

A Framework for Longitudinal Medical English Curriculum Development

Developing an EMP Curriculum through OBE and CLIL:
Lessons from a Longitudinal EMP Program



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The author has nothing to disclose.

Questions for the JASMEE Community



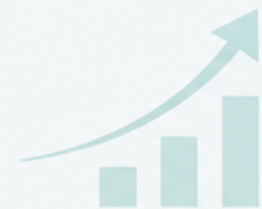
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How do you define
Medical English?



2

How do you assess
Medical English outcomes?



3

How do you evaluate
your curriculum?



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1

Needs



2

Outcomes



3

Curriculum



4

Assessment



5

Evaluation



6

Improvement

.....

Kern's Six-Step Approach to Curriculum Development

A systematic process for building effective educational programs.



From needs to improvement:
A continuous cycle for educational excellence.



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1
Needs



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Institutional Context

These institutional characteristics shape our educational program.



International Students

20 of **140**
students per cohort



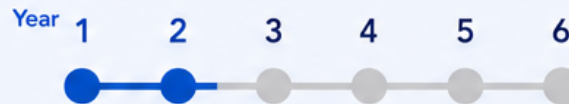
~20 international students
from diverse regions
join each year.



English-Medium Medical Education

Years 1–2

All medical sciences
(Basic & Clinical)



Students build a strong foundation
in medical sciences in English before
entering clinical rotations.



Compulsory Programs



Overseas Clinical Clerkship

4-week international clinical
clerkships required for all
students.



Career Support in English

Support for international
examinations and global
career pathways.



1
Needs



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Step 1 Needs



External



WFME Global Standards



JSME Model Core Curriculum



JASMEE Guidelines



Licensing Examination



Internal



IUHW Diploma Policy



International Students



English-Medium Education



International Clinical Clerkships



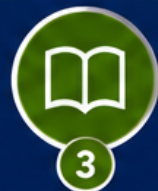
What should our graduates be able to do?



Needs



Outcomes



Curriculum



Assessment



Evaluation

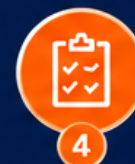
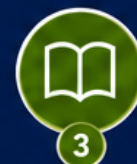
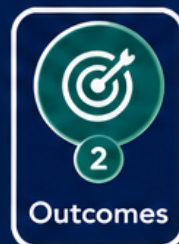
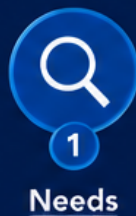
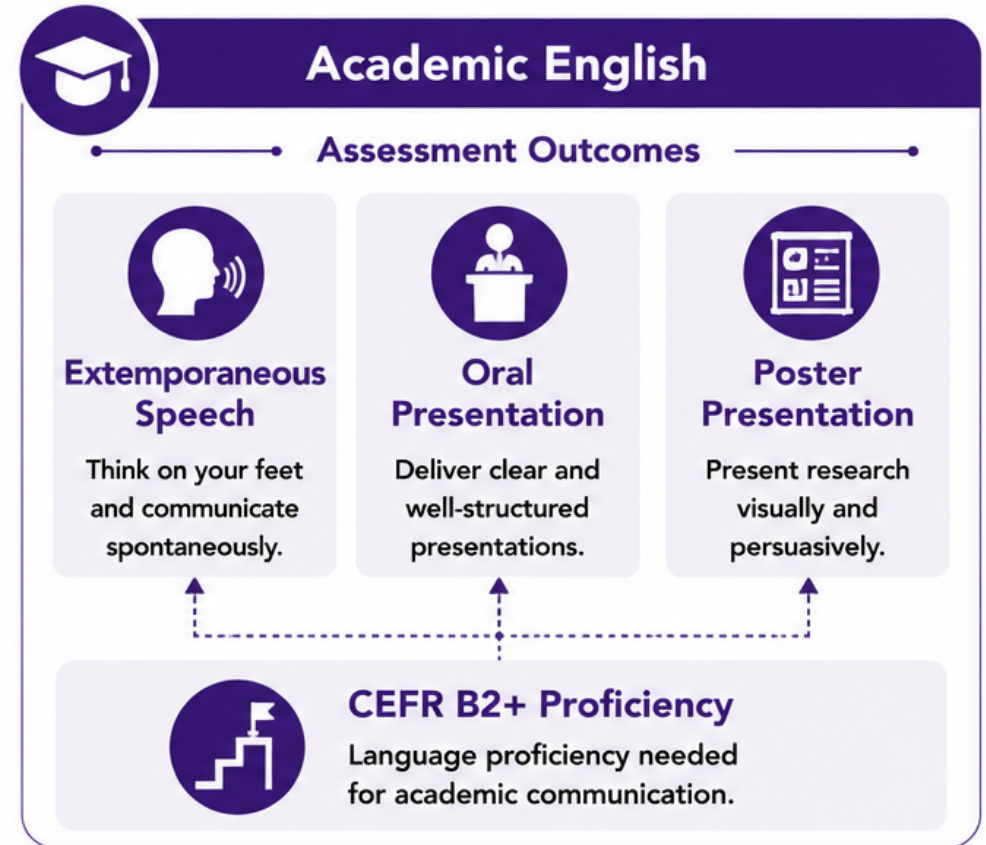
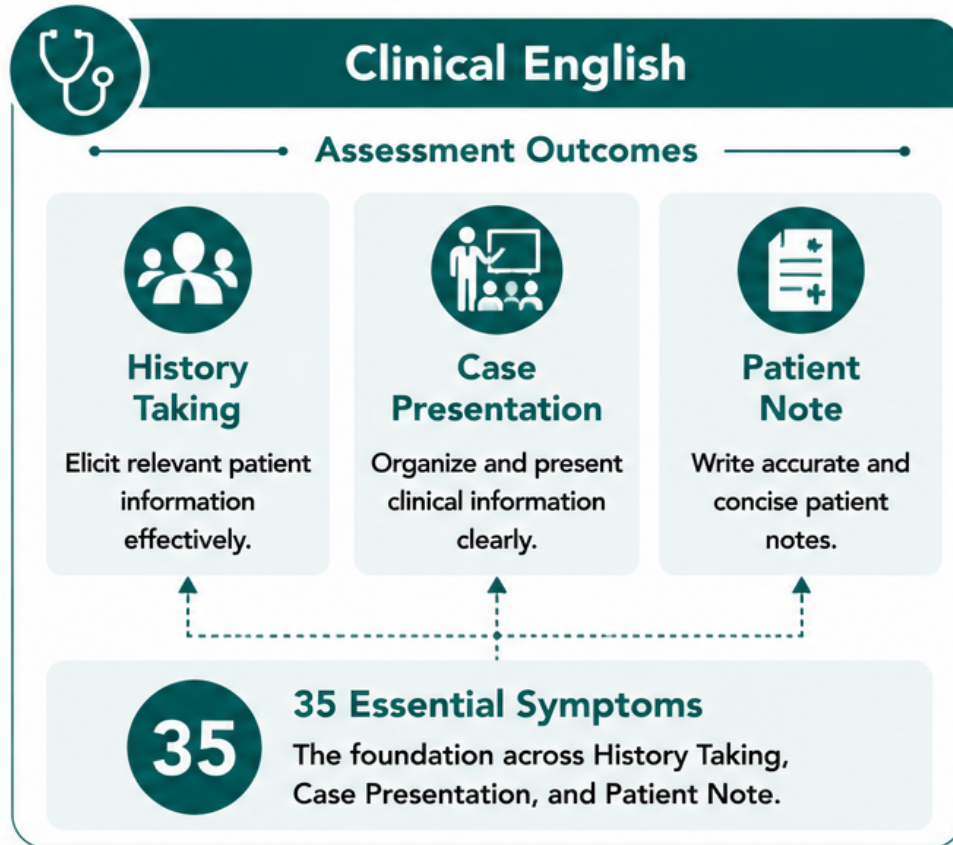


Improvement



Step 2 Outcomes

Our graduates will be able to communicate effectively in clinical and academic settings.



Improvement

Step 3

Curriculum Design

CLIL-based Clinical & Academic English program
integrated with language proficiency assessment and global competencies

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
 Clinical English	60 hours  History Taking + 3 symptoms	30 hours  History Taking Case Presentation Patient Note + 8 symptoms	30 hours  History Taking Case Presentation Patient Note + 8 symptoms	30 hours  History Taking Case Presentation Patient Note + 8 symptoms	30 hours  History Taking Case Presentation Patient Note + 8 symptoms	30 hours  History Taking Case Presentation Patient Note + Review of Essential Symptoms (35 Symptoms)
 Academic English	90 hours  Extemporaneous Speech	30 hours  Oral Presentation	30 hours  Poster Presentation			
 TOEFL ITP	3 tests	1 test	1 test	1 test	1 test	1 test

Clinical English
Total

240
hours



Academic English
Total

120
hours



Program Total
360
hours

CLIL Approach



Clinical English
Taught by
physicians



Academic English
Taught by
English educators

6 Steps



1

Needs



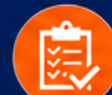
2

Outcomes



3

Curriculum



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Improvement

Step 3

Curriculum Support

Co-curricular programs supporting the formal curriculum

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
 USMLE Preparatory Seminar	30 hours	50 hours	30 hours	15 hours	—	—
 TOEFL ITP Preparation	24 hours	24 hours	8 hours	8 hours	—	—
 English Conversation	75 hours	75 hours	75 hours	—	—	—
 Post-CC OSCE Preparation	—	—	—	—	—	20 hours

 USMLE Seminar Total 125 hours	+	 TOEFL ITP Preparation Total 64 hours	+	 Conversation Class Total 225 hours	+	 Post-CC OSCE Preparation Total 20 hours	=	Program Total 434 hours
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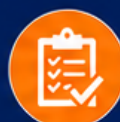
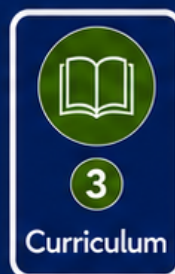
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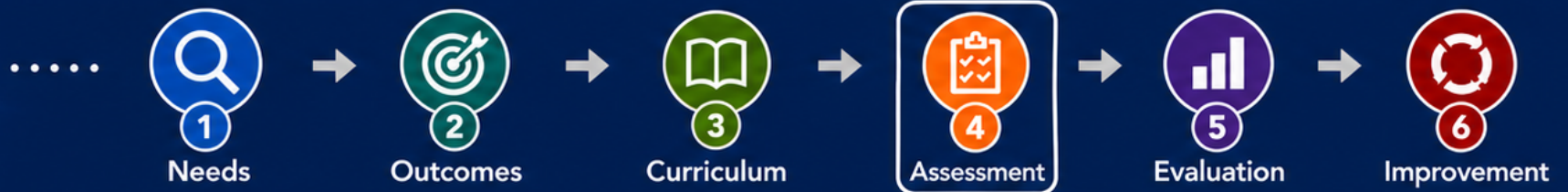
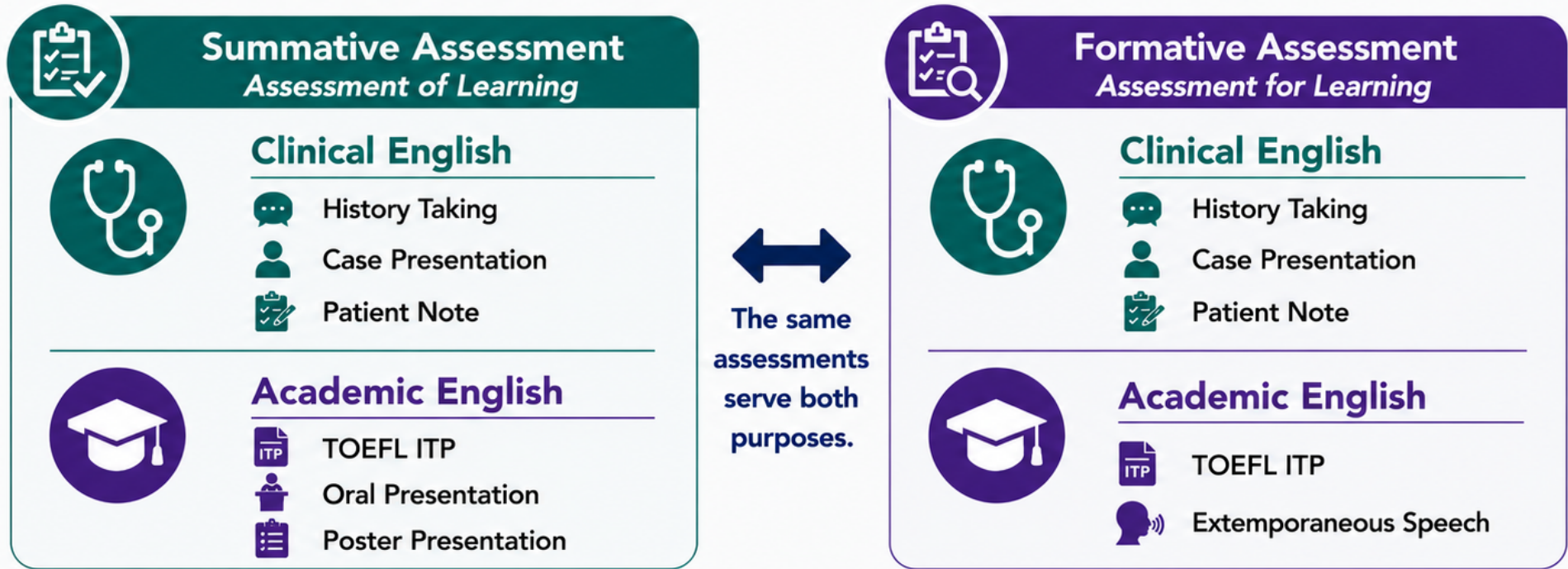
6
Improvement

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Step 4 Assessment

Authentic, valid, and reliable assessments to measure outcomes



History Taking Performance

Assessed by clinical faculty from English-speaking countries

Cohort 1

3.57

Cohort 2

3.60

Cohort 3

3.59



**Target
Level 4**

Average student
after clinical clerkships

Observed

3.57 – 3.60

(Across three cohorts)

Global Rating Rubric (1–5)

1

Average student
pre-clerkship



2

Average student
beginning
clerkships



3

Average student
mid-clerkship



4

Average student
after
clinical clerkships



5

Excellent student
after
clinical clerkships



Evaluated using a modified
OET Speaking rubric to
ensure validity and reliability.



Students consistently achieved **the expected post-clerkship level**
across three cohorts.

Step 5 Program Evaluation

Evaluating Our Program Using Barr's Modified Kirkpatrick Model

Higher Impact



Lower Impact

LEVEL	WHAT QUESTION ARE WE ANSWERING?		EVIDENCE AT IUHW
4b  Patient Outcomes (Benefits to patients)	Did it benefit healthcare?		Future Goal 
4a  Organizational Outcomes (Change in educational practice)	Did it improve education?		- Curriculum Revision - Faculty Development - Student-led JSME Session - Student-organized AMSC - Open Campus & Outreach - YouTube Educational Videos 
3  Behavior (Change in practice)	Did learning change practice?		- Clinical Clerkship Performance - International Clerkship Performance - Student Leadership Activities 
2b  Knowledge & Skills (Acquisition)	Did students achieve the intended outcomes?		- Post-CC OSCE - TOEFL ITP - Licensing Examination 
2a  Attitudes (Change in attitudes/perceptions)	Did attitudes change?		- Faculty Feedback - External Faculty Feedback - USMLE & OET Participation 
1  Reaction (Satisfaction)	Did students value the program?		- Course Evaluation - Student Feedback 



JACME Accreditation

National Standard for Medical Education Quality



External Peer Review

Feedback from clinical instructors in English-speaking countries



6 Steps



1
Needs



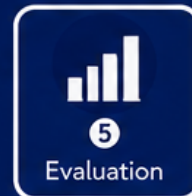
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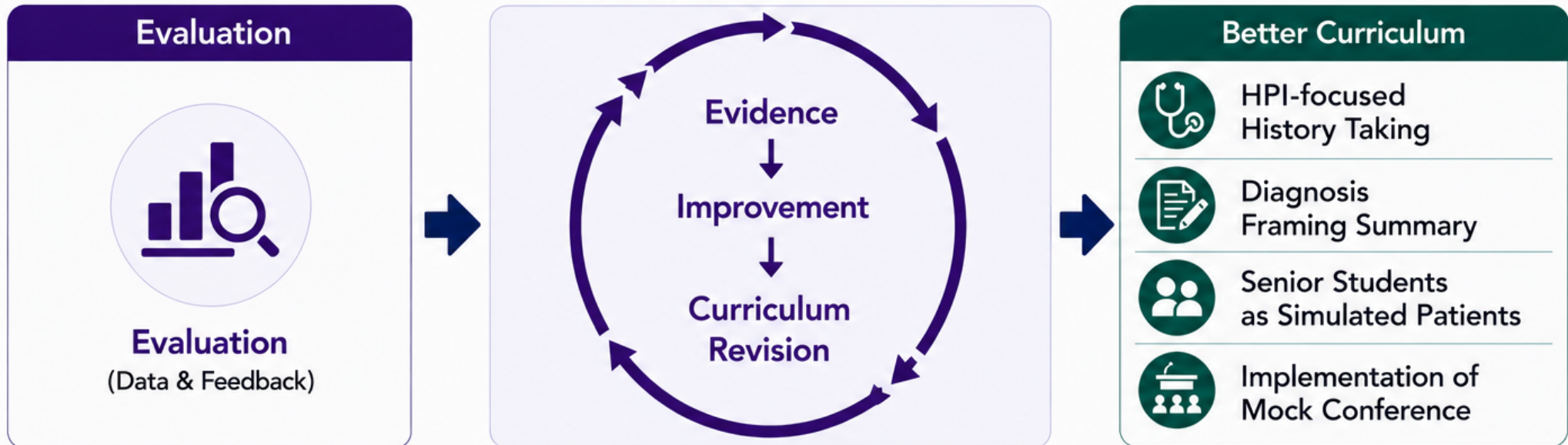
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Improvement

Step 6 Continuous Improvement

Evidence-Informed Curriculum Revision



Evidence → Improvement → Better Curriculum



Based on evaluation data and feedback, we continuously refine and enhance our curriculum.

Curriculum development is therefore an ongoing, cyclical process.



6 Steps



1

Needs



2

Outcomes



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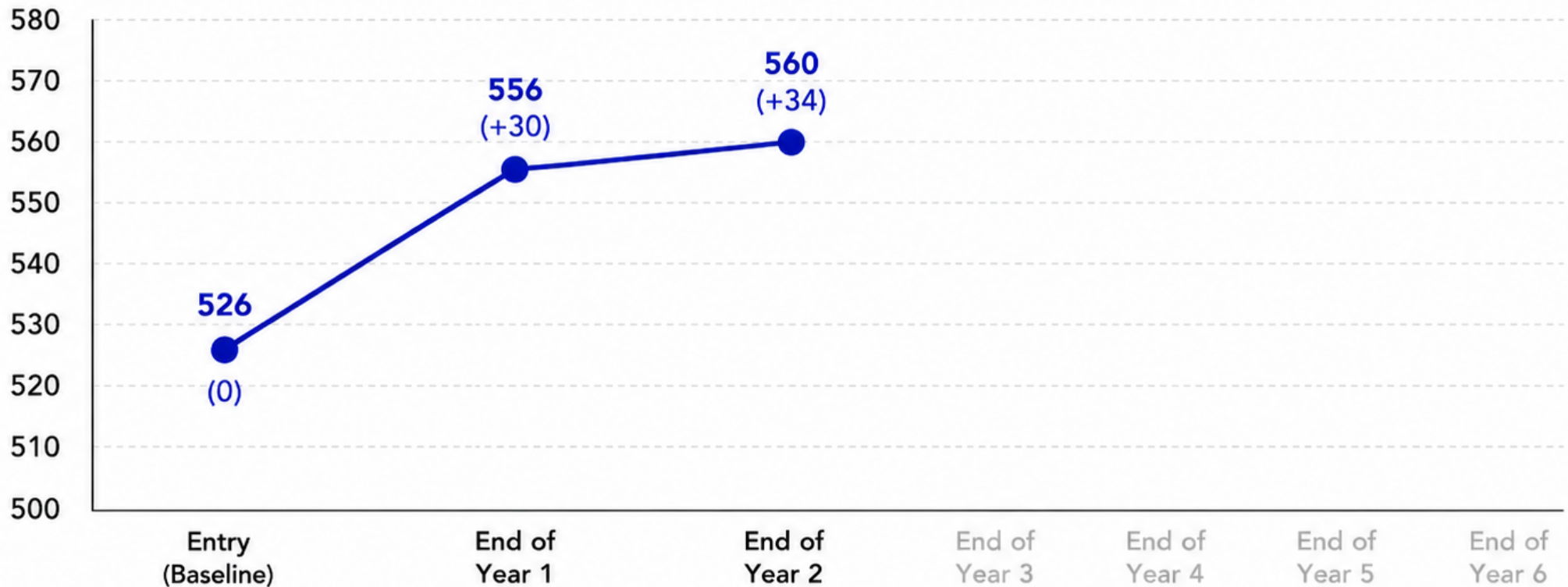
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Improvement

TOEFL ITP Scores in the Old Curriculum

Average TOEFL ITP Scores from Entry to the End of Year 2

TOEFL ITP
Score



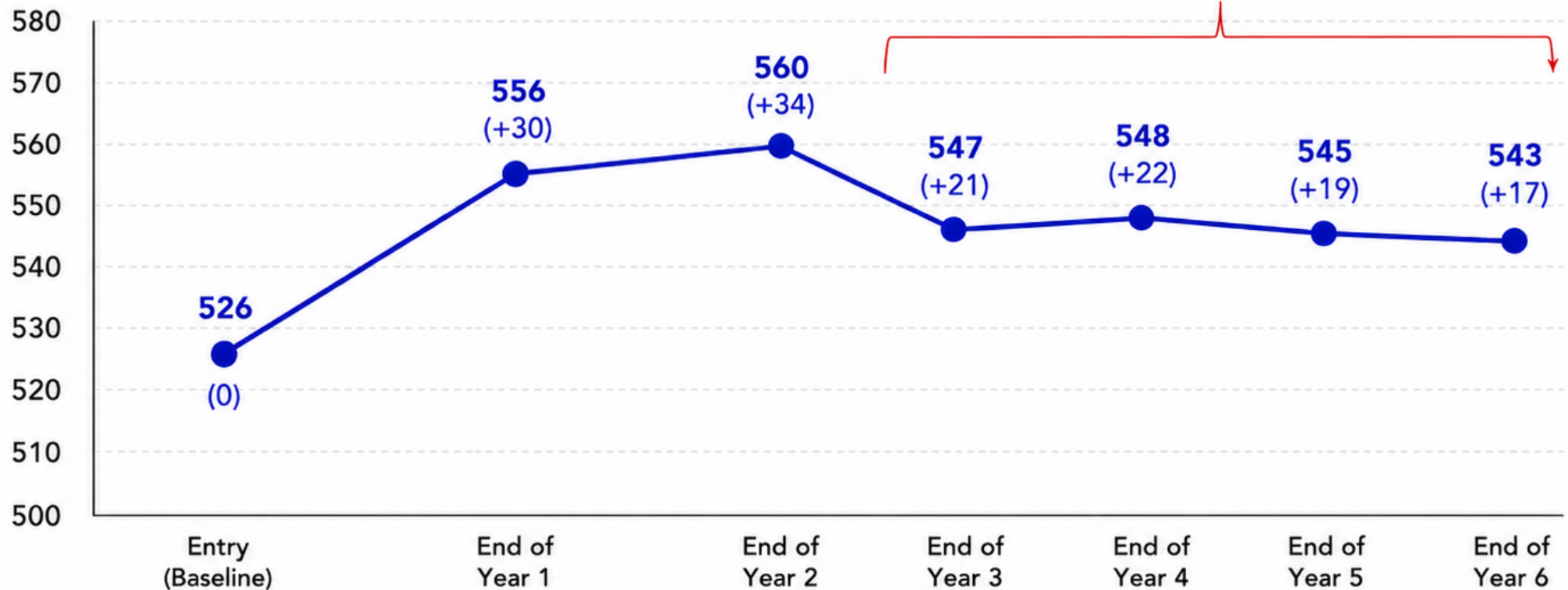
Old Curriculum (2017–2022 Classes)

Students achieved substantial TOEFL ITP gains during the intensive English program in Years 1–2.

TOEFL ITP Scores in the Old Curriculum

Average TOEFL ITP Scores from Entry to the End of Year 6

TOEFL ITP
Score

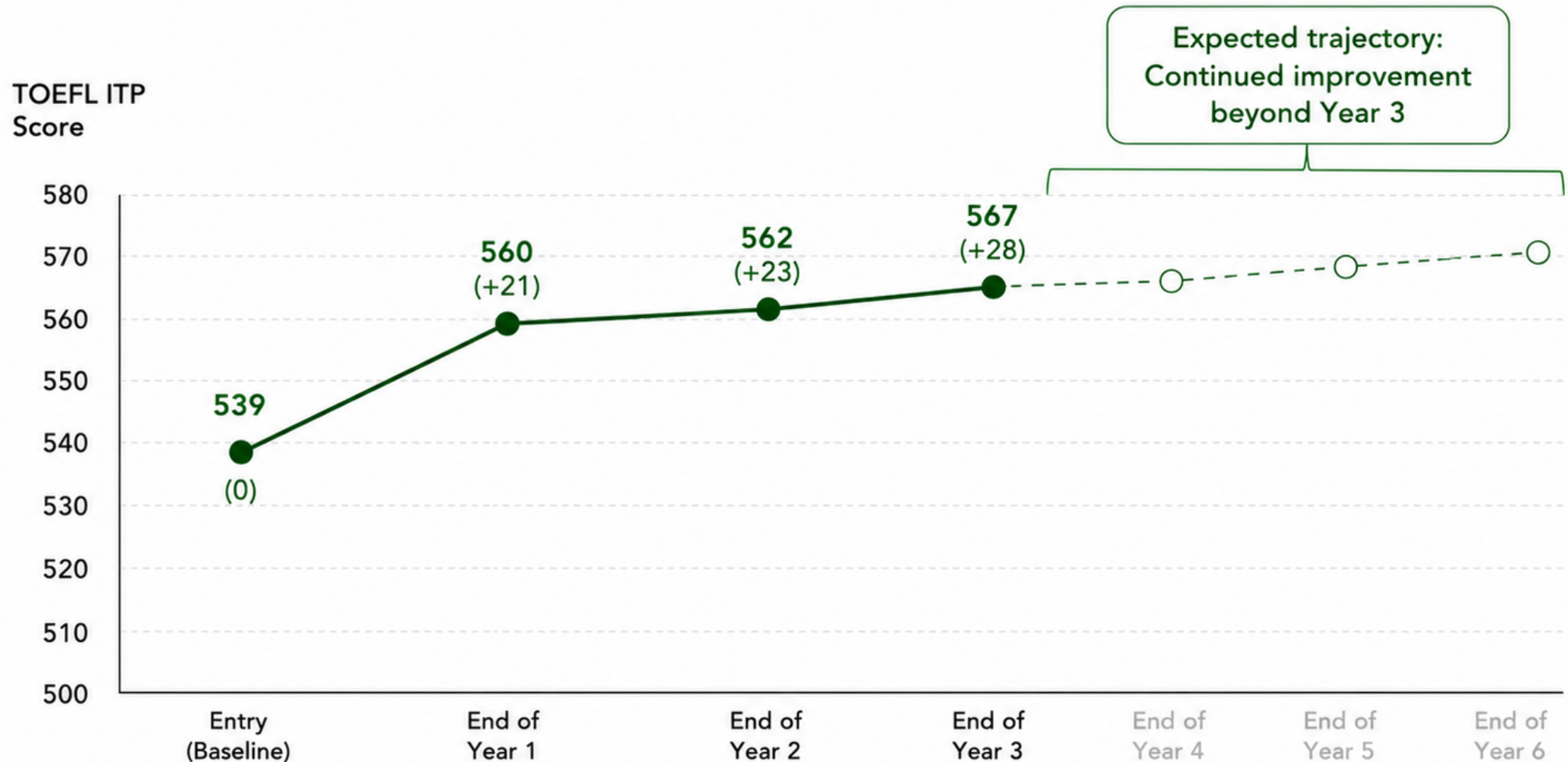


Old Curriculum (2017–2022 Classes)

While scores improved through Year 2,
they declined in Year 3 and remained flat through Year 6.

TOEFL ITP Scores in the New Curriculum

Average TOEFL ITP Scores from Entry to the End of Year 3 and Beyond (Projected)

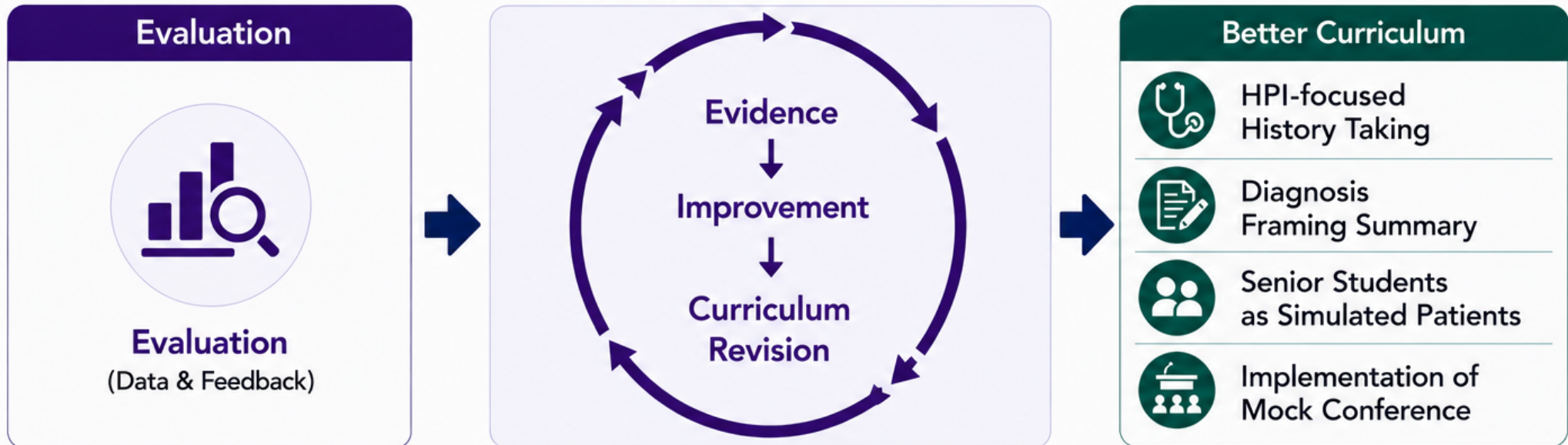


New Curriculum (2023–2024 Classes and Beyond)

Scores are higher from the start and are expected to continue to rise through Year 3 and beyond.

Step 6 Continuous Improvement

Evidence-Informed Curriculum Revision



Evidence → Improvement → Better Curriculum

- Based on evaluation data and feedback, we continuously refine and enhance our curriculum.
- Curriculum development is therefore an ongoing, cyclical process.

6 Steps



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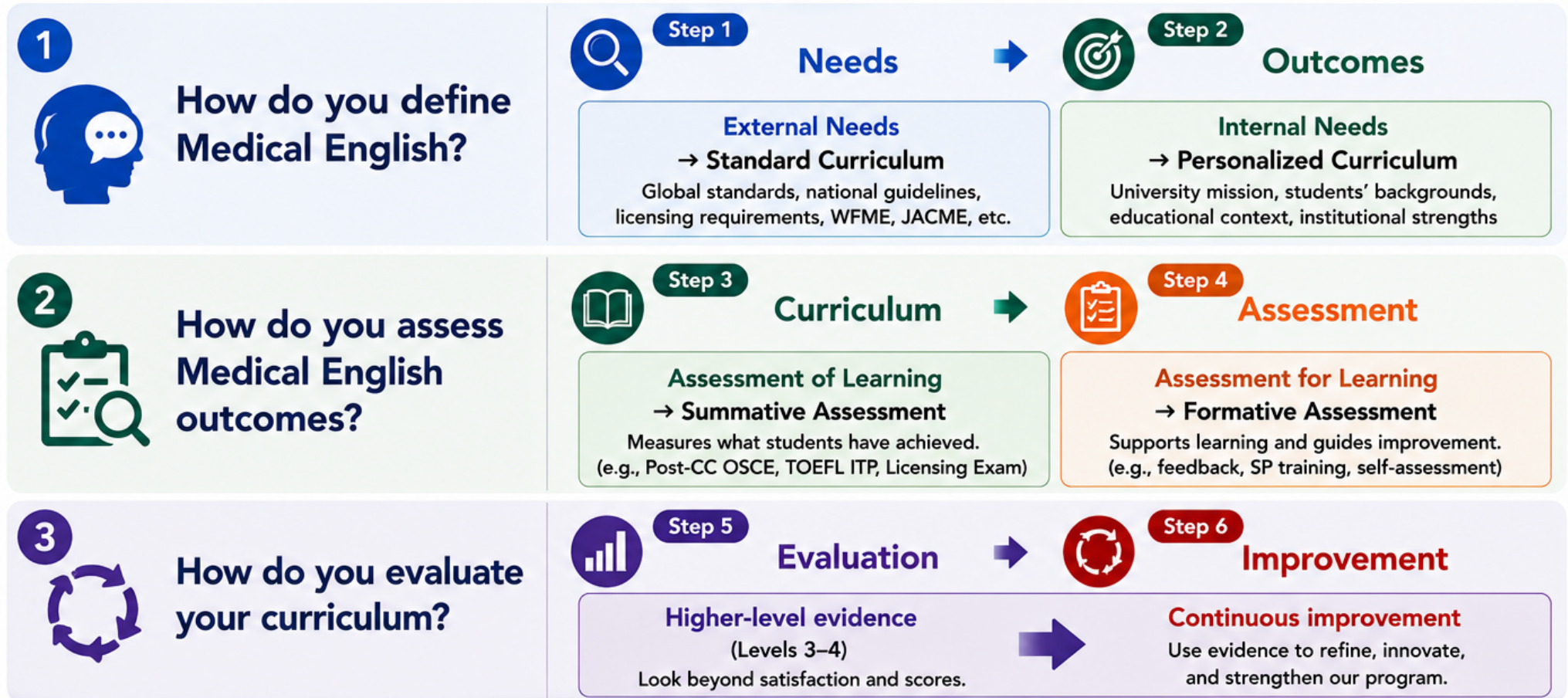


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Improvement

Questions for the JASMEE Community

*Using the 6-Step Framework to Design, Assess, Evaluate, and Improve
Our Medical English Curriculum*



Medical English education is not simply about teaching English.
**It is about continuously designing, assessing, evaluating, and improving
a curriculum that meets the needs of our learners and our institutions.**



6 Steps



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Continue the Conversation

Let's keep learning. Let's keep improving.



Let's share our experiences
in Medical English education.



Let's continue to improve
our curricula together.



Let's build a stronger community
for better medical education.



Your ideas, feedback, and collaboration will help us all move forward together.



Medical English Café

Practical ideas for Medical English educators

NEW ARTICLE

**Our Six-Step Framework
for Medical English
Curriculum Development**



**AVAILABLE ON
AUGUST 3!**



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THE 6 STEPS FRAMEWORK



Needs



Outcomes



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