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Multimodality in medicine: How university medical students approach informative leaflets

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ABSTRACT

This study aims to analyse multimodality in medical leaflets to see how images and other semiotic modes combine with text-flow, adding meaning to the message and broadening the communicative spectrum. Traditionally, in the educational sphere, more importance has been given to text rather than to other semiotic modes but, in fact, writing is also a multimodal practice. In medicine, the visual becomes vital, whether accompanied by meaningful written text or not. The present study analyses 50 medical leaflets designed by first year medical students enrolled in their English for Health Sciences module. The leaflets are a very useful activity integrated as part of their spoken project presentations and include a variety of medical topics, i.e. diabetes, Female Genital Mutilation (FGM), Alzheimer's or Huntington's disease, among others. Images were considered in terms of type, structural organisation, and size. How images combine with text-flow was also observed. The study is an example of how we can apply multimodality to the teaching and learning of languages in the higher education curriculum, proving that multimodality is not only a theory, but also a field of application.

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1. Introduction

In this article, I discuss the opportunities and advantages of using multimodal texts in the English for Medicine classroom at university. I will review the genre of Medicine Informative Leaflets (MILs) as a type of medical informative genre different from drug consumption leaflets or the inpatient discharge instructions. The study of medicines advertising and medicine package leaflets has received more attention than the MIL (DeLorme, Huh, Reid, & An, 2007; Dickinson, Teather, Gallina, & Newsom-Davis, 2010; Vita Bianco, 2015). In fact, the medicine package leaflet –also called patient information leaflet– has been regulated by the European Commission (2009: 5) through a readability guidance which establishes that medicine package leaflets have to be “written and designed to be clear to the reader”. The document also emphasises the importance of a good design that “facilitates navigation and access to information” (2009:7). However, no specific guidelines have been established for the MIL so far.

The MIL, although not a promotional advertisement per se, should be presented in consumer-friendly language; these printed documents have been found to be important in the health field as they complement practitioners' advice and other information resources (the Internet, the nurses, the pharmacist, etc.). Unlike with medicine package leaflets, there is no explicit guidance in the medical field about what is required in the medical informative leaflet or brochure. The MIL should not only be understood as an informative document, but it should also aim at educating patients and to some extent

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persuading them to change their behavioural healthcare practices and/or ameliorate health problems (Worden & Flynn, 2001); as such, the design of the document plays an important role in transforming people's understanding of information. Consequently, MILs' effective information design and layout matters, and multimodal attributes such as heading hierarchy, typography, visible structure, colour, visual identifiers, etc. assist readers in understanding and getting the key information.

The communicative and representational scenarios have changed in the last 50 years and visual means of communication are now more prominent, influencing the organisation and presentation of texts, that is, the semiotic landscape (Kress, Leite-García, & van Leeuwen, 1997). Although "writing has always been a multimodal practice" (Archer & Breurer, 2016:2), it has become more multimodal over the years, now including visual and oral aspects, as well as other multimedia technological advances. The social origins and production of a text become paramount and build the socio-semiotic landscape, where attention is given to all forms of meaning (Kress & van Leeuwen, 1997). This multimodal approach becomes the basis of this study, that is, "to understand all the representational modes which are in play" in the MIL assuming that in social semiotics there is "a motivated relation between signifier and signified" (Kress et al., 1997: 258–259).

The inclusion of the MIL in the medical curriculum for university students has proven to be a helpful tool for medical students to draw on semiotic and discursive resources for meaning-making (Weiss, 2014). In her study about multimodality and medicine, Weiss (2014) concludes that by asking students to produce pamphlets or any other health promotion materials within a framework of social semiotics develops patient-centred communication practices useful for the medical professional world. In the study carried out here, the participants are a group of first-year degree medical students enrolled in the English for Healthcare module at a Spanish university who have been asked to create a MIL as part of the output to be assessed in the subject. These medical students are not provided with instructional input on how to develop and design the informative leaflet or brochure. I depart from the assumption that students' knowledge of antecedent genres, similar for example to health promotion materials, generates the necessary connections to develop the multimodal assignment (Jamieson, 1975; Bronwyn, 2016). Their own domestic experience as patients, at some point in their lives, or in the case of other relatives, diseases and visits to health centres provides them with the necessary knowledge to generate the expected content and the use of the genre conventions of the MIL. In the end students manage to negotiate the genres they know and the new genres with confidence and expertise. Eventually, medical students' previous knowledge of this type of genre and their own personal preceding experience in the healthcare field may provide those insights needed for the development of the English assignment aiding the affluence of genre conventions.

Multimodal pedagogies can help students in completing multimodal projects in the university classroom as "models of application rather than theoretical insights" (Bezemer & Jewitt, 2010: 180). Curricular design at university should aim at providing the understanding of discursive practices and genre knowledge of the profession; this is the understanding of the communicative purpose and goal of the genre (Badger & White, 2000; Bhatia, 1999). In this particular case, the MIL is a well established genre whose aim is to provide patients with information and advice about a particular disease and whether to treat or prevent it.

In the sections that follow, I show how the inclusion of a multimodal genre approach in the medical curriculum can aid medical students to become aware of semiotic choices and design, and prepare them for a socially diverse professional environment where they will have to face different challenges.

2. The study

This study aims to analyse multimodality in MILs produced by students of medicine to see how images and other semiotic modes combine with text-flow, adding meaning to the message and broadening the communicative spectrum in what I call here a multimodal genre approach. The focus of this paper are the possible pedagogical implications of applying multimodality to the teaching and learning of languages in the higher education curriculum, proving that multimodality can be "a field of application rather than a theory" (Bezemer & Jewitt, 2010: 180).

The study took place in the English for Health Sciences module for first year medical students at a Spanish university. The English for Health Sciences curriculum has been designed following the premises of the Bologna declaration (June 1999) for the creation of the European Higher Education Area (EHEA). The English for Medicine module puts emphasis on the preparation of future doctors for a multicultural and socially diverse environment, which culminates with the practice of the profession in all its different facets (Bellés-Fortuño & Kozlova, 2012). Thus, the outcomes of the module take into consideration the real needs of Medical Practitioners (MPs) as regards the English language. These involve: a) The doctor as a professional-practitioner, b) the doctor as a researcher, and c) the doctor as a lecturer. Concerning the generic and specific competences in the English for Health Sciences module, these are described in Table 1:

Table 1

Generic and specific competences in the English for Health Sciences module.

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- English communication. Knowing English language as a vehicle for medical knowledge dissemination.
 - Academic and professional English knowledge and command applied to Medicine.
 - The doctor as a lecturer/pedagogue.
 - Autonomous learning.
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