CHAPTER 3

Basic Arabic for Healthcare Professionals

Sara K. Hillman

Michigan State University

1 Introduction

This article presents the process of developing a Language for Specific Purpose (LSP) course, "Basic Arabic for Medical Professionals." This course will be offered for the first time through Michigan State University's (MSU) School of Osteopathic Medicine during the fall of 2014 and may continue to be offered in subsequent semesters. MSU's School of Osteopathic Medicine has already been offering a Medical Spanish course for three years and wanted to expand its language offerings. Arabic was a logical choice since the Detroit Metropolitan area in Michigan, in particular Wayne County, has the largest percentage of Arab Americans in the United States, and thus health care providers in the eastern part of Michigan's lower peninsula regularly come into contact with Arabic-speaking patients. Additionally, public and community health organizations and agencies such as the Arab Community Center for Economic and Social Services (ACCESS) in Dearborn, MI regularly hear concerns from Arab clients about their experiences with the Western health system. Despite its high percentage, the Arab community

has been a medically underserved population in many ways (for more information, see Arab Community Center for Economic and Social Services, 1999).

During the fall of 2013, the School of Osteopathic Medicine approached MSU's Arabic staff with the idea of offering a medical Arabic course, and I offered to take on the challenge of developing and teaching such a course. Unlike English for Specific Purpose (ESP) courses, and LSP courses for commonly taught languages like Spanish, there is little offered in terms of Arabic for Specific Purpose courses in the United States and few existing materials. My own background provides an additional challenge. I have a strong academic background in second language acquisition research and pedagogy and five years of experience teaching university Arabic courses, but I have no background in healthcare and know relatively little about such contexts. The School of Osteopathic Medicine preferred to hire an experienced language teacher though, as opposed to an Arabic speaker who worked in the medical field with no training in language teaching. Additionally, those working in the medical field tend to be too busy to be available to teach such a course.

1.1 Institutional Background

The School of Osteopathic Medicine wants the course to follow a similar design to "Medical Spanish" and they plan to make it concurrent with the Medical Spanish course. The Spanish course is designed to teach physicians and medical providers language skills needed to provide basic history and physical examinations, follow-up care, and provide prescription instructions to Spanish-speaking patients. The goals of the course include helping health care providers better communicate with Spanish-speaking patients and providing culturally sensitive

health care services to this growing population. It also prepares students for medical field experience they will complete in a Spanish-speaking country. The course has been offered face-to-face, online via Webinar (Adobe Connect), and broadcast through Polycom TV to students in residency at hospitals in various parts of Michigan. The Medical Spanish course is currently offered for just one hour a week for ten weeks of a regular school semester, usually in the afternoon or evening. Students do not receive a grade for the class, but rather a certificate of completion. Homework is optional, but there is one required final assessment, which students must pass in order to receive the certificate. This makes it easier for medical students, who have heavy course training loads and little free time, to enroll in the course.

Ten contact hours is extremely limited for learning any language, and this is especially true for a language like Arabic, which the Foreign Service Institute of the U.S. Department of State estimates takes 2,200 class hours to achieve language proficiency (National Virtual Translation Center, 2007). One of the first questions I had to ask myself was, what can students take away of value in only ten contact hours? I initially drafted three broad student learning goals for the course: (a) basic spoken Arabic language skills to help put patients at ease; (b) greater knowledge about the Arabic language and the Arab communities in Michigan; and (c) greater cultural competence and sensitivity on issues related to Arab-Americans and healthcare. I chose to name the course, "Basic Arabic for Healthcare Professionals" instead of "Medical Arabic" since it is not focusing on teaching higher-level medical Arabic terminology. The assumption is that the course will be intended for those with no prior knowledge of the language or as a brief review for those with basic knowledge. Although the course will focus on key spoken phrases

and vocabulary useful in clinical settings, the cultural component, focusing on how to provide culturally sensitive healthcare services to Arabic-Americans, will be heavily emphasized.

2 Needs Analysis

Since the College of Osteopathic Medicine did not perform a needs analysis, I have begun to collect various kinds of data in order to help me decide on appropriate student learning outcomes and design the final curriculum for this course. As this is a beginner course, it differs from many ESP courses in that gathering lots of information about what the students need to do with the language is not particularly helpful or necessary. The students obviously need many things from a language perspective, but they will not have time to acquire much beyond the very basics in only ten contact hours. I will, however, select basic vocabulary to teach that is useful in healthcare contexts as opposed to just university contexts. For example, some of the first words my students learn in my regular university beginner Arabic classes include words like "university," "student," and "teacher." In the healthcare course, these would be replaced with vocabulary like "hospital," "doctor," and "nurse."

Given my lack of background in healthcare contexts, it is the cultural aspect of the course that I feel the least prepared and knowledgeable to teach. My first step has been to review books, articles, and lectures related to health care delivery to the Arab American community. My second step will be to interview Arabic-speaking doctors, students in residency, and patients in order to hear their experiences, and speak with some of the public and community health organizations in Michigan. I am also currently developing a questionnaire to send to students who enroll in the course about their experiences with Arabic-speaking patients and their motivations and

expectations for the course. Lastly, I plan to have a discussion/reflection board online while the class is in session where students can post questions or write about experiences they have had or are currently having with Arabic-speaking patients.

It is important to note that Arabic is considered a *diglossic* language and this complicates matters when deciding which variety of Arabic to teach for the course. Diglossia denotes the existence of a higher and a lower register used in semi-exclusive contexts (Ferguson, 1959). For Arabic, the higher register is usually referred to as *fuṣḥa* or Modern Standard Arabic (MSA) and it is more highly coded. It is the language of newspapers, formal speeches, newscasts, and other kinds of formal writing and speaking. The lower register is usually referred to as colloquial Arabic or dialect, and it is used for more casual everyday interactions, family contexts, movies, sitcoms, as well as in some writing like cartoons and novels (Palmer, 2007). In reality, the diglossic situation is much more complex than the simple higher-lower dichotomy. As Trentman (2011) points out, the situated context, such as the interlocutors, the topic, and the situation, all play a role in determining the register used, and higher and lower registers are often mixed together in complex ways, instead of just using one or the other. Through the data I gather as part of the needs analysis, I hope to come to a final decision about which variety of Arabic to teach. Most likely, it will be a mixture of MSA and the Levantine dialect, since there is a higher percentage of Levantine Arabic speakers in Michigan in comparison to the other dialects.

3 Student Learning Outcomes

Since I was given no program goals or set objectives by the School of Osteopathic Medicine, I drafted student learning outcomes (SLOs) based on my personal experience teaching

elementary level Arabic courses to college students at MSU, while also keeping in mind what phrases and vocabulary would be most useful for the context of clinical settings and the limited contact hours with students. I referenced several elementary level Arabic textbooks as well as textbooks used for Spanish for healthcare professionals. The SLOs may be revised according to the results of the needs analysis, but my draft SLOs currently includes both language-based outcomes as well as culture-based outcomes. Table 1 displays a draft of these outcomes.

Table 1

Student Learning Outcomes for Basic Arabic for Healthcare Professionals

Language-based Outcomes	Culture-based Outcomes
• Produce some of the unique sounds of the Arabic alphabet	• Recite all the countries where Arabic is spoken and locate them on a map
• Greet and introduce themselves and others	• Discuss important aspects of the Arabic language
• Recite numbers 1-10	• Identify the major Arab communities in Michigan
• Recognize and use names of major body parts	• Demonstrate knowledge of Arab belief and value systems
• Ask simple questions (biographical, feelings)	• Discuss Arab cultural and religious traditions that impact health care
• Inquire about areas of pain or problems	
• Use simple verbs in statements and requests	
• Use and understand pronouns with basic feeling adjectives (e.g., I am sick, Are you cold?)	
• Talk about family members	
• Use and understand days of the week and time expressions	

4 Materials and Curriculum

One of the challenges of developing this "Basic Arabic for Healthcare Professionals" course is that there are not many materials already available for use or adaptation, meaning that

much has to be developed from scratch. While Spanish has a number of textbooks and phrase books published for teaching Spanish for healthcare settings, Arabic has none. There are several Arabic-English, English-Arabic medical dictionaries, as well as websites that offer some Arabic medical vocabulary and English-Arabic translation of various health documents. There is also a book, *Arabic for English Speaking Medics* (Zawawi, 2004), but this appears to be nothing more than a phrase book and does not provide a comprehensive curriculum for teaching. The Arabic Institute for Arabic Learning, "Arabi," has developed a set of course materials for "Arabic for Specific Purposes," including "Arabic Language for Healthcare Providers," but their materials are fully in Arabic script, and not useful for beginners of the language ("Arabic language for healthcare providers," n.d.). The only similar course I have been able to find being offered is a "Basic Arabic for Healthcare Professionals" course at Gulf Medical University in the United Arab Emirates.

Due to the lack of existing materials, most of the materials will be designed by me and posted online. Some of the language and culture content will be adapted and translated from other language for medical purposes materials, and some will be taken and adapted from the popular *Alif Baa: Introduction to Arabic Letters and Sounds* textbook (Brustad, Al-Batal, & Al-Tonsi, 2010). In addition, I am gathering cultural materials from articles such as the, "Guide to Arab Culture: Health Care Delivery to the Arab American Community" (Arab Community Center for Economic and Social Services, 1999), and segments of videotaped lectures on issues related to Arabs/Muslims and healthcare. Additionally, one of the optional texts for my students to buy will be the Google eBook *Medical Point2Arabic: Patient History Interviews & Emergency Medical Services* (Interlingua Publishing, 2009a). This book is useful for healthcare professionals to keep in their offices and pull out if they need to communicate with a patient who

only speaks Arabic. As long as the patient is literate, it allows for a basic medical interview to start right away without the need yet for an interpreter. Healthcare professionals can point to the question they want to ask the patient and the patient can read a translation of the question in Arabic and then point to their answer. The tentative weekly schedule for my course can be seen in Table 2 below.

Table 2

Tentative Course Schedule for Basic Arabic for Medical Professionals

Lesson 1	Arabic greetings and introductions Where is Arabic spoken? Arab populations in Michigan/USA Arabic sounds and transliteration system Discussion of syllabus and motivations for being in the class
Lesson 2	Review More greetings and introductions Arabic subject pronouns Basic feeling adjectives
Lesson 3	Review Demonstrative pronouns Basic medical people, places, and things nouns
Lesson 4	Review Numbers 0-10
Lesson 5	Review Present tense verb conjugation Using simple verbs in statements/requests
Lesson 6	Review Family member vocabulary Possessive pronouns
Lesson 7	Review Question words and simple questions
Lesson 8	Review Parts of the body More simple questions
Lesson 9	Review Days of the week and time expressions
Lesson 10	Review Arab belief and value systems Arab cultural and religious traditions that impact health care

5 Assessment and Evaluation

Since this course is intended for those with no prior knowledge of Arabic language, diagnostic assessment will be not be necessary, although I will be collecting data from students through a questionnaire before the first class about their prior experiences with Arabic-speaking patients. I will use a variety of informal quick reviews to conduct assessment of student learning and comprehension at the beginning and end of each class, and I will regularly give informal feedback to students on their output throughout class. Highly motivated students will have the option of taking short weekly review quizzes offered online, and all students will be required to do a final assessment online, which will be developed around the SLOs and whether students have met these learning outcomes. Ideally, I would like this assessment to be more performance-based and have students, for example, work in pairs to create a videotaped skit that demonstrates that they have met the language objectives. While I may have to revise this based on students' time constraints, this would better match my teaching practices since I plan to make most of class time about activating and using the new vocabulary/grammar in some meaningful context.

In terms of the class evaluation, I plan to give the students a short mid-term (week 5) evaluation to complete about the class and their instructor. This will help me to determine the degree to which things like the pace of the class are appropriate and whether or not their needs and expectations regarding the course are being met. I will also give them an evaluation form to complete at the end of week 10, which will help identify which changes/improvements need to be implemented, if necessary, the next time the course is taught. As this will be my first time teaching the course, the course itself will become part of an ongoing needs analysis in

determining which needs were met and which were not, and which materials worked and which did not.

6 Conclusion

There are many potential benefits to offering this "Basic Arabic for Healthcare Professionals" course. Even if students are not able to learn a significant amount of Arabic vocabulary and grammar in this short course, if a nurse or doctor can only remember to say hello and a few other simple phrases Arabic, this may help to put an anxious or hurting patient who does not speak any English at ease and strengthen a positive and trusting relationship. Additionally, the course will be able to provide students with valuable references for where to find medical documents in Arabic or translations of basic medical interviews such as the *Medical Point2* book series. Having these references handy could be life saving at times. Lastly, there is a great need for more sensitivity regarding cultural issues that might arise with Arab patients. This course provides an open and safe place for students to discuss their experiences and ask questions. *In sha allah* ("God willing", as we say in Arabic) this will lead to more satisfactory experiences between healthcare professionals and their patients in the future.

There are a number of limitations and constraints that have arisen in the development of this LSP course. The biggest is the limited contact hours with the students. Students who are taking the Medical Spanish class typically have already studied Spanish or have some prior exposure to Spanish. There are also numerous cognates between English and Spanish, especially when it comes to medical vocabulary. Therefore, students in a ten-week Spanish class can move at a much quicker pace than an Arabic class. They also have a strong motivation to learn Spanish

since they are getting ready to do medical field work in a Spanish-speaking country. Most of my students will never have studied any Arabic. I will not have time to teach students the Arabic script, so they will have to learn everything through transliteration. This makes correct pronunciation more challenging and it will take time for students to get used to producing some of the unique sounds that Arabic has that are not found in English. They will also not be able to rely on many cognates to remember vocabulary. Moreover, as mentioned earlier, Arabic is a diglossic language, and as a language spoken by more than 300 million people in over 27 different countries, it is a rich language with a lot of regional and stylistic variation. I do not believe that Arabic is difficult but I do think it generally takes a longer amount of time for native English-speaking students to acquire Arabic than a language like Spanish.

Another major limitation is that this is not a course for credit and potential students will already have very full schedules, especially if they are in residency. Acquiring a language takes a lot of time and effort, and it is unclear how capable and motivated these students will be to put in the work that is necessary, particularly if they do not perceive an immediate need. Additionally, I have to conduct the needs analysis and prepare to teach this course in a very short amount of time. This may result in a lot of trial and error the first time this course is taught.

While in the process of developing this course, I attended a weeklong Language for Specific Purposes Summer Institute offered through the University of Hawaii at Manoa's National Foreign Language Resource Center (NFLRC). The institute was useful in numerous ways, but there are two things I learned in particular that I wish to share with others developing or revising LSP courses. First, conducting a needs analysis is a *key* component of developing a

successful LSP course and is really what should be driving the LSP course. I know that I need the input of the prospective students and other stakeholders before I can finalize what the objectives for my course should be. Intuition based on previous teaching experience is not enough, particularly since I am so unfamiliar with the healthcare context. Second, it is extremely helpful to swap and share ideas with colleagues when it comes to curriculum development. Although there were no other colleagues at the workshop who were developing an Arabic for healthcare professionals course like me, many of our basic curriculum concerns and challenges were the same. I received many good ideas from my colleagues and even some new resources for medical Arabic that I had not found before. It's essential to to gather as much information as possible before developing a course, and then share and get feedback on the SLOs, materials, and assessments. Furthermore, although it can be time-consuming and humbling at times, the more the evaluation process is utilized to provide feedback, the more likely the LSP course is to be successful.