

Review research paper

SYMMETRIC AND ASYMMETRIC COMMUNICATION IN TEACHING ENGLISH FOR MEDICAL PURPOSES

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Abstract. *The aim of this paper is to present the most important features of symmetric and asymmetric communication in the field of medicine as they are implemented in the Medical English course at the Faculty of Medicine University of Niš. Symmetric communication represents the form of communication between experts or equals, while asymmetric communication takes place between professionals and laypeople. Professionally oriented discourse and scientific discourse are examples of symmetric communication, while the doctor-patient encounter is an example of asymmetric communication. Professionally oriented discourse may be considered to be practically oriented and includes a wide variety of tasks performed by health care professionals. Scientific discourse is characterized by specialized language to express scientific facts in a precise and formal way. The doctor-patient encounter is an example of asymmetric form of communication and enables practising the most relevant grammatical and semantic aspects of English.*

Key words: *communication, professionally-oriented discourse, scientific discourse, doctor-patient encounter*

1. INTRODUCTION

English for Medical Purposes has been referred to as the language used by doctors, dentists, nurses, pharmacists and other health care professionals (Svendsen and Krebs, 1984, 154). In addition, it is defined as a special language as opposed to the general language used in everyday situations. The most prominent feature of medical language is the broad use of words related to the subject matter. Such a specialized communication may be symmetric taking place between experts and asymmetric taking place between experts and laypeople (Grunig, 2002). The aim of the Medical English course at the Faculty of Medicine Niš is to combine both forms of communication and thus broaden the students' content-based knowledge as well as develop their ability to communicate effectively using appropriate linguistic tools.

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2. SYMMETRIC COMMUNICATION

2.1. Professionally oriented discourse

Professional discourse can be defined as spoken, written or visual semiotic forms found in social and domain-specific contexts, and used by professionals with special training. A good example of this type of communication includes medical scientists working in the laboratory, performing experiments, analyzing blood count data, or doctors measuring blood pressure and discussing the signs and symptoms of a specific illness. Therefore, this type of communication may be considered to be practically-oriented (Kenneth, 2014).

In the process of teaching English for medical purposes, the professionally-oriented discourse represents a starting point of the course. The level of morphology including the analysis and acquisition of medical terminology represents the initial step. Students get acquainted with word formation and basic word structure with special emphasis on prefixes and suffixes. The fundamental premise is that medical language is logical and terms can be broken into the immediate constituents (Chabner, 1996). Some examples include: **gastr / o / enter / o / logy*; *aden/o/carcin/oma*; **my/algia*, **blephar/o/ptosis*,; **cardio/megaly*; **polio/myelitis*. Thus, by learning the meaning of the prefixes and suffixes, it will be easier for the students to understand the words and use them in a broader context represented in the analysis of the human body systems, which is the next step in the Medical English course. Spelling may sometimes represent a sort of an obstacle for students in acquiring the medical terminology in English due to the fact that many words are pronounced alike but spelt differently and have entirely different meanings, For example: *ileum* is a part of small intestine, and *ilium* is a part of the pelvic bone (Antić., 2015: 10).

Professionally-oriented discourse in the context of Medical English course also consists of acquisition and practice of medical abbreviations such as GP (General practitioner), CBC (Complete Blood Count), LV(Left Ventricle), MRI Magnetic Resonance Imaging), WBC (White blood cells),

2.2. Scientific discourse

Scientific discourse is a specialized, semantically condensed language used to express precise, objective statements of experimental outcomes. This expert-to- expert communication aims at using general scientific knowledge in the medical field. Apart from the standardized terminology, the language is characterized by formal, abstract, and precise stylistic features (Marshall and Case, 2010:22). After having mastered the basic medical terminology the students are now capable of moving to a higher level of communication. This implies participating in discussions related to the medical field, giving presentations and using the conference language.

The analysis and composition of medical research articles in English following the IMRaD structure (Introduction, Material and Methods, Results, Discussion) is also part of the course. Each section is analyzed separately first and then incorporated within the whole. The introduction section usually consists of two or three paragraphs stating the problem and subject of the research. It also includes the hypothesis, aim and significance of the work. The methods and materials section contains the information about the subjects included (number, age and gender) duration of research, statistical tests, methods and techniques, and equipment. The results section represents the most important part in which the obtained results are listed. The data are effectively presented in charts, tables, illustrations, graphs, diagrams and photographs. The discussion section contains scientific interpretation of the findings and

evaluation of the research. In this section, the obtained results are explained and compared with relevant findings of other authors. The conclusion represents the summary of the main points with the following elements: conclusions about the hypothesis posed in the introduction, results of the research – and their theoretical implications and suggestions for further research. Cargill and O'Connor, 2021: 9-14).

All the sections of the scientific articles enable teamwork, small group work, and the exchange of ideas among students. In addition, language skills are practised: reading (for obtaining information, writing (for preparing the paper), listening (listening to other students' presentations), and speaking (presenting and discussing the problem (Antić and Milosavljević, 2014:130). Students are supposed to use English language in specialized medical settings and create a particular connection between medical and linguistic knowledge. This is also an opportunity for them to practise formally expressing themselves in front of their colleagues, which is very important for strengthening and improving self-confidence. In order to improve students' linguistic competence, the use of discourse markers is highly useful since they help maintain cohesion and coherence in writing and speaking (McNamara et al., 2010: 302.). They are used for expressing:

- Sequencing: *firstly, secondly, then, meanwhile, as soon as, finally, before after;*
- Explaining cause: *since, as, because, that is the reason why, owing to, due to on account of, because of;*
- Explaining effect: *so, therefore, consequently, as a result, hence, thus, resulting in;*
- Adding information/support: *and, not only..., but, also, in addition, additionally, moreover, furthermore, further;*
- Giving an example: *for example, for instance, to illustrate this, an example of this is, such as, namely;*
- Introducing contrast: *but, whereas, while, however, although/though, nevertheless nonetheless, in contrast, in comparison, yet, on the other hand, in spite of, despite, unlike as opposed to;*
- Giving alternatives: *or either ... or neither ... nor, similarly alternatively, or either...or neither...or;*
- Drawing conclusions: *to summarize, in conclusion, in sum, to conclude, to sum up, in summary*

It should be noted that the Medical English course is student-centered and aimed at mastering the language to be used in real life situations. From the point of view of communicative competence students are placed in the authentic context in which they are supposed to express themselves in a foreign language and be resourceful using adequate vocabulary and linguistic structures (Omaggio, 1986). The focus shifted from what students know about language and linguistic rules to how well they can use the language in meaningful interaction (Green, 2000).

3. ASYMMETRIC COMMUNICATION

3.1. A doctor-patient encounter

Asymmetric communication represents the form of communication in which the roles of senders of the information and receivers are different. It is assumed that the difference corresponds to that of leaders and followers. The interaction between a doctor and a patient is an example of asymmetric communication. The form of such a medical encounter is characterized by specific tasks including presenting patients' complaints,

performing a physical examination and establishing the right diagnosis (Have. 1991: 143). A typical doctor - patient talk has similarities with a teacher- student talk consisting of the elements of initiation, response, and an evaluation of the response. It implies that a teacher asks a question, a student answers a question, and the teacher provides feedback. When it comes to doctor-patient interaction, a doctor asks a question, a patient answers a question and based on the patient's answer a doctor gives a piece of advice or establishes the diagnosis. (Fisher. 1984: 202).

One of the most prominent features of asymmetric communication is the use of technical terminology that patients are not familiar with completely. The implementation of asymmetric communication in the Medical English course aims at acquainting students with the technical and non-technical medical terminology. Some examples include: *clavicle-collarbone*, *sternum-chest*, *umbilicus-navel*, *carpus-wrist*, *patella-knee-cap*, *tibia-shin*, *calcaneus-heel bone*, *oesophagus-throat*, *abdomen-belly*, *intestines-bowels*, *talus-ankle*. (Cooke, et al., 2000: 120.) The acquisition of medical terminology is present throughout the whole Medical English course.

During the first year of medical studies the Medical English course is based on the texts relating to human body systems, and the most representative disorders relating to these systems are taught during the second year. In the later phase of the course asymmetric communication is incorporated in the form of the medical interview. Medical interview represents fundamental diagnostic tool and core clinical skill in medical education and practice. It is considered to be the most important interpersonal physician-patient encounter (Gill, 1999: 350). To perform an optimal medical interview the physician must be aware of patient behavior patterns and be able to communicate effectively. The sections of the medical interview include:

The opening:

- *What has brought you today?*
- *What seems to be the problem?*
- *What can I do?*
- *How can I help you?*

The history of the present illness

- *Where does it hurt?*
- *Where is the pain located?*
- *What is the pain like?*
- *Which part of the head is affected?*
- *Does anything make it better/worse?*

The past medical history:

- *Have you ever been admitted to hospital**
- *Have you ever had headaches before*
- *Has there been any change in your health since your last visit?*

The family history:

- *Are your parents alive and well?*
- *Does anyone else in your family suffer from this problem?*

The social history:

- *What do you do?*
- *Where do you work?*
- *Do you drink/smoke? (Glendinning, 2005: 136-7)*

The specific questions of each section provide a good basis for students to practise their medical knowledge and English language skills. In addition, they are given the opportunity to take the initiative and direct the teaching/learning process.

4. CONCLUSION

Symmetric and asymmetric forms of medical communication presented in this article constitute a useful ground for practising all language skills, as well as the most important grammatical and semantic aspects of English. Such a methodological approach is student-centred, content-based, and raises students' motivation towards using different learning strategies. It is of crucial importance that students are actively involved in the teaching process because of their familiarity with the primary field of expertise. Moreover, they gain insight into social and communicative skills are essential for their future professional training and development.

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