Creating a Word List for Learners of Spoken Medical English

Robert Chartrand
Kurume University
Robert Dilenschneider
Jichi Medical University

Reference Data:

Chartrand, R., & Dilenschneider, R. (2026). Creating a Word List for Learners of Spoken Medical English. In B. Lacy, M. Swanson, & H. Yoder (Eds.), *LanguageS: Learning, Teaching, Assessing – JALT 50 Years – Challenges and Perspectives*. JALT. https://doi.org/10.37546/JALTPCP2025-25

In Japan, medical students are required to demonstrate effective spoken communication skills through Objective Structured Clinical Examinations (OSCEs), yet there remains a lack of pedagogically appropriate resources for learning spoken medical English. To address this gap, this research reports on a corpus-based lexical resource devised and implemented for use by learners of spoken medical English. A set of 3,365 words and short phrases in glossaries from more than 13 medical English textbooks focused on oral communication from Japan was systematically reviewed, screened, and refined. By using the New General Service List (NGSL) approach, general English items, administrative terms, and highly technical vocabulary were removed to obtain 657 specialized words and phrases involved in the patient–provider interaction. The resulting Medical Oral English List (MOEL), intended to support OSCE training, role-play and oral communication skills, is a practical, copyright-safe resource for use in Japanese medical education settings.

日本では、医学生は客観的臨床能力試験（OSCE）を通じて、効果的な口頭コミュニケーション能力を示す必要があるが、口頭の医療英語を学習するための教材は依然として不足している。本研究は、この課題に対応するため、口頭の医療英語学習者向けに開発・導入されたコーパスに基づく語彙リソースを報告する。日本国内で使用されている口頭コミュニケーションに焦点を当てた13冊以上の医療英語教科書の用語集から、3,365語と短い語句を抽出し、体系的に精査・選別した。新一般英語語彙表（NGSL）の手法を用い、一般英語語彙、管理・事務的用語、高度に専門的な語彙を除外し患者と医療従事者のやりとりに関わる657語句を抽出した。こうして作成されたMedical Oral English List（MOEL）は、OSCE対策、ロールプレイ、口頭コミュニケーション技能の向上を支援する、実用的かつ著作権上安全な語彙リソースであり、有効活用が可能である。

Exposure to authentic language and repeated practice are both important for Japanese medicals students to effectively communicate with their patients. For example, previous research has shown that exposure to the authentic, clinical language of medical terms and phrases are necessary to address medical issues. In addition, repeated exposure to doctor-patient interactions is important to record patient histories, explain diagnoses, and convey outcomes (Silverman et al., 2013; Kurtz et al., 2021). Together, these factors enable medical students to apply what they have learned in the classroom to authentic real-life situations in a hospital.

A major component of medical education in Japan is composed of assessments known as the Objective Structure Clinical Examinations (OSCEs). Originally developed by Harden et al. (1975), these assessments consist of stations that are used to verify that students have achieved core competencies before they graduate from medical school. Table 1 shows a summary of the OSCE core competencies and typical skills conducted at medical schools in Japan.

Medical universities in Japan, have been conducting OSCE-like practices in English to prepare their medical students. For example, as part of their medical English curriculum, the International University of Health and Welfare requires sixth-year medical students to complete a 12-minute English history-taking station using simulated patients (Kumagai et al., 2024). In addition, the curriculum at the University of Tsukuba lists a Clinical Skills Training course that states, “In parallel with the OSCE training workshops, students rehearse the doctor-patient encounters with a simulated patient, but in English.” This course focuses on rapport building, empathy, gathering medical information, and giving peer feedback (University of Tsukuba Faculty of Medicine, 2025). Finally, according to their guidebook, The Nihon University School of Medicine states that OSCE preparation is part of their English for Medical Purposes (EMP) curriculum. Third and fourth-year students engage in English communication using case-based studies and fifth and sixth-year students use English in authentic clinical settings (Nihon University School of Medicine, 2026).

Table 1

Summary of OSCE Core Competencies

Competencies	Typical Skills Evaluated
Medical interview	History taking, communication, empathy
Physical examination	Inspection, palpation, percussion, auscultation
Clinical reasoning	Differential diagnosis, problem identification, management planning
Procedural skills	Venipuncture, injections, catheterization, sterile technique
Emergency care	Basic life support, emergency response
Infection prevention	Hand hygiene, PPE, aseptic technique
Professionalism	Ethics, respect, confidentiality, accountability
Clinical documentation	Case presentation, medical records
Teamwork	Interprofessional communication and collaboration
Patient-centered care	Shared decision-making, informed consent, patient education

Note. Common Achievement Tests Organization. (2026). *Medical student OSCE learning and assessment items*.

Studies have shown that students' performance on the OSCEs is strongly correlated with prior exposure to authentic language and repeated practice in realistic communicative situations (Chen et al., 2015). In fact, Iizuka and Lefor (2018) tested communication-focused methods rather than traditional language instruction, and found that medical students improved their communication abilities when engaged in speaking activities. Moreover, the Japanese Ministry of Education, Culture, Sports, Science and Technology (MEXT) mandated that communication ability be a core component of medical education in Japan to ensure that medical practitioners can interact effectively with non-Japanese patients (MEXT, 2022).

Despite this mandate, there are some studies that suggest there are some issues that inhibit effective oral communication at medical schools in Japan regarding initiative, confidence and motivation. Jego (2022) found that Japanese medical students lacked interactional competence to effectively understand patients' disorders because medical evaluations emphasized following a scripted checklist rather than asking natural follow-up questions. Moreover, Mayers, et al. (2023), found that although students were interested in learning English to read research or attend international conferences, they lacked confidence when speaking English because of grammar and pronunciation. In terms of motivation to learn, Mathis (2022) found that medical students were more concerned about studying English as a practical professional skill, rather than an academic skill.

To compound the issue of medical communication, the need for Japanese doctors to have oral competency in English is growing. The number of non-Japanese residents living in Japan is increasing significantly: as of March 2025, the number of non-Japanese residents living in Japan has surpassed three and a half million (Nippon.com, 2025). In the next 15 years, the trend will increase to roughly six million by 2040 (The Japan Times, 2024). Although approximately 50% of foreign residents are from east Asian countries such as China (23.2%), Vietnam (16.8%) and South Korea (10.9%), English is the lingua franca in the field of medicine; services for other languages at medical facilities outside major cities in Japan may not always be available (Jenkins, 2020).

As indicated earlier, research on medical English education in Japan has repeatedly identified the benefits of medical students' exposure to authentic language and repeated practice. Although MEXT has mandated that communication ability be a core component of medical education in Japan, students may be more comfortable using English for research and professional development than for oral communication with patients. As a result, there is a substantial gap in medical English education in that medical students in Japan are required to demonstrate communicative competencies to pass clinical examinations. They lack the confidence to communicate in English despite the significant population growth of foreign residents coming to live and work in this country.

At present, there appears to be little published material of a spoken medical English corpus designed specifically to teach oral English to medical students. To date, only two related published materials have been found. The first is a publication by Porter (2025) of a spoken corpus of foreign and immigrant patient narratives. This open-source corpus focuses on stories, experiences, and intercultural communication for nurses rather than dialogues, clinical interviews and medical conversations for doctors. The second is the Medical Spoken Word List (MSWL) by Dang (2020), based on university medical lectures and seminars. It contains approximately 895 specialized words and is corpus-derived from authentic spoken academic discourse, intended for students studying medicine through English. The Medical Oral English List (MOEL), however, was designed for doctor–patient communication, especially for Japanese medical students. It includes

common medical terms plus everyday words and phrases needed in consultations. It was derived from medical communication textbooks rather than an academic lecture corpus. Moreover, it includes multi-word expressions (e.g., high blood pressure, sore throat, take a deep breath), not just single-word lemmas. These differences make the MOEL an original work used to create and teach oral tasks and exercises, so that Japanese medical students can effectively use English to communicate medical issues and competently succeed in OSCE assessments.

Methodology

Choosing Textbooks

The MOEL was created by analyzing textbooks used in Japan for teaching oral English to medical professionals. This list could be used for creating supplementary materials, writing textbooks, or other resources to enhance English medical communication. When choosing textbooks, it was decided to select resources that emphasized oral communication rather than those focusing on reading skills. Oral communication–focused textbooks such as *Vital Signs*, *Because We Care*, and *English in Medicine* were chosen because the authors had experience teaching medical English and, in some cases, engaged in informal discussions with medical staff and students to confirm the needs of the students. Therefore, textbooks like these were deemed to be valuable for capturing words and short phrases from authentic spoken interactions, clinical dialogues, and practical language used by healthcare professionals. In contrast, reading-focused textbooks used to learn about medical issues were not selected because they are mostly used to learn more advanced medical content such as medical case histories and so on. As such, to ensure the word list represented a wide range of medical English, the vocabulary from 13 oral communication focused textbooks were used (see Appendix 1). Excerpts such as full sentences, paragraphs and passages were not used because we were only interested in focusing on single words or short phrases used in medical English conversations. This approach also minimizes potential copyright concerns, as the dataset consists of discrete lexical items (words and phrases) rather than extended textual excerpts. According to the Japanese Copyright Act (1970), extracting or listing single words or standard technical terms are not subject to copyright. For example, individual words (e.g., *patient*, *diagnosis*, *stethoscope*) are not protected by copyright because they do not constitute a "work" under the Japanese Copyright Act. Article 2(1)(i) defines a work as:

> Article 2 (1) In this Act, the meanings of the terms set forth in the following items are as prescribed respectively in those items: (i) "work" means a creatively produced expression of thoughts or sentiments that falls within the literary, academic, artistic, or musical domain;

Extracting Words and Phrases

The initial plan was to extract words and phrases from a textbook to an Excel file with a scanner with optical character recognition (OCR) software in a three-step process. OCR is a technology that allows a scanned image of text to be converted to editable text. The first step involved scanning each page from a textbook, the second step involved extracting the text using OCR software, and the third step involved copying the text to an Excel file.

Two alternative methods were devised to more effectively extract medical words. Practical Method 1 involved physically extracting words and phrases from textbook glossaries into a Microsoft Word document using a combination of either voice dictation or manual typing. For verbal dictation, glossary terms and phrases were spoken and automatically transcribed into a Microsoft Word document using its voice recognition function. For manual typing, words and phrases from a textbook glossary were directly typed into the same Microsoft word document. After extracting, all words and phrases from both processes were then copied and pasted into an Excel file.

Practical Method 2 involved a digital process of extracting words and phrases from textbook glossaries into a Microsoft Word document. The Google Translate application with its built-in camera and Google Lens function proved to be very effective as an OCR scanner. After words and phrases were extracted from a textbook glossary, they were then pasted into the same Excel File spreadsheet from Practical Method 1.

Screening Words and Phrases

Based on the researchers' experiences of teaching medical English in Japan for over 20 years, a purposive sampling was used. The screening process for words and phrases followed a systematic five-step procedure to both refine and minimize the initial dataset into a list for medical oral communication:

1. 3,365 extracted words and phrases from Practical Methods 1 and 2 were consolidated into a single tab of an Excel File. This initial step was performed to ensure that all data was centralized and ready for systematic processing.

2. Within the tab of the Excel File, 3,365 words and phrases were sorted alphabetically. This organization made it easier to visually identify duplicate words and phrases that were repeated within the dataset.
3. After alphabetization, the process of redundancy elimination was used to carefully review, identify and omit any duplicate words or phrases. This process helped to ensure that each entry within the list was unique and relevant to the medical corpus.
4. After repeated words within the list were eliminated, screening focused on the length and structure of the entries. Only individual words and short phrases related to medical terms and issues were retained and full sentences were omitted. This step was important for maintaining the clarity and usability of the dataset, especially if the goal is to support communication exercises.
5. The final step narrowed the dataset to a subset of 1,863 words and phrases that were judged to be particularly suitable for medical-related oral communication activities. The five-step process of screening words and phrases is shown in Table 2.

Table 2

Process of Choosing Vocabulary Items

Steps	Description	Remaining Words
1. Consolidate	Place all words & phrases into one Excel tab	3,365
2. Aphabetize	Alphabetize all words and phrases	
3. Redundancy	Omit duplicate words and phrases	
4. Review	Include short phrases but omit sentences	
5. Communication	Retain words for oral communication	1,863

Results

To increase the relevance of the word list, we adapted it to the New General Service List (NGSL) framework (Browne, 2021). Based on corpus linguistics research, the NGSL categorizes the most used English words into seven frequency levels. The list assists English language educators and learners to teach and learn new words more efficiently. In this study, we determined that aligning the MOEL with the NGSL was appropriate because our aim was to direct learners' attention toward English for Specific Purposes (ESP) vocabulary relevant to healthcare contexts, rather than general English words that learners are likely to have already acquired. By focusing on the medical English genre, this approach reduces the overall number of target items, thereby making it more feasible for learners to acquire essential medical vocabulary within a shorter period. Therefore, after the fifth step, the NGSL was used to refine the selection of words for the list. As such, comparing the medical oral English word list with the NGSL was effective to identify English vocabulary relevant to healthcare contexts rather than words and phrases that learners likely know. By focusing on the medical English genre, this approach reduces the overall number of target items, thereby making it more feasible for learners to acquire essential medical vocabulary within a shorter period.

The following five criteria were used to adapt the word list to further enhance its relevance:

1. Analysis: The list of 1,863 items of words and short phrases was analyzed using the NGSL Profiler (Browne, 2024). This analysis allowed us to identify general English words classified at Level 7 of the profiler and to remove them from the list. The NGSL Level 7 words are the most difficult words learners may encounter based on their word frequency. These items represent vocabulary that learners are expected to have already acquired, and their removal helped reduce non-specific words in the medical word list. Thus, 360 basic words and phrases were removed from the list.
2. Review: The resulting word list was manually reviewed, and terms that were administrative in nature (e.g., accreditation, criteria, licensure) or unrelated to healthcare professionals' discourse with patients were removed.
3. Lemmatization: Lemmatization was applied by retaining root forms of words and phrases and deleting inflected forms. For example, singular forms of nouns (where possible), base forms of verbs, and simplified phrase forms were retained.
4. Elimination: Highly technical vocabulary that would rarely occur in typical patient–provider interactions were excluded (e.g., auscultation, cricothyrotomy, exophthalmos).
5. Retention: Finally, words (i.e. dizzy, ligament, phlegm, and rash) that are useful for healthcare communication with patients were retained because these words were frequently used based on the researchers' experiences.

As a result of these efforts, the word list was reduced to 657 specialized words and phrases that were added to the NGSL. This word list is now freely available for instructors and students to teach and learn specific medical English vocabulary for oral

communication. The Medical Oral English List (MOEL) is available online (Chartrand & Dilenschneider, 2025). Table 3 shows a list of sample words taken from the MOEL.

Table 3

Sample of Specialized Medical Word List

Item Number	Medical Word
89	blush
90	body cavities
91	body mass index (bmi)
92	bone marrow
93	bone tumor
94	bowel movement
95	brain tumor
96	breastbone
97	breathlessness
98	bronchitis
99	bruise
100	bulimia
101	bump
102	burning sensation
103	buttock
104	calf
105	calorie
106	canal
107	capsule
108	carbohydrate

Discussion

Altogether, these steps helped to strategically refine a medical word list that is both practical and accessible for educators to use in healthcare communication contexts. The word list development process resulted in a structured lexical resource designed to support oral medical communication for L2 learners of English in Japanese medical schools. The coverage of a corpus is often expressed as a percentage of word occurrences (tokens), indicating how much of the text is "covered" by those words for reading comprehension or analysis.

The NGSL itself reports coverage of large general corpora at 90 – 92%. Moreover, the inclusion of medical vocabulary into the MOEL project can feasibly increase the coverage for tokens found in medical oral English textbooks to 95 – 97%.

Combined Coverage (NGSL + MOEL)

- NGSL alone: about 90 to 92% lexical coverage
- MOEL: approximately 95 to 97% coverage

This represents an additional gain of 3 to 5% in vocabulary coverage. Each 1% gain above 95% dramatically improves comprehension and fluency (Nation, 2006). This enables learners to understand most of the useful words, terms and expressions for medical English.

The resulting list contains lexical items commonly used in core clinical interactions, including medical history taking, symptom description, physical examination procedures, explanations of diagnoses, and patient-centered communication. The focus on individual words and short phrases allows the list to be flexibly integrated into a range of pedagogical applications, such as role-play activities, OSCE preparation tasks, and instructor-designed communicative exercises. Table 4 shows the steps involved in extracting and selecting medical terms and phrases above the NGSL level 7.

By limiting the corpus to decontextualized lexical items and excluding extended text, the resulting dataset avoids copyright concerns while remaining pedagogically practical (Chartrand, 2016). Overall, the corpus provides a foundational lexical resource that reflects the functional language demands of spoken medical English and can support both instructors and learners in developing oral communication skills aligned with clinical assessment requirements (Browne, 2021).

Table 4

Composition of Spoken Medical Word List

Title	Descriptions
Purpose	Support oral medical communication for L2 learners
Source materials	13+ oral-communication–focused medical English textbooks
Initial extracted items	3,365 words and phrases
Screening procedures	Deduplication, sentence removal, phrase length filtering
Final corpus size	657 words and phrases
Text type	Decontextualized lexical items (no sentences)
Focus	Spoken clinical interactions
Target use	OSCE preparation, role-plays, oral practice

Conclusion

This study addresses the need to establish a medical word list that can be utilized to enhance oral communication for medical students in Japan. To address this gap, a corpus-based lexical resource was created for learners of spoken medical English. This was achieved by incorporating the NGSL approach of using the most appropriate lexical items to obtain 657 specialized words and phrases in doctor-patient dialogues. The resulting MOEL is a practical resource for use by educators and learners.

This research project aimed to address a gap in Japanese medical education by developing a corpus-based word list for L2 learners to learn spoken medical English. With increasing demands for communication in medicine, particularly for OSCEs and with non-Japanese patients, the word list was created to focus on the functional use of medical English for oral communication. The shortcomings were identified by the authors in their discussions when attempting to find practical materials for their classes at their medical schools. An attempt was made to create a corpus of medical English textbooks; however, this task was not plausible for this purpose and a resulting process of extracting a word list from textbooks was ensued. A final language sample of words and short phrases was derived from oral communication medical English textbooks through a systematic extraction of textbook vocabulary, a screening of words and phrases, and choosing vocabulary items. In addition, five criteria to enhance the word list for oral communication were used: analysis, review, lemmatization, elimination, and retention. The process of developing this word list helped to decontextualize lexical items and omit redundant expressions, which allowed the list to be practical for communication in medical contexts.

This study has two limitations that should be considered. First, the word list was drawn from a selection of oral medical English textbooks available for Japanese medical and healthcare education. Though these materials represent a portion of the available teaching resources, they may not necessarily encompass the complete set of healthcare related English textbooks currently in use in Japan. Second, the resulting oral English vocabulary was filtered through the NGSL Profiler for relevance of English level, and then vocabulary related to oral medical English was chosen according to the knowledge and experience of the authors. Therefore, overly technical medical terms and phrases were deleted, as they were not deemed to be pertinent to oral English communication.

The resulting word list provides tools for teachers and students to create communicative tasks and exercises that are more closely linked to real physician-patient interactions and assessment. While the corpus itself is not a substitute for typical, routine clinical discourse practice, it offers a resource for producing medical English educational materials. The methodology outlined in this paper could serve as a roadmap for other English for Specific Purposes (ESP) areas of study where emphasis is on spoken interaction and might serve as a template for corpus development in other ESP disciplines. In short, the corpus contributes to the development of oral medical communication education in Japan by offering a coherent language teaching tool containing vocabulary and syntax in a verbalized form. Integrating this resource with other genre-specific curricula and systematically assessing learner performance could further expand its educational value. As a result, language instructors can both improve medical education and oral communication between doctors and patients.

The MOEL is currently in its first version. However, updates to the list will be done by adding pertinent vocabulary from other textbooks that have not been included. Further research could be done by analyzing this list with genre specific vocabulary sets and creating new lists such as nursing care, dental care, and other medical specializations.

Bio Data

Robert Chartrand, Ph.D., is a specially appointed professor at the Institute of Foreign Language Education, Kurume University. He has taught medical, nursing, and medical technology students at Kyushu University (part-time) and Kurume University (full-time) for over twenty years. Having a strong background in science and technology, he has

published a book on corpus linguistics and numerous articles related to using technology in language learning.

Robert Dilenschneider, Ed.D., is an associate professor in the General Education Department at Jichi Medical University and teaches medical English (ESP) to students studying to become doctors for rural districts throughout Japan. He has taught ESL for over 30 years and published in the fields of content language and integrated learning (CLIL), computer assisted language learning (CALL), and vocabulary acquisition.

References

Biber, D., Johansson, S., Leech, G., Conrad, S., & Finegan, E. (1999). *Longman grammar of spoken and written English*. Longman.

Browne, C. (2021). The NGSL project: Building wordlists and resources to help EFL learners (and teachers) to succeed. *In Teaching with technology 2020: Selected papers from the JALTCALL 2020 Conference* (pp. 1–18). JALT CALL SIG. https://doi.org/10.37546/JALTSIG.CALL2020.1

Browne, C. (2024). *NGSL Profiler* [Computer software]. https://www.ngslprofiler.com

Chartrand, R. (2016). *Extraction and analysis of modal auxiliaries in consecutive clauses from a corpus*. Cambridge Scholars Publishing.

Chartrand, R., & Dilenschneider, R. (2025). Medical Oral English List (MOEL). New General Service List Project. https://www.newgeneralservicelist.com/medical-oral-english-list.

Chen, H. C., van den Broek, W. E. S., & ten Cate, O. (2015). The case for use of entrustable professional activities in undergraduate medical education. *Academic Medicine, 90*(4), 431–436. https://doi.org/10.1097/ACM.0000000000000586

Dang, TNY. (2020). The potential for learning specialized vocabulary of university lectures and seminars through watching discipline-related TV programs: Insights from medical corpora. *TESOL Quarterly, 54*(2). pp. 436-459. https://doi.org/10.1002/tesq.552

Harden, R. M., Stevenson, M., Downie, W. W., & Wilson, G. M. (1975). Assessment of clinical competence using objective structured examination. *British Medical Journal, 1*(5955), 447–451. https://doi.org/10.1136/bmj.1.5955.447

Iizuka, H., & Lefor, A. (2018). Does the consecutive interpreting approach enhance medical English communication skills of Japanese-speaking students? *International Journal of Medical Education 9*(4), 101-107. https://doi.10.5116/ijme.5abe.0eb5

Japan. (1970). *Copyright Act* (Act No. 48 of 1970).https://laws.e-gov.go.jp/law/345AC0000000048

Japan faces shortage of almost a million foreign workers in 2040. (2024, July 4). *The Japan Times*. https://www.japantimes.co.jp/news/2024/07/04/japan/japan-foreign-worker-shortage/

Jego, M. (2022). *Assessing oral communication skills of EFL novice medical students (Doctoral dissertation, University of Birmingham).* University of Birmingham Research Archive. https://etheses.bham.ac.uk/id/eprint/12615

Jenkins, J. (2020). *English as a lingua franca in the international university*. Routledge.

Kumagai, Y., et al. (2024). *Developing a clinician-friendly rubric for assessing history-taking skills in medical undergraduates speaking English as a foreign language*. BMC Medical Education.

Kurtz, S., Silverman, J., & Draper, J. (2021). *Teaching and learning communication skills in medicine (2nd ed.)*. CRC Press.

Mathis, J. (2022). Japanese medical students and second language motivation. *The Asian ESP Journal, 18*(1), 170–191.

Mayers, T., Mathis, B. J., Maki, N., & Maeno, T. (2023). Japanese medical students' English language learning motivation and willingness to communicate, and the impact of the COVID-19 pandemic. *International Medical Education, 2*(4), 283-292. https://doi.org/10.3390/ime2040027

Ministry of Education, Culture, Sports, Science and Technology. (2022). *Model core curriculum for medical education in Japan*. https://www.mext.go.jp/content/20250411-mxt_igaku-000028108_00003-2.pdf

Nation, I. S. P. (2006). How large a vocabulary is needed for reading and listening? *The Canadian Modern Language Review, 63*(1), 59–82. https://doi.org/10.3138/cmlr.63.1.59

Nihon University School of Medicine. (2026). 2027 Guidebook: Medical English Education (English for Medical Purposes Program). https://www.med.nihon-u.ac.jp/resource/pdf/examinee/igakubuGUIDEBOOK2027

Nippon.com. (2025, March 28). Japan's foreign population hits 3.8 million. https://www.nippon.com/en/japan-data/h02350/

Porter, M. (2025). The spoken corpus of foreign and immigrant patient narratives for nursing and medical education. *Nursing English Nexus, 9*(2), 29-36. https://doi.org/10.69458/nexus.9.2_29

Silverman, J., Kurtz, S., & Draper, J. (2013). *Skills for communicating with patients (3rd ed.)*. Radcliffe Publishing.

University of Tsukuba Faculty of Medicine. (n.d.). English education. https://igaku.md.tsukuba.ac.jp/kyoiku-culc/kyoiku-eigo

Appendix 1

Textbooks used for creating the MOEL word list

1. Dagnev, I. (2021). English for healthcare professionals: A coursebook for the medical colleges. Medical University–Plovdiv Publishing House.
2. Donaldson, C. (2017). English skills for nursing. Language Point.
3. Evans, V., Dooley, J., & Tran, T. M. (2015). Career paths: Medical. Express Publishing.
4. Evans, V., & Dooley, J. (2020). Career paths: Dental hygienist. Express Publishing.
5. Inoue, M., & Ihara, T. (2007). Because we care: English for healthcare professionals. Cengage Learning.
6. McBean, B. (2019). Healthtalk: Health awareness & English conversation (New ed.). Tryalogue Education.
7. McCullagh, M., & Wright, R. (2008). Good practice: Communication skills in English for the medical practitioner. Cambridge University Press.
8. Milner, M. (Ed.). (2008). English for health sciences. Heinle Cengage Learning.
9. Morooka, V., & Sugiura, T. (2014). Vital signs reading & writing: Essential English for healthcare professionals. Nan'un-do.
10. Morooka, V., & Sugiura, T. (2018). Vital signs: Essential English for healthcare professionals (Rev. ed.). Nan'un-do.
11. Nishihara, T., Nishihara, M., & Brown, T. (2010). Medical English clinic. Cengage Learning.
12. Opacic, R., Kamiyama, S., & Imamura, K. (1995). English for medical students. Nan'un-do.
13. Yamamoto, J., & Watanabe, Y. (2004). Health talk: English for hands-on nursing. Pearson Education Japan.