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Rethinking English medium instruction for dental education in Taiwan



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In Taiwan, the dental schools have adopted English medium instruction (EMI) to align with the global standards. Although the goal of improving students' English is commendable, its current application raises concerns about relevance and effectiveness. Most graduates serve local patients using Mandarin or Taiwanese, and foreign patients represent only a small fraction of dental visits. Even as medical tourism grows, dental patients from abroad remain very limited compared to other medical specialties.¹ The national licensing examination is also entirely in Chinese. If English is not essential for daily practice or professional licensure, is the substantial investment in EMI genuinely justified? Resources may be better directed toward strengthening the clinical skills, patient communication, and knowledge of the local health system.

Many students struggle to follow lectures in English, leading to frustration and negative learning experiences, which in turn reduce instructor's enthusiasm.² This suggests EMI may hinder rather than support education. Taiwan's urban-rural dental disparity further illustrates the misalignment, since underserved areas require accessibility and resources, but not English proficiency. Especially in the field of dentistry, dental education requires long-term technical training.³ Such compulsory EMI teaching may also weaken the students' clinical performance. When learners devote excessive energy to overcoming language barriers, less focus remains for mastering the diagnosis, treatment planning, and chairside skills. In the clinic, hesitation in applying knowledge can slow decision-making

and reduce confidence with the patients. Over time, this may compromise both the treatment efficiency and the quality of communication, which are central to the professional competence. Another issue is that EMI does not address students' limited motivation for research. Taiwan's education system emphasizes memorization and examinations, but not curiosity or critical thinking. It is misguided to assume that English proficiency alone can spark research interest. Without genuine engagement, EMI may merely serve as a symbolic tool to enhance institutional rankings instead of fostering real professional development.

Foreign or bilingual faculty is also limited. Taiwan has too few instructors proficient enough to teach complex dental concepts in English, and many face difficulties communicating effectively.⁴ The push for EMI often reflects institutional pressure for higher rankings rather than genuine educational need. Most graduates remain in clinical practice, where English is seldom used. A comparison with Japan is instructive. Japanese professionals have gained the global recognition, including the Nobel prizes, without mandating EMI in the past.⁵ Their success reflects that the rigorous training, critical thinking, and strong foundations are important rather than the English instruction. Taiwan must similarly ask whether EMI improves competence or merely symbolizes internationalization.

Instead of enforcing EMI universally, a more nuanced strategy is needed. Scaffolded English integrated into existing courses can help students build dental skills gradually without feeling overwhelmed. Optional EMI tracks can

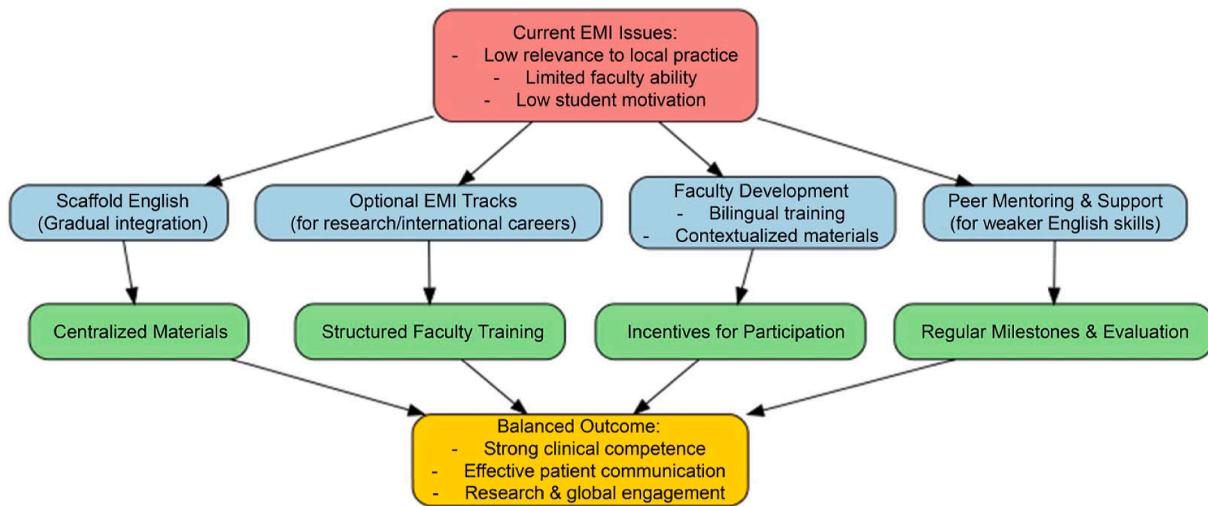


Figure 1 A proposed strategy for enhancing English medium instruction (EMI) in Taiwanese dental education. This flowchart presents a structured approach to address the current misalignment between EMI and professional practice. It begins by identifying existing challenges and multi-level solutions. The strategy then branches into four primary, parallel pathways involving students, faculty, and policymakers. Each pathway includes specific, actionable steps designed to achieve gradual improvements in dental EMI.

serve students pursuing research or international careers, while others focus on the local dental practice. Faculty training in bilingual teaching and contextualized materials linked to Taiwan's healthcare system are equally important. Peer mentoring can further support less confident students. If EMI is to remain a national policy, it requires more than funding. A clear framework with centralized materials, structured faculty development, and incentives for meaningful participation is essential. To avoid undermining clinical competence, EMI should complement rather than overshadow the practical training. A balanced model (Fig. 1) can deliver core knowledge in Chinese for accuracy and confidence, while using English for selected readings, discussions, or research tasks. This approach ensures that graduates maintain strong dental clinical skills, effective communication abilities, and a globally informed perspective. EMI should be a supportive tool, but not the central pillar of dental education.

Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

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