

## TEACHERS' AND STUDENTS' PERCEPTIONS ABOUT THE MEDICAL ENGLISH PROGRAM AT HAI PHONG UNIVERSITY OF MEDICINE AND PHARMACY

Tran Thi Hoa

*Hai Phong University of Medicine and Pharmacy, Hai Phong, Vietnam*

*[tthoa@hpmu.edu.vn](mailto:tthoa@hpmu.edu.vn)*

### ABSTRACT

The innovative content-based Medical English Program has been applied at Hai Phong University of Medicine and Pharmacy since the academic year 2018-2019. This is a part of the Health Professional Education and Training for Health System Reforms Project (HPET). It is “innovative” in the sense that it is the first time the syllabus of our university’s medical English program has been aligned with the content subjects that medical students study with their content teachers. This study is conducted to initially evaluate the results of this content-based Medical English Program. The research method is a questionnaire survey among 353 second-year students who have just completed a content-based medical English course. Another survey is conducted among 10 lecturers from English Department who have just finished teaching this course. The results show that the students and the lecturers have positive comments on the innovative content-based Medical English Program in terms of training needs, learning objectives, assessment format, teaching materials, and teaching activities

**Keywords:** *medical English, content-based instruction, ESP*

### INTRODUCTION

The innovative content-based Medical English Program has been applied at Hai Phong University of Medicine and Pharmacy since the academic year 2018-2019. This is a part of the Health Professional Education and Training for Health System Reforms Project (HPET). Within the framework of the project, the teachers from the foreign language department received training in developing a curriculum, writing learning objectives, planning assessments, and developing teaching materials. The Medical English Program is “innovative” in the sense that it is the first time the syllabus of our university’s medical English program has been aligned with the content subjects that medical students study with their content teachers. This study is conducted to initially evaluate the results of this content-based Medical English Program after two years of implementation.

### LITERATURE REVIEW

#### **Definitions of content-based instruction (CBI)**

Content-based instruction is defined by Crandall and Tucker (1990, p. 187) as “an approach to language instruction that integrates the presentation of topics or tasks from subject matter classes within the context of teaching a second or foreign language”.

Similarly, according to Wesche (1993, p. 42), CBI is aimed at the development of use-oriented second and foreign language skills and is distinguished by the concurrent learning of specific content and related language use skills. According to Richards & Rodgers (2001, p. 204), “CBI is an approach to second language teaching in which teaching is organized around the content or information that students will acquire, rather than around a linguistic or other type of syllabus”. It can be inferred that the core of CBI is to focus more on the content of the subject than on linguistic or skill aspects.

**Models of content-based instruction**

Different models of content-based instruction vary in the degree of emphasis put on either language or content. They can be illustrated by the continuum proposed by Met (1999, p. 7) as follows:

**Figure 1: Content-based language teaching**

<b>Content-driven</b>			<b>Language-driven</b>		
Total	Partial	Sheltered	Adjunct	Theme-based	Language Classes with Frequent Use of Content for Language Practice
Immersion	Immersion	Courses	Model	Courses	

(Source: A Continuum of Content and Language Integration. Met (1999, p. 7))

As shown in the continuum, a content-based instruction model can be classified as more content-driven or language-driven. Brinton et al. (1989) indicate that theme-based courses constitute the most common model in CBI because of its relative lack of complexity for implementation. Teachers are usually language teaching specialists rather than subject lectures and no organizational or institutional adjustments are required. In a theme-based model, selected topics or themes provide the content for students to learn. Themes are the central ideas that organize major curricular units, thus they have to be chosen to be appropriate to students’ academic and cognitive interests and needs. Moreover, materials in theme-based language instruction are usually teacher-generated or adapted from outside sources. As Snow points out, “Themes are the central ideas that organize major curricular units selected for their appropriateness to student needs and interests, institutional expectations, program resources, and teachers’ abilities and interest” (Snow, 2001, p. 307).

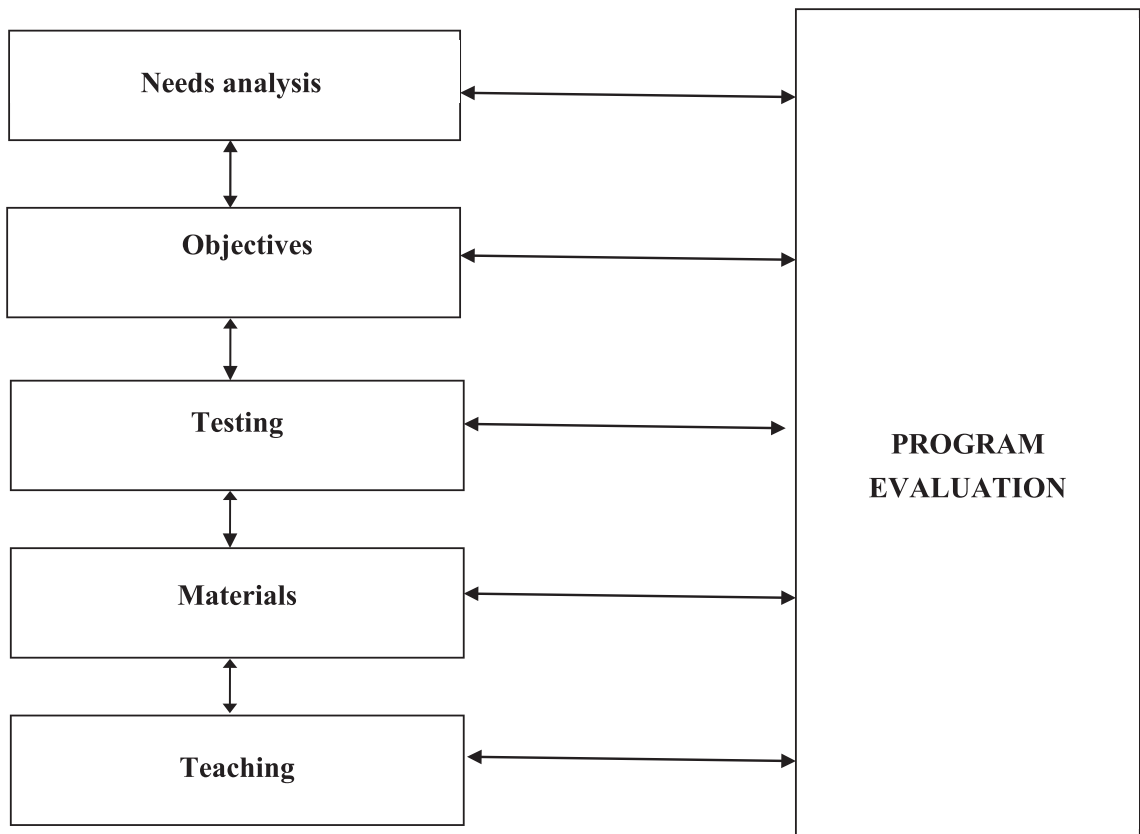
**CONTENT-BASED MEDICAL ENGLISH PROGRAM AT HAI PHONG UNIVERSITY OF MEDICINE AND PHARMACY**

The medical English program at Hai Phong University of Medicine and Pharmacy adopts the theme-based model. The second-year students study five medical modules in Vietnamese, namely the respiratory, digestive, cardiovascular, urinary, and lymphatic-immune modules. These modules are taught for the entire academic year. The medical English program syllabus is aligned with the themes of these modules. To be specific, it consists of five themes: the structure and function of the respiratory, digestive, cardiovascular, urinary, and lymphatic-immune systems. However, the medical English program is still independent of the content modules because it lasts only 10 weeks whereas the medical modules run through the academic year.

This study on the teachers’ and students’ perceptions is one of the attempts to

initially evaluate how effective the content-based medical English program is. According to Brown (1995, p. 218), program evaluation is defined as “the systematic collection and analysis of all relevant information necessary to promote the improvement of a curriculum and assess its effectiveness within the context of the particular institutions involved.” Each element of the curriculum interacts with each other, as shown in the following figure

**FIGURE 2. SYSTEMATIC APPROACH TO DESIGNING AND MAINTAINING LANGUAGE CURRICULUM (adapted from Brown, 1995, p. 20)**



Within the scope of this study, the teachers’ and students’ perceptions about the medical English programs are studied in terms of their attitudes towards training needs, learning objectives, assessment format, teaching materials and teaching activities.

### **Participants**

+ 353 second-year students majoring in general practitioners of medicine have just completed their course in medical English. Their proficiency levels range from elementary to pre-intermediate.

+ 10 teachers of the foreign language department have just completed teaching the medical English course. These teachers have experience teaching medical English for several years, i.e. from 6 to 15 years.

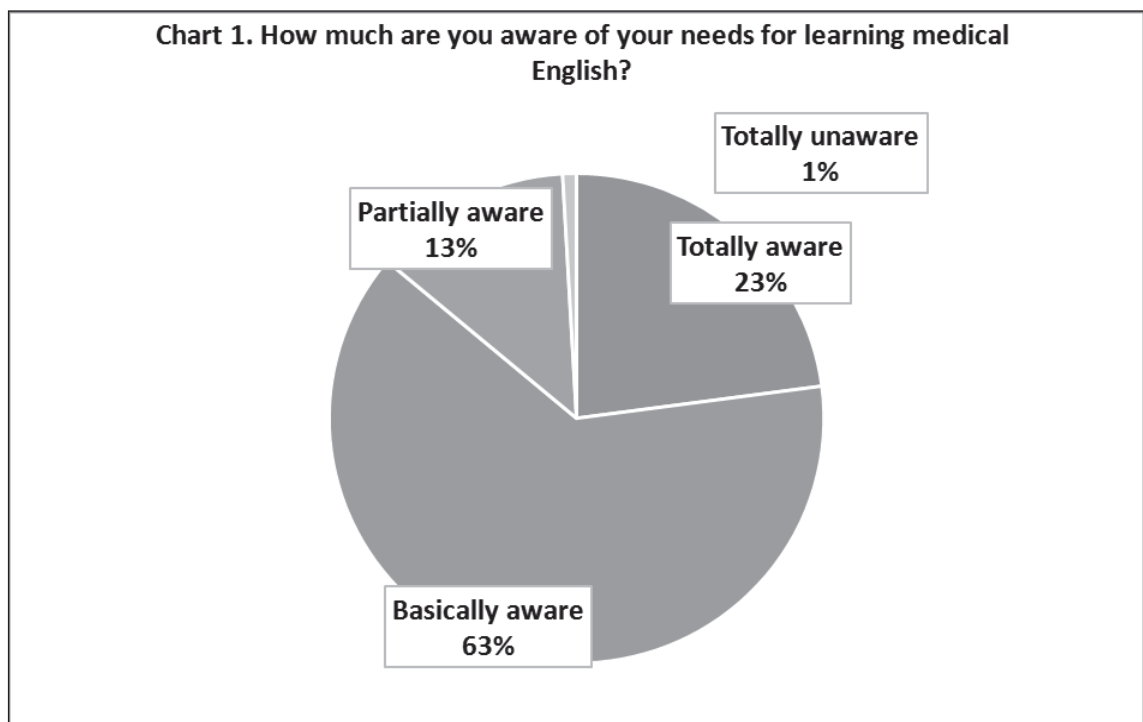
### **Instruments**

The survey research was adopted. The instruments included the survey questionnaires for the students and the teachers. The convenient sampling was used. The survey questionnaires were intended to reveal the students' and the teachers' feedback about the five components of a program, which are illustrated in Figure 2. "Systematic approach to designing and maintaining language curriculum" (adapted from Brown, 1995, p. 20). Specifically, they are: need analysis, learning objectives, testing, learning materials and teaching activities. The data from the questionnaires were analyzed in Excel.

### **FINDINGS AND DISCUSSION**

#### **1. Students' perceptions of the needs for learning medical English**

The students were asked about how well they were aware of their needs for learning medical English with a four-point Likert scale: Totally aware, Basically aware, Partially aware and Totally unaware. The results are shown in Chart 1. Most of the students (63.2%) were basically aware of their needs for learning medical English; 22.9% were totally aware; only 13% were partially aware and 0.9 claimed to be totally unaware.



To evaluate how well the medical English program meets the students' needs, a four-point Likert scale was used. Table 1 shows that the program meets their needs for learning English medical terminology to a great extent ( $M=3.17$ ). As far as each skill is concerned, the listening skill is the lowest ( $M=2.90$ ). This is understandable because they had such little time in class for the listening skill: only two periods a week whereas this skill requires a lot of frequent practice.

**Table 1. How well does the medical English program meet the students' needs?**

	MEAN	S.D
1. Learn English medical terminology	3.17	0.478
2. Improve the reading skill	3.10	0.504
3. Improve the speaking skill	3.03	0.611
4. Improve the writing skill	2.98	0.579
5. Improve the listening skill	2.90	0.624

**2. Students' perceptions of the learning objectives**

It is seen from Table 2 that the students were quite aware of the learning objectives (Mean = 3.26) and the learning objectives were basically aligned with their needs for learning medical English (Mean = 3.15)

**Table 2 – Students' perceptions of the learning objectives**

	MEAN	S.D
1. I am aware of the learning objectives of the medical English program.	3.26	0.472
2. The learning objectives meet my needs for learning medical English.	3.15	0.443
3. The learning objectives are achievable.	3.14	0.485
4. The learning objectives specify what skill or knowledge should be attained.	3.13	0.475

**3. Students' and teachers' perceptions of the learning materials**

Students' perceptions:

The selected themes were aligned with the content subjects that the student learned in Vietnamese. It is important to consider balancing the learner's language proficiency and the material input because most of the content subject is delivered in academic language. The level of readability should be put in mind when developing materials. Table 3 shows the students' perceptions of how suitable the materials were for their language proficiency level. Most of them considered the materials suitable: respiratory system (mean=3.24), lymphatic and immune system (mean=3.20). When answering open-ended questions, they also highly appreciated the teaching and learning of medical themes in English, which were aligned with the content subjects that they learned in Vietnamese. The students pointed out that the medical English program helped to systematize the knowledge of the content subjects better. This result from the study might imply that the content-based English program was quite motivating to the students since what was taught was clearly associated with the knowledge of their profession.

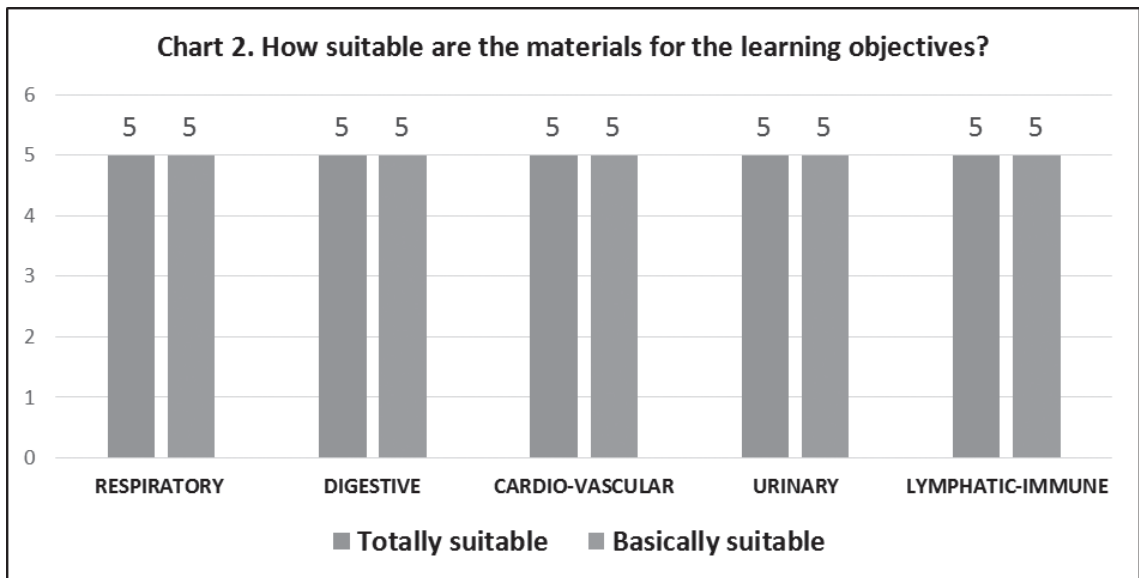
**Table 3 – How suitable are the learning materials for the students' language proficiency level?**

	MEAN	S.D
Respiratory system	3.24	0.502
Digestive system	3.23	0.495

Cardiovascular system	3.23	0.514
Urinary system	3.23	0.494
Lymphatic and Immune system	3.20	0.512

Teachers' perceptions

Chart 2 shows the teachers' perceptions of how suitable the materials are for the learning objectives. 50% of the teachers considered the materials totally suitable and the others indicated that they were basically suitable for the learning objectives.



When answering the open-ended questions, 9 teachers said that the materials did not need to be adjusted. Only one teacher mentioned adjusting the listening material because “it was difficult for the student’s level.” This partly explained the students’ feedback about how well the program met their need for improving the listening skill, which had the lowest mean (M=2.90).

**4. Students’ and teachers’ perceptions of the presentation activity as an assessment tool**

Students’ perceptions:

The presentation activity was employed as an assessment tool. The students were required to deliver a presentation about one of the subtopics that they learned in the medical English program. Table 4 reflects their perceptions of this activity. Most of them highly appreciated it as a form of assessment: *The presentation activity is very effective in helping me achieve the learning objectives* (Mean=3.17); *My presentation truly reflects my ability to use English* (Mean=3.19); *The presentation activity is suitable for my learning of medical English* (Mean=3.22). Especially, the highest mean was given to the teacher’s feedback and comments (Mean=3.25): *The teacher’s feedback and comments on my presentation are useful for my learning of medical English*. It seems that the students regarded formative assessment as being useful because they received

the direct comments and guidance from their teachers in class.

**Table 4. Students' perceptions of the presentation activity as an assessment tool**

	MEAN	S.D
1. The teacher's feedback and comments on my presentation are useful for my learning of medical English.	3.25	0.510
2. The presentation activity is suitable for my learning of medical English	3.22	0.492
<b>3. My presentation truly reflects my ability to use English</b>	<b>3.19</b>	<b>0.527</b>
<b>4. The presentation activity is very effective in helping me achieve the learning objectives</b>	<b>3.17</b>	<b>0.529</b>

Teachers' perceptions:

Table 5 shows the teachers' perception of how suitable and effective the presentation activity is as an assessment tool. It can be seen that the teachers considered the presentation activity highly suitable (mean = 3.6) and effective (mean = 3.5).

This activity received positive feedback from both students and teachers. When giving a presentation, the learner demonstrates not only his ability to use the language but also his understanding of the content subject. Therefore, it is very practical and effective to employ the presentation activity in teaching a content-based English program.

**Table 5. Teachers' perceptions of the presentation activity as an assessment tool**

	MEAN	S.D
The presentation activity is suitable for the students' language proficiency level.	<b>3.6</b>	<b>0.516</b>
The presentation activity is effective in helping the students achieve the learning objectives.	<b>3.5</b>	<b>0.527</b>

**5. Students' perceptions of the teaching activities**

The students had good feedback when asked about the teaching activities: The lessons are logically and clearly organized (mean=3.28), Pair work and group work activities are conducted to a great extent (mean = 3.26). The teachers' role was also highly appreciated: The teacher's activities are suitable for my language proficiency level (mean=3.22) The teacher's activities are effective in helping me to achieve the learning objectives (mean = 3.21). The students were quite active in class: I can practice using English in the lesson (mean=3.20), I like participating in learning activities in the lesson (mean=3.18) and I actively participate in the learning activities in the lesson (mean=3.16). It was shown that the teachers designed the suitable activities which encouraged the students to actively participate in the lesson.

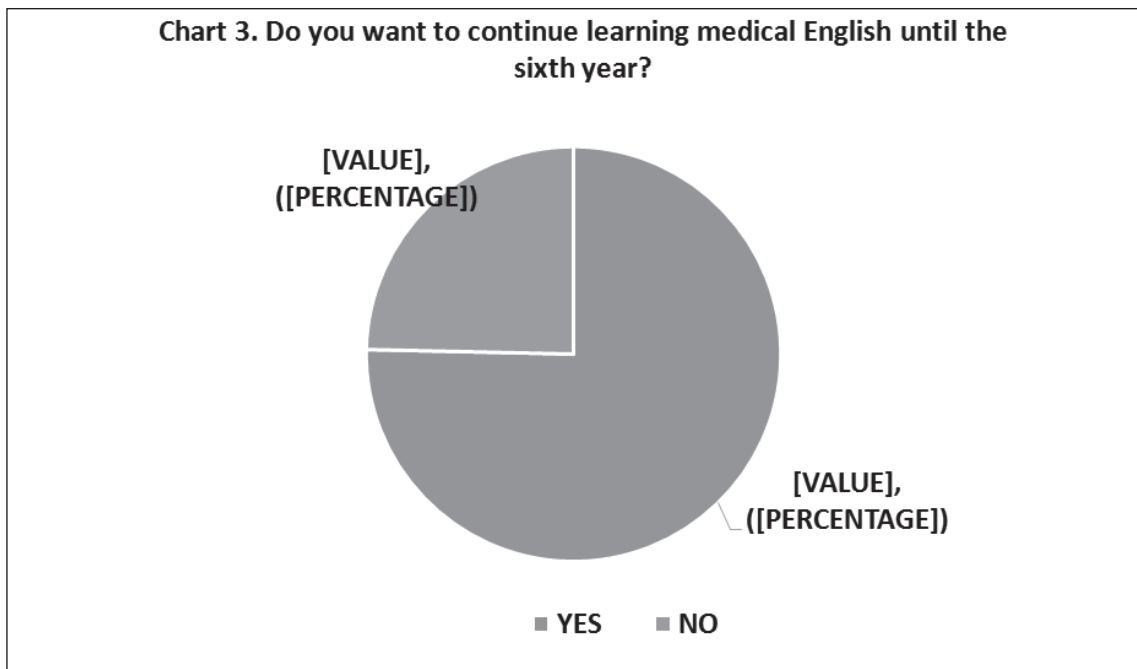
**Table 6. Students' perceptions of the teaching activities**

	MEAN	S.D
1. The lessons are logically and clearly organized.	3.28	0.485
2. Pair work and group work activities are conducted to a great extent.	3.26	0.496

3. The teacher starts the lesson by clarifying the learning objectives	3.24	0.511
4. The teacher uses examples or explanations in the lesson	3.24	0.515
5. The teacher has a good time management	3.22	0.492
<b>6. <i>The teacher's activities are suitable for my language proficiency level.</i></b>	<b>3.22</b>	<b>0.487</b>
<b>7. <i>The teacher's activities are effective in helping me to achieve the learning objectives</i></b>	<b>3.21</b>	<b>0.480</b>
8. The lesson pace is suitable for my language proficiency level.	3.20	0.479
<b>9. <i>I can practice using English in the lesson.</i></b>	<b>3.20</b>	<b>0.512</b>
<b>10. <i>I like participating in the learning activities in the lesson.</i></b>	<b>3.18</b>	<b>0.531</b>
<b>11. <i>I actively participate in the learning activities in the lesson.</i></b>	<b>3.16</b>	<b>0.520</b>

### 6. Students' expectations about the medical English program

Chart 3 shows the students' expectations about the medical English program in the coming years. 75% (266 students) wanted to continue learning medical English in the content-based approach and 25% (87 students) did not.



The reasons for not learning medical English in the future are listed below. They can be grouped according to two main themes: content subject priority and difficulty level. Some students want to concentrate on their content subjects instead of English and some others find medical English too hard for them to learn. main themes of this set of qualitative data should be stated



- “The content subjects are very hard, so I don’t want to spend time learning English”

- “I want to focus on the content subjects”

- “Medical English is very difficult and time-consuming”

- “The medical English program should be taught during the first three years instead of being distributed for all the six years”

### **CONCLUSION**

The teachers and students showed their positive comments about the content-based English program in terms of needs, learning objectives, materials, assessment format and teaching activities.

In terms of need analysis, the majority of the students (63.2%) were basically aware of their need for studying medical English, and 23% were totally aware. In terms of learning objectives, the students (mean=3.26) were aware of the learning objectives, which were closely aligned with their needs for learning medical English. (mean=3.15). As regards the learning materials, both the students and the teachers considered them suitable for the learning objectives. As far as the assessment was concerned, the presentation activity was evaluated as being highly effective. The students also had positive feedback about the teachers’ teaching practice. However, their feedback might imply that a further medical English program should be made an optional subject for those who want to continue their learning of medical English.

This study has several limitations. First, the only instrument was a survey. If more kinds of instruments had been employed, the results of the study would be more reliable. Second, there are not many similar studies on this area of content-based medical English instruction; therefore, it might be difficult to make any comparison between the findings of this study with others. It is recommended that more longitudinal research on medical English instruction should be carried out in the future.

### **REFERENCES**

- Brinton, D. et al. (1989). *Content-Based second language instruction*. Boston: Heinle & Heinle Publishers
- Brown, J.D. (1995). *The elements of language curriculum*. USA: Heinle Cengage Learning.
- Crandall, J. & Tucker, C. A. (1990). *Content-Based instruction in second and foreign language*. Newbury Park, CA:Sage.
- Met, M. (1999). Content-Based instruction: Defining terms, making decisions. NFLC Reports. Washington, DC. The National Foreign Language Center.
- Richards, J. C. & Rodgers, T. S. (2001). Content-Based instruction. In *Approaches and Methods in Language Teaching*. CUP. doi:10.1017/CBO9780511667305, <http://dx.doi.org/10.1017/CBO9780511667305>
- Snow, M. (2001). Content-Based and Immersion Models for Second and Foreign Language Teaching. In Celce-Murcia, M. (Ed.), *Teaching English as a Second or Foreign Language*. Third Edition. Boston, MA: Heinle & Heinle Thompson Learning.
- Wesche, M.B. (1993). Discipline-based approaches to language study: Research issues and outcomes. In M. Krueger & F. Ryan (Eds.). *Language and Content: Discipline- and content-based approaches to language study* (pp. 57-79). Lexington, MA: D.C. Heath and Company.