

# **A PEDAGOGICAL DIALOGUE BETWEEN ENGLISH FOR GENERAL PURPOSES AND ENGLISH FOR MEDICAL PURPOSES: MARCHING FROM SHORT STORY READING AND ART PRACTICE TO THE WRITING OF A HISTORY OF PRESENT ILLNESS**

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## **ABSTRACT**

In a country where English is not a native language, the language course designs for undergraduate medical students may usually underscore the instruction of language itself (e.g., grammar). This study demonstrated how literature (i.e., stories in this study) and the practice of art were integrated into the pedagogy of English for Medical Purposes, i.e., writing the history of present illness (HPI), which records the progression of a patient's present illness from the first sign and symptom to the present. The integration was based on the shared elements between the genres of story and HPI: the characters, the setting, the plot (i.e., a beginning, middle, and end), the conflict (i.e., a problem), and the resolution (i.e., the solution of the problem). Forty-three freshmen medical students first read "A Rose for Emily" by William Faulkner. Then they learned categories of vocabulary words from the text of the story, such as those of aging and light. They then drew and described their favorite scenes. An instruction by a doctor on the components of an HPI followed. Finally, they practiced writing part of an HPI for Emily, the protagonist of the story, by imagining she was a patient at a clinic. The results demonstrated students' profound depiction of the characters' appearance, understanding of their psychological world, the role of women, their empathy toward them, and their imagination of the story. The essential elements of an HPI were also found in their HPI write-ups. The pedagogical implications of this integrated approach to language teaching was also discussed.

Key Words: literature, short stories, art, history of present illness, English for medical purposes

## INTRODUCTION

English language and literacy are essential to the education and professional training of medical students and doctors, especially in a country where English is not a native language. They have to read English textbooks (e.g., anatomy). Moreover, while admitting patients to hospitals, a doctor also has to write down in English the illness story of a patient, i.e., the history of present illness (HPI). Furthermore, English is the most often employed language in presenting and discussing cases at hospitals and international conferences, and in publishing medical reports in journals. Only with advanced English language skills can medical professionals carry out their duties and responsibilities correctly and confidently and to be able to have a successful development of their career,

Because of the importance of English language competence in the medical field as aforementioned, medical students in Asia may be required to take English courses to improve their language skills. Very few English courses that medical students normally take are tailored to their professional needs, such as writing for a medical purpose. There seems to be a deficiency in teaching both basic writing skills and the English language that medical students can use in medical care. If a language course is tailored to meet medical students' needs as proposed by Kitkauskienė (2006), student's learning motivation might be even higher.

To some language teachers or even some teachers of medicine and medical humanities, the pedagogy of English for general purposes and that of English for medical purposes are totally different, and an integration between the two pedagogies can never be possible. Nevertheless, one may wonder if the discrepancy between the two pedagogies can ever be surmounted. What if the instructors from both sides collaborate to design an integrated curriculum that can help medical students prepare for the medical writing required in the later years of their medical education they receive? What should they do to bridge the gap between them?

Writing an HPI is essential training in medical education. It records the health problem of a patient, such as the symptom he/she first has, how the patient deals with it and how the illness develops and makes an impact on his/her life. It also reflects what a doctor thinks about the illness. A careful "reading" of the "live" story told by a patient precedes HPI writing. To understand a patient's story well, the students have to learn how to listen to patients, and how to generate reflective and analytical thinking about their illness (Bramstedt, 2016). A participant in Shapiro et al.'s study (2004)

revealed that by reading literature, he learned to listen for what the patient needed and hoped for.

The genre of HPI writing shares some common structures with the story genre. The components of an HPI include characters (e.g., the patient him/herself), time (when the illness first appears), location (where the illness episode happens), the plot (i.e., how the illness develops), the climax (i.e., the most suffering incident that brings the patient to hospital), and the ending (i.e., the outcome of the treatment). In an HPI, the patient, i.e., a character, has experienced some physical/mental problem and goes to a doctor for some solution to the problem. It also records how the problem is resolved and when the patient is discharged from the hospital. Thus, the study of literature is beneficial to the preparation for HPI writing.

Although literature sometimes is included in ESL/EFL books, it might not appear to be of practical use to medical students in Taiwan because those students who spend most of their time studying scientific subjects may consider the traditional study of literature using the grammar translation method less motivating if they are not avid readers. Language instructors, such as Lee (2014), started to adopt a multimodal approach, including visual, audio, text or speech, or movement channels, to integrate the arts into their courses to enhance learning motivation and polish language skills. Lee (2014) offered her students an alternative mode that used images for storytelling. The result showed the students' class participation and motivation to write increased. However, studies with a similar rationale are rare.

Kitkauskienė (2006) has declared that teaching English should be based on the language skills that students have acquired. Kitkauskienė further claimed that to develop better their professional skill, it is necessary to “make language a professionally oriented subject.” (p.88) He further stated that language study at a higher technical school is not only a discipline in its own but an interdisciplinary subject. Instead, it can facilitate the development of one's professional skills. Nevertheless, not many studies done in Taiwan have explored how a general English curriculum could be designed to prepare medical students for medical writing, such as the writing of an HPI, a required skill the students learn in the fifth year of their medical study in Taiwan.

This study used a genre-based approach to teach medical students the story genre to raise their awareness of linguistic features in stories such as the American short story “A Rose for Emily.” The purpose of this study is to help raise medical students' awareness of the elements of a short story (i.e., general English). Moreover, they were also

encouraged to represent their understanding of the story through drawing practice so that they might feel the study of literature motivating. Furthermore, they learned not only literature in general but also literature related to social and medical issues such as ageing and lives of minority groups. The learning might facilitate the cultivation of their empathy toward the groups, which is part of the training of medical humanities in medical education. It is also hoped that they can apply what they learn in literature study to prepare for writing for medical purposes, i.e., HPI. The research questions for this study include:

1. What impact does the study of the story make on the students' learning of descriptive writing, storytelling, and empathy?
2. How can the study of literary works and art (i.e., drawing) be integrated to prepare medical students for the writing of a history of present illness (HPI)?

It is hoped that through a collaboration between language instructors and medical professionals, a course design as proposed by this study can help medical students prepare for essential HPI writing and also cultivate the understanding of the humanities.

## **LITERATURE REVIEW**

### **Literature and Medical Education**

According to Shapiro et al. (2015), learners can benefit from the critical and interrogative methods of literature, such as how characters cope with and resolve moral dilemmas. A reader has to reread complex texts to identify layers of meaning, interpret the intricacies of the texts and gain deeper, subtler understanding (Fisher & Frey, 2012). Fisher and Frey claimed that a doctor has to develop a similar competence in patient encounters where focused observation is needed to interpret the patient's illness and make a better diagnosis. Shapiro et al. (2015) believed that the study of a wide range of literary texts can help learners look at questions about moral issues from various perspectives and come up with different answers to those issues. Shapiro (2008) also declared that using a variety of literary texts can facilitate the cultivation of empathy. The learners, therefore, are encouraged to have an emotional connection with or recognize characters different from themselves. The goal of engaging learners with literature is to cultivate their critical awareness of self,

others, and the world (Kumagai & Lybson, 2009) and to develop the skills such as listening to patients and empathy required of medical professionals (Shapiro et al., 2004; Charon, 2008; Christenson, 2015).

Literature, such as that written by doctors and patients, has been employed to help medical students know more about the experience of illness and treatment (Christenson, 2015). Storytelling and theater were also employed to teach students how to effectively take a medical history. For instance, in 2014, the Mayo Clinic Center for Humanities and Medicine and the Guthrie Theater offered the students of Mayo Medical School a one-week workshop, titled "Telling the Patient's Story," where students learned to take and report patients' medical history through improvisation and storytelling (Christenson, 2015).

### **Assessment of the Impact of the Study of Literature on Students' Understanding of Medical Professionalism**

How can the impact of the study of literature on medical students' understanding of their professionalism be assessed? Shapiro et al. (2015) underscored that the assessment cannot count on quantitative behavioral responses that are measured through a Likert scale. Instead, the impact should be examined through qualitative, narrative means (Krupat, Pelletier, & Chernicky, 2011). Shapiro et al. (2015) proposed that essays can be employed to enable students to think about medical professionalism formation. A qualitative analysis of student writing can be made to examine if students can understand their own and others' emotions, and a patient's cultural background, class, family and community that may influence how he/she responds to illness (Shapiro et al., 2015). With these understandings and sensibilities, medical students should be able to carefully listen to the patient's story in clinical encounters (Charon, 2012).

### **The Genre-Based Approach to Teaching HPI**

Genre, as defined by Swales (1990), is an event where members communicate to achieve a number of goals. Swales' definition of genre is featured with "a particular communication event, a specific goal, typical features, a matter of limitation and rules including content, physical form, and shape, and it belongs to a discourse community" (Dirgeyasa, 2016, p.46). To take the HPI writing genre for example, it is a text type employed in the discourse of a medical

community, with which the community communicates to take care of their patient in order to help the patient recover soon from his/her illness and be discharged from a hospital. Found in this special genre there were its linguistic features, such as tenses, the description of patients' appearance, the symptoms they have, some medical terminology, and numeric parameters used to indicate the severity of their illness.

Genre has been adopted as an approach to teaching and learning writing, such as that of academic and professional writing, and has become a prominent feature of ESP (Cheng, 2007; Cheng, 2008; Dudley-Evans, 2002). A genre-based approach underlines the analysis of linguistic components, such as sentence structure, and style (e.g., Tarone, Dwyer, Gillette, & Icke, 1998) and it has its typical process, procedures, and steps (Dirgeyasa, 2016).

Using a genre-based approach to teaching summary writing of literary works, Chen and Su (2012) first gave to their students summaries written for *The Age of Innocence*. The teacher then analyzed the generic structure and the grammatical features of the summary texts so that their students gain knowledge of the organization and language of the summary texts. In the second phase, the teacher had the students work together to write a summary of *Harry Potter and the Sorcerer's Stone*. After that, they reviewed and modified the organization, such as sequencing the events, and the language used in the summary. Finally, the students produced a summary of their own based on their understanding and knowledge of the texts.

Derewianka (2003) outlined the social purpose of a number of genres considered as critical to success in educational contexts. Among the genres are description (i.e., to provide information about a particular person, a place or a thing), recount (i.e., to tell what happened), story (i.e., to explore the human condition through storytelling), and response (i.e., to respond to a literary text or artistic work). These genres are also found in HPI writing: description of a particular patient, the information about him/her, narration of what happened to him/her and the story of his/her illness, and how the doctor has responded to the health problem (i.e., the diagnosis and treatment for the patient).

### **The Integration of Arts into Classroom Practice**

In many educational settings, student literacy is usually assessed

through oral and written language (Albers & Harste, 2007; Wright, 2012) because “the text is in word form” (Chapman, 2015, p. 94). According to Chapman (2015), arts can also serve as a way for students to learn how to communicate and get the understanding out of the communication process. Understanding is still limited about what impact integrating arts such as visuals can have on conventional language classes, as Rowsell (2013) has stated.

Farrell (2010) and Goldberg (2012) claimed that arts are a mirror for self-awareness. Furthermore, visual arts are a source of “meaning making” (Ghiso & Low, 2013). Lee (2014) found that learning English through multi-modes such as audio and visual ones enabled students to use a variety of techniques to make meaning out of the written English texts and become thoughtful and creative authors. Her finding might suggest that the arts, such as drawing, can be used as a form to help students reflect on what they have learned.

Arts education can also facilitate the cultivation of students’ imagination and creativity (Clift, 2012; McDonald & Fisher, 2002). Images, for example, can naturally arouse students’ interest and they can also be used to sharpen EFL and ESL learners’ observation skills and develop their discussion abilities (LeCompte & Bauml, 2012). The integration of arts into medical education, as Dr. Kenneth Ludmerer, a professor of medicine at Washington University School of Medicine, has said, is to “help the doctors understand people and their conditions” and more importantly, to see beyond the biological-oriented disease, to the illness, which is related to fear, anxiety, and the human experience of being sick (Bailey, 2015, para. 6).

## **METHODOLOGY**

### **Participants and Context**

The participants in this study were 43 medical students in their first year who took the author’s freshmen English class. This teaching experiment was conducted as part of their syllabus for only a semester. The goal of the course was to use literary works to help improve reading skills (including vocabulary) and descriptive writing, which is part of a patient’s hospital medical record, an essential ability the students need to manifest during their internship in the fifth year of their medical study.

## Instruments and Activity Design

The instruments this study employed are the short story, “A Rose for Emily” by William Faulkner, a song by the Zombies, a video clip of a doctor’s teaching of HPI, the list of descriptive categories of symptoms and a sample HPI by Dr. Mary Jeanne Buttrey, and the students’ drawings and their reflective notes about their drawings. The basic concept for the adoption of the instruments was that learning can be enriched and enhanced through the use of different media, i.e., the text of the story, the music about the story, and drawings. After the students’ engagement with the artistic representations as mentioned above, they were guided to associate what they had absorbed with HPI writing, which has similar elements to those of a story.

### *“A Rose for Emily” by William Faulkner*

A suitable reading choice can result in good guidance for the writing of a history of present illness. Choosing a literary text that has characters whose personal traits and backgrounds might be seen in clinic encounters may be helpful for medical students to imagine what their patients-to-be will be like in the future and what problems they may come with, such as psychological ones. The dramatic life of a character in a story may impress students so much that it is very likely for them to come up with some HPIs that depict his/her conditions well.

“A Rose for Emily,” a short story by William Faulkner, was chosen for freshmen medical students to read for the following reasons. First, one of the teaching goals set by the medical college was “to serve and care for all disadvantaged people,” which include the poor, the elderly and the aboriginal children living in remote mountainous areas. Furthermore, the elderly have become a large group of people in Taiwan. It is necessary for the younger generation to discuss issues related to aging and the social values about an ideal person to marry. Above all, most of the medical students of this college will work at its affiliated hospitals, Mackay Memorial Hospitals in Taiwan, which are known for caring for the disadvantaged, the poor, the elderly, and minorities. Reading a story about a character such as Emily may enhance their awareness of what their future patients may be like, such as their personality or appearance. An introduction to the story “A Rose for Emily” is presented in Appendix A.

*The song “A Rose for Emily” by the Zombies*

To make reading the short story “A Rose for Emily” interesting enough to students, first, a song (an **audio** medium) by the Zombies was chosen to motivate students. The teacher explained the lyrics of the song and had students discuss the meaning of the song and share their feelings about the song. Then she introduced the background of the writer, William Faulkner, and the social setting of the story. After reading the story silently in class, the students were encouraged to share what they had learned from the story. Some issues related to the story were then discussed, such as the change in social values after the Civil War in the United States, the role of women at that time, and those who used to belong to the upper class and had black servants, the health of older people who isolate themselves from social life, and some psychotic problems such as necrophilia.

After the discussion, the students were told to carefully examine the characteristics of the main character, Emily Grierson. The teacher wanted them to pay special attention to the description of her appearance, color, light, smells and emotions in the story, which might be useful in their writing of an HPI when depicting the patient’s symptoms and mental state. A vocabulary practice sheet was prepared to draw attention to those descriptors in the story. Appendix B lists the vocabulary by category for descriptive writing.

*Drawings about the story*

To enhance students’ understanding of the story and evoke their feelings about the characters or the storyline itself, the teacher asked each student to draw on the top half of a draft A4 paper something from a scene that impressed them most, such as the part when Emily’s neighbors took action in the night to get rid of the bad odor coming from Emily’s home or the scene when Emily goes to the drugstore to buy the poison to kill Homer Barron, whom she deeply loves and wants to keep for her own forever. On the other half of the page, the students explained why they chose that scene and the thought process behind their drawing. Finally, they were also asked how they could modify their drawing if extra time were given. The mechanics, such as the grammar of their write-ups, were corrected, photocopied, and collected to be published in two book formats, hard copy and an e-book. Appendix C displays the cover of the hard copy, which was drawn by one of the students. A snapshot of a page of the e-book, which includes the students’ drawings and write-ups, is shown in Appendix D. An analysis of what they came up with in their work is

presented in the section on results and discussion.

### *The write-up sample of a history of present illness*

The last part of the curriculum design was preparing the medical students to write a “history of present illness,” which is part of a medical record. Note that this part of the design meant to be demonstrative instead of experimental since the medical freshmen had not taken any medical courses other than some advanced biology and chemistry ones. The students learned to look for the elements of the story “A Rose for Emily” and include them in a history of present illness. The goal of this writing training at this phase was to improve students’ description of characters, which is very practical in both writing in general and in HPI writing.

Pre-practice guidance was given to the students to remind them of the elements of the story they read, which are also the important items included in an HPI. The instruction is presented as follows:

“If Emily were your patient, how would you describe her/her problem in her history of present illness? (Her age? What brought her to the hospital? Any symptom or medical problem? The process of her illness? Family history? Did she live alone? Any hobbies?) (Your description of her should be mainly based on what is mentioned in the story, however, for some information (such as how old Emily exactly is) that you cannot get from the story, then you can write with your imagination. Please use the present/past tense in medical charting.)

To help the students write an HPI for Emily, a video clip recorded by a doctor about the items included in an HPI was played for them. According to the American College of Cardiology Foundation (<http://www.acc.org/tools-and-practice-support/practice-solutions/coding-and-reimbursement/documentation/evaluation-and-management/history-of-present-illness> ), an HPI “chronologically describes the patient’s illness from the first sign/ symptom to the present.” The essential elements of an HPI are as follows:

- **Location:** Where is the location of the pain?
- **Quality:** What is the quality of the symptom (i.e., throbbing pain)?
- **Severity:** What is the degree of pain on a scale of 1 – 10?
- **Duration:** How long has the patient had the pain?
- **Timing:** When does the patient have pain? (For example, in the evening?)
- **Context:** What is the patient doing when the pain begins?

- **Modifying Factors:** What makes the pain better or worse? (For example, taking aspirin?)
- **Associated Signs and Symptoms:**  
Does the patient experience pain while walking or doing other activities? Apart from the categories aforementioned, the doctor also taught the students that an HPI also records the patient's personal health, social life, and family history. The students were expected to include all the categories in their HPI writing in their HPI writing for the "patient," i.e., Emily.

The students were then given a list of items that are usually included in the writing of an HPI, such as symptoms, severity, and time factors as shown in the table of Appendix E by Dr. Mary Jeanne Buttrey, an American doctor of internal medicine, who had lived in Taiwan for over 25 years before moving back to California for her retirement. The various categories will help students become familiar with elements that are included in an HPI. Prior to writing their HPI for Emily, they were also presented with a sample HPI (as seen in Appendix F) and were asked to identify each element in the sample.

Once they learned and could identify the HPI components, students began to write an HPI for Emily by imagining that she was a patient who visited them at a clinic because of some health problems. There might be some information that was not stated in the story, such as time, i.e., at what age when Emily stopped going out. Despite this uncertainty of time, students were told to imagine an episode when Emily was very ill and was taken to hospital to see a doctor. The teacher also reminded the students that there is no fixed way to write an HPI and that it depends on what they think about her health condition. Figure 1 presents the overall design of the syllabus for medical freshmen to learn both English language skills and the writing of an HPI.

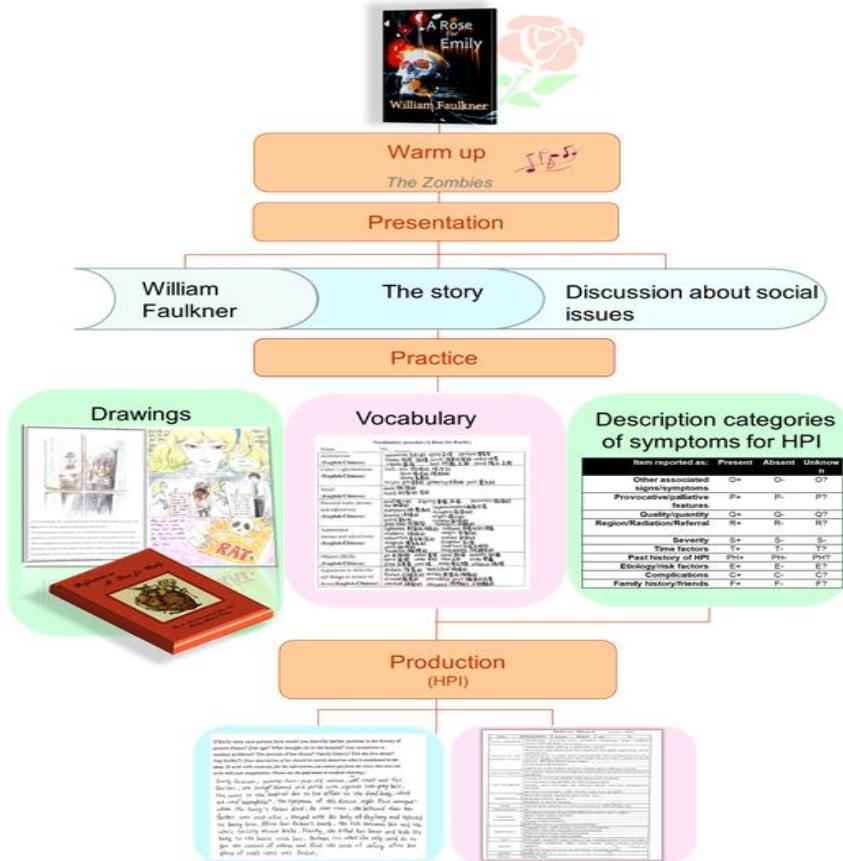


Figure 1. The design of the syllabus for English for medical college freshmen

## DATA COLLECTION AND ANALYSIS

Three data sources are included in this study: the students' reflective notes, the drawings, and two HPI write-ups. There were 43 reflective notes and drawings collected. Two among all the HPIs were selected to demonstrate their learning outcomes. The demonstration meant to be exemplary instead of presenting a quantitative result. It was because the students were encouraged to present their HPIs in their own ways rather than follow a format given by the instructor. The students' texts (i.e., students' reflective notes) going with their

drawings in the next section were analyzed using the data processing procedure suggested by Lincoln and Guba (1985, pp. 336-356), a constant comparative content-analytic method. First, emerging themes related to the research questions were identified and iteratively modified, such as the effects of the integrated approach on students' English learning of descriptive writing about characters in the short story. The emerging themes the present study identified are language-related descriptions, similar to the concept of "language-related episodes" Swain and Lapkin (1998) proposed.

As to the analysis of the drawings, it was made either by what the students wrote on the drawings, which were also considered as "language-related episodes," or by the basic elements in drawing (e.g., line, color, space, light, and shape, the elements of art and design adopted by the Division of Education and Public Programs of Phillips Museum of Art, for school and teacher programs).

The researcher/instructor of this study, and another instructor with the same academic background as the researcher's, i.e., linguistics, categorized all the emerging themes, the drawings and the HPIs written by students. They first looked for the themes as indicated in the students' reflections and drawings. They then analyzed the HPIs written by students to examine if their write-ups had included the items (e.g., the chief complaint and duration) found in an HPI. The coding of the themes made was also compared. If an agreement of categorization was made, a value of 1 was obtained while a disagreement resulted in that of 0. The agreement between the two inter-coders was up to 87% data that are reliable.

## **RESULTS AND DISCUSSION**

Although the students were only freshmen, they were able to narrate Emily's story and learned to write one HPI for Emily using their imagination. They could imagine, for example, how old Emily was and what brought her to the hospital. This section presents the qualitative result of the investigation of the impact of the story reading on the students' learning based on the drawing picture and the reflective notes by the students. The impact is represented with following themes as shown in Figure 2.

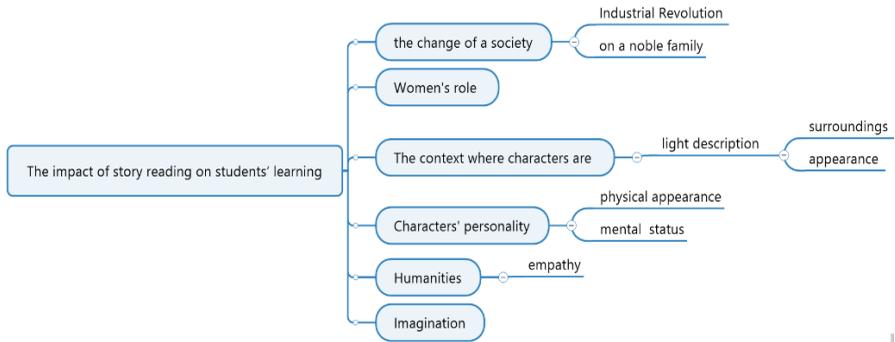


Figure 2. The impact of the study of “A Rose for Emily” on the students’ learning

The results of the analysis indicated that a piece of literature such as “A Rose for Emily” has its functions. It seemed to have facilitated the students’ awareness of the humanities, such as social issues. The students’ drawings showed that they had noticed the changes in society, such as the fall of the aristocracy and the arrival of the Industrial Revolution, and the role of women (especially those who did not abide by the social values at the time). Their drawings also illustrated the contrast between the context where Emily was and the space she confined herself in. They used the spectrum of color in the drawings to obtain the effects they wanted to represent, such as the light contrast to reveal the darkness of Emily’s loneliness against the shining stars. Their practice at this stage may be helpful for them to observe the change in the appearances of a patient in the future. Moreover, some of them also succeeded in vividly describing the appearance of Emily or even the skull that lay beside Emily for decades. They might also feel the determination of Emily when she went to buy poison from the druggist, who in contrast to her strong mind, was very intimidated by her piercing gaze.

Their reflective notes also revealed that they seemed to have developed empathy toward the characters in the story. Above all, they were able to create art to express what they felt about the story. For instance, some of them would create another kind of being, such as rats, cats, or even sunshine to a skeleton with a grin. Through their artistic representation, they seemed to have taken the role of author and rewritten the story to show their desire to make a change in the storyline so that it is full of life and hope instead of decay. Creativity is also very indispensable in medical education as Green, Myers, Watson, et al. (2016) have concluded: “creativity inherently involves

analysis, decision-making, critical reflection, and often, intuition—essential skills for the effective practice of medicine.” Excerpts from the students’ reflections and drawings that reflected their understanding of the story will be used to demonstrate the themes found.

## Themes

### *Theme One: The impact of the change in a society*

It was about the time of the Industrial Revolution when the story took place. Some students were able to feel how the Revolution had made a great impact on personal life and values. Tony, one of the medical students and the creator of Figure 3 and the following excerpt, vividly illustrated the social change happening then.

“I like the **cotton wagon** the most. It stands the invasion of the industrial revolution. **Cotton gins** and other industrial things sweep throughout the whole country. Even the small and honest town can't escape from this ...the **wrecked house** also represents the **conventional and stubborn** who lives in the squarish frame 'mind cage.’”(By Tony; names of all students are pseudonyms.)



*Figure 3.* Cotton wagon with a background of the old building of the Grierson's

Zoe, who drew Figure 4, demonstrated Emily's ignorance of the

social change because she wants the tax collectors to go to one of her father's best friends, Colonel Sartoris, for the tax because he waived her family's duty to pay the tax as shown in the next excerpt:

“In picture 4, we can find that Ms. Emily **can't tell the fantasy from the reality**, for Colonel Sartoris was dead for 10 years...”  
(By Zoe)



Figure 4. Emily wants the tax collectors to go to Colonel Sartoris, who has been dead for 10 years before the tax collectors visit her.

### **Theme Two: Women's role**

The students could highlight the features of the characters well and their depiction of the characters also demonstrated the impact of a society on personal life. Claire, the creator of Figure 5 depicts the humiliation that Emily receives when she insists on keeping her love relationship with Homer Barron, the head of road constructors, and does not care about how society expects her to behave, as reflected in the following note.

Emily's tragedy was based on her arrogance and isolation. Both are resulted from not only her father's strict disciplines but also the admiration and **criticism from people in the town**. Emily **hardly abandoned the old Utopia to pursue her love**. This

scene seems to show her dilemma. (By Clare)



Figure 5. The gossip of the women in town about Emily's romance when they see her on the wagon with Homer Barron

*Theme Three: Sensitivities to the context*

The students were found to have demonstrated their sensitivities to a context where the characters, such as Emily, were situated, and their observation skill in spotting the small details and variations in the context, a very essential clinic skill. Some of the students have illustrated the fact that they had perceived the light contrast in the environment where Emily was and were capable enough to manipulate the use of color to create the atmosphere that they would like to present.

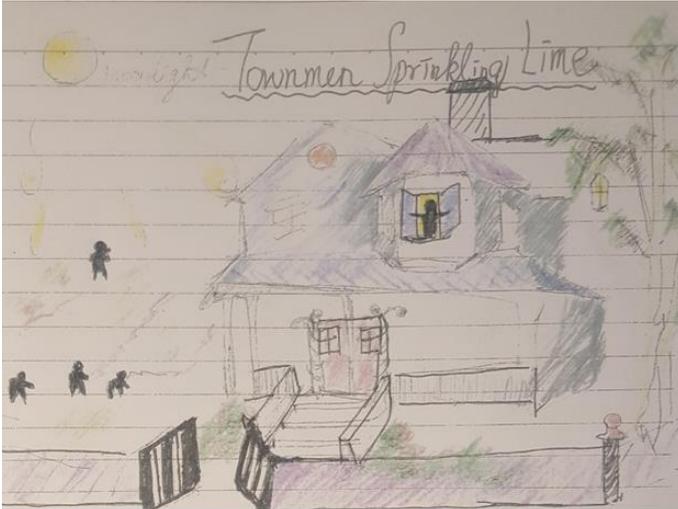
Kevin wrote that he was enthralled by the scene that Faulkner depicted:

They broke open the cellar door and sprinkled lime there, and in all the outbuildings. As they recrossed the lawn, **a window that had been dark was lighted** and Miss Emily sat in it, **the light behind her, and her upright torso motionless as that of an idol.** (By William Faulkner)

Then he drew Figure 6, where he made a contrast between the darkness of the night and the moonlight and the light from the window of Emily's home.

Constant motions of **this starry night** appear right before us with

the author's excellent description. There are only **moon and light** from the window **lit in the darkness**, and in this picture, I **put emphasis on the light** most, which **made a great contrast** in the night. (By Kevin)



*Figure 6.* The moonlight and stars in the darkness

Henry, who drew Figure 7, created a horrible atmosphere using contrasting colors as he himself described in the excerpt below.

In this portrait, we can see the painter try to use **pink and green** to make a poignant and a bit of horrible atmosphere. (By Henry)



*Figure 7.* A poignant and a horrible atmosphere created with pink and green

Ruby, the creator of Figure 8, used a variety of color contrasts to emphasize the gloomy atmosphere, the haughtiness and her cold personality, and life versus death.

I painted the hair **golden** with a bit **gloomy green**, the clothes **white and blue** to show a sense of clean[ness] and cold[ness]...I highlighted Miss Emily's **haughty black** eyes, making her look **cold and proud**, ...In the last picture, I focused on the **pink nails** and the **skull and bones**, hoping to **form a contrast**. I set these details to confirm Miss Emily's arrogance. (By Ruby)

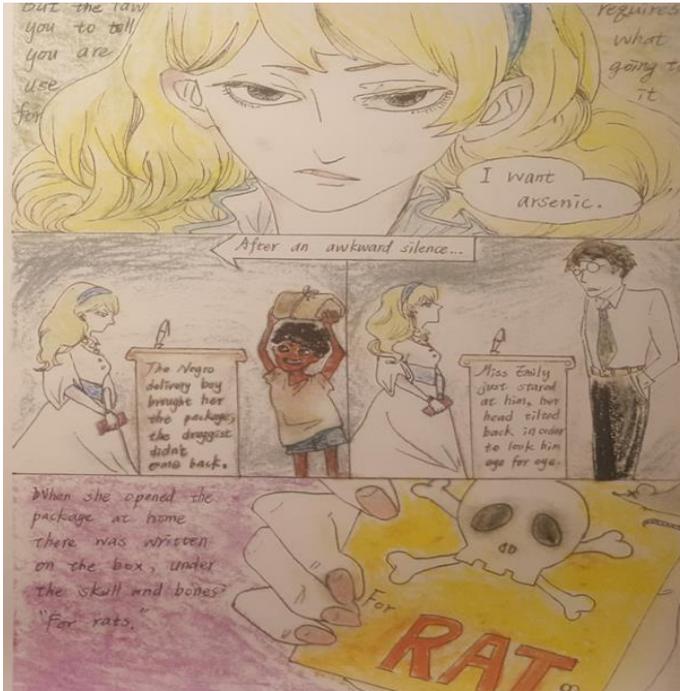


Figure 8. Colors of contrast to highlight the characteristics of Emily

**Theme Four: Understanding the personalities of characters**

The drawings of Emily as shown in Figures 9 and 10 have delicately represented the unsociable and eccentric nature of Emily, who isolated herself from society where she seemed to have been excluded. The following drawings show the students' depictions of Emily, Homer Barron, and the skull.

**Yoanna**, who drew Figure 9, wrote, "I have highlighted the eyes of Emily I think only the **eyes can reveal her sorrow and helpless status**. Through the eyes, I want to introduce **her loneliness**. You can see that her gaze has no focus. As to color and her shape, I try to use a pencil to **apply the black color...**" (By Yoanna)



*Figure 9.* Emily with eyes of sorrow and helplessness

In Figure 10, delicately and vividly, Tina portrayed Emily's bloated appearance. "...**Her torso is there, but her soul is not.** It's just like what the storyteller said, 'She looked bloated, like **a body long submerged in motionless water.**'" (By Tina)



*Figure 10.* Emily looking out of a window lit up in the night

David's drawing (i.e., Figure 11) displayed Barron's imperiousness and his racial discrimination toward the black workers. He wrote, "Because their **facial expression** told us what their feelings were and illustrated their relationship vividly. ...I don't like Homer Barron's attitude... His attitude toward them was so bad that I illustrated the **severity of racial discrimination.**" (By David)



*Figure 11.* The rude and merciless Homer Barron, Emily's boyfriend

In Figure 12, Samuel focused on the detailed drawing of the skull to imply the miserable life Emily had been experiencing. His creative process is clearly stated in the following excerpt.

I'd like to put the **flaming rose** in the picture as a comparison to the **dreadful skull**. The hairs represent a symbol of perseverance and paradox mind or maybe they are associations between Emily and her beloved. My favorite illustration is the **stripes on the skull**, which are **symbolic lines that tell many stories about Emily**. The **eyes of the skull** feature those grievous stripes. (By Samuel)



Figure 12. The dreadful skull versus the flaring rose

*Theme Five: Empathy toward Emily*

Wendy, who drew Figure 13, wrote that she could feel Emily's resolve to end the life of her lover, Homer Barron, which is so strong that it makes the druggist withdraw into himself while facing Emily's request. The student wrote,

In this picture, I highlighted Emily's facial expression most, because through her tough image and her talk with the druggist, it seems that **I can really feel Emily's firm determination**. And my favorite illustration is the druggist's facial expression because I think **I kind of successfully caught his terror and [his] not knowing what to do** when he faced Emily's weird request. (By Wendy)



Figure 13 Emily's determination to buy poison to kill Homer Barron

In Figure 14, Sherry seems to have felt the emotions of Emily, who finally makes up her mind to kill her lover, Homer Barron, so that she can have him for the rest of her life. Her excerpt says,

**I experience strongly Miss Emily's anxiety, tension and her impervious, perverse and arrogant personality....** The setting detail I highlight is Miss Emily's expression, such as **tension, emotion, anxiety and her arrogant attitude** because these details fully show Emily's unusual **emotional fluctuation**, of course, and even in this situation her **uncharged cold and haughty action**. (By Sherry)



Figure 14. A determined Emily

*Theme Six: Triggering imagination*

The reflective notes of some students were found to be imaginative. When asked how he could change the way he drew, Samuel, the author of Figure 12, revealed that “I want to **change the expression of the skull**. Although the story narrates a fearful situation, **I'd like the skull to be more sensible** because even **the most tranquil thing can express itself**. Another element--**purple should be injected into the dreary room**. That is, **the mystery and the loneliness will persist forever.**”

The reflective notes by Jack, the creator of Figure 15, also displayed his imagination about one of the characters, the skull, as the next excerpt says, “...my favorite part is the skull. The expression shows the **fury, rage, and eagerness to avenge** [himself on] the murderer, who is Emily.” (By Jack)

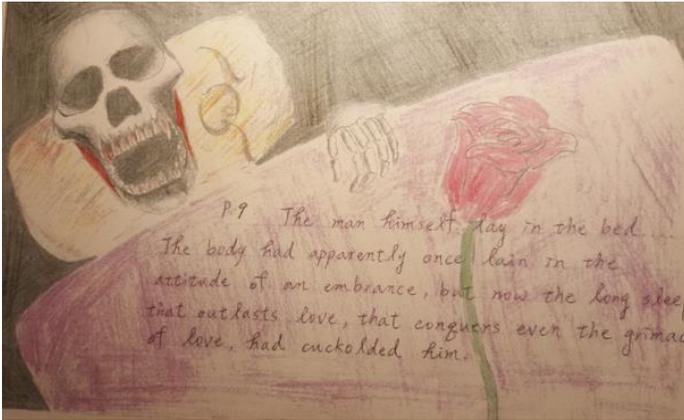


Figure 15. An avenging skull

In contrast, Bob, the creator of Figure 16, revealed that he would rather leave behind the moral concerns by adding sunshine, i.e., a symbol of life, to the grin of the skull so that the soul of Homer Barron can be free and rest. He wrote, “If I can do something, I want to **change the way the man [i.e., the skeleton of Homer Barron] grins.** I want to **add more sunshine into his grin.** I think that his sleep is long enough and **all the "right and wrong" moral issues should be disregarded. Just let them go...**” (By Bob)

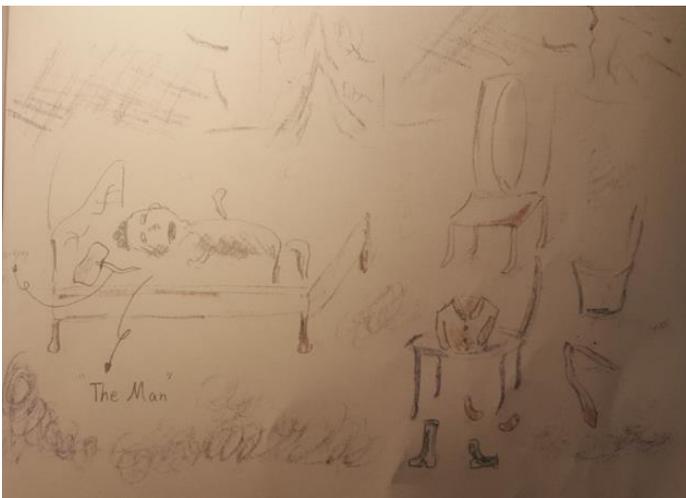


Figure 16. Why not let bygones be bygones?

Tony, who drew Figure 3, wrote that instead of making Emily's house shabby, he would like to draw a new modern building for her because he thought Emily needs a new place to eradicate all her painful memories and learn to be humble. He said,

I would like to turn Miss Emily's shabby house into a **new fashionable building**. Because all her bad memories take place in that house, living in another place may **help her unload burdens from the past**. However, only when **she gives up her haughtiness** can she save her miserable life.

The students' drawing and reflections, as shown above, might have demonstrated their understanding of Emily's life and their empathy with her situations, such as her isolation from society. Having students read literature such as short stories with such nuanced scrutiny may be conducive to help develop their ability to interact with and behave toward actual patients and their families in the future. The students may later apply their experience in reading literature to understand their patients who might share similar problems with Emily's at the clinic and to probe into as many ways as they can think of to deal with them.

### **The Writing of a History of Present Illness**

This section presents the students' writings that are related to the description of the characters' personal information, appearance, personality, medical problem, social life, and family background. The presentation here shows that the instruction of two genres could be integrated to help students apply what they learn in story reading to the writing of HPI. Instead of presenting the effectiveness of this course design, this section meant to demonstrate that the students were able to include the elements of the story "A Rose for Emily" in their writing of a history of present illness. For this purpose of presentation, **only two write-ups by two medical freshmen** are displayed here. Although the students did not take many courses in medicine and the HPI write-ups were not professional enough, they could demonstrate what they had learned from the story in their writing of HPI.

## Students' write-ups

### Write-up One

As shown in Hilda's write-up (Figure 17), she was able to describe Emily's personal information (i.e., age), appearance (i.e., [with] *vigorous iron-grey hair, small and fat, and bloated*), her personality (i.e., *control of others*), psychotic problem (i.e., *necrophilia*, and *her obsession with her lover, Homer Barron*), duration of the medical problem (i.e., *after her father's death*), her family background (i.e., *noble class*), and her isolation from the society (i.e., *The link with the whole society broke*).

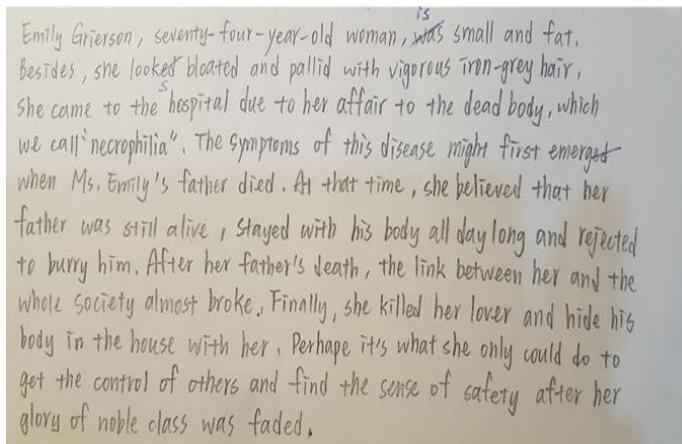


Figure 17. Write-up of HPI (By Hilda)

### Write-up Two

Apart from the description of Emily's **appearance**, Rachel, who wrote the medical record for Emily (See Figure 18), imagined Emily had **complaints** like those for a common cold and leg numbness, the **symptom** shared among most elderly patients. Emily also had chest tightness due to constant coughing. Rachel's description of Emily's place as "... a house filled with dust and darkness," might infer the cause of her coughing problem. Moreover, her HPI focused on Emily's solitude from the outside world (**social life**). Rachel further mentioned the causes of Emily's father death, i.e., heart attack and lung cancer because of heavy smoking (**family history**). Emily's

**hobby**, painting, is also recorded in the chart. Although Rachel was still a freshman, she was able to list the items for physical examinations and assessment for Emily after checking out some references since they had not been taught about the medical procedures yet in their first year in medical college. Finally, Rachel wrote down some possible treatment for Emily's health problems, such as taking medication, wearing a mask to protect herself from the dust in the house, keeping the house clean, doing exercise and massaging her legs.

Name	Emily Grierson	Gender	Female	Age	70
Chief Complaint	Headache, running nose, constant coughing, chest muffled, lower-left leg sore soreness				
History of the present illness	Headache after taking a bath (for years)				
	Running nose whenever the weather changed, especially when waking up				
	Coughing for a weeks, first just slightly, then gradually turning serious, even a bit hurt in the chest; sputum from yellow to dark brown, <del>to</del> a bit blood last night				
	A bit hard to breathe				
Family History	Left knee and ankle hard to impose force, feeling numb				
	Her father died of heart attack and had lung cancer due to chain smoking.				
Life situation	Living in a house filled with dust and shadows				
	Living alone except for an old manservant				
	Hardly went out after her father's death and her sweetheart's leaving. No communication with others, even her kinfolk				
Appearance	Hair-cut short, turning iron-grey hair				
	Skeleton small, spare <sup>is</sup> Bloated, a bit of obesity				
Hobby	Used to give lessons in china-painting around age 40s <sup>in his</sup>				
Medications	No				
Physical Examination	Heartbeat slower than <sup>normal</sup> , sounded a bit muffled				
	Other vital signs normal				
	Nose inflammation Tonsil inflammation <sup>swelling</sup> left knee joint, ankle (a bit swelling)				
Assessment	Arrhythmia with heart murmur (heredity)				
	Hypersensitivity rhinitis (environment)				
	Slight pneumonia (environment)				
	Degenerative arthritis (habit)				
Plan	ECG test; chest CT-scans; leg x-ray; medicine for running nose				
Advise	Take <sup>int</sup> the medicine after every meal; wear masks, housing hygiene <sup>ing</sup> <sup>keeping</sup>				
	Do mild exercise such as strolling; massage limbs				
Others	(Death at 74)				
Doctor	Shabby Tsou <sup>ing</sup>				

Figure 18. Emily's medical chart (including HPI) (By Rachel)

## **CONCLUSION**

This study has presented a module course design that integrates language learning with medical writing. Various media that are related to visual and kinesthetic learning (i.e., drawings) and audio input (i.e., a song) were employed to make literature study motivating and meaningful to medical freshmen. Six themes were identified from the students' drawings and their reflective notes about the drawings, which have demonstrated their observations about social change, Emily's personality and her problems, and their empathy toward a character like her.

After the other part of training of this course design, i.e., the doctor's teaching of HPI, some of the students were found to have been able to identify the components of HPI. Their write-ups have displayed the major components of an HPI, such as symptom description. The results of this study have indicated that a series of activities as proposed by this present study to prepare for medical writing can be undertaken in the first year of the medical program. Furthermore, the gap between the pedagogy of general English and that of English for medical purposes can be bridged by adopting the genre-based approach, in which language instructors and medical doctors can collaborate to teach two genres that appear to be different but have something in common. Because the genres share similar components, a collaboration between language teachers and medical professionals may help make the curricula for medical students intriguing, integrated and structured.

## **LIMITATIONS AND FURTHER STUDIES**

This course design aimed to be a pedagogical proposal for the learning of language and medical humanities. However, it is not without its limitations. Some students revealed that they had felt thwarted in the attempt to draw because of a lack of drawing training. A student wrote that "...I almost can't depict and imagine his mind, thought and appearance precisely. Furthermore, if I'm a good artist, I would have put emphasis on the representation of her mind" (By D-W). Moreover, a questionnaire could have been given to uncover the students' evaluation of this course design. For future improvement of the course design, the researchers can invite doctors who are teaching interns at hospitals the writing of medical charts to make their suggestions about the design and how to modify it.

Furthermore, language teachers can also work with teachers/doctors of medical humanities to examine if medical students have learned some concepts of medical humanities (such as the influence of social values). To sum up, teachers from different fields can start to work as a team to help medical students prepare for their professional development once students enroll in medical colleges.

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**APPENDIX**

**Appendix A. The story: “A Rose for Emily”**

Emily Grierson, an American southerner living alone with a Negro servant, Tobe, would not want the corpse of her father to be taken away after he had died for weeks. She was muted and kept mysterious because she isolated herself at her home. When she was visited by the tax collectors, she refused to pay any tax. She also insisted that no number be attached to her house even though the law about federal mail service had been passed.

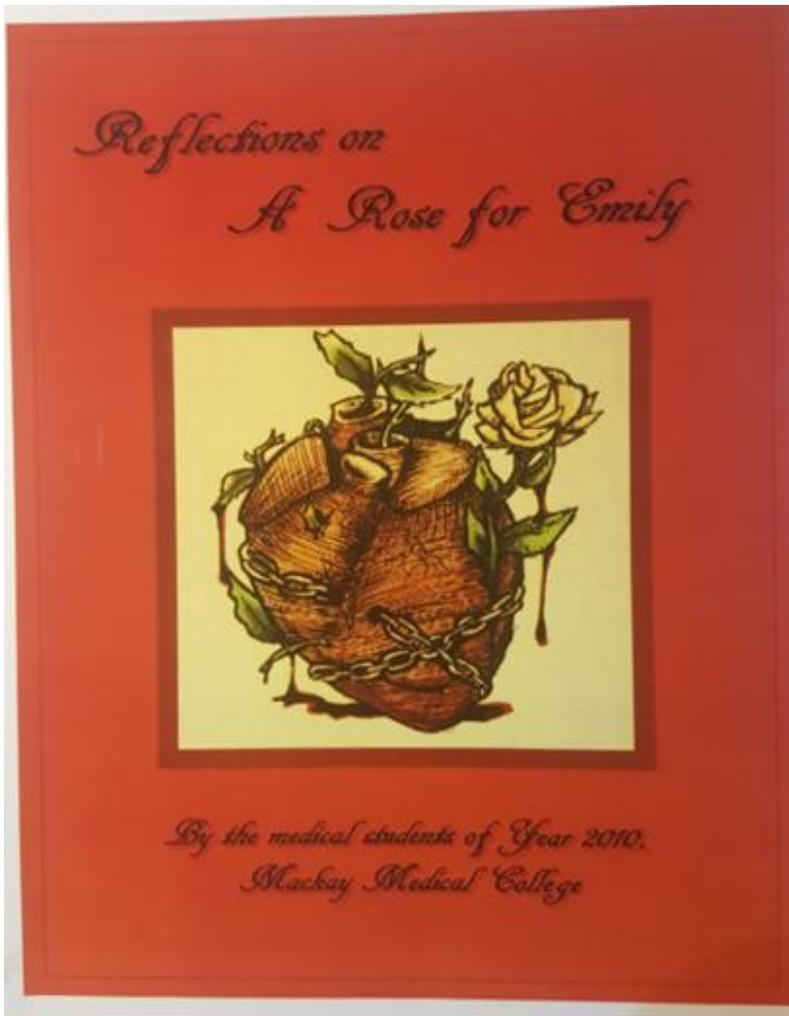
When Emily was young, her father, Mr. Grierson controlled her most of the time. She taught children in town for some time then she stopped teaching painting. After her father’s death, she happened to know Homer, a Northerner, a day laborer, who loves to hang around with other men. Homer would ride the wagon and take her out, and their togetherness was criticized by the women in the town, who would say, “Poor Emily” whenever they saw her with Homer. Emily’s life seemed not to have been influenced despite the criticism from the women because “Emily carried her head high enough.” Time passed. Homer was no longer seen around the town. One day, she went to a drugstore for some poison. As the clerk of the store asked what poison she would like to buy, she just says “arsenic” without further explanation about why she wanted it.

As Emily got aged eventually, she spent most of her time staying at her home and her servant did chores for her. There came a strong stink around Emily’s home, which her neighbors could not stand. They decided to sneakily break open the cellar door and scatter lime there in the night so that the bad smell could be covered up. Knowing that Emily died, town people came to Emily’s home. They were so curious about what had been kept in her room upstairs so they decided to take a look at it. Surprisingly, they found that there were clothes for Homer, which were covered with dust. What astonished them strikingly was the scene they saw on her bed, where a corpse had been left for decades and a long strand of Emily’s hair.

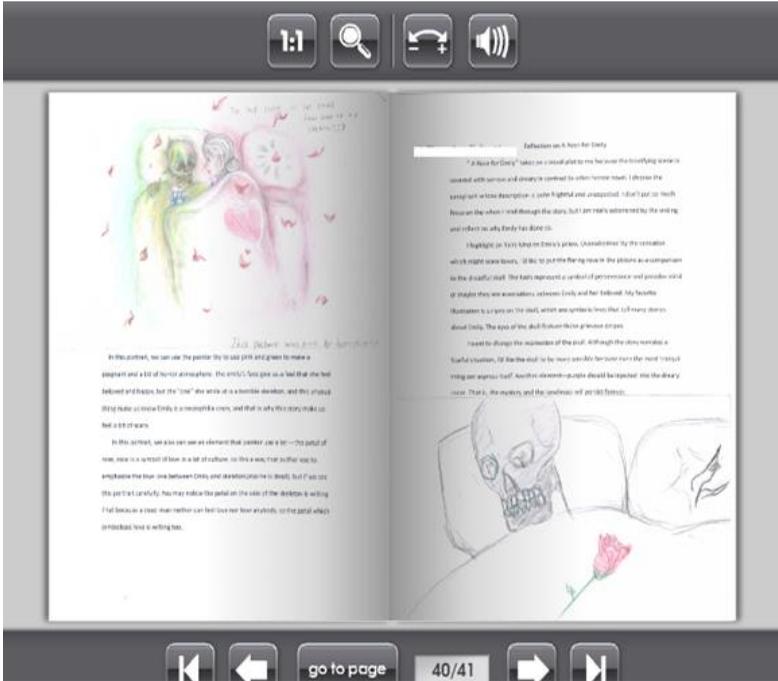
## Appendix B. Vocabulary practice for the short story “A Rose for Emily” by William Faulkner

Vocabulary practice (A Rose for Emily)	
Name	No.
Architecture (English/Chinese)	squarish 方形的 spire 尖塔 parlour 會客室 frame 框架、結構 scroll 渦卷形裝飾 cellar 地窖 cupola 圓頂 hall 門廳、走廊 porch 陽台、走廊
Color: Light/darkness (English/Chinese)	Dark: dim 微暗的、暗淡的 faint 暗淡的、模糊的 ebony 黝黑的 Bright: gilt 金色的 glittering 光采的 pale 蒼白的
Smell (English/Chinese)	dank 溼潤的 acid 刺激的、苦的
Personal traits (nouns and adjectives) (English/Chinese)	small 矮小的 dignity 尊嚴、莊嚴 perverse 倔強的 fat 肥胖的 imperiousness 無動於衷 plumpness 胖、豐滿的 haughty 高傲的 bloated 浮腫的 slight 瘦小的 pallid 蒼白的 slender 苗條的 grey hair 灰頭髮 tranquil 平靜的
Appearance (nouns and adjectives) (English/Chinese)	lightsome 輕盈的、明亮的 tableau 如畫似的描寫 stubborn 頑強的 tragic 悲劇的 coquettish 賣弄風情的 serene 寧靜的 sluggish 慢吞吞的 disgrace 恥辱 gross 粗俗的 tedious 冗長乏味的 teeming 擁擠的 inescapable 不可避免的
Objects (物品) (English/Chinese)	gin 軋棉機 easel 畫架 sack 麻袋 arsenic 砒霜 apron 圍裙 cane 手杖 lime 石灰 niche 壁龕 blind 百葉窗 coal 煤 mule 牽引機 valance 帷幔
Adjectives to describe old things or senses of decay (English/Chinese)	archaic 陳舊的 tarnished 晦暗的 faded 已褪色的 moldy 發霉的、陳腐的 disused 廢棄的 pervading dust 彌漫的灰塵 cracked 破裂的 obscured 模糊的、不明顯的

**Appendix C. The cover of the hard copy**



## Appendix D. The e-book of the reflective works by medical students



**Appendix E. Description categories of symptoms**

Item reported as:	Present	Absent	Unknown
Other associated signs/symptoms	O+	O-	O?
Provocative/palliative features	P+	P-	P?
Quality/quantity	Q+	Q-	Q?
Region/Radiation/Referral	R+	R-	R?
Severity	S+	S-	S-
Time factors	T+	T-	T?
Past history of HPI	PH+	PH-	PH?
Etiology/risk factors	E+	E-	E?
Complications	C+	C-	C?
Family history/friends	F+	F-	F?

*Note. Items for the writing of History of Present Illness (By Dr. Mary Jeanne Buttrey)*

## Appendix F. A sample write-up of a history of present illness

(By Dr. Mary Jeanne Buttrely for element identification)

*Underline each item of in the history and identify the type of information. Use the symbols in the chart at right to identify each item. There may be more than one correct answer. E.g., “shaking chills” might be considered S+, O+, or even C+. You may write more than one symbol if you want, but one is enough.*

CC: 27 y/o male c/o loss of consciousness 4-5 days PTA<sup>⊂</sup>

HPI: The patient was in good health until about 1 month PTA. At that time, he had the sudden onset of severe dizziness and vertigo when he woke up one morning. He also had nausea and vomiting but denied any focal neurologic symptoms. He went to CGMH and

was seen in the ENT, CV and Neuro OPD. He was found to be bradycardic with a HR of about 40/min. He doesn't know what his usual HR is. No definite diagnosis was given. Since then, he has continued to feel dizzy (possibly vertigo) and nauseated all day long, with intermittent worsening of the symptoms. When they are most severe, he also has tinnitus and ear pain but denies hearing impairment. About 4 or 5 days ago, while resting at work, he lost consciousness. This episode was preceded by severe dizziness, vertigo, nausea, vomiting and tinnitus. The duration of his syncope was unclear, and he was not told if any seizure activity was observed. He hit his head when he fell. After he regained consciousness, he was still dizzy and nauseated. He went to 國泰 Hospital but was given no specific diagnosis other than tonsillitis. Therefore, he came to our CV OPD where bradycardia (about 40/min) was again noted. A 24 hour Holter was scheduled. However, before it could be done, he noted weakness of his left arm without numbness. He denies fever, change in appetite or weight, and abdominal discomfort.