

PACE Program: A Tailored Clinical English Training for Medical Students Preparing for Overseas Clinical Placements



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[07] General Topics 3A
Personalization and standardization
15 mins (12 m+3m)



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COI Disclosure

Primary Presenter : Tomohiro Arai

Regarding this presentation,
we have no conflicts of interest (COI)
with any companies or other entities that require disclosure.

Background

At Fujita Health University, the pre-departure clinical English course was a **large-group required course** for M6 students who chose **elective Overseas Clinical Practice**.

From 2025, it changed to '**Personalised Approach to Clinical English (PACE)**', which is a **small-group elective** course.

We report the survey data as part of **a small-scale, single-organisation pilot study**.
(**Mixed-methods**; descriptive pre-post comparisons & reflective thematic analysis(TA))



Background

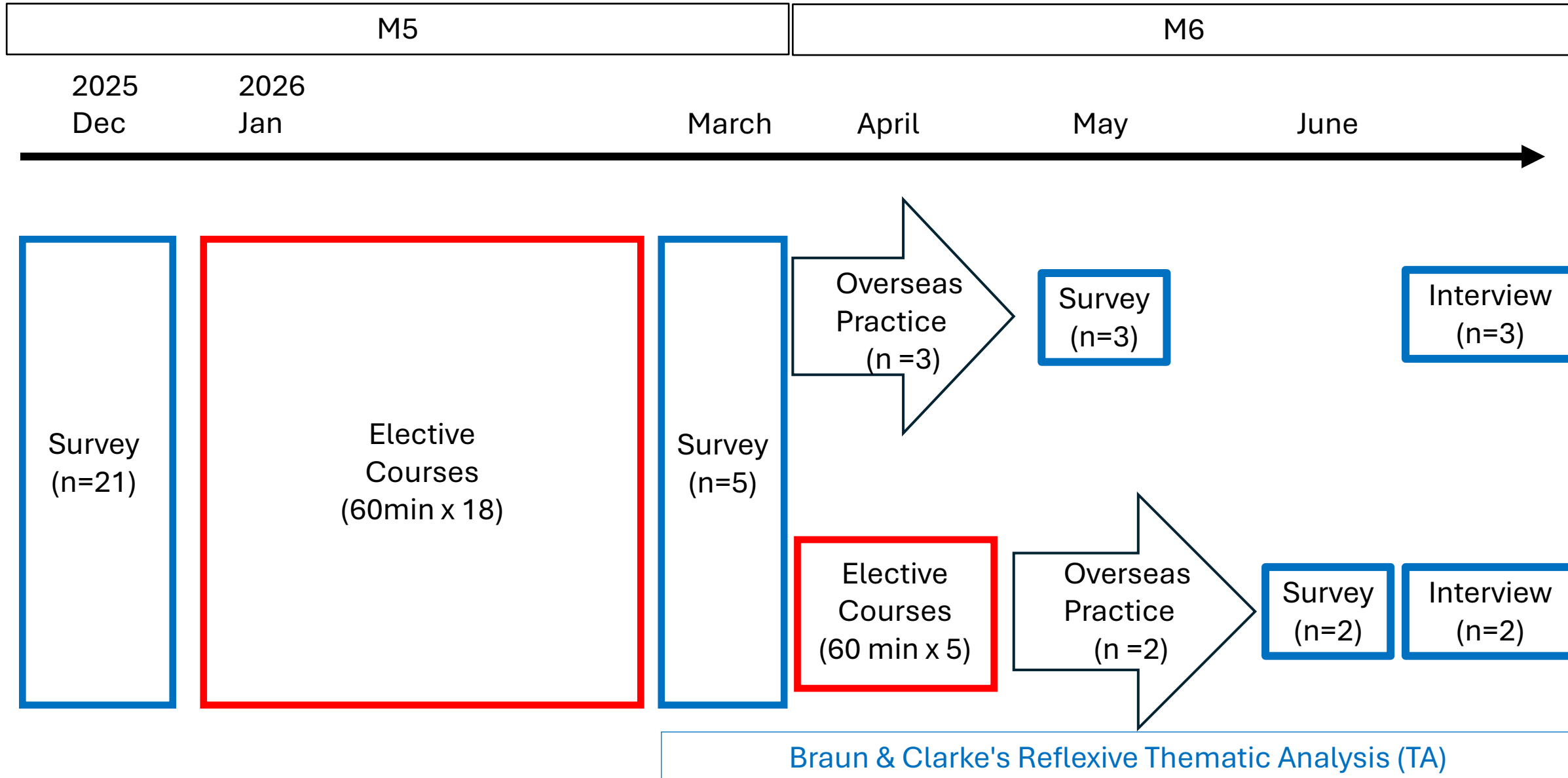
It is **unclear** to what extent self-directed learning is effective in healthcare education (Ali et al, 2025).
BMC Medical Education, 25(1), 969.

To enhance the educational value of clinical placements, it is **essential to implement more systematic and interactive pre-placement training** and **assess its effectiveness** (Kalbarczyk et al, 2019).
BMC Medical Education, 19(1), 166.

International electives for 4 weeks: Students experience **multifaceted benefits**, including not only the enhancement of their medical knowledge and language skills, but also **cross-cultural understanding, career development and personal growth** (Imafuku et al, 2021).
Medical Education Online, 26(1), 1913784.

Mutual understanding and cooperation between language and medical experts are critical to deliver high-quality medical English education (Hobbs & Foo, 2025).
Journal of Medical English Education, 24 (3): 54-57

Methods & Timeline



	IELTS Speaking	OET Speaking	Step2 CS Roleplay	Medical Vocabulary Chart & Abbreviation	Contents
1/10 AM	4				IELTS 18-4 Speaking
1/10 PM		5			OET Speaking test1
1/20	4				IELTS 18-3 Speaking
1/29	5				IELTS 18-2 Speaking
1/31 AM	5				IELTS 18-1 Speaking
1/31 PM		3			OET Speaking test1 replay
2/5	3				IELTS 19-1 Speaking
2/9			3		Case1 Chest Pain
2/17	4				IELTS 19-2 Speaking
2/28 AM	3				IELTS 19-3 Speaking
2/28 PM				7	Medical Vocabulary #1 Psychiatry, Abbreviation
3/3	3				IELTS 19-4 Speaking
3/10			2		Case 13 Abdominal Pain
3/13			2		Case 14 Headaches
3/19 AM			3		Case 20 Cough
3/19 PM				2	Medical Vocaburary #2
3/26			5		Case 31 Abdominal Pain
3/31			1		Case 4 MVA
4/6			1		Case 29 Insomnia
4/14	2				IELTS 20-1 Writing & Speaking
4/21	2				IELTS 20-1 Writing & Speaking
4/26				3	Medical Vocabulary #3
4/27			1		Case 35 Illicit Drug Use

Total: 23 (18+5) sessions

Time: 60-90 mins

M6 attended: 7 (max)

Observers: 3

(Attendance)

Average = 10.0 (43.5%)

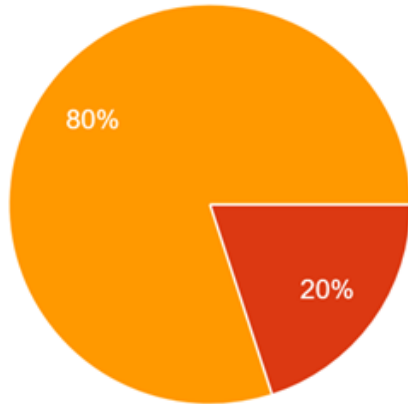
SD = 6.43

Results: pre-Overseas Clinical Practice (pre-OCP)

Difficulty Assessment

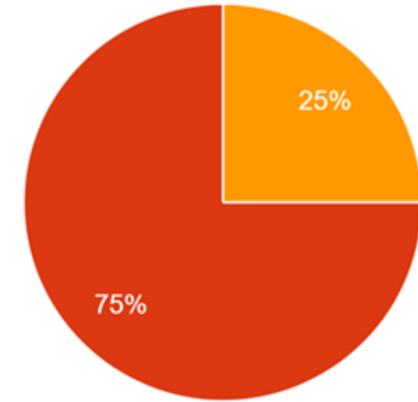
IELTS Speaking

Appropriate



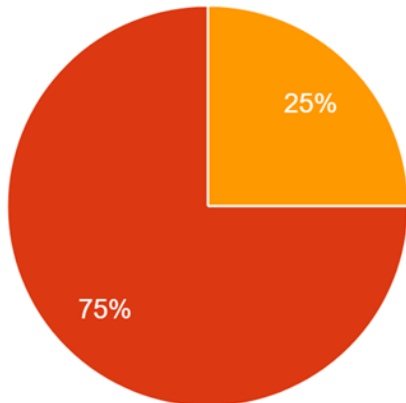
OET Speaking

Somewhat
Difficult



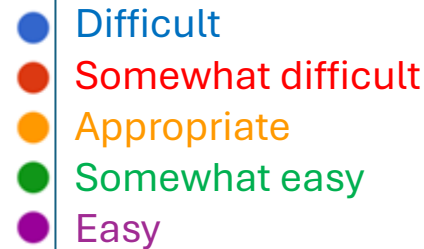
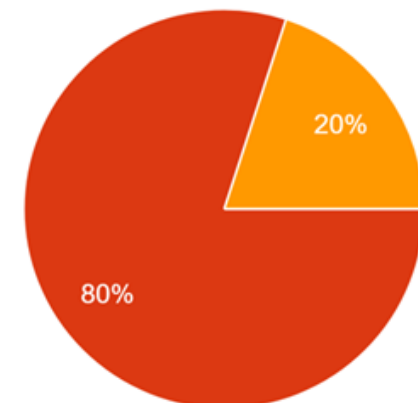
USMLE Step2 CS Roleplay

Somewhat
Difficult



Medical Record & Mental Health

Somewhat
Difficult



Useful contents (pre-OCP)

Thematic Analysis(TA) Themes and Codes

Safe rehearsal transformed English into active communication

Practising speak out, Roleplay,

Reducing resistance to mistakes, Consistent output

Collaborative small-group enhanced motivation and reflective learning

Small class size, Collaborative learning, Peer feedback,

Mutual recognition of growth, Positive atmosphere

Structured learning promoted self-regulated professional development

English directly relevant to practice, One theme per session,

Guidelines for self-study, Prospects, Global perspective

Areas for Improvement (pre-OCP)

Thematic Analysis(TA) Themes and Codes

Few explicit concerns

‘Nothing in particular’

Broader networking

Interaction across year groups and schools

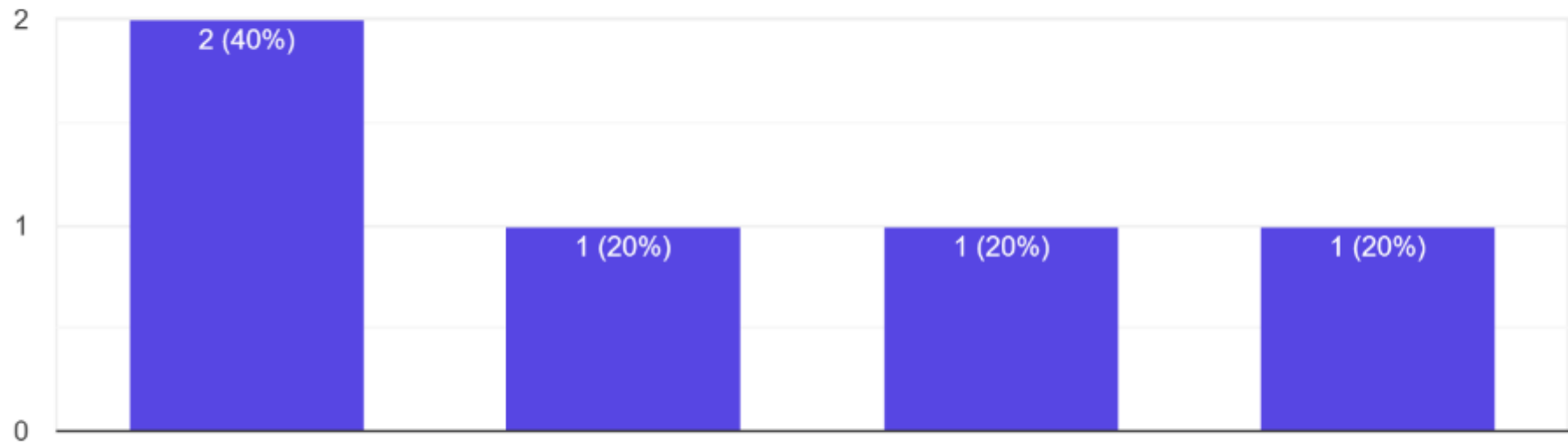
Students from diverse backgrounds

post-Overseas Clinical Practice (post-OCP)

(June 2026, n=5)

Countries where clinical practice were undertaken

5 件の回答



Singapore



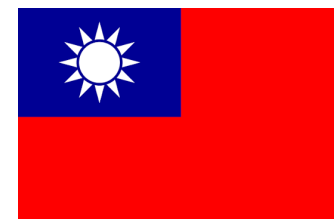
Spain



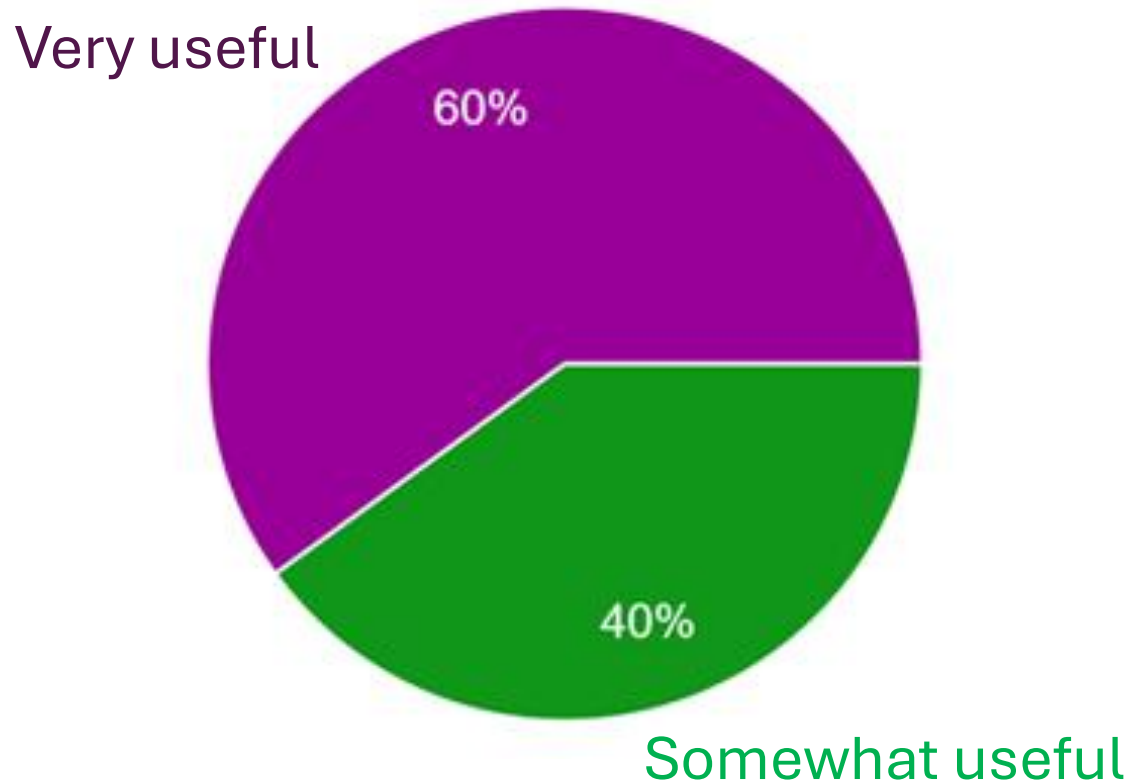
Vietnam



Taiwan



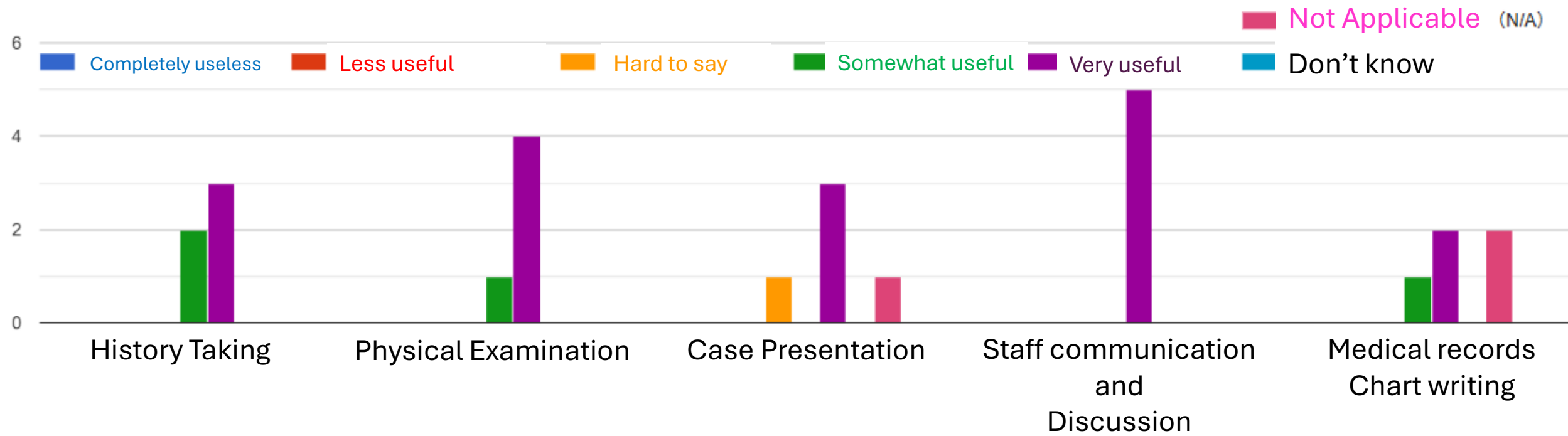
How much did what you learnt at PACE help you with English communication during your clinical placement abroad?



- 全く役に立たなかった
- あまり役に立たなかった
- どちらともいえない
- ある程度役に立った
- 非常に役に立った
- わからない
- 該当する機会がなかった (N/A)

Usability Evaluation

以下の各場面における有用性を評価して下さい。



Useful contents (post-OCP)

Thematic Analysis(TA) Themes and Codes

Clinical English literacy for understanding

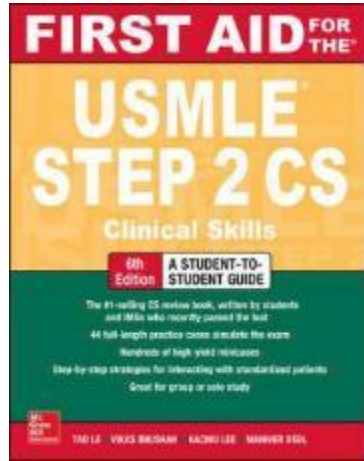
Medical vocabulary, Describing symptoms,
Medical record writing, Abbreviations

Task-based rehearsal for clinical participation

History taking, Physical examination,
Roleplay, Oral presentations

Confidence through repeated speaking practice

IELTS/OET, Reducing reluctance to speak, Identifying struggling expressions,
Confidence, Realising the benefits later



Improvements (post-OCP)

Thematic Analysis(TA) Themes and Codes

More practice for fast & colloquial clinical English

Fast-paced English, Colloquial expressions,
Patient consultations, Real clinical conversations

Knowledge to performative skills

Not only medical terminology and abbreviations,
but also the ability to demonstrate **case presentations** and **history-taking**

Earlier & continuous practice for medical vocabulary & speaking

Medical vocabulary, IELTS,
Need to start early and continue

Discussion

Knowledge-to-performance transition

PACE might help students from 'knowing' medical English to 'use' it on site, providing a safe practice place.

Balancing Standardization & Personalization

Small group sizes and personalised teaching are better suited to learners' needs

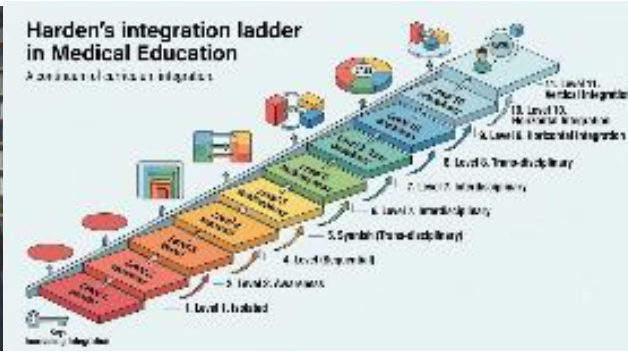
How should we approach students who did not take part?



Why did it work? Applicable to others?

Teamwork, student centred, and educational theories

Integration ladder (Harden, 2000) etc.



Prospective (2026-)

Broader Networking

→ **Semi-open class** (Other medical schools, M4 or M5)

Fast & Colloquial Clinical Communication

→ **Self-study tools & mini-tests**

→ BookPlayer (IELTS/OET Listening), Podcast (BMJ, JAMA, NEJM etc.)



Earlier & Continuous Courses

→ **Early start** (3 → 6 months earlier)



Balancing Standard and Personalised

→ **Hybrid courses** (Required + Elective)

Limitations



Small single-institution pilot study (n = 5)

Possible biases (Selection, Sampling, Recall & Social Desirability)

No control group or objective performance assessment

(Focus Group Interview → Data analysis is ongoing ...)

Conclusion

Personalized Approach to Clinical English (PACE) was carried out for M5 students who chose overseas clinical practice, 5 out of 21 attended continuously.

Compared to large group, the PACE suggested higher levels of satisfaction and greater flexibility for learning needs.

The challenges include starting earlier, more advanced contents, and gaps with other students who did not take part.

Acknowledgement

We are grateful to all participants for sharing their reflective reports and discussing their perspectives in the semi-structured interviews.

We thank Dr.Kiyoshi Sano for his support.

THANK
YOU



References

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