL presentation, I did not confine the health-related issues to Japan. As a result, seven groups out of 30 selected problems that were too difficult to permit student participation in the problem-solving process, such as hunger in Ethiopia or the global healthcare gap. This lack of engagement led to shallow discussions concluding that additional donations would solve the problem. What is critical for the PBL presentation, in my opinion, is whether the presentation gives the audience a concrete sense of the feasibility of new solutions and, as a consequence, a shared sense of the prospect of solving an existing problem. Based on that experience, when I instructed the PBL presentation for the second time, I limited health-related problems to ones occurring in Japan and told students to choose a problem relevant to college students.

The second challenge was the preparation of presentation scripts using machine translation. According to the post-instruction survey (Q4),

40.8% of the 103 respondents stated that they used automated translation to prepare their scripts. Unfortunately, machine translation may outperform student abilities, and the software often creates more complicated sentences than students could come up with on their own. As a result, the use of machine translation can have a negative impact on student presentations. I observed that some students were unable to use the machine translation results selectively, and they became completely dependent on the AI tool. These students ended up reading their scripts blindly, with little consideration for maintaining eye contact with the audience. Machine translation is already available to students, whether teachers allow it or not. Therefore, teachers must exercise greater care to ensure that its usage does not hamper the long-term development of students' language abilities.

Jolley and Mimone (2022) provide a useful summary of research on this topic over the last 30 years. Though they do not propose particular pedagogical approaches to reduce teachers' dilemmas, they help teachers understand how students use machine translation (MT) tools, how teachers and students think about MT, how MT use may influence language acquisition, and how teachers should respond to student MT use. Moreover, Noguchi (2023) describes a presentation task that allows students to prepare presentation manuscripts in Japanese and then produce both their own and MT translations, in order for students to learn how to use MT effectively and with greater understanding. Considering the steady progress of MT and teachers' and students' reactions documented in these publications, it seems more appropriate for teachers today to guide students on how to use MT effectively and ethically rather than to prohibit them from using it.

The third challenge was eye contact during presentations, an issue not confined to PBL presentations. Despite my constant reminders, I found that keeping students' eyes off their scripts during presentations was difficult. The current instruction limited the script's length to 100 words and the number of slides to two for each student. In addition, script reading practice was added as a take-home assignment. However, other functions, such as the PowerPoint presenter view option, tempted students to read the script. Teachers may have different opinions on how much eye contact students should make during presentations. One thing is certain, however, that without the teacher's firm guidance, more and more students misinterpret that a presentation is about making a draft, using machine translation, and simply reading it.

Increased practice is one technique for reducing student reliance on the script. Shimo (2011) introduced the "simultaneous presentations" method, in which students practice presentations repeatedly with different partners. One student makes a presentation, and the other listens to it. The listening student then gives feedback to the presenter, and they switch roles. Following that, one student switches seats while the other remains in the same seat. Simultaneous presentations can also be held in small groups.

Conclusion

The aim of this article was to share with the teaching community the opportunities and challenges of a PBL-based instruction sequence consisting of collaborative learning and presentation. It was designed to raise awareness of health-related issues and inspire students to see themselves as key problem-solving agents. Furthermore, preparing and reading English presentation scripts can help students enhance their English skills and readiness to answer questions. However, there are some pitfalls that teachers need to consider to maximize the impact of their instruction. I hope my experience and the pedagogical tips reported here may help teachers who attempt similar activities with healthcare students.

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Appendix

Questionnaire (Original Japanese)

Q1. 協働を通して医療や健康に関する問題について考察を深め、解決法を発信できるようになりましたか。次の選択肢から1つ選んでください。

1. 大いに医療や健康に関する問題について考察を深め、解決法を発信できるようになった。

2. ある程度医療や健康に関する問題について考察を深め、解決法を発信できるようになった。

3. あまり医療や健康に関する問題について考察したり、解決法を発信することができなかった。

4. 全く医療や健康に関する問題について考察したり、解決法を発信することができなかった。

Q2. 課題を決める時に、一番重視したことは何ですか。

Q3. 最終的に選んだ課題は何でしたか。

Q4. あなたは原稿作成のために、自動翻訳を利用しましたか。

1. はい

2. いいえ

Questionnaire (Japanese translation)

Q1. Through this collaboration, were you able to consider medical and health issues more deeply and present solutions?

Select one of the following choices.

1. I gained a great deal of insight into medical and health issues and was able to present solutions.

2. I gained a certain amount of insight and was able to present solutions.

3. I was not able to give much thought to or present solutions to medical and health issues.

4. I was not at all able to deepen my consideration or present solutions to medical and health issues.

Q2. What was the most important thing when you chose an issue?

Q3. What was the issue you finally chose?

Q4. Did you use automated translation to prepare your script?

1. Yes.

2. No.

Incorporating International Education into a Nursing Skills Laboratory

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Keywords: English education, nursing English, international nursing, multicultural competencies, nursing skills lab

The Imperative of International Education for Nursing Students

According to recent statistics provided by the Immigration Services Agency (2024), the population of foreign residents in Japan surpassed 3.22 million at the end of June 2023, hitting a record high. Therefore, it is imperative that each future nurse in Japan possesses a robust understanding of multicultural patient care. As a result, numerous nursing educational institutions have started improving their English-language education initiatives.

In light of this, IMS (*Imusu*) Yokohama International Nursing School in Kanagawa Prefecture implemented a unique approach involving collaboration between international nursing education and English education in a nursing skills laboratory (hereafter, "skills lab"). Starting in the 2022 academic year, the school has introduced a new curriculum framework consisting of three pedagogical approaches called "3+one": 1) promotion of ICT education, 2) enhancement of simulation education, 3) international nursing education, and the "+one" is a seminar that stimulates the students' spirit of inquiry (IMS Yokohama International Nursing School, 2023). The international nursing education component aims not only to improve the students' English communication skills, but also to give each student the ability to care for patients of diverse backgrounds and languages in various multicultural health care settings.

International Education Class

To implement the international nursing education component of the new curriculum, the school has developed an International Education class where students learn English, cultural differences, and nursing skills in the same setting. In this class, skills lab teachers and international nursing teachers collaborate to teach the students. International nursing teachers are individuals who have practiced nursing overseas or gained experience in caring for foreign patients in Japan, and who can teach both cultural considerations and English. In 2023, 90-minute International Education classes were offered six times for first-year students and once for second-year students. Each class varies in terms of the clinical content and skills targeted, but the following is an example of the flow of the blood sugar measurement class designed for second-year students.

Description of International Education Class on the Topic of Blood Sugar Measurement

By way of advance preparation, students learn about blood sugar measurement in class in advance and prepare for the procedure in Japanese. For the first half of the 90-minute class, the students, in uniform, are divided into groups of 4–5 in the skills lab room and practice blood sugar measurement in Japanese under the supervision of the skills lab teacher, with the students taking on the roles of both the patients and the nurses. In the second half of the class, the international nursing teacher gives a 20-minute lecture on English phrases used in blood sugar measurement, along with relevant cultural considerations. For example, they learn phrases such as "I will measure your blood sugar level. Have you ever done it before?" If it is the patient's

first time, they are encouraged to show the equipment and explain the process using simple English words and gestures. The international nursing teacher informs them that Muslim women do not show their skin to men who are not family members, and that in some cultures people do not like to have their bodies touched. Therefore, they learn to ask permission first, such as, "May I touch your (body parts)?".

Both the skills lab teacher and the international nursing teacher emphasize that the priority in English communication for nurses is not to use English phrases perfectly, but to alleviate patient anxiety and to provide safe and comfortable nursing care. In the following 20 minutes, the students role-play as English-speaking patients and nurses. The specifics of the scenario are not provided; only the patient's name (Mohammed) is given. The students are required to imagine the cultural background of the patient and navigate communication on their own. In the last few minutes of the class, each group reflects on and shares their experience with each other.

Significance of Role-Playing Practice in Skills Lab

These International Education classes can be evaluated as effective teaching methods via discussion of the following points.

Prior Learning in the Native Language

In this class, students engage in role-plays in the lab after undergoing prior learning in their own language. This is an important factor in communicating confidently in English. For example, learning the flow beforehand will assist students in executing the sequence correctly and prevents them from opening the alcohol pad sachet before asking, "Do you have an allergy to rubbing alcohol?".

According to a study at Yokohama City University School of Nursing, after acquiring knowledge and skills in vital sign measurement, students role-played with mock foreign patients (who are their English teachers), and more than 60% of the students' self-evaluations and those of the mock patients were in agreement that the activity was effective. This suggests that by first acquiring solid knowledge and skills, and then conducting role-playing activities with the patient's cultural needs in mind, both parties (patient and nurse) were able to have a satisfactory experience (Ochiai et al., 2017).

Active Learning

In this class, students engage in role-plays without scenarios, requiring them to imagine the patient's background and navigate the conversation on their own. This is a style of active learning, and there is research on the effects of active learning for nursing students.

Ishida and Nakamoto (2020) found a strong morphological association between the words "consider/think" and "patient" when analyzing worksheets submitted after an active learning activity for nursing students. This indicates that the activity encourages students to consider the feelings of the patient and develop empathy, which helps nurses to "put themselves in the subject's shoes and be aware of the subject's needs." Active learning can therefore be said to enhance empathy towards patients and cultivate multicultural competencies of nursing students.

Conclusion

Despite the fact that students have a very limited amount of class time at a three-year nursing school, this collaboration between skills lab teachers and international nursing teachers enables provision of efficient classes where students can acquire comprehensive multicultural competencies. Alternatively, English teachers themselves could play the role of mock foreign patients in the skills lab setting. Another variation would be having the students conduct a role-play in a general English class just after the students have learned the relevant skill in skills lab. A more

synergistic effect can be expected if interdisciplinary collaboration like this can be implemented.

Although similar approaches may already be underway at other universities, I hope this case study will provide additional ideas to enhance nursing English education.

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A Nursing Student of Note

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It was my fourth week into the 2023 spring semester with my first-year nursing students, and so far, everything had been proceeding as expected. During that particular week's English lesson, I wanted to model a nursing interaction using one of the students as a patient. I chose Moe, a positive and eager student who always sat near the front of the class, to aid me in the demonstration. I asked Moe, who was playing the part of the patient, to stick out her arm. When she did so, however, I was quickly taken aback. Moe had no right hand. I don't think I covered my surprise too well, but I tried to continue the demonstration as if this were an everyday occurrence. There were a few murmurs among class members—who, of course, were well aware of Moe's disability—and indeed, Moe herself gave me a wry smile. No doubt, she had seen the same reaction many times in her life.

FOCUS VOL. 10 中川 もえ さん 杭州アジアパラ競技大会・陸上日本代表

看護師の道と同時にパラリンピック出場を目指す

昨年10月に開催された杭州アジアパラ競技大会。その陸上日本代表としてT47（上肢欠損）クラスの100mに出場したのが、宮崎大学医学部看護学科2年の中川もえさんです。中川さんが陸上を始めたのは小学5年生のとき。リレーのメンバーに選ばれて走ったことが楽しくて、友人が所属する陸上クラブ「西池ジュニア」に入ったことがきっかけです。入った当初はパラリンピックを意識したことはなかったそうですが、中学1年の頃に、陸上クラブのコーチから、自分と同じ障がいを持ちながらもパラリンピックで活躍する選手の新聞記事を紹介され、「自分でもパラリンピックを目指せる」と気がついたのだそうです。中学2年で初めて国際大会に出場して以来、パラ陸上T47クラスで100mや200mを走り続けています。「この大会には中学生から出場していましたが、日本代表を明確に意識し始めたのは高校生から。今回のアジア大会は、高校3年のときに出場したアジアユースパラ競技大会の100m 12.89秒の記録によって招へいされました。初のシニア大会でしたが、足の故障から回復したばかりで、満足に練習できないままでの参加でした」と中川さん。杭州では納得いく記録を出せませんでしたが、夢はパリ・パラリンピック出場。看護師の勉強をしながら、挑戦を始めています。

練習は週に4回。コーチの指導の下で毎回タイムを意識し、クラブの仲間と楽しみながら練習をしている。

「杭州ではいい記録が出せませんでしたが、雰囲気にのまれず集中でき、経験値を伸ばせました」と中川さん。

PROFILE 宮崎市出身。小学5年で西池ジュニアに入り、陸上を始める。中学校では陸上部、高校では西池ACで練習を重ねる。2021年アジアユースパラ競技大会の陸上100mと200m（T47）に出場し、どちらも優勝。昨年10月開催の杭州アジアパラ競技大会の陸上100m（T47）に日本代表として参加。

Miyazaki City Public Relations 15

宮崎市広報みやざき ２月号 (Feb. 2024). Miyazaki City Public Relations. Used with permission.

Moe Nakagawa was born without a right hand but, like most such disabled people, had adapted her condition so well that it was difficult to notice that she had any disability—she could perform all classroom functions as easily as any of her two-handed classmates, hence the fact that I had not previously noticed it. She had convinced the university entrance committee that she could excel as a nursing student despite the disability. However, because she would be unable to perform many nursing tasks, Moe instead plans to become a nursing educator. In fact, Moe has turned out to be one of those attentive, energetic students who brings a positive glow to every class.

But there is something even more intriguing about Moe Nakagawa. Moe is a sprinter of international stature. She has been running competitively since junior high school in Miyazaki and is the current Japanese record holder in both the 100-meter and 200-meter events within her disability category. She has represented Japan at international Paralympic meets and has recently, as her greatest achievement yet, qualified for the Paris Paralympics to be held in late August and early September this year. This has led to Moe becoming something of a minor celebrity here in Miyazaki, being featured in a local magazine and garnering a full-page spread in the regional newspaper.

In my first few classes with new students, I always have them interview partners in order to learn about one another and convey anything of interest about that partner in a written assignment. Moe's partner had not mentioned her disability (likely out of respect) nor her prowess in track and field. Neither did

Moe state anything beyond the fact that she was in the track and field club in her self-introduction to me. Japanese humility and self-effacement are legendary, but if any of my students have reason to boast, it is Moe Nakagawa. I will be sure to cheer for her through my living room TV when she runs for Japan in Paris this summer. I suggest that you do the same.