COURSE DESIGN FOR MEDICAL ENGLISH

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ABSTRACT
DESIGNING A COURSE FOR ESP (ENGLISH FOR SPECIFIC PURPOSES) HAS ALWAYS BEEN A CHALLENGE FOR THE TEACHERS AS ALL STUDENTS HAVE DIFFERENT NEEDS. THE AIM OF THIS ARTICLE IS TO PRESENT SOME OF THE MOST COMMON ISSUES WE ENCOUNTER WHEN CREATING A COURSE FOR THE MEDICAL SYSTEM AND SOME OF THE SOLUTIONS WE HAVE CONSIDERED WHEN DEALING WITH THEM. FURTHERMORE, WE HAVE UNDERGONE A NEEDS ANALYSIS AND DIAGNOSTIC TESTING WORK ON A SAMPLE OF STUDENTS IN ORDER TO OPTIMIZE THE COURSE PLAN AND TO ADAPT ALL THE MATERIALS ACCORDING TO THEIR EXPRESSED NEEDS. THE ARTICLE SUMS-UP SOME OF THE DATA OBTAINED AND REPRESENTS THE FIRST STEP IN CREATING NEW AND MODERN MATERIALS.

KEY WORDS: ESP, COURSE DESIGN, NEEDS ANALYSIS, DIAGNOSTIC TESTING

1. GENERAL REMARKS

Most teachers of English for Specific Purposes deal with a mixture of issues when designing a course for a certain group of specialists. Most of these issues occur because of the lack of time teachers have when preparing such a course [2] or the working context, e.g. the language centre where they work, forces them to accept such a course.

The main goal of an ESP course, and more specifically a course related to Medical English, is to help students understand and communicate in a Health Department. But the ESP course cannot function without the basis of General English. Therefore, we can underline a first distinction between GE courses and ESP courses, - the latter refers to a specific age group, adults. Dudley-Evans[3] reckons in 1997 that ESP is not necessarily a characteristic of adult learners, but at least of intermediate or advanced level. If GE can be taught from an early age, ESP only addresses people from the working environment or a future one. The same aspect is valid for Medical English taught in universities. The students are supposed to have already gained a language level which enables

them to assimilate specialized vocabulary. The reality has demonstrated that their levels are so different that there were cases when the low-ones feel so demotivated that they want to sign out of the language module. That is the reason why when planning a course there should be enough activities to involve peer feedback and even projects in which advanced students pair with low-levels one.

A second issue to be discussed in relationship to ESP is the necessity of providing authentic materials to students. If we follow the idea above mentioned that the final goal of ESP is to be used in a communicative or working context, then this can be facilitated through authentic materials. Most textbooks use contrived materials rather than authentic ones to facilitate the learners' language level. But if we see ESP as 'the language for getting things done' then authenticity becomes an important aspect of the final goal. A dichotomy of ideas refers to grammar in ESP. As grammar cannot be authentic in a textbook[4] one cannot deny that in ESP there are still some structures which cannot be omitted as they are safety-critical, e.g. the language used when describing the evacuation in case of an earthquake, passive forms or conditional clauses. When teaching Medical English there is a clear necessity of authenticity in the class. This can be done through presentations of case studies, inspired from their own practice or articles that featured in medical journals. In terms of course design, the evolution of the syllabus should start from contrived materials to completely authentic materials, such as recordings of hospital conversations or real case notes taken in the E.R.

A third aspect one should consider is the amount of specialised vocabulary ESP learners can be taught. The reality demonstrates they need plenty of this, but also the aim of the teacher is not to provide a glossary that learners should simply integrate. If the students' command of English is poor, so will the acquisition of specialised vocabulary be. This leads us back to the necessity of authentic materials in class. This type of materials, at least in the written form, are a powerful source of specialised lexis and allows learners time to deal with unfamiliar words, in terms of language or conceptual understanding. A premise we should recognize is the fact that students need the jargon of their specialism to function in the working context. Considering their understanding of usage of certain words, we can tailor the course to their language needs. This is the reason the course designed for Medical Students should include glossary pages or should include a project in which they create their own PLDs (personal learning dictionaries). Experience has demonstrated that this method brings the students closer to the authentic material as it increases the level of motivation they invest in the learning process.

As English has become a *lingua franca* in all working or academic environments, a fourth consideration can be made related to the role of the ESP teacher. We have already established that ESP refers mostly to adults or with some exceptions to young adults. Therefore, even if the teacher has no specialisation in the field he is teaching, e.g. Medicine, he can successfully deliver the generic functions of a language: grammar, competence skills and functions. This means the teacher's role changes from the 'sergeant-major' (the one keeping the lesson plans on the rails and the crowd controller) to 'the manager' (the organiser of activities and time keeper) (Brennan, IH Conference). On the long term, in the process of designing a course, the teacher becomes the

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[4] Scott Thornburry, *How to teach grammar* (Edinburgh: Pearson, 1999): 1-14.

conductor and the learners evolve to autonomous players. Such ESP course is self-directed[5] and the teacher's need for background knowledge of the subject is lessened.

There have been plenty of discussions in the last years about the amount of L1 which can be used in the classroom. With most ESP groups, bilingual teaching is the main direction. The rationale behind this classroom reality is that most adult learners already possess some of the specialised jargon from their area, but in their mother language. This is an advantage for the teacher, as his only duty here is to optimise the learners' communication skills and not teach them. The teacher might do this by using L1 in the class with confidence. There are opponents to using L1 in the teaching environment, but when referring to ESP, I reckon things are different. In an article on L1 and the monolingual vs the bilingual approaches[6], I support the idea of immersion and not exclusion of L1. In ESP, and moreover Medical English, a bilingual approach is sometimes compulsory. There are instances such as explaining grammar, giving instructions, presenting medical vocabulary through visuals, or translating medical terms when L1 facilitates the learning process rather than blocking it.

In conclusion, when planning an ESP course some of the main considerations above mentioned will determine the quality and the structure of lesson plans and materials. In terms of Medical English, the course will integrate both general aspects of language on which we add other layers: jargon, communicative situations, real facts from the Healthcare Department and the learner's personal touch on language, through his own PLD or case study. ESP becomes a hybrid of General English, specialised vocabulary and learners' needs. These goals will become visible in the learner's future working environment or academic performances, such as conducting research in English or creating memoranda.

2. NEEDS ANALYSIS AND DIAGNOSTIC TESTING

The group involved in the project consists of 50 students of Kinesiotherapy in the University of Medicine in Bucharest. Their course runs for 30 weeks, including a theoretical course of 2 hours and a seminar of 2 hours every two weeks. This is a monolingual group, aged 19-40 years old and their reasons for studying English are typical for this context: they undergo the compulsory language module with the aim of gaining some useful medical terminology and improving their linguistic skills, in terms of reading comprehension, grammatical aspects, pronunciation and communicative aspects.

This is also a mixed ability group: while some students have been studying English for 7 or more years and their general level is adequate for the necessities of the university module (B1 minimum), there are other students who still need a lot of practice to improve their general English and on that to build something further that will make them gain confidence and improve fluency. On the other hand, as there isn't an official prerequisite foreign language level when starting their university studies, there are a lot of differences in terms of linguistic ability among the students within one group, due to their inappropriate language levels.

This situation leads to difficulties in terms adapting materials and selecting class activities. Because of their different reasons for attending the class, the teacher's decisional process when creating the course may need to consider their motivation also. For fear of error, some of them are

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[5] Kristen, "Key Issues in English for Specific Purposes", http://iteslj.org/Articles/Gatehouse-ESP.html, 2001.
[6] Elena Bran, "Using L1 in the classroom: monolingual and bilingual approaches", *Research and Science Today*, No. 2 (2015): 175-181.

afraid to experiment with language. Furthermore, because they lack fluency and structures some others are afraid and unsure when it comes to speaking in public.

In order to identify the sections in which the students needed more guidance (e.g. expanding their vocabulary or improving their grammar) and their main motivating areas (e.g. the content of the readings they find interesting or the communication contexts in which they feel confident when using English), the NA questionnaire revealed some of the issues which needed to be included in the course. The Needs Analysis questionnaire was structured in two distinct parts[7],. The first one attempts to identify the students' current situation in terms of reasons for studying English, their aims related to the course and their learning strategies, whilst the second one includes tasks related to their hobbies, the way in which they want to receive feedback and a successful learning activity, which will help me identify the type of activities they will react to. The rationale behind choosing this questionnaire was given by the two factors. The first one is the necessity to make students feel at ease when answering personal questions and this way trusting the validity of their answers. The second one was the number of areas I wanted to check, personal interests and learning styles.

According to the results of the Needs Analysis questionnaire, the students' main reasons for studying English are better jobs perspectives, studying abroad and establishing a better connection with the academic environments. Another important detail which was demonstrated by the NA questionnaire was the students' need to understand and learn terminology related to their specialism, medical English in general and language from the area of Kinesiotherapy, in particular.

The Diagnostic Test's aim was to test the target situation language and to bring to fruition the information provided by the Needs Analysis. Its main intention was to provide a neutral perspective over what the learners already possessed and not to signal precisely their deficiencies[8]. Therefore, the test dealt with the evaluation of three different skills: writing (in the paragraph writing section), reading comprehension and speaking individually and then in pairs. The rationale behind this option was given by the results of their NA. The students mentioned the need to gain specialised vocabulary as one of the most important. Therefore, through reading, writing and speaking the vocabulary can be given a context and terminology more easily integrated. Moreover, in their questionnaire they mentioned they needed more exposure to language and this can be done through these skills. On the other hand, another aspect to be considered is the fact that students need to continue their learning at home also. Through a reading or a writing task, in which they integrate both grammar and vocabulary, the ones who may not be that confident with language will have the chance to explore more individually.

The paragraph writing task was the most generous in terms of data collection. The main strengths were in terms of content. All the ideas they presented were justified with enough reasons and they became a mirror of the motivational issues expressed in the NA questionnaire. Some of the key weaknesses consisted in grammatical difficulties linked with different L1 interferences and vocabulary restrictions. Also, spelling was an important aspect identified together with some layout issues.

As the NA questionnaire revealed their necessity of creating contexts to develop their communicative skills. Therefore, in terms of the Speaking activity involved, it demonstrated the

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[7] Helen Basturkmen, *Developing Courses in English for Specific Purposes* (New York: Palgrave Macmillan, 2010): 19.
[8] Tim McNamara, *Language testing* (Oxford: Oxford University Press, 2000).

students' necessity to do pair work before performing the task. Being allowed to prepare first and then to discuss facilitated the candidates' transition from a written form to a better structured discourse. Nevertheless, this spoken activity signalled different pronunciation issues together with some aspects already identified in the written paragraph (grammar or wrong use of collocations).

The last task they had, referring to the reading comprehension, demonstrated a big strength they possess, meaning very good cognitive skills and the ability to understand the ideas from a text they do not completely apprehend. This was the task with the most correct answers. In terms of the assessment criteria involved in the Diagnostic Test, there was not a final evaluation, but made on different parts as the criteria was different. The paragraph was evaluated in terms of grammar and vocabulary, communicative achievement and register, the reading comprehension according to the number of correct answers and the Speaking according to fluency, cohesion, accuracy and pronunciation.

The NA and the DT have influenced the decisions in terms of the priorities of the course and the conditions of designing the course materials. Therefore, the main priorities will include

✓ the extension of knowledge, range and use of appropriate terminology and including at least a different vocabulary topic in each session.

✓ an improvement of grammar awareness and lexical cohesion which will lead to a better fluency and cohesion.

✓ creating enough speaking situations which will enable students to contextualize the medical terminology.

3. CONCLUSIONS

In the first part of this paper I have highlighted the necessity to motivate students get involved in studying for the compulsory language module, through improving their general language level first and then trying to bring authenticity in the class. Also, my students are adults, therefore this can be done easily by accessing their cognitive abilities and creating contexts for them to gain confidence in using language. As I have already outlined, the topics chosen to be discussed should be of my learners' interest, and not necessarily grammar oriented, but skills oriented. The course proposal's main aim was to include task-based activities which would motivate them to learn and to gain confidence when using English in real contexts. The activities included derived from the results collated in the NA and DT and I tried to mirror their needs through all the sessions in the course.

Still, there are some limitations to this course. One of them is the teacher's necessity of working at the same time with students of different levels. This complicates the way each session takes place as there are always unexpected factors which can appear. Also, the students who already have a better level might get bored when over-explaining some basic things, relevant for the ones with a lower level, such as Present Tense Simple. Another limitation which arises at this level is the amount of L1 used. If the instructions are not clear enough, students might need extra explanation, in most cases delivered in L1. This situation influences my attempt of delivering the course in English exclusively.

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APPENDIX 1: PIE CHART SUMMARIZING STUDENTS' MAIN REASON FOR STUDYING MEDICAL ENGLISH
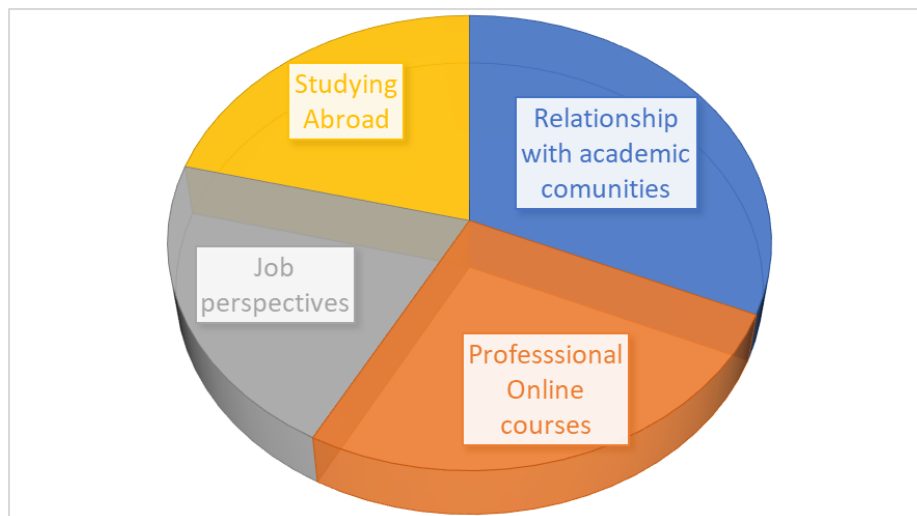
This pie chart sums up the results of the NA test applied on Kinesiotherapy students in the beginning of the academic year. It reveals that most of their needs in terms of studying English are connected to their future life plans, such as understanding and writing academic papers, undergoing online courses or MB studies abroad or finding a job in the medical area abroad.

APPENDIX 2

The graph illustrates the most common mistakes students made in their paragraph writing task in the DT. Vertically we can see the percentages of students who made these errors and horizontally the most common errors.
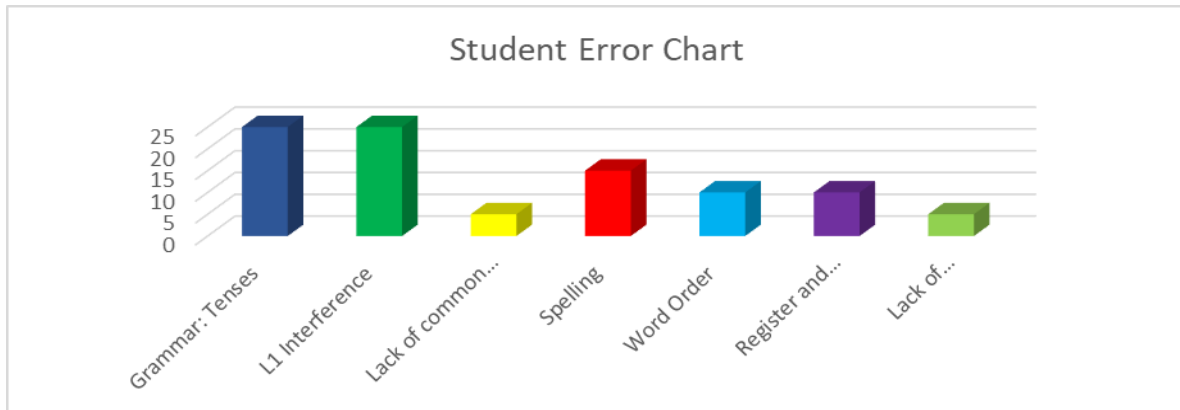
APPENDIX 3: TABLE ILLUSTRATING STUDENTS' KEY WEAKNESSES

CRITERION	WEAKNESS	EXAMPLE
A. GRAMMAR	1. TENSES	'I *AM WORK* IN A HOSPITAL'/'I NEED ENGLISH BECAUSE *I WANTS* A JOB ABROAD'.
	2. ARTICLES	'I NEED TO LEARN THE ENGLISH.'
	3. PLURAL AND SINGULAR NOUNS	'KNOWLEDGES' 'HOMEWORKS' 'PEOPLES'
B. L1 INTERFERENCE	4. WORD ORDER	
	5. COLLOCATIONS	'TO PUT A QUESTION' 'TO MAKE HOMEWORK'
C. VOCABULARY	6. CONFUSION OF TERMS	'GENERAL PRACTITIONER = NURSE' 'WARD = WAND'
	7. LACK OF COMMON VOCABULARY	-
D. SPELLING	8. MISSING OUT LETTERS	'FORTUNATLY' 'PHISICIAN' 'PSICHOLOGICAL'.
E. LAYOUT	9. LACK OF COHESIVE DEVICES	-