INSIGHTS ON MEDICAL ENGLISH COURSE DESIGN

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Abstract: Any course in Medical English (ME) starts from a skill and competence-based syllabus rather than information-sharing, information being just a tool in specialized language acquisition and a current practice in the mainstream medical education course design. The general aim of the Medical English course was to enhance the communication rather than the linguistic competence of first year pre-service medical students but also to contribute to the formation of humanistic thinking of future physicians, able to discern beyond the language exercises the human condition, patient behaviors and reactions and not in the least to form and consolidate their trans-curricular skills such as group work (for future peer communication in medical teams), oral presentation and research skills (presenting/publishing research results), intercultural awareness and communication (communication with patients and peers). The paper will illustrate that a pre-set syllabus structured on vocabulary acquisition and grammar practice can fit into a motivating and more communicative approach likely to impact on student motivation, involvement, and exertion of the basic receptive and productive skills, especially on effective communication in health care settings. Content elements but also challenges pertaining to the use of authentic materials, self-actualization, as well as creating meaningful situations for large-size class activity, will also be presented.

Keywords: Medical English, course design, syllabus, communicative language learning

1. ELEMENTS OF EFL/ESP COURSE DESIGN

If many EFL/ESP teachers worldwide undertake material design to supplement or adapt an already existing course-book, teachers in Romanian HE are expected to adapt their syllabus to the students' needs in order to present the latter with customized in-house course-books as part of their research workload, besides generation or adaptation of other materials that support classroom teaching.

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The current paper will explore the elements considered in designing an in-house course-book of English for 1st year students in General Medicine and how a pre-set syllabus structured on vocabulary acquisition and grammar practice can fit into a motivating and more communicative approach likely to impact on students' learning.

1.1.AIM

The aim of the *English for Medical Students* (EMS) course was to enhance the communication rather than strictly the linguistic competence of first year pre-service medical students starting from the premise that classical PPPs (presentation, practice, production) should be replaced by communication as a route towards language learning (Herazo, 2009) [9]. The course was also expected to contribute to the formation of humanistic thinking of future physicians, able to discern beyond the language exercises the human condition, patient behaviors and reactions and not in the least to form and consolidate their trans-curricular skills such as group work (for future peer communication in medical teams), oral presentation and research skills (presenting/publishing research results), intercultural awareness and communication (communication with patients and peers).

2. GENERAL PRESENTATION OF EMS

English for Medical students (I) is a first part of a piloting research study of adapting a pre-set English language syllabus to the communicative needs of medical students and future medical professionals. As a result, most of the designed activities (team communication, search/research activities and projects) try to simulate activities students are likely to encounter in the medical field, starting with applications and interviews for a prospective job and ending with writing a reference letter for staff, interpreting graphs and charts, interacting with patients for diagnosis and therapy or making presentations for professional audiences. The seven chapters coincide with syllabus items and cover topics with which first year medical students become gradually familiar in their study of the mainstream medical curriculum. The next section of this paper will present the principles that lay at the basis of EMS course design.

2.1.RELEVANCE

The first principle at the basis of EMS (I) course design was that of adapting content and approach to the students' specific needs. The placement test usually conducted in the first class of the first year, fall semester, pointed out that students were a heterogeneous mix of A2-B2 proficiencies. The needs analysis surfaced the necessity of improving the productive

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skills (speaking and writing) and preference for oral communication on medical topics, stress also being laid on grammar structures and specific vocabulary acquisition.

Dealing with a mixed ability groups would have required the teacher to use materials of different proficiency levels in one and the same class, whereas commercially available course books are designed to meet the specific needs of a certain CEFR level, e.g. either A2 or B2, seldom if ever, a mix of proficiencies. Therefore, relevance to the students' proficiency level and the more general pre-requisite of relevance to the field communication were considered in designing the EMS. Relevance to the medical field is a key term in English language learning in the case of adult learners who are intrinsically motivated and more willing to participate if they perceive activities as relevant to their future careers.

2.2.**COMMUNICATION**

The general organizing principle of the majority of ESP/EMP coursebooks is the PPP sequence (Gower and Walters, 1983, quoted by Hedge, 2000). According to Ellis (2003:29), in this approach language items are introduced to the students through examples, then the stage of controlled practice follows and finally, the language production/communication occurs. The approach has been criticized as it assumes that communication takes place only when learners have acquired the language and not while they are learning it (Herazo, 2009).

Although some vocabulary elements may be pre-taught, most EMS (I) activities start from the premise that communication is the force that ignites the language learning process, i.e steps in communicative activities are meant to be negotiatied and discovered by the students rather than pre-taught by the teacher (see examples 1 and 2 below). This approach empowers learners, offering them more space for autonomy and increases confidence in their own language learning abilities.

E.g. 1 **Simulation of doctor/patient interaction.** In pairs, students communicate orally in the following situation:

Patient: You are allergic to polen. Tell your doctor about symptoms. **Doctor**: Tell the patient about the tests that need to be done. Before you make any tests and decisions about the patient's treatment scheme, recommend some alternative therapy/natural remedies and explain how they should use them.

E.g. 2 **Information transfer**: **Interesting facts about the heart**. Students search on the Internet less known but important/striking information about the heart, each student

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presenting one piece of information orally to a group of other 5 students; each student has to listen and understand the presented information and then retransmit it to the next group or report it to class:

a) The average adult heart beats 72 times a minute; 100,000 times a day; 3,600,000 times a year; and 2.5 billion times during a lifetime…..

b) French physician Rene Laennec (1781-1826) invented the stethoscope when he felt it was inappropriate to place his ear on his large-buxomed female patients' chests.....

This activity is appropriate for both beginner and advanced students and tests the ability to comprehend, memorize, and transmit information, which are basic skills in professional and research healthcare environments. Moreover, when a group of 30 students does this simultaneously, communication may also be jammed in similar manner to emergency or hectic hospital settings. Students understand the importance of speaking clearly, loudly enough, and with proper intonation so that interlocutors (be these future patients, peers or healthcare staff) understand and are able to further the information to the next communication loop or carry out the transmitted task.

This approach to course design that surpasses the PPP, making students step out of their desks and move around in order to collect and share information is professionally specific, meaningful and therefore, more engaging (Harmer, 2001, p.6).

2.3. CONNECTIVITY

Instead of looking like a collection of photocopies retrieved from various sources, chapters in the EMP (I) course-book have a unitary design and coherence, each focusing on one basic syllabus item. Activities are linked to the main topic, and quizzes and vocabulary practice following the reading passages, have been customized.

2.4.AUTHENTIC TEXTS

Texts and tasks in EMS (I) aspire towards authenticity, (Howard, Major, p. 101) although this might be challenging in terms of complexity for mixed ability groups of students: either too complex for lower level or too simple for advanced students. Nunan points out that “texts written specifically for the classroom distort the language in some way” (1988, p.6). Therefore, use of authentic texts for reading and vocabulary practice was paralleled by text adaptation for lower proficiency students in order to meet more entirely all the students’ needs. Anatomy books, articles in specialized journals and the Internet have represented the major sources of text excerpts for reading but also for listening and language practice so that students become familiar with different registers and styles of the medical communication.

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2.5.INTEREST AND MOTIVATION

EMP (I) materials were so conceived as to stimulate interaction and communicative exchanges, pair work and group work. In order to make organization engaging, to enhance learning and to obey the timeliness principle (i.e. responding to local and international events; Block, 1991), high-interest international topics for the medical field were introduced: e.g. within the chapter on Mental disorders, the case of "pilots reporting/not reporting their visit to psychiatrists" in connection with the pilot who deliberately crashed the Germanwings plane in the Alps on March 24, 2015, was fervently debated in class as information was being disclosed in the media.

2.6.INTEGRATION OF SKILLS

The EMS (I) approach is skill- and competence-based, consequently each EMS unit included at least one listening, reading, writing and speaking activity. Communicative activities are based on skill integration. An activity such as "Speaking with a patient with an autoimmune disease" integrates reading the course-book/Internet information with speaking (as general skills) and asking questions, offering information and explaining (as professional sub-skills), in a complex, meaningful and natural activity that involves "learning by doing" (Nunan, 1998, p.6).

E.g.: *Doctor*: You have a patient diagnosed with an autoimmune disease (eczema, asthma) or AIDS. Give them an outline of the disease and therapy and explain the risks. Use the information in the course-book or the Internet as sources of documentation.

Patient: You are a patient with an autoimmune disease (eczema, asthma) or AIDS. Answer the doctor's questions about the onset of symptoms, relieving and aggravating factors and ask any questions if you do not understand the doctor's explanations.

This activity was further integrated with the PP presentation (as an academic/professional sub-skill): e.g. Turn this informal presentation into a PP presentation, maximum 8 slides, 3 ideas/slide.

Other communicative activities included:

- Integration of speaking with writing of personal statements: e.g.: **Interview simulation** (questions on motivation, depth and breadth of interest in the medical field, empathy, team work abilities, personal insight,creativity, innovation and imagination).

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- Integration of reading and debating: reading 2-3 applications (personal statements) followed by arguing in a team of physicians and selecting the best applicant.

2.7.FIELD-SPECIFIC SKILLS AND SUB-SKILLS

The range of activities also developed and consolidated:

- **professional sub-skills**: presenting, asking questions in patient history-taking, offering information, describing, arguing, recommending therapeutic schemes, writing a letter of reference, describing procedures and events;
- **academic skills**: note-taking, shifting register, transferring information, translating, presenting research results; e.g. Make a 10-slide PP presentation on Bipolar disease to be presented at the students' research conference;
- **language functions**: requesting, inviting, suggesting, expressing personal opinions, agreeing, comparing and contrasting, etc.

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3. TOWARDS THE FORMATION OF HUMANISTIC THINKING

The ability to discern beyond the language exercises the human condition, complexity of patient behaviors and reactions, manifesting empathy and reassurance, are crucial life-long skills that any medical professional should develop.

Debates on complex psychiatric conditions such as: "Should college/job applicants lie about their psychiatric condition?" or "What is the effect of psychiatric stigma on personal relationships?" generated arguments and revealed the participants' deep thought, consideration and understanding of the complexity of conditions. Furthermore, examination of psychiatric conditions in the literature (*The Hours, The Idiot*), listening to real people describing their own diseases (*Ted Talks: A tale of mental illness from the inside*) or discussion of cases in movies (*Hanibal, Black Swan, Silence of the lambs, The King's speech, Temple Grandin*, etc.) as well as developing in writing on famous quotations (e.g. "The humanity we all share is more important than the mental illness we may not") were meant to contribute to the formation of the future physicians' humanistic thinking.

4. AVAILABLE RESOURCES

Different class communication activities (e.g. listening) included in EMP (I) presuppose availability of Internet connection. Either BYOD and mobile devices or video-projector and Internet cable connection are necessary for developing the listening and speaking tasks.

4.4.Use of modern technologies in EMP course design

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If many course-books include a DVD for listening/speaking practice, our intention was to harness digital technology in the following ways:

a) Web 2.0 tools were used for designing vocabulary practice quizzes, mind maps, crossword puzzles and course-book illustrations (e.g. Google forms, Quizlet, Toondoo);
b) part of the communicative activities, assignments and optional projects were transferred to the Edmodo Learning Management System;
c) other optional activities were referred to in the course-book as links to Internet sites (e.g. games) on which students could practice independently.

Since difficult grammar structures formed part of the students' expressed needs in the initial NA, they were included in each unit (revision of tenses, prepositions, passive voice, hypothetical constructions).

Finally, mention should be made about the easily understandable metalanguage employed and cursory inclusion of exercises adapted from published national and international authors of English for Medicine.

4.5.Limitations

The EMS (I) course-book can be optimized as aspect, (i.e. attractiveness) and user-friendliness (i.e. students should be provided enough space to solve the proposed tasks). These aspects as well as orientation of more activities towards a communicative approach must be considered, should this piloting course be published under editorial auspices.

5. CONCLUSION

As a result of needs analysis, adaptation to mixed ability groups may require teachers to experiment with ME course-design and material customization. As shown above, by following communicative course design principles, any pre-set syllabus structured on vocabulary acquisition and grammar practice can fit into a motivating and more communicative approach, likely to impact on student motivation, involvement, and exertion of the basic receptive and productive skills and especially on future effective communication in healthcare settings.

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