

OPTIMIZING FRENCH FOR HEALTH SCIENCES: A NEEDS-BASED APPROACH TO COURSE CONTENT

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ABSTRACT. *Optimizing French for Health Sciences: A Needs-Based Approach to Course Content.* Since the release of John Swales' seminal work, *Genre Analysis: English in Academic and Research Settings* (1990), the notions of genre and genre analysis have significantly influenced teaching methodologies in language for specific purposes (LSP). Through genre analysis, LSP professors can determine the structure of genres and what the most important oral and written genres in a specific professional field are. In 2006, McGill University started offering elective French courses to students from different areas of the Faculty of Health Sciences. Many McGill students are native English speakers from various regions of Canada and the United States, as well as international students whose first language is not necessarily English. In Quebec, students who did not complete their secondary education in French are required to pass an exam demonstrating a minimum B2 proficiency level in French, according to the CEFR, to be eligible to work in the province. Keeping this reality in mind, the question that arises is which genres should be taught in French for healthcare. Therefore, the objective of this paper is to determine the most important written and oral genres in French for healthcare and which ones are the most relevant for McGill University learners. To accomplish this objective, a review of the literature was conducted, followed by an analysis of relevant

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textbooks. Finally, a group of healthcare professionals was interviewed. At the conclusion of this paper, recommendations are made for the most important written and oral genres in health sciences that should be incorporated into the syllabus of our B2 level French for health sciences courses.

Keywords: *French for health sciences, French for Social Work, French for Specific Purposes, Genres in French for health sciences*

REZUMAT. Optimizarea limbii franceze pentru științele sănătății: O abordare bazată pe nevoi pentru conținutul cursului. De la publicarea lucrării revoluționare a lui John Swales, *Genre Analysis: English in Academic and Research Settings* (Swales 1990), conceptele de gen și analiza genului au condus la schimbări în metodologia de predare a limbajului pentru scopuri specifice (LSP). Prin analiza genului, profesorii de LSP pot determina structura genurilor și care sunt cele mai importante genuri orale și scrise într-un domeniu profesional specific. În 2006, Universitatea McGill a început să ofere cursuri opționale de limba franceză studenților din diferite domenii ale Facultății de Științe ale Sănătății. Mulți dintre studenții McGill sunt vorbitori nativi de limba engleză din diferite părți ale Canadei și Statelor Unite sau studenți internaționali a căror limbă maternă nu este neapărat engleza. În provincia Quebec, este obligatoriu ca studenții care nu și-au finalizat studiile secundare în limba franceză să treacă un examen care să ateste un nivel minim de B2 conform CEFR pentru a putea lucra în această provincie. Ținând cont de această realitate, întrebarea care se ridică este: care genuri ar trebui predate în limba franceză pentru domeniul sănătății? Prin urmare, obiectivul acestui studiu este de a determina cele mai importante genuri scrise și orale în limba franceză pentru domeniul sănătății și care dintre acestea sunt cele mai relevante pentru studenții de la Universitatea McGill. Pentru a atinge acest obiectiv, s-a realizat o revizuire a literaturii, urmată de o analiză a manualelor relevante. În final, a fost intervievat un grup de profesioniști din domeniul sănătății. La finalul acestui articol, sunt făcute recomandări cu privire la cele mai importante genuri scrise și orale din domeniul științelor sănătății care ar trebui incluse în programa cursurilor de franceză pentru științele sănătății la nivel B2.

Cuvinte-cheie: *limba franceză pentru științele sănătății, franceza pentru asistență socială, franceza pentru scopuri specifice, genuri în franceza pentru științele sănătății*

Introduction

The concept of genre has consistently played a pivotal role in language studies and education. This is largely due to the valuable descriptive and interpretive frameworks that genre provides, enabling LSP researchers and

educators to comprehend the underlying reasons for a text's particular construction before guiding learners in its creation. A genre can be understood as a communicative event, encompassing both oral and written forms. This event takes place within a specific discourse community, which, in the context of this study, is the medical or health sciences community. Each communicative event is directed toward a particular audience, which may vary depending on whether the event is oral or written—ranging from healthcare professionals to patients or caregivers. Importantly, every communicative event serves a specific purpose or objective and adheres to a common macrostructure. This macrostructure refers to an overarching framework that is consistently shared among all oral and written texts categorized within the same genre. Moreover, genres share common linguistic, content and style patterns (Swales 1990; Bhatia 1993; Nwogu 1997; Montolío 2000, Bawarshi and Reiff 2010; Bhatia 2012).

Barwarshi and Reiff (2010) assert that John Swales' seminal work, *Genre Analysis: English in Academic and Research Settings* (1990), marked a pivotal shift in language teaching methodologies, particularly within the context of LSP, by introducing and advancing the concepts of genre and genre analysis (Bawarshi and Reiff 2010, 40). Swales developed the empirical analysis of genres and their application to teaching English for specific purposes (ESP). He studied the research article, although not necessarily in medicine, and proposed a model of structure which he called Creating a Research Space (CARS). This model divides the *macrostructure* of each genre into *moves* and *steps*, as in a symphony. Each movement has a communicative objective, and each step or *sub-move* has a communicative sub-function (Swales 1990, 140-143).

Bhatia (2012) carries out some critical reflections on genre analysis. The author divides his reflections on genres into three main areas: genre analysis, critical genre analysis and interdiscursivity (Bhatia 2012, 17-18). Regarding genre analysis, which is the area of interest in this paper, Bhatia points out that genre analysis attempts, among other things, to develop pedagogical solutions for the language classroom for specific purposes. For more than thirty years it has been considered the most useful tool for analyzing and studying academic and professional genres. Genre analysis seeks to understand the complex and dynamic real world of written and spoken discourse and focuses on the world of professions (Bhatia 2004).

Bawarshi and Reiff (2010) further highlight that research on genre learning has equipped instructors with effective teaching strategies that bridge new knowledge with previously acquired skills. Moreover, studies on genre knowledge have informed pedagogical practices designed to facilitate the transfer of genre competence and writing abilities across different contexts. Examples include the transition from first-year composition courses to discipline-specific

coursework, as well as from academic writing to professional writing. According to these authors, genre analysis has become so integral that, over the past 20 years, it is often considered synonymous with ESP (Bawarshi and Reiff 2010, 41). This comment by the authors can be interpreted to apply also to LSP in general.

In terms of pedagogical applications, Bawarshi and Reiff (2010) argue that research on genre acquisition and learning has equipped language instructors with the tools and strategies to link new knowledge with learners' prior knowledge. Additionally, research related to learner genre knowledge has inspired the development of pedagogical approaches aimed at facilitating the transfer of genre knowledge and writing skills across different writing contexts. This includes text production by students in the first years of university to writing in more specific texts in career subjects later in their degree (Bawarshi and Reiff 2010, 175).

Johns (2002, 7-9) categorizes three distinct pedagogical approaches to genres, each influenced by different theoretical traditions. First, the School of Sydney approach, which was developed for primary and secondary school students in Australia and stems from functional systemic linguistics. Second, the ESP approach for which Swales and his movement theory is central. This theory analyzes the characteristics of texts and relates them to the rhetorical intentions and values of discourse communities. Third, The New Rethoric, an approach by which students are taught to study genres, their social intention and ideology in a critical way. The New Rethoric theorists see genres as dynamic and evolving and prefer to discuss the rhetorical status of the genre rather than its lexico-grammatical elements.

Building on these three approaches, Bawarshi and Reiff (2010) introduce a fourth approach: the Brazilian didactic approach, which has played a significant role in shaping genre pedagogy in Brazil. This approach is distinguished by studying the social history in which the genre develops, characterising the context of production, studying the thematic content, and analyzing the construction of the genre (Bawarshi and Reiff 2010, 177).

Given the complexity and dynamism of real-world written and spoken discourse, genre analysis is inherently complex and dynamic as well. Although genres are identified based on conventional characteristics (Berkenkotter & Huckin 1995), they are continually evolving, necessitating ongoing innovation and adaptation. As human society constantly changes, genres evolve in parallel. For instance, with contemporary society becoming increasingly technology-driven, it is highly likely that the practice of genre analysis is being influenced by this trend (Xia 2020). More and more researchers are becoming interested in the use of emerging online or digital genres (Belcher 2023) within scientific discourse communities (Luzón and Pérez-Llantada 2022). Additionally, genre

scholars have published works on contemporary topics, such as how research teams utilize Twitter (Luzón 2023), video talks aimed at explaining science to nonspecialist audiences (Luzón 2019; Xia 2023), and misinformation during the Covid-19 pandemic (Mehlenbacher & Mehlenbacher, 2024). These examples illustrate the recent developments in the field of genre analysis.

Despite these advancements in genre analysis, this study is grounded in Swales' genre approach, specifically applied to French for specific purposes. This approach is considered the most suitable for addressing our students' needs, as it focuses on professional genres that will be valuable to them after completing their university degrees. It is important to note that genre analysis extends beyond written texts to include oral genres as well. Accordingly, this study will encompass both oral and written genres within the field of health sciences.

In summary, the importance of genre analysis in LSP teaching is that it goes beyond studying lexis and grammar. Genre analysis tries to determine the objectives and the characteristics of a genre, and how the contents of a particular genre are part of the socio-cultural and linguistic conventions of a group of professionals in different communicative events in their daily professional lives, i. e. in a company, a hospital, or a university (Alcaraz 2000). Once a genre has been defined, it is up to instructors to choose which genres are the most relevant to teach in an LSP class according to the needs of the learners.

The aim of this work is to determine which oral and written genres are more relevant and therefore should prevail when choosing the contents to be taught in French for health sciences groups at B2 level in our university. To achieve this objective, two research questions were raised:

1. What are the most relevant written genres in French that non-francophone Quebec health sciences and psychosocial services students need to produce for success in their clinical placements and future professional careers?
2. Which oral genres should non-francophone Quebec students in health sciences and psychosocial services master in French to excel in their clinical placements and future professional careers?

This paper is organized as follows: The subsequent section will outline the current context at our university, and some of the contents included in the French for healthcare courses before 2020. This will be followed by a presentation of the methodology employed in this study. The results pertaining to both research questions will then be examined. Finally, the paper will address both questions and propose a list of genres deemed essential for inclusion in a French for health sciences syllabus.

The Context of McGill University

Located in Canada, McGill University is the oldest English-language university in the French-speaking city of Montreal. In 2006, the French Language Centre at McGill University, with funding from Dialogue McGill Project, began offering French for health sciences courses from levels A2 to B2. Initially, these were not stand-alone subjects in which students could enroll, but subgroups within general French subjects. For example, within a subject aimed at improving the grammar and writing skills of general French students, a group with a separate timetable and instructor was created in which only students from the Faculty of Medicine and Health Sciences could enroll. Since the objectives of the main subject included the improvement of grammar and writing skills in French, the objectives of the French for health sciences group had to be very similar. For the healthcare groups, different manuals were created, but their objectives remained faithful to those of the main subject. For this reason, all kinds of grammatical explanations and exercises, always adapted and including examples from the field of health sciences, were to be found in the course packs of these health groups. Some examples of written texts studied in the B2 groups included writing a memorandum, writing a letter of complaint to the director of a hospital or the minister of health, or writing a text in which the learner describes his or her professional future. On the other hand, the practice of oral interaction was limited to A2 and B1 levels only, not being present at all in the B2 groups. Examples of oral interaction activities in A2/B1 were giving directions in a hospital (how a person should go from one hospital ward to another), giving recommendations to a patient or explaining why the students chose their profession.

There are currently seven French for health sciences elective courses offered, all of which do not depend on any other subject. The courses are offered in the autumn and winter semesters, although they are not the same courses. Also, two intensive courses are offered in May, one in conversation and the other in grammar and writing. The following table summarizes the courses and teaching level offered each semester. Courses starting with the code FIGF are non-credit courses and will not be part of the objectives of this paper, as they are considered seminars by the FLC.

Table 1. Courses in French for healthcare and psychosocial services currently offered by the FLC.

Course code	Semester	Level
FRSL 209	Autumn	A2.2
FRSL 210	Winter	B1
FRSL 219	Autumn	B1 (only for Dietetics students)

Course code	Semester	Level
FRSL 329	Autumn	B2.1
FRSL 330	Winter	B2.2
FIGF PMCO (conversation)	Winter and May intensive	B2/C1
FIGF PMCE (writing)	May intensive	B2

These courses are offered to students of the following degree programs:

Medicine	Occupational Therapy	Social Work
Nursing	Dentistry	Psychology
Physiotherapy	Dietetics and Nutrition	Speech Language Pathology

Students whose first language is French are not permitted to enroll in these courses. Consequently, students may be native speakers of English or any other language. Given McGill University's high proportion of international students and Canada's multicultural environment, many students are native speakers of languages other than English but use English as their language of instruction or have mastered it as if it were their mother tongue. Precise data on the various native languages of our students are not yet available and will be addressed in a future study.

In recent years, some departments within the Faculty of Medicine and Health Sciences have required students to demonstrate proficiency at the B2 level in French as a prerequisite for admission. This has affected lower-level courses leading to fewer and fewer student enrollments. For example, FRSL 219 was not offered in autumn 2023 because it did not reach the minimum number of students enrolled. To compensate, a second group of FRSL 329 was created for nutrition and dietetics students only. This resulted in the adaptation of the contents to meet the needs of students in this profession. At present, it is not known whether this will be the case for the other two groups at A2 and B1 level, but for the time being they are still being offered.

In the French-speaking province of Quebec, on the other hand, the body governing the French language is known as the *Office québécois de la langue française* (OQLF). The OQLF requires students whose mother tongue is not French and who have not completed their secondary school, college (pre-university) or undergraduate studies at a French-language institution must pass a B2 examination prepared by the OQLF and adapted to the profession to be registered and practice in Quebec.

For this reason, the French Language Centre, in collaboration with Dialogue McGill, also offers free workshops to prepare students for the OQLF exams. The workshops are organized by groups of professions to simulate the real exam situation, accommodating four to eight students per group. The OQLF

exams and workshops have four parts, the first of which is a reading exercise of a case study. After this, the students carry out an oral activity in which they exchange information about the case in a meeting with other students of the same profession (information gap activity). As a result of this activity, participants must summarize the case study and provide an action plan with recommendations for the patient. The third part consists of a written activity related to the second part. Usually, an essay is requested in which the summary of the case and the recommendations made by the group are included. The fourth and final part consists of an oral interview with the patient studied in the clinical case or with the caregiver. This particular context of the OQLF French exam in Quebec will also play an important role in the contents chosen for the French courses mentioned above. It should be noted that if a student has a B2 level, they can participate in the workshops without having enrolled in any of the courses. It is also possible to take the courses and never participate in the workshops.

Since 2013, these courses have been taught, with all French for healthcare groups conducted entirely separately from the general French groups focused on grammar and writing. However, it was surprising to discover that the B2 level French for health sciences courses lacked any oral interaction activities, and the written genres differed from those typically taught in English for health sciences. Additionally, from 2020 onwards, the same instructor of all the courses also organized workshops to prepare students for the OQLF exams. The professor reported that none of the manuals specifically created for the B2 courses (FRSL 329 and FRSL 330) included exercises aimed at preparing students for these exams.

Following these observations, the relevance and usefulness of the B2 level courses content, which had been taught since 2006, for learners in medicine and health sciences within a real professional context came into question. This situation presented a challenge in determining which written and oral genres should be included in the curriculum. Additionally, as is often the case in teaching LSP, the instructor was not a medical practitioner and had no prior experience as a healthcare professional.

To address the challenge of selecting appropriate content, a three-pronged approach was adopted. First, a review of existing literature on the key genres in medicine and health sciences was conducted. Second, existing materials, manuals, and textbooks for language teaching in health sciences were analyzed in both French and English, recognizing that there is likely more published material available in the latter. Finally, consultations were held with a group of professors from various fields within the health sciences and social work at the university, some of whom had collaborated with Dialogue McGill. The insights provided by these professors were invaluable in identifying the

most urgent needs of the students, particularly as many are required to complete their clinical placements in French-speaking hospitals and clinics. Additionally, these professors were later asked to assist in providing authentic, non-confidential materials for instructional use.

Methodology

To achieve the objectives of this study, the following approach was taken. Initially, a comprehensive review of the literature related to various genres within medicine and health sciences was conducted, with a particular focus on the written and oral genres frequently used by health professionals in their daily practice. The emphasis on frequent use is critical, as our goal is to equip students with the skills needed to effectively communicate in French with both patients and other healthcare professionals. The literature review extended beyond literature related to teaching LSP to include works from the field of Communication Skills in Medicine (CSM).

Following the literature review, a brief analysis of textbooks in both French and English for medicine and health sciences was undertaken. The purpose of this analysis was to identify the oral and written genres most featured in these textbooks, specifically those intended for B2 level French learners.

Finally, interviews were conducted with four professors from distinct fields within health sciences: one each from occupational therapy, physiotherapy, nursing, and social work. Additionally, a family doctor with experience working with students in a clinical setting was interviewed. The four professors were interviewed via Zoom during a meeting in June 2021, while the family doctor was interviewed by phone using the same set of questions. They had to answer the following two questions:

1. Are there particular types of written texts that your students are expected to produce in French during their clinical placements or in their future professional careers?
2. What specific French oral skills and tasks do you believe your students need to master to excel during their clinical placements?

Written Genres

The literature review shows various insights into the main written genres in health sciences. Most of the studies found were in English or Spanish for health sciences. Based on what was found, the research article is one of the most important written genres in health sciences (Salager-Meyer et al. 1989; Nowgu 1997; Fortanet 2002; Mari 2003; Hernández et al. 2010; Milosavljević

and Antić 2015; Jiménez et al. 2015; Mercado 2017). They are written according to the IMRD (Introduction, Materials and Methods, Results, Discussion) form. Nwogu (1997) analyzed this structure and applied Swales' CARS model to medicine journal articles in English. A similar analysis was done, and Swales' CARS model was applied to Spanish and Latin American medicine journal articles (Mercado 2017). This structure was adopted to present the content in a systematic and precise manner, aiming to enhance communication (Milosavljević and Antić 2015). The main purpose of the research article is to communicate research results, ideas and debates, to report on results obtained, to describe methods, techniques or apparatus, or to present new ideas (Fortanet 2002; Mari 2003; Hernández et al. 2010; Jiménez et al. 2015; Mercado 2023). In terms of sections, the Introduction should explain the objectives of the research and what the research aims to find. On the other hand, Materials and Methods is the section of the article which describes the material, equipment and methods used in the study. All the information related to the findings of the study is found in the Results part. Finally, the authors write their interpretation and evaluation of the research findings in the Discussion section (Fortanet 2002; Mercado 2004, 2017; Hernández et al. 2010; Milosavljević and Antić 2015).

As discussed above, the research article has an IMRD structure. Before the research article itself begins, there is another genre that serves as a "heading" for the article. This is the abstract, which is a summary of the introduction, objectives, materials and results of the research article. Its communicative function is to make the reader consider whether it is useful to continue reading the article (Vázquez 2006). There are two types of abstracts: the informative abstract, which is used in primary journals, and the descriptive abstract, which indicates the subject of the article, allowing potential readers to decide whether they wish to continue reading. Although the primary function of the abstract is to present the reader with the information broken down in the research article in a precise and summarized form, some authors make the mistake of including unnecessary informative elements in these writings (Vázquez 2006, 70), although the author does not provide examples of this.

Case reports are another important written genre in medicine and health sciences. Their main communicative purpose is to inform of a pathological condition of a patient, including its onset, development, and treatment; and case reports also recount the clinical evolution of a patient, covering exposures, symptoms, signs, interventions and results (Helán 2011; Mijomanović, Aleksić-Hajduković and Sinadinović 2021). Furthermore, case reports provide an excellent means of analyzing comorbidities, patients' histories, and the rationale behind physicians' decision-making processes. When compared to the research article,

case reports are considered less prestigious because they have poor scientific evidence and because they are narrow in scope (Helán 2011; Mijomanović, Aleksić-Hajduković and Sinadinović 2021). To sum up, Jenicek (2001) proposes the following definition:

A case report is a form of verbal or written communication with its own specific rules, which is produced for professional and scientific purposes. It usually focuses on an unusual single event (patient or clinical situation) to provide a better understanding of the case and its effects on improved clinical decision-making (Jenicek 2001, 13).

The patient information sheet constitutes another written genre in medicine and health sciences. Medication sold in some countries is marketed with a written document which includes different types of information, depending on the national legislation (Mercado 2003a, 2003b, 2004). There could be two versions of this document, one more complete for health care practitioners and another simplified type for clients (Grabar and Carbon 2018). In English, these documents are called patient information sheets, medical package inserts or drug leaflets, and in French, *la notice*, and can be found in prescribed and over-the-counter medication. The communicative purpose of the patient information sheet is to inform the patient about the composition of the medication, instructions of usage, contraindications, possible side effects, and precautions (Mercado 2003a, 2004; Grabar and Carbon 2018).

Another important written genre in health care is the case history, called *chart* in English Canada and *histoire de cas*, *anamnèse* or *observation clinique* in French. It should not be confused with the *étude de cas* (case study), which is mostly used for pedagogical and research purposes. The case history is probably the most produced health care written genre, given professionals must write them every time they meet a patient (Mercado 2021). The case history gathers all the information gained by the professional during the patient interview and it is based on the SOAP notes. The SOAP note is a type of narrative charting form, which typically begins with the subjective portion (S), followed by the objective portion (O), then by the assessment portion (A), and finally by the plan portion (P) (Kenzie and McCall 2017). *The American Heritage Medical Dictionary* (2007) defines a case history as a comprehensive account of the factors influencing the development or condition of an individual or group under treatment or study, particularly in the fields of medicine, psychiatry, or psychology. Similarly, the *Medical Dictionary for the Health Professions and Nursing* (2012) describes it as a detailed written record of a patient's familial, medical, and social history in relation to a specific condition or disease process. It is important to differentiate the case history from the case report. The former is primarily used to inform diagnosis and treatment planning and is shared

among the healthcare professionals involved in the patient's care. In contrast, the case report is a formal publication in scientific journals, intended for dissemination within the broader scientific community (Iles 1997; Salvador 2016; Mercado 2021).

After the LSP and CSM literature review, a study of textbooks and manuals was carried out in both, French and English. At the time of this study, we found no textbooks in either English or French for health sciences and psychosocial services that had been published in the last ten years and were available for sale in Canada, except for the manuals produced by McGill University before this study and which were mentioned in the context section of this paper. For this reason, the textbooks analyzed are from the 2000s. A total of eight B2 textbooks were reviewed: six in English and two in French. In terms of written genres, the genre that appears most frequently is the case history (*observation clinique*), which is found in five of the textbooks consulted (Glendinning and Holmström 2005; Milner 2006; Glendinning and Howard 2007; Fassier and Talavera-Goy 2008; McCarter 2009). The writing of a case history usually follows a patient interview activity. However, what caught our attention is that none of the manuals elaborate on the teaching of the case history. The exercises are limited to filling in gaps with information from a listening comprehension exercise or reading a short case history. We did not find any lesson or unit in which exercises were carried out to reinforce the linguistic aspects that may be needed to write a case history, nor learners were asked to write a case history, even a partial one.

Apart from the case history, note-taking exercises in an interview were found in four manuals (Glendinning and Holmström 2005; Milner 2006; Glendinning and Howard 2007; McCarter 2009). This type of exercise emphasizes the use of medical abbreviations and the use of telegraphic language to save time, but it is not an actual writing exercise.

The following table summarizes other written genres studied in different textbooks and not mentioned above. As will be observed, these genres are not always worked on as written production exercises, but as reading or even listening comprehension activities.

Table 2. Other written genres found in some of the textbooks analyzed.

Written genre	Textbook	Comments	Language of the manual
Professional e-mails	McCarter 2009	Different sorts of e-mails are studied.	English
Job application letter	McCarter 2010	Writing activity without a model	English
Medical package insert	Glendinning and Holmström 2005	Reading activity to familiarize students with vocabulary	English

Written genre	Textbook	Comments	Language of the manual
Referral letter	Glendinning and Holmström 2005; Milner 2006; McCarter 2009	Reading and listening activity in Glendinning and Holmström 2002 Reading activity in McCarter 2009	English
Research article	Glendinning and Holmström 2005	Reading activity	English

Having completed the analysis of the textbooks, we present here the results of the interviews with four health sciences professors and the family doctor. The written genre that all pointed out as the most important and the one that students most urgently needed to work on is the case history or chart. All of them mentioned that many of their students do clinical placements in French-speaking hospitals or clinics, or even in English-speaking hospitals, but receive French-speaking patients. The professors mentioned that during the internship, many non-francophone students have serious problems in writing a case history properly in French. The answer to the second question will be discussed in the next section on oral genres.

As a second option, all four professors mentioned that their students needed to practice their writing skills to successfully pass the OQLF exams. They were referring to the third part of the exam, which consists of writing a case summary (*résumé de cas*) with recommendations for the patient. To avoid plagiarism, in French for healthcare courses, students are not allowed to use a computer or any other type of technology, including AI, in their exams. All texts must be handwritten, as is the case for OQLF exams.

Oral Genres

Among oral genres, the professional-patient interview has received the most attention in scholarly discourse. This interview is a critical component of the daily routine for healthcare professionals and is widely regarded as one of the most significant oral genres in medical and health language teaching (Mishler 1984). Numerous studies have explored its role in both the medical field and in the context of language teaching for specific purposes (Mishler 1984; Maher 1990; Basturkmen 2010; Aguirre-Beltrán 2012; Barlea 2012; Silverman, Kurtz, and Draper 2013; Richard and Lussier 2016). Healthcare professionals must understand the reason for the patient's visit, possess the necessary skills to gather comprehensive information about the patient's health issue, and, when needed, conduct a physical examination, explaining the procedure and providing instructions to the patient. They are also expected to

offer a diagnosis, even if it is provisional, and, depending on the case, explain the treatment plan (Rey-Bellet et al. 2008; Silverman, Kurtz, and Draper 2013; Richard and Lussier 2016). Furthermore, depending on the situation, healthcare practitioners may need to engage in negotiation with the patient to establish a course of action (Silverman, Kurtz, and Draper 2013: 18-25; Richard and Lussier 2016: 181-196).

Another genre that was found in the literature is the explanation of action plans, treatments, or the use of medication to patients. Some authors point out the importance of what they call the "second part" of the patient interview. They point out that many professionals concentrate on obtaining information about the patient, but then have problems in making explanations (Silverman, Kurtz and Draper 2013, 149-151). Other authors focus mainly on the importance of the patient understanding the explanation of a prescription or treatment (Richard and Lussier 2016, 281-283).

The last oral genre that has been found in the literature review is that of announcing bad news. Most doctors find giving bad news very difficult and even problematic (Silverman, Kurtz and Draper 2013, 224). On the other hand, a study conducted in Australia to analyze the announcement of bad news to relatives of patients who have died suddenly indicates that even small differences in the way bad news is announced can play an important role (Shaw et al. 2012). In their study, Shaw, Dunn, and Heinrich (2012, 186) identify three approaches to delivering bad news: *bluntness*, which involves presenting the bad news directly without any preamble; *forecasting*, which entails preparing the recipient for the impending bad news; and *stalling*, which avoids the immediate delivery of bad news. Other authors insist that the announcement of bad news should always be forecasting and provide a series of steps to follow in order to make it as unpleasant as possible for the recipient (Richard and Lussier 2016, 450).

Once the literature in LSP and CSM was consulted, the study of which oral genres appear in the textbooks was carried out. Firstly, the professional-patient interview appears in six of the eight textbooks studied (Glendinning and Holmström 2006; Milner 2006; Fassier and Talavera-Goy 2008; McCarter 2009; McCarter 2010; Talavera-Goy, Gardette-Tria and Perez 2016), which corroborates our idea that this is the most important oral genre for all the reasons mentioned in the analysis of the literature above. The following table shows the other oral genres found in the textbooks, including author and language.

Table 3. Other oral genres found in some of the textbooks studied.

Oral genre	Textbook	Comments	Language of the manual
Caregiver interview	Milner 2006	Similar to patient interview, but in situations when the patient cannot speak due to age or unconsciousness.	English
	Fassier and Talavera-Goy 2008	Informing a relative of the state of the patient	French
Announcing bad news	Milner 2006	Informing the patient about a degenerative illness	English
	McCarter 2009	Informing the patient and a relative	English
Patient examination (giving instructions)	Glendinning and Holmström 2005	When examining a patient	English
	Milner 2006	When examining a patient	English
Explaining	Glendinning and Holmström 2005	Explaining physiotherapy exercises Explaining a diagnosis	English
	Milner 2006	Explaining procedures	English
	Fassier and Talavera-Goy 2008	Explaining a diagnosis	French
	McCarter 2009	Explaining procedures	English
	Talavera-Goy, Gardette-Tria and Perez 2016	Explaining treatments, procedures and techniques.	French
Reassuring	Talavera-Goy, Gardette-Tria and Perez 2016	Reassuring a patient before an operation	French

During the interview with the four professors mentioned above and with the family doctor outside the university setting, they all agreed that the most important oral genre was the patient interview. They also added that everything to do with communication both with the patient and with other health professionals was paramount for the clinical placements in which the students were involved. In many cases, the professionals supervising the trainees are French-speaking and prefer to communicate in French. In addition, as it was mentioned above, one of the parts of the OQLF exam contains oral activity which consists of a meeting with other professionals.

Once all this analysis was done, it was time to decide which written and oral genres to include in the contents of the B2 courses. It must be accepted that the information provided by the professors and the family doctor had the most influence on the decision, as they know well the reality and the needs of the learners. A good part of the professors' suggestions coincided with what was

found in textbooks on teaching English or French for healthcare. However, it is surprising that there is not an abundance of LSP literature on the written genres that our students should produce daily, specifically the case history.

Below, Table 4 shows the written genres which were chosen for the contents of the B2 courses and Table 5 summarizes the oral genres which were included in the same courses.

Table 4. Written genres included in the syllabus of the B2 level courses.

Genre	Rationale
Case history (<i>observation clinique</i>)	Students will have to produce these texts in their placements and on a daily basis in their professional life. Strongly recommended by professors.
Case summary (<i>résumé de cas</i>)	Students will need to know how to produce this genre to succeed in the OQLF exam.
Case notes	Students should know how to take efficient notes in a quick manner. They should also know the most common abbreviations used in health care.
Referral letter	Learners will have to produce these texts on a very regular basis in their professional life.

Table 5. Oral genres included in the syllabus of the B2 courses.

Genre	Rationale
Patient interview	It is the most important oral genre, according to some authors and the professors consulted. It is included in most of the textbooks studied. Students will have to interview patients and clients on a daily basis during their clinical placements, in the OQLF exam and in their professional future.
The multidisciplinary meeting	Students will have to participate in these kinds of meetings. It is part of the OQLF exam.
Oral case summary	This is the oral counterpart of the written genre. Students will need to summarize cases orally in hospital settings as well as in one of the activities of the OQLF exam.
Giving instructions	All the health care and psychosocial services professionals need to give different types of instructions. It is also included in some of the textbooks.
Announcing bad news	Most health care and psychosocial services professionals may need to break bad news at some point. It is also included in Milner 2006 and in McCarter 2009.

Conclusion

As demonstrated, genre analysis has proven to be an effective tool for determining which written and oral genres should be included in the B2 level

French for health sciences courses at our university. This process involved reviewing literature on written and oral genres in health sciences and medicine from both LSP and CSM perspectives. Additionally, an examination of genres present in existing textbooks was conducted. Finally, consultations with a group of health professional educators provided valuable insights into the most pressing needs of our students. As a result, a proposal for the inclusion of specific written and oral genres in the B2 level French for health sciences courses has been developed, tailored to the needs of our students in Montreal.

Of the written genres, the one that seems to be most important is the case history, although others such as the case summary and the referral letter have also been chosen. As for the oral genres, the patient interview and everything that has to do with oral interaction with the patient or caregiver should be included. It should not be forgotten that health professionals, even when they are still in training, must write case histories and interview patients on a daily basis. Therefore, we are of the opinion that it is essential to include these two genres as a minimum in a B2 curriculum.

Finally, the implementation of these new contents has brought other challenges. For instance, which type of activities should be created to make our students learn these genres. Furthermore, it is very difficult to find authentic material in health sciences and medicine, especially for confidentiality reasons. We believe that these challenges may form part of future research which could be helpful to other researchers and instructors of French for health sciences and medicine.

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