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Communicative Skills for Medical ESP in Ecuador

Master's Thesis

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Declaración Expresa

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Firma _____

Abstract

In light of emerging ESP courses in Ecuador, there is a growing need to implement and to evaluate the quality of ESP courses for medical students. This thesis offers a course design to be used to improve English communicative skills of medical students through the use of recorded audio journals, conversation tables, on-line practice activities, presentations based on medical readings and role-play conversations. The implementation and evaluation took the form of an action research case study, which used qualitative research methods. The study found that conversation tables and training in formal presentations on medical topics were the most successful learning activities. The course itself was innovative among ESP courses in university medical faculties in Ecuador.

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Resumen

A la luz de los nuevos cursos de Inglés con Propósitos Especifico para estudiantes en facultades de medicina (ESP) en el Ecuador, existe una necesidad creciente de implementar y evaluar la calidad de los cursos de ESP para estudiantes de medicina. Esta tesis ofrece un diseño de curso para ser utilizado para mejorar las destrezas comunicativas de los estudiantes de medicina a través del uso de grabaciones de audio, mesas de conversación, actividades en práctica en Internet, presentaciones basadas en lecturas médicas y conversaciones en parejas. La implementación y evaluación del curso tomó la forma de un estudio de caso de investigación acción con el uso de un método cualitativo. Los resultados de la investigación encontraron que las mesas de conversación y entrenamiento en presentaciones formales de temas médicos fueron las actividades de aprendizajes mas exitosas. El curso en sí fue innovador entre cursos de ESP en universidades con facultades de medicina en Ecuador.

KEYWORDS : ESP, Medical English, Case Study and Course Design

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Chapter 1

Introduction

I have chosen this topic due to the importance of learning English for Specific Purposes (ESP) for medical students in Ecuadorian Universities. Medical school is still one of the most demanded areas of study every year. People continue choosing this profession because of family tradition or personal ambition. Medicine is a difficult and demanding field of study, which requires financial sacrifices that only some students can or want to make, long-term studies to get their degree and long hours of non-sleeping attending patients who are ill and dealing with patients' familiar who are suffering for a terminal disease.

The main books or articles on medical advances are almost always printed in English. That is why the importance of studying English for Specific Purposes. The medical advances are increasing every year and doctors have to keep current with the latest medical discoveries, and how to access and use the new medical equipment to facilitate operations or medical treatments.

The aim of this study was to investigate learners' perceptions of participation in an ESP Course for Medical Students. The course targeted communicative skills, listening and speaking as well as giving practice in vocabulary, reading and writing.

The obstacles that medical students need to overcome to improve their communication skills were also considered. My research study is intended to contribute to an area of English Language Teaching (ELT) that has not been researched very much in Ecuador.

Participants in this study consisted of nine students of English who are undergraduate students of the Medicine School in an Ecuadorian University who had an intermediate English level. Because of the small number of participants, this study should be considered a case study.

The Research Setting

There are seventeen universities that have medical schools in our country. Universidad Nacional de Loja; Universidad de Cuenca; Universidad de Guayaquil; Universidad Técnica de Ambato; Universidad de Cuenca; Universidad del Azuay; Universidad Central del Ecuador; Universidad San Francisco de Quito; Universidad Técnica Particular de Loja; Universidad de Especialidades Espíritu Santo; Universidad Católica de Cuenca, Universidad Católica Santiago de Guayaquil; Universidad Internacional del Ecuador; Universidad Tecnológica Equinoccial; Universidad Técnica de Manabí; Universidad Tecnológica Ecotec; and Universidad Cristiana Latinoamericana,

The requirements for applicants of Medicine, Nursing, Obstetrics and Medical Technology are the following: Original and copy of the identity card; original and copy of the voting card for students over 18 years old; grade transcripts certified by the high school where the medical school applicant can demonstrate that he or she is studying the sixth (final) year of studies in the Chemistry-Biology specialty supported by the headmaster director or General Inspector with stamps from the respective institution; Police Record; Non-capable Military Service Report Card that demonstrate they are not going to be suitable for military conscription, a Health Certificate emitted by the Public Health Ministry; an enrollment request directed to the Associate-Dean of the Medical Faculty; a personal details worksheet, and a manila folder to compile all the information.

Medical school lasts six years, and the schools of medicine at the medical faculties are oriented to train doctors with scientific and technological knowledge to resolve and ensure the health of the community.

A career in medicine requires the development of English scientific vocabulary and improved reading habits for the purposes of acquiring knowledge and communication skills because many of the texts the students must study in medical schools are written in English.

Undergraduate students must complete computing and English courses as requirements to get their degree. In the English program in the Medical School where I teach, the curriculum is general English with the aid of the *Headway* textbook (Soars and Soars, 2001) and cassettes. Students receive medical vocabulary in the first three levels and in the last level they receive technical English. Students are required to do four English levels. I believe it is necessary to make an extreme change to provide better English education related to medical ESP courses in Ecuador. I hope the program I develop during the course of this research will contribute to the quality of the medical ESP courses that are available to the medical students.

I have decided to develop this ESP program because of the great influx of medical students every year. Currently, there is a population of 7,000 students and according to the National Council for Evaluation and Accreditation CONEA the University has a b category that corresponds to all those universities that do not have a strong basis in research nor a high enough level of faculty academic credentials

CONEA is working on this educational reform in compliance with Government Mandate 14 (http://www.asambleanacional.gov.ec/documentos/leyes_aprobadas/ley-reformatoria-mandato-14.pdf)

Ley Orgánica Reformatoria de la Disposición Transitoria Primera del Mandato Constituyente No 14

Artículo 1.-Amplíese en 90 días, a partir de la terminación del plazo establecido en la Disposición Transitoria Primera del Mandato Constituyente No 14, para que el Consejo Nacional de Evaluación y Acreditación de la Educación Superior del Ecuador CONEA, presente al Consejo Nacional de Educación Superior CONESUP y a la Función Legislativa, un informe técnico sobre el

nivel de desempeño institucional de los establecimientos de educación superior, a fin de garantizar su calidad, propiciando su depuración y mejoramiento, según lo determinado en el Artículo 91 de la Ley Orgánica de Educación Superior..

La presente Ley Orgánica Reformativa del la Disposición Transitoria Primera del Mandato Constituyente No.14 entrará en vigencia a partir de su publicación en el Registro Oficial.

[[Law Reform of the First Transitional Provision of the Constituent No 14

Article 1.-expand on 90 days from the deadline established in the first transitional provision of the Constituent No 14 for the National Assessment and Accreditation of Higher Education of Ecuador CONEA present to the National higher education and the Legislative CONESUP, a technical report on the level of institutional performance of higher education institutions, to ensure their quality, promoting their debugging and improvement, as determined in Article 91 of the Law for Higher Education..

This Law Reform of the first transitional provision of the Constituent No.14 enters into force upon its publication in the Official Gazette.]

[This report recommends that the legislature purify the Ecuadorian university system of this group of universities which are in the B category, through legal actions which are within the powers of the Constituent Assembly, thereby safeguarding the rights of the male and female students]

*Corresponde a las universidades que registran las condiciones para que su planta docente se construya como una comunidad científica y profesional con reconocimiento y legitimidad en su medio, y que, en algunos casos, ya lo están logrando. **CATEGORIA B:** En relación con las primeras, la brecha es notoria especialmente en las dimensiones de investigación y academia. **CATEGORIA C:** Debilidad académica de la planta docente. Con excepción de algunas instituciones, el desarrollo de la investigación es prácticamente inexistente. **CATEGORIA D:** En*

este grupo se encuentran cuatro universidades relativamente nuevas que todavía se encuentran en proceso de consolidación de su proyecto académico. Para el conjunto de estas universidades resulta difícil orientar su actividad “académica” hacia una investigación mínima, relacionada, por lo menos, con la propia docencia, al no contar con una planta docente cuyas obligaciones y modalidades de contratación rebasen una relación laboral puntual y temporal [Category A universities have the conditions for their teaching staff to build a scientific and professional community with recognition and legitimacy in their midst, and, in some cases because they are succeeding. Category B refers to universities that do not have a strong basis for research and academics among their faculties and students. Category C is for universities with academic weaknesses in their faculties with the exception of some institutions, the development of research is virtually nonexistent. Category D is for new universities which are still in the process of consolidating their academic project. For all of these universities it is difficult to direct its "academic" activity towards minimal research related, at least, with their own teaching. The failure to have a faculty whose duties and procedures for hiring prevent timely and temporary employment. Finally, Category D is for the institutions that do not present the conditions necessary to run a university and which show evidence of deficiencies and problems affecting the Ecuadorian university.

Category A universities include; Escuela Superior Politecnica del Chimborazo; Pontificia Universidad Central del Ecuador; Universidad de Cuenca; universidad Del Azuay; Universidad San Francisco de Quito; Universidad Tecnica de Ambato and Universidad Tecnica Particular de Loja.

Category B universities include Universidad de Especialidades Espiritu Santo; Universidad de Guayaquil and Universidad Nacional de Loja.

Category C universities include: Universidad Católica De Cuenca; Universidad Católica Santiago De Guayaquil, Universidad Internacional Del Ecuador, Universidad Tecnológica Equinoccial

Category D: Universidad Técnica De Manabi and Universidad Tecnológica Ecotec.

Category E We Have: Universidad Cristiana Latinoamericana,

According to the Medical Studies Curriculum, where my participants come from this is the program of study for students studying Medicine. They are required to take and pass these courses: Anatomy, Obstetrics and Physiology, Obstetrics Clinic, Physiopathology, Gynecologic Clinic, Semiology, Cytology, Health Administration, Parasitology, Legal Medicine, Microbiology,, Biology, Embryology, Biochemistry, Histology, Surgery, Neurology, Dermatology, Traumatology, Community and Family Health, Pediatrics, Ophthalmology, Nephrology, Infectious Diseases and Nutrition.

I hope to explore the connection of the current English courses for students in medical school, as well as, students perceptions of the content current ESP Courses and the program design I am developing in order to contribute to possible curricular changes and improvements .

The Current Medical English Curriculum

Where I teach, more emphasis is given to the assigned textbook used in class than in the medical English classes themselves.. I have taught this class many times. The book from Oxford University Press was chosen by the department chair, and it is entitled *Headway 1* by Liz and John Soars (2001). Some vocabulary is given in an isolated manner to introduce students to the medical terminology like parts of the body, illnesses and additional information given by textbooks.

ESP Theory

Through reading Carter (1983), Sysoyev (2000), Yin (1993), Feagin, Orum and Sjoberg (1991) I learned that ESP courses have three main characteristics : 1) The use of authentic materials, 2) The content of the course that is going to prepare them for professional life, and something that can help them in their professions and motivate them to develop communicative skills through meetings, audio journals and listening or speaking activities.

Carter (1983) identified three types of ESP. 1) English as a restrictive language, 2) English for Academic, Professional and Occupational Purposes, and 3) English with specific topics. This author also mentions that English for Academic and Occupational Purpose courses are broken down into three branches: 1) English for Science and Technology (EST), 2) English for Business and Economics (EBE), and 3) English for Social Studies (ESS). Each one of these subject areas is further divided into two branches: 1) English for Academic Purposes and 2) English for Occupational Purposes (EOP).

The characteristics of ESP courses identified by Carter (1983) are:

- The inclusion of authentic materials, as well as purpose-related orientation and self direction.
- The first ability required in order to successfully communicate in an occupational setting is the ability to use the particular jargon which is characteristic of that specific occupational context .
- The second is the ability to use a more generalized set of academic skills, such as conducting research and responding to memoranda and
- The third is the ability to use the language of everyday in informal talk to communicate effectively, regardless of occupational contexts.

Importance of the Study

I have chosen qualitative case study research to explore students' perceptions of a reformed course design for learning medical ESP. Yin (1993) has identified some specific types of case studies: Exploratory, Explanatory, and Descriptive.

Exploratory cases are sometimes considered as a prelude to social research and may be used for doing casual investigations. Descriptive cases require a descriptive theory to be developed before starting the project. In all of the above types of case studies, there can be single-case or multiple-case applications. (para 5).

I think my case is a descriptive case because I need to elaborate the course design of the ESP course before starting the case study.

Feagin, Orum and Sjoberg (1991) state that case studies are multi-perspectival analyses. This means that the researcher considers not just the voice and perspective of the actors, but also of the relevant groups of actors and the interaction between them. This one aspect is a salient point in the characteristic that case studies possess.

Snow and Anderson (cited in Feagin, Orum, & Sjoberg, 1991) state that Case study is known as a triangulated research strategy that occurs with Data, investigators, theories, and even methodologies. The need for triangulation arises from the ethical need to confirm the validity of the processes. In case studies, this could be done by using multiple sources of data.

According to Colorado State education guidelines for a research (1994), a case study is:
.....An in depth exploration of a particular context, such as a classroom or a group of individuals that involves the collection of extensive qualitative data usually via interview, observation and document analysis or the collection and presentation of detailed information about a particular participant or small group, frequently including the accounts of subjects themselves ([http:// writing.colostate.edu/guides/research/glossary](http://writing.colostate.edu/guides/research/glossary)) (para 1)

Feagin, Orum and Sjoberg (1991) state that case study is an ideal methodology when a holistic, in-depth investigation is needed. A method for learning about a complex instance, based on a comprehensive understanding of that instance, obtained by extensive description and analysis of the instance, taken as a whole and in its context.

In my case study I am going to using the analytical approach based on understanding what has happened and why. Rabbini (2002) says that:

The analytical approach is a process rather than a product and focus on the specification of the learning tasks and activities that he/she will undertake during the course rather than what the student will have accomplished on completion of the program (para. 14).

Research Questions

- 1) How can medical students improve their communicative skills?
- 2) What kind of resources do I need to use in order to obtain good speaking outcomes for medical ESP students?
- 3) How can the speaking skills of medical ESP students be improved after the program?
- 4) What factors do inhibit students' speaking performance?
- 5) How can a course for a medical ESP course be designed and implemented for students at an Ecuadorian university?

Operational Definitions

In this section, I have catalogued terms that I will be using in this research study. The list of terms was taken from (O'Malley and Valdez Pierce 1995). There are a few additions, which have different references.

Adjacency pairs.-These are utterances produced successively by two speakers. Lacerda (2006)

Anecdotal records.- These are informal written notes on student learning or performance, usually based on various source of evidence O'Malley & Lorraine Valdez Pierce (1995).

Authentic assessment.-This term refers to procedures for evaluating student achievement or performance using activities that represent goals, curricula, and instruction or real-life performance. O'Malley, and Pierce (1995).

Authentic activities.-Authentic activities are activities with purposeful exchanges of information, not those that provide information already known by the listener or speaker (Brown & Yule, 1983)

Case study.-A data-collection design used in the naturalistic paradigm. It makes use of multiple, often qualitative, methods to provide a thorough understanding of the program, case, or unit of interest. (Worthen, Sanders, & Fitzpatrick, 1997, p. 515)

Cooperative Learning.-This is the instructional use of small groups so that students work together to achieve shared goals. Roles and Competencies of Online Teachers. Retrieved September, 12, 2010

Fluency.-This term refers to the amount of language delivered, not necessarily the accuracy. (Folse 2006, p.216)

Interlanguage- It is a term coined by Selinker (1972) cited in (Folse, 2006 p..32) which refers to the learner`s current level of English proficiency. This current level ranges from no ability in the second language to express the same thing in both the first and the second language.

Insight.-The outcome of inquiry, refers to the new understanding, perspective, or knowledge that results from the exploratory and creative processes of writing to inquire. Retrieved December 31,2010 from http://wac.colostate.edu/books/lauer_invention/glossary.pdf

Issue.- A point of discussion, debate, or dispute. Issues in the field of Rhetoric and Composition arise from disagreements over theoretical and pedagogical aspects of written discourse. Retrieved December 31, 2010 from http://wac.colostate.edu/books/lauer_invention/glossary.pdf

Language function.-This term refers to the purposes that languages serves in oral or written communication, and what an individual is able to do in using language. (e.g. describing, evaluating and persuading). (O`Malley and Pierce, 1995, p. 61)

Likert-type scale: “A Likert-type scale consists of a series of declarative statements. The subject is asked to indicate whether he agrees or disagrees with each statement. Commonly, five options are provided: "strongly agree," "agree," "undecided," "disagree," and "strongly disagree. “(McCroskey,Arnold and Prichardm, November 20,2011, para 3)

Outcome: A goal statement specifying desired knowledge,skills, processes, and attitudes to be developed as a result of educational experiences. O`Malley and Pierce (1995, p 239).`

Performance assessment.-Assessment tasks that require students to construct a response, create a product, or demonstrate applications of knowledge. O`Malley and Pierce (1995).

Qualitative inquiry.-Research that is typically conducted in natural settings, uses the researcher as the primary “instrument”, emphasizes “rich description” of the phenomenon being

investigated, applies multiple data-gathering methods, and uses an inductive approach to data analysis. (Worthen, Sanders, & Fitzpatrick, 1997, p.520)

Records.-Official documents or statistics prepared to be used by others. Such existing information can be more valid, reliable, and cost-effective than other information if the purposes match those of the current evaluation study (Worthen,Sanders,.& Fitzpatrick.1997,p.521).

Reliability.-This is the degree to which an assessment yields consistent results. O`Malley and Pierce (1995, p. 239)

Rubric: A measurement scale used to evaluate a student`s performance. Rubrics consist of a fixed scale and a list of characteristics that describe criteria at each score point for a particular outcome. O`Malley and Pierce (1995, p. 239)

Scaffolding: Providing contextual support for meaning during instruction or assessment, such as visual displays, classified lists, or tables or graphs. O`Malley and Pierce (1995, p. 240)

Segmental features.-Segmental features refer to the characteristics of individual sound segments, voice setting features refer to general articulatory characteristics of stretches of speech. (Pennington &Richards, 1986)

Self-assessment: Appraisal by a student of his or her own work or learning processes. Chaney (1998) concludes that speaking is the process of building and sharing meaning through the use of verbal and non-verbal symbols, in a variety of contexts. (O`Malley and Pierce ,1995)

Socio-affective strategies.-These strategies help learners regulate and control emotions, motivations, and attitudes towards learning, as well as help learners learn through contact and interaction with others. (O`Malley & Chamot, 1990)

Task.-An activity usually requires multiple responses to a challenging question or problem. (O`Malley & Pierce,1995, p. 240)

Chapter 2

Literature Review

In order to explore the literature on the topics related to my research, I had to read what the experts in the field of ESP, and Medical English have written about teaching English for Specific Purposes. In this review of the literature, I will report on what experts in the field have written about teaching and learning speaking and listening, which include pronunciation, accent and intonation, teaching of communication strategies, conversation skills, motivation, vocabulary, fluency, use of the Internet, use of video in foreign language classrooms, pair taping work, oral language assessment, student perspectives about the target language, dialogues, creative and critical thinking skills and curriculum design, because these topics are all important for developing a program to teach speaking and listening skills to medical students.

To enhance their communicative skills in ESP courses students need to be familiar with the medical terminology so that they can become familiar with medical language through medical readings and discussion of medical topics in English. To focus on fluency vs. accuracy will be the first priority that is going to be polished through reading and video exposure.

In this review, I present literature for the different skills needed for the development of speaking skills like pronunciation, communicative strategies, and conversation

Pronunciation

According to Akter (2007), pronunciation study should be included in the syllabi and teaching materials of a listening and speaking course, “to help the students avoid embarrassing episodes and misunderstandings”(p/38). Pennington and Richards (1986) state that pronunciation study includes : “articulation of individual sounds ,and stress and intonation patterns of the target language”(p.208). The same authors identify three aspects that contribute to the development of

pronunciation such as: segmental , voice-setting and prosodic features". (p.208). According to the definitions on a free dictionary "Segmental features related to the divided or organized into segments. (The Free Dictionary , 2011) (<http://www.thefreedictionary.com/segmental>)

Voice setting is a specified condition, quality, or tone of vocal sound. (The Free Dictionary , 2011) (<http://www.thefreediction>) Prosodic features relates to the rhythmic aspect of language or to the suprasegmental phonemes of pitch and stress and juncture and nasalization and voicing. (The Free Dictionary , 2011) " (<http://encyclopedia2.thefreedictionary.com/prosodic+features>)

Activities for Teaching Pronunciation

Stevenson (1997) asserts that second language pronunciation skills can be enhanced by listening to and studying the talks of famous speakers of the L1 on any academic subject

Regarding pronunciation, Vitanova and Miller (2002) conclude that:

ESL teachers should develop pronunciation programs that integrate focus on segmental and suprasegmental features, balance between controlled and communicative learning environment, understanding not only of our learners` cognitive needs but also their socio-affective characteristics. (para. 27-29)

According to Hoekje (1992) , the problem of English Teaching Assistants (ITAs) who are Latin American, is the varied levels of proficiency of the English language students. So, it can be inferred that medical students should also be taught phonetics, phonology, pitch, stress, rhythm and tone, so that they can function competently in international medical situations where English is spoken, as is necessary for international teaching assistants who are required to speak and be understood clearly by native speakers.

Finally the explicit teaching of phonetics and phonology symbols are sometimes considered essential in the teaching of pronunciation as Dalton (1997) comments by saying they are important

for students to improve pronunciation and be aware of good pronunciation for effective communication.

Offner (1995) states that non-native speakers are exposed to different accents of English and Latin people who move in scholarly circles need to have a level of English proficiency that will enable them to be accepted among the scholars in their fields.

Pitch, intonation and prominence are phonological characteristics of it. Pitch is defined as the relative high of the speech sound, prominence is what they hear when a word ‘stands out’ and intonation includes duration and loudness as an acoustic feature amplitude. (p.1)

Roach (1991) stresses that the aspects of connected speech are:

....rhythm, assimilation, elision and linking. The theory that English has stress-timed rhythm implies that stressed syllables will tend to occur at relatively regular intervals whether they are separated by unstressed syllables.

Roach adds

that the tone-unit consists of a number of one or more syllables or phonemes. The tone unit is structured by the head, pre-head and the tail, which are elements of the intonation. The head is extended from the first syllable up to the tonic syllable and has two different pitch possibilities: high head and low head. In the high head the stressed syllable which begins the head is high in pitch meanwhile in the low head the stressed syllable which begins the head is low in pitch. The pre-head is composed of all the unstressed syllables in a tone-unit preceding the first stressed syllable. The tail is any syllables between the tonic syllable and the end of the tone-unit consists of an initial tonic syllable and a tail. (pp.144-147)

Teaching Communication Strategies

The term “communicative” is generally accepted to mean geared to the competence (Hymes, 1972) and expectations of those participating in the learning process. A communicative approach has been combined with newer methods, materials and even syllabi for language teaching and learning. (Pica, 1988)

Leiguarda de Orué (2009) states that language learning strategies try to help students to store information more effectively, and make learning easier, more enjoyable and more transferable to new situations and suggests some ways to teach our students to learn through the use of visual aids because the eye contains nearly 70% of the body's sensory receptors. The use of colors, and symbols encourage students to become aware of what they are recording. The use of flash cards or matching activities can be helpful for retaining information in their brains. It is recommendable at elementary stages to learn dialogues by heart to make the process less painful. The difference between novices and experts in a field is that experts tend to organize information in big chunks while novices work with isolated bits of information. Students can learn to do the mimicry of a story containing vocabulary to be used.

Strategy Training for Communication Competence.

Williams (2006) states that communication strategies are strategies that learners use when their communicative competence in the language being learned (L2) is insufficient.

A general introduction to the concept of learning strategies and strategy training can be found in Oxford.(1990).

Her introduction includes identification of the strategies students are already using; encouragement of strategy use in general direct explanation of the use and importance of the new strategies; initial demonstration, naming and modeling of the new strategy by the teacher; guided in-class practice of the one strategy followed by a cyclical review;

exploration of the significance of the strategy and the evaluation of the degree of access with it: students identification and additional strategies and their potential applications; and finally, the transfer of the new strategies to new tasks. (para.13)

According to Liu (2009), CA-(Communicative Approach)based textbooks should follow the principles: of Contextualization, Communicatively and tasks. The implementation of foundation courses will help students to develop their listening, reading and writing abilities necessary to bridge the gap between pre-university and university studies .The incorporation of CA training in teachers on-the-job training will facilitate the student immersion to this approach and a student-centered environment is more favorable for CA because students decide their own learning pace according to their needs. A technology environment will help students to enhance their speaking skills through the use of teleconferencing: and encourage students to have higher level discussions like application, analysis, syntheses and evaluation.

It has been pointed out by Dornyei (1995), that compensatory strategies help learners to manipulate available language to compensate for their linguistic deficiencies whereas the time-gaining strategies keep the communicative channel open at times of difficulty and classroom interaction helps learners to engage with their last experiences, shared cultures and produce more complex utterances.

Language acquisition for adults does not happen naturally and it is necessary to teach them self-learning strategies such as: reading aloud from the text. They can find abundant ESL resources of various levels in the public library and they can keep English diaries in order to develop their writing skills. This author also states that learners need to actively process the information and reinforce and activate the language input through concurrent visual and auditory stimulation which can help these adult learners retain information more effective and efficiently (*Yang ,2005*).

Communication skills involve showing interest and reciprocal self-disclosure is an argument that Heathfield (2005) has asserted. He also stresses the importance in incorporating these elements in a language course and remarks on some difficulties in conversation features like opening and closing conversations, non-verbal communication, showing interest, reciprocal self-disclosure, hesitating, holding the floor, turn-taking and interpersonal distances. In addition, Ekman and Friesen (1969) (cited in Heathfield 2005) stresses that "non-verbal communication is a conversation regulator like body language, facial expressions and vocalizations" (p.35).

In a different way, Hammond cited in Webster, F (2002) declares that the teaching-learning cycle occurs in four stages: "building knowledge of the field, modeling the text, joint construction of the text and independent construction of the text." (para 4)

Kitao (1996) states that: "Communicative competence remains the ability to use language appropriately, both receptively and productively in real life situations" (para.1).

These authors have sought to construct theoretical frameworks for conceptualizing ways to teach communicative skills to students of target languages, but what kinds of activities can move to these conceptual frameworks into classroom practice?.

Teaching Activities for Developing Speaking and Listening Skills.

I will present the types of exercises that may support the teaching of communicative language learning. Some of these are games have been recommended by Kayi (2006) to promote speaking skills. These activities may include bingo, role-play, simulations, information gaps, discussion, brainstorming, storytelling, interviews, story completion, reporting, playing cards, picture narrating, picture describing, and find the difference,

Games also play an important role in developing communication skills as Chen (2005) argues: “Games introduce an element of competition into language-building activities.”(para. 5).

This author mentions nine benefits of using games:

...promoting communicative competence, creating a meaningful context for language use, increasing learning motivation, is learner-centered, integrating various linguistic skills, encouraging creativity and spontaneous use of language, integrating various linguistic skills, encouraging creative and spontaneous use of language, constructing a cooperative learning environment and fostering participatory attitudes of the students. (Chen, 2005, para.5)

Ryan (2001) shows six areas to overcome problems related to communicative methodology:

In line with this author, these areas, "Provide an adequate feedback, clarify goals, have consistency in teaching style, lessons need a routine or framework, have cultural awareness and be clear about student-teacher relationship”.(para 2 and para. 7) The same author also argues that communicative methodology encourages a friend –coach relation between the teacher and the student but clearly expressing the course requirements to avoid misinterpretations.

Communicative Language Teaching (CLT), according to Belchamber (2007), involves equipping students with vocabulary, structures and functions to enable them to interact successfully. According to Folse (2006) Fluency refers to the amount of language produced in the task, while accuracy refers to the linguistic correctness of what is said in the task. (p. 30)

Sargent (1998) argues that there are two different ways to see the use of communication skills: one rational and the other intuitive. The rational looks over behaviors in the construction of sentences for speaking whereas the rational approach focuses on the problem-solving, conflict management and the process. In a hospital, for example or in a medical practice, there are often problems to solve regarding patient and staff concerns. Conflicts may arise with family members,

so doctors must know how to express themselves in these situations both, when they find themselves interacting with speakers of English.

Kitao (1996) recommends using the communicative competence receptively and productively in real life situations because medical students have to speak with patients and interact with other people every day.

Uberman (1998) cited in Chen (2005) states that: “Games offer students a fun-filled and relaxing learning atmosphere. After learning and practicing new vocabulary, students have the opportunity to use language in a non-stressful way”(para 2). What is more, ,Kavaliauskiene (2000) observes that the bingo game is a useful technique for teaching ESP because it motivates students to revise particular ESP vocabulary and learn it in a different challenging way.

Speaking skills

Clearly, a course design for teaching and developing the speaking skills of medical students should incorporate many and various types of pedagogical speaking activities. A well-designed speaking activity as some experts claim, will push learners to go beyond their safety zone in English as it has been claimed by Pica (1996, 1996b) and Plio & Gass (1998) because it stretches their interlanguage.

Some characteristics to take into account in a speaking class have been remarked by Folse (2006, p. 4) such as: reasons for wanting to speak in English, their age, their individual learner differences/ styles, and opportunities for real practice. Learners in a good communication class should focus on fluency, pronunciation, accuracy and listening abilities.

Medical students in their professional lives as doctors will likely have to make presentations of their practice or research ideas. Hooper.(2005) states that: “Speech refers to public speaking and presentation” (para 3) and it should include the following topics : “The vocabulary of speech

terminology, how to prepare a speech outline (with an appropriate introduction, body and conclusion), the key points of presentation, including the importance of eye contact, body movement and the voice" (para 3)

There are eight elements for effective academic presentation skills which should be taught explicitly to students as Cheung proposes (2008):. They are: macro-organization, micro organization, thesis and support, strategies to involve the audience, response to audience input, non-verbal communication, use of visual materials, and pacing” (para 2-10). The same author states that macro-organization in academic presentations should consist of purpose, objectives, outline, introduction, and conclusion, why micro- organization refers to textual coherence, transitions, and connections from one part to another. Thesis support refers to the guiding topic and supporting details in academic presentations. Practical strategies to involve the audience are questions, comprehension checks, and tasks. The response of the audience input. Visual materials are pictures, power point, illustrations or real objects. Pacing means balancing the amount of information with the speed of presentation and the time allotted.

O`Malley & Valdéz (1995) noticed that “ part of being a proficient speaker is listening to oral language and understanding what is said and listening is an interesting, dynamic and interactive activity”(p. 58)

Speaking is the process of building and sharing meaning through the use of verbal and non-verbal symbols, in a variety of contexts, according to Chaney (1998) cited in Kayi (para 1).

“ Teaching ESL learners to produce English speech sounds and sound patterns, using sentence stress, intonation patterns, and the rhythm of the second language, organizing their thoughts in a logical sequence, using the language to express judgments, and using the

language with fluency are also part of the process of producing English. “(Kayi, 2006) (para. 2)

For beginners and intermediate learners oral assessment must be based on familiar language and visual cues, such as listening for the gist; matching description to pictures, making a physical response or implications of an oral text. Advanced beginners can make oral presentations with scaffolding activities like summarizing, note.-taking and use of fewer visual cues.

Obstacles That Students Face In Speaking

Kayi (1996) stresses some suggestions for English language teachers while teaching oral language: provide students with opportunities to speak the target language, try to involve each student in every speaking activity, indicate positive signs when commenting a student’s response, ask eliciting questions, do not correct students pronunciation mistakes very often, involve speaking activities outside the class, circulate around the class to see if students need help, provide the vocabulary beforehand the students need in speaking activities, and diagnose problems students have to express themselves.

Suggestions on Students Problems with Speaking

Smymiou, G.(2003) reports that: students who are non-native speakers avoid speaking the language even though they understand it because of their unwillingness to speak and create an activity in which they have to make two-page summary of the topics investigated on the Internet and then covered in class or in chat rooms. (para 11). That`s why I included a notetaking section in my case study in order to encourage them to summarize the main points of the videos in TEDtalks.

Assessing Oral Skills

Kurzweil (2003) suggests that some procedural tips for oral quizzes like: preparation of quiz questions in advance, speak naturally, try to set up a playful game-like atmosphere, offer bonus

questions, and give examples of quiz questions when possible, especially when changing question types.

Kurzweil (2003) maintains that “The oral quiz is an easily implemented style of communicative testing, designed to create positive washback, both in learner motivation and habits”

Dorney (1995) concludes that teachers must have three things at their disposal to take oral tests: willing colleagues to serve as additional graders, good recording equipment and plenty of time for test administration and scoring.

Feedback

Kaur (2005) contends that ESL teachers must give meaningful feedback to students’ efforts at speaking because they value constructive criticism to their speeches as they see these comments as avenues for them to do better in their next speech attempt.

Louma (2004) cites the following features of spoken discourse which are composed of idea units that may be planned; employ more value or generic words than written language; employ fixed phrases, fillers, and hesitation markers; contains slips and errors reflecting online processing; involve reciprocity and show variation between formal and casual speech.

There are three interactional functions of speaking, according to Brown and Yule (1983): talk as an interaction, talk as a transaction and talk as a performance. Talk as interaction refers to what we normally mean by conversation and describes interaction that serves a primarily social function, talk as a transaction refers to situations where the focus is on what is said or done and talk as a performance refers to public talk that transmits information before an audience, classroom presentation and speeches.

Subramanian (2001) established that a tangible way to show our students their own improvement in speaking is by recording their first talk presentation about introducing themselves

and their second talk presentation as a final exam so they can notice their grammatical and pronunciation errors.

Demirezen (2007) observed that, Non-native English teachers who carry strong foreign accents to assert their national identity alongside with other identity types like: personal identity, ethnic identity, national identity, cultural identity, bilingual identity and collective identity can diminish the efficacy of professional identity. Bilingual identity refers to the acquisition of a second language identity. so in my course design The question of accent is important for doctors who may travel to speak at an international conference ,study or teach in a setting where English is spoken.

Teachers should not provide corrective feedback during oral interaction., but also explore the use of more explicit instruction and feedback strategies in order to monitor L2 morphosyntactic features.

Characteristics of Speaking and Listening Within the Classes

Gardner (2008) establishes that classroom interactions which empower learners in this way are part of the process of socially constructing and negotiating learners' multiple identities. Venema (2006) has identified problems of EFL students . Among the problems, is that students have to say what they want to say, but are reluctant to contradict what other students say.

Speaking and the Role of Grammar

Campbell has written that teachers of ESL speaking need to know six areas regarding ESL grammar: ESL grammar points, how much information to teach, the necessity of making errors in the learning process according to the students' proficiency level, which grammar errors are more likely according to the student L1 and how to deal with grammar errors in speaking.

Teaching Speaking Fluency

According to Kelly(2004) reading aloud is a good method for fostering speaking fluency, which allows students to learn proper stress, and. intonation They listen to themselves and they improve their reading skills, learn to correct themselves because they can hear the way they say things aloud, and can then compare their speaking to the way a native speaker reads. Students are forced to "think" aloud, which is a critical step in learning to "think" in English.

Folse (2006, p. 216) refers to fluency as the amount of language delivered for a certain speaker, not necessarily the accuracy to deliver a message. Venema (2006) concludes there are many kinds of discussion as brainstorming and problem-solving that promote the exchange of opinions.

Teaching Conversation Skills

Medical students need to learn how to have conversations with their patients and their professional colleagues. For this reason I turned to the experts for guidance on how to help improve their conversation.

Self-selection is a term used in the analysis of turn-taking to indicate that a speaker was not nominated to speak by another participant, but selected into himself or herself. (Sacks, 1978).

Folse (2006) maintains:

A good conversation teacher thinks in terms of tasks, not topics and an effective task is a one-way task, where learners have time to plan what they might say in the task and the solution of the task is open-ended and the five factors of the success of a conversation class are: (1) the learner, (2) the curriculum, (3) the topic, (4) the two languages, and (5) the task or activity (pp..45-47).

Lacerda (2006) recommends the use of adjacency pairs and conversation makers to present real-life dialogues and concludes that if we want competent speakers they should be trained to those

features of natural conversation through recordings of natural conversations or by speaking activities.

According to Dornyei (1995) Conversation allows NSs (Native Speakers) and NNSs (Non-native speakers) to get their meaning across through negotiation in a broader sense instead of a limited information gap activity.

Teachers of medical ESP must support students in conversation activities through echo questions and paraphrase and monitor their progress and give immediate feedback.

According to Stephen (1999) “There are five steps for using your textbook to build a more dynamic EFL Conversation class: using one quick question, assigning new partners every lesson, practicing dialogues creating variations of the dialogues and using communicative pair work”(para 4-10). Providing students with frequent opportunities to practice real language through the use of role cards and the interaction in an ideal setting for recording those activities and mini-conversations as well are recommended by Lambert (2003)

As Schweers (1995) mentions, conversations between learners of different levels are more likely to produce the need for negotiation. Such efficacious pairing cannot be always be assured.

Folse (2006) advocates five fundamental factors on planning a conversation class: “ the learner, the learner’s age, the proficiency levels and goals”. (p. 14). An extroverted learner will often be more daring than an introverted learner because he/she is not afraid of making mistakes and will have different purposes for studying English, as well as studying habits and preferences. Beginner students might want to read basic readings, whereas intermediate learners may want more challenging activities Questions like: Why do you learn English? What do you use English for? What is your English proficiency level? What level of English do you want to achieve?
(p. 14)

Even in large classes, Gibson (2004) writes teachers can plan a course design that allows students plenty of interaction in groups and pairs, homework activities that address the development of conversation skills, classroom activities and tests that are relevant to conversation development".(p) Ernst (1994) established that "Talking Circles" are effective in teaching conversation strategies, grammar, and English sociolinguistic norms.

Motivation

Belchamber (2007) asserts that motivation not only relates to engaging students but also includes confidence building in a climate of trust and support in the classroom where students are more likely to contribute. Banville (2005) reports:

Students may be more motivated when studying with lessons based on the latest news and current events than when using the relatively dated materials of coursebooks and recycling language from the news articles. Every stage of the lesson should provide sufficiently frequent exposure of the target language to facilitate learning. (para. 3)

Socioaffective

Chou (2004) & Kinoshita (2003) state that socio-affective strategies will motivate students to speak. Oxford and Shearin (1994) and Ebata (2008) identified six factors that impact motivation in language learning: Beliefs about self, goals, involvement, environmental support and personal attributes. Counihan (1998) states that: "Interaction involves the emotions: creativity, agreement, disagreement, people waiting patiently to get a word: sighing, nodding, gesticulating, and so on" (para. 3)

Tools, Activities and Hardware for Improving Speaking and Listening Skills.

Eken (1996), Saricoban & Metin (2000) have found that songs can develop the four skills areas of reading, writing, listening, and speaking because they can be used: to present a topic, to

practice a language point, to focus on common errors in a direct way, to stimulate discussions and feelings, to encourage imagination, to provide a relaxed classroom atmosphere and bring fun to learning. “Power Point presentations are very important motivational factors because students are committed to the quality of their work in the content and form.” (Scholnik, M & Kol, S. 1999) (para 9)

Idioms Related To Medical Terms

Folse (2006) states that the idiom can be a group of words that takes on a new meaning different from the meaning of the individual words. (p,229)

Wu (2008) concludes that EFL learner need to learn English idioms through role-play conversation, group discussion, rich illustrations and retelling. Idioms are common in American daily life and provide a rich source of American culture. Cooper(1999) and Nippold & Martin(1989) maintain that the failure to grasp the meanings of idioms can impinge upon an individual`s understanding of language in social, academic and vocational settings.

Vocabulary and Medical English

Students are going to read different medical articles in English and they will learn new vocabulary related to the topic they are reading, so they will need to accomplish activities that will help them increase their medical vocabulary, and conversation vocabulary as well.

Testing vocabulary is fundamental to evaluate students` recast of learned vocabulary in class. ESL teachers need to know six areas regarding to ESL (English Second Language) grammar: ESL grammar points, how much information to teach, when to hold back about a grammar point, the necessity of errors according to the students` proficiency level, which grammar errors are more likely according to the students L1 and how to deal with grammar error in speaking. (Folse ,2006, p.45)

Folse (2004) maintains that there are some vocabulary myths, that may be dispensed with, for example guessing words from the context or exposing students to prodigious amounts of information in a short time, that requiring students to use bilingual dictionaries rather than monolingual dictionaries. Another myth is that teachers, textbooks, and curricula cover second language vocabulary adequately. The textbooks are not related to the curricula's needs. Teachers have to incorporate new vocabulary or recycle vocabulary from every lesson, evaluate students' vocabulary through tests and force retrievals of the words and their meanings.

Elley(1998), Folse(2006), Hulstijn & Laufer(2001) report that:

teachers should encourage students to incorporate recently studied vocabulary and grammar constructions in their output through vocabulary review, pre-teaching vocabulary for lessons, creating word lists and teach new vocabulary to classmates, in order to improve their communicative competence as a practical way of preventing them of relying on dictionaries during in-class communicative activities.(p.232)

Munford (2002) suggests that drills can be used to teach vocabulary with the use of pictures and then putting together some pieces of papers that form the word or putting a list of words on the board and then pointing out a picture that explains the meaning of the word. Some authors like Elley (1998), Folse (2006) . Hulstijn & Laufer (2001) and Joe (1988) support the value of repetition and recycling of vocabulary to acquisition.

Web-Based Support for Teaching Speaking and Pronunciation

Campbell (2004) argues that LiveJournal.com , is a free, hosted weblog tool with a 1.9 million-member-strong community of active users and built-in social networking features that encourage greater autonomy and self-direction in foreign language learning. After using Live Journal consistently for several weeks, learners will begin to develop a network of friends centered

around their own personalities and defined interests. Students can experience a degree of power and freedom not normally granted by their institutions of learning. However, the teacher should act as a monitor and facilitator of the process.

The Internet

Singhal (1997) reports that The Internet is a valuable resource to both language teachers and learners to acquire information from language resources for a variety of purposes. Lee (2000) emphasizes that there are four basic functions for using Internet in class they are : “search for and receive, publish and provide, talk and reply and collaborate and learn" (para. 4-8). .The same author suggests performing Internet-based activities like: make sure that the assigned activity is not too advanced for the student; help students find partners with whom they can engage in a genuine conversation in email correspondence; give students the opportunity to have their email or web pages checked and corrected before they are sent or published; and when the activity is to create and publish web pages, be sure to keep the main focus on the language task, not on page design (para. 25-29).

Quiroz (2003) contends that :

The teacher who works in online environments must be able to use technology, have skills to design and implement courses, moderate, organize and archive asynchronous discussions; guide and animate synchronous discussions; integrate different teaching and learning styles to the course; interact actively with students and give them constant feedback; make students aware of cultural differences among members of a group, of Internet ethics and etiquettes ,and understand the nature and philosophy of distance education (para. 9)

Teaching online also requires a change in the educational paradigm. Whereas in the traditional teaching the learning process is centered on the teacher -- who tries to transfer his/her

knowledge to the students, in online teaching (not merely instructional), the teaching is focused on the relationship between the teacher/student and student/ knowledge. According to Moran (2003), an online course of good quality is one which "makes us think, involves us actively, brings significant contributions and connects us with people, experiences and interesting ideas"

The Role of the Teacher in Facilitating Online Communicative Skill Practice

Because the medical student participants used internet resources to work on their communicative skills, I have included this section about teaching online, because I needed to understand as a teacher how to best facilitate this part of the course that I designed to help them improve their skills.

The proposal presented by Moran (2003) is complemented by Lévy (1999) when he says that more important than the hypertextual techniques and tools to be used in distance education and open learning is the "pedagogical style" adopted. Lévy adds the importance of the teacher as the "animator of the collective intelligence" of the groups of students and as the guide for the / individual learning process.

Listening and Speaking Skills and Instructional Technology

A learning environment, with ample technological resources, may help students to enhance their speaking skills through the use of teleconferencing, digital voice recordings among other resources. Listening and speaking skill assignments may empower students to experiment higher order thinking skills involved in application, analysis, synthesis and evaluation (Liu 2009)

Feedback for the Students

Subramanian (2001) established that a tangible way to show our students their own improvement in speaking is by recording their first talk presentation about introducing themselves

and their second talk presentation as a final exam so they can notice their grammatical and pronunciation errors.

Demirezen (2007) observed that, Non-native English teachers who carry strong foreign accents to assert their national identity alongside with other identity types like: personal identity, ethnic identity, national identity, cultural identity, bilingual identity and collective identity can diminish the efficacy of professional identity. Bilingual identity refers to the acquisition of a second language identity. so in my course design The question of accent is important for doctors who may travel to speak at an international conference ,study or teach in a setting where English is spoken.

Making Professional Presentations

Public speaking experts acknowledge that public speaking is a form of empowerment as it gives one the ability to get their message across efficiently to an interested audience (Lucas, 1992; Osborn & Motley, 1999). According to Verderber (1997) cited in Kaur :

public speaking is important in two ways: (1) effective public speakers communicate information to people in ways that enable them to use that information to make sound decisions and (2) effective public speakers are able to present information in ways that influence peoples' attitudes and behavior" (para. 7)

Class discussions

Discussions in EFL Classrooms may be presented by introducing a topic in a way that allows "for and against" opinions, introduce conflict role-plays or dialogues, silent rehearsal facilitate learning after discussion, to encourage group work where one student in the group can report on what they discussed games and activities that focus on building class atmosphere can be crucial for the class.

Techniques to Teach ESP

Moses (2001) concludes that structural drills have important role in remedial teaching and it should be modified to individual learner's needs and specific pedagogical contexts and mechanical repetition should be restricted to a very short period.

The curriculum

Rabbini (2002) determined that A task-based approach assumes that speaking a language is a skill best perfected through practice and interaction, and uses tasks and activities to encourage learners to use the language communicatively in order to achieve a purpose.

Rooney (2000) determined that in task-based language teaching (TBLT) students work better, focus on specific activities thought to be performed by them in an English for Specific Purposes Courses. Task-based instruction has many advantages. It allows needs analysis, is supported by a large body of empirical evidence, allows decisions regarding materials design and methodology to be based on the research findings of classroom-centered language learning; allows evaluation to be based primarily on task-based criterion-referenced testing, allows for form-focused instruction and focuses on a , a three-phase, pre-task, task cycle, post-task (language focus)

Roney (2002) remarks that: "The pre-task phase introduces and creates interest in doing a task on the chosen topic in which students present spoken or written reports of the work done in the task(s).The final phase that is the language focus provides an opportunity for form-focused work.

The curriculum must be based just on speaking or integrated skills with emphasis on speaking and listening. The topic must be chosen according to the learner's age , proficiency level of the learner, the purpose of learning English and the cultural background and Drakos (2005) reports that a curriculum gives the student a guide to what they will learn and how they have progressed when the course is over through the exposure to the target language by native speakers, willingness

of the students to experiment with the target language, personal confidence in self, learning ability, the amount of vocabulary the student knows. (para. 4)

The two languages refer to the language the student needs for the actual task and the language the student needs to complete the task. (Doughty & Pica,1986; Long 1989; Newton 1991) suggest that two- way tasks produce not only more negotiation work but also more useful negotiation work. For example if the students have to make a role-play conversation using the medical history form that is the assigned task , they need to know how to make appropriate questions to do that task.

Berge (1995) recommends the teacher to be aware of four areas during the planning and implementation of the materials and grouped the course into pedagogical , social , managerial and technical areas in order to become managers and facilitators of the learning process.(para. 7)

Sysoyev (2000) states that: Formulating goals and objectives for a particular course allows the teacher to create a clear picture of what the course is going to be about and it is necessary to analyze the student current level in the ESP and what the learners want to achieve “ESP needs” (2000, para 19) and suggests questionnaires, surveys, group discussions, and individual tasks.

The Listening Skill

Effective listeners used prior knowledge or elaboration, inferencing, and self-monitoring, while ineffective listeners focused on the meanings of individual words according to O’Malley, Chamot, and Kupper (1989)

Techniques to develop the Listening Skills

The video is fundamental to contribute to the development of listening skills because students are going to listen topics of interest for them like conferences made by prominent doctors

or the latest medical and technological equipment used in the surgery room and they will be familiarized with the medical expressions used in this kind of resource.

Pair Taping Work

Schneider (1993,1994) has found a higher level of achievement in terms of fluency and listening comprehension test scores among his students who have chosen to do pair-taping over attending traditional class sessions. As Washburn & Christianson (1996) reports five strategies through pair-taping work: follow-up questions, turn taking, back channel cues, requesting and giving clarification, and changing the topic of the conversation in the conversation table. Kluge and Taylor (2000) conclude the benefits of pair taping are: developing of real fluency and ease in using English, students are near English while taping or are listeners, students gain a sense of responsibility, the teachers detect students` language problems, students enjoy taping and recognize its value, students speak in English in the school , this is a "low tech" method of getting students to develop more fluency in a foreign language and take responsibility for their language practice .(para.18 and para. 25)

Oral Skills

Teachers should not provide corrective feedback during oral interaction., but also explore the use of more explicit instruction and feedback strategies in order to monitor L2 morphosyntactic features.

. O`Malley & Lorraine (1995) determine that the oral interviews cannot require preparation for the oral student and should be in accordance with the language proficiency and developmental level of the student and teachers must consider: content-validity, task validity, purposefulness and transferability and authenticity. Dornyei (1995) concludes that teachers must have three things at their disposal to take oral tests: willing colleagues to serve as traditional grades, good recording

equipment and plenty of time for test administration and scoring. Hudgens (1989) suggests that more than one rater should check the student performance using the rubric or the use of an audio or videotaped to record student's performance should be useful for further evaluation.

Kent (2001) stresses a method that can be used in the application of oral test through pre-planned communication context and allow students to expand their language centered on a theme of their own interest. Students should be allowed to select their own partner through a Likert-type scale (See operational definitions) based on fluency of speech, grammar used, listening comprehension, pronunciation, vocabulary appropriateness and complexity.

O'Malley & Lorraine Valdez (1995) conclude that there are three purposes for the oral language of English learner: initial identification and placement of students, for movement from one level to another within a given program and for placement out of an ESL into a grade-level classroom. Kurzweil (2003) suggests some procedural tips for oral quizzes are : preparation of the quiz questions in advance, speak naturally, try to set up a playful game-like atmosphere, offer bonus questions, and give examples of quiz questions when possible, especially when changing question types. This author goes on to write, "The oral quiz is an easily implemented style of communicative testing, designed to create positive washback, both in learner motivation and habits." (para. 1)

Techniques to develop Oral Skills

Pilleux (2004) reports that the dialogue is a natural conversation to be presented either orally or in writing, practised and drilled in class and its purpose is to communicate the language that has been learned in class. The process involves: listening, understanding, repeating, and natural production. The repetition of the conversation leads to the formation of speech patterns as habits and a good teaching dialogue contains from three to ten exchanges and allows a lot of substitution exercises because of its plasticity. The situation dialogue deals with a specific grammar structure

meanwhile the free dialogue is intended for students who already have a good level of English and want to increase their knowledge along colloquial and idiomatic lives so they will relate what they are learning in the course with the real life situations in their medical lives.

Self-selection is a term used in the analysis of turn taking to indicate that a speaker was not nominated to speak by another participant, but selected into himself or herself. (Sacks, 1978).

Creative & Thinking in Language Classrooms

Kabilan (2000) reports that teachers should facilitate and encourage creative and critical thinking skills by giving them the students opportunities to express their thoughts. Kabilan adds that teachers \ need to change their pedagogical views and adopt a more flexible attitude towards their teaching and not be too concentrated and dependent on textbooks and their schools' aspirations. Freire's (1970 & 1973) ideas and approach, especially the concepts of "Pedagogy of Questions" and "Problem-posing" (para. 13) encourages students to look for answers and solutions, to inquire, to decide, to question, to reject and to accept ideas. The process of problem solving begins when the teacher listens to learners' issues. Next, the teacher selects and brings familiar situations to students in a pictorial form. Then, the teacher asks series of inductive questions (from concrete to analytical) regarding the discussion of the situation.

Feldman (1997) Kabilan (2000), Smith, Ward and Finke,(1995) determined that effective language learners should be good at combining and creating language and ideas in new, complex and elaborate and interesting ways. As for the critical language learners, they must be able to accept, reject or suspend judgment about a the ideas of others (Moore and Parker, 1986). Critical language learners must also be able provide good reasons for their opinions and answers, monitor their own methods and procedures, as well as for others while adapting to "uniformities, regularities, irregular circumstances, special limitations, constraints and over-generalizations" (Lipman, 1988,

para 5) . When students have acquired new vocabulary and they know their usage and meaning , they will be able to speak properly and give their opinions fluently.

Use of Video in Foreign Language Classroom

The video is proposed by Canning (2000) to enhance the process of English learning to understand comprehensible input and the video can be used in class for two reasons: their areas of specialty and the meaningful research students can do using the videotaped material as data .Dias (1999)

As Arthur (1999) claims that:

Video can give students realistic models to imitate for role-play; can increase awareness of other cultures by teaching appropriateness and suitability; can strengthen audio/visual linguistic perceptions simultaneously; can widen the classroom repertoire and range of activities; can help utilize the latest technology to facilitate language learning; can teach direct observation of the paralinguistic features found in association with the target language; can be used to help when training students in ESP related scenarios and language; can offer a visual reinforcement of the target language and can lower anxiety when practicing the skill of listening. (paragraph 14)

Arthur (1999) claims that there are some questions must be addressed to use the video in F/SL classes:

- How will the language learner benefit from the use of video in the classroom?
- How will the visual component enhance the auditory component?
- Who will select the video? Is it the class, the teacher or the curriculum developers?

- Who decides which language should be exploited from the video? Is it the class, teacher or curriculum developers?
- How do you plan to exploit the 1-10 minute segment of the video? What are the alternative methods of exploiting the clip for further reinforcement in the classroom?
- Whose responsibility is it to select key vocabulary and structures from the video?
- Who decides how many times the video is played?
- How can students and teachers develop academic listening and conversation listening activities based on the video?
- Can the comprehension of the video be measured without visual support?
- Can the comprehension of the video be measured without auditory support?
- How will you assess the comprehension of the video by the language learners?
- What is the educational purpose for showing the video? How will you later assess its effectiveness with the learner`s ability to comprehend information? (paragraph 14)

Maggs, A, (2005) determines that video is a very useful thinking skill because they have to summarize they have received and it is necessary to teach students how to do a summary through the use of essential information, the main topic and why it`s news, the conclusion and the opinion of the people in the video

Jordan (1997, cited in Klickaya, 2004 p. 105) points out that video is a good visual source of cultural information because of the CD/DVD versions of video tapes, which provide better quality talks and discussions which may be suitable for giving information to students. Moreover, role play/dramatizations can be used to initiate discussion and introspection (para 23) .

Assessment

Dorney (1995) concludes that teachers must have three things at their disposal to take oral tests: willing colleagues to serve as additional graders, good recording equipment and plenty of time for test administration and scoring.

Hudgens (1989) suggests that more than one rater should check the student performance using the rubric or the use of an audio or videotaped to record student`s performance should be useful for further evaluation.

Oral presentations can help students to gain more confidence in their performance and the skills and strategies required to develop other similar presentations.

O`Malley & Lorraine (1995) determine that the oral interviews cannot require preparation for the oral student and should be in accordance with the language proficiency and developmental level of the student and teachers must consider: content-validity, task validity, purposefulness and transferability and authenticity.

The same authors conclude that:

There are three purposes for the oral language of English learner: initial identification and placement of students, for movement from one level to another within a given program and for placement out of an ESL into a grade-level classroom (p.63).

Course Design

Sysoyev (2000) also states that course-developing process starts with students` analysis, formulation of goals and objectives, and content, selection of teaching materials, planning the course and course evaluation.

Assessment and Evaluation of ESP

Sysoyev (2000) remarks that two types of evaluation: implicit and explicit. Implicit evaluation takes place during the semester through learners` grades , or on how their learning is

going on where as the explicit evaluation may take place at the end of the course or after the students have experienced it.

Statement of the problem

I want to discover why medical students in our program have not been able to sufficiently develop their communicative skills and what must be done to deal with this problem. I would like to know if the implementation of a new curriculum with new content and strategies can contribute to developing their communication skills. Through my case study I want to create a program that helps to improve medical students' communicative skills in an ESP Course..

Chapter 3

Methodology

I used qualitative case study research methodology in order to study a group of nine Ecuadorian medical students as they worked through a special course designed by the researcher to improve their medical English.

Research setting

Physical and Affective Learning Environment. I think that medical students learn better in a ventilated and quiet environment, with computers available to facilitate their English learning with all the necessary resources to perform all the activities designed in the course, such as WiFi Internet service for Internet activities and a projector for their power point presentations. If they are in a quiet and ventilated place where they will not have interruptions nor feel uncomfortable because of the hot weather. The teacher must know the students personal goals related to English and try to accomplish these goals collaboratively. If the purpose of my course was to develop my students speaking skills and they consider speaking the most important skill in English so there is harmony in the learning environment which can facilitate their English learning The creation of a healthy learning environment according to Mujtaba (2004) requires teachers and facilitators who are culturally competent and avoid all issues that present a conflict of interest in their faculty-student relationship, to promote an atmosphere where the opinion of all the members in the group are respected, valued and heard and educators are open-minded and treat all students fairly(para. 13)

Participants

There were seven women and two men in the study. One female student, Evelyn, dropped out after the fourth session for unknown reasons. To preserve the anonymity of the participants I have assigned a pseudonym to each one: Georgia, Dorothy, Stefani, Tiffany, Amy, Meg, Jen,

Chuckie and Sam. I contacted them by e-mail, and they signed the consent form for this case study. They were my former students in the English Courses at the Medical School. I asked them if they were interested in participating in this research study. I explained the kind of course, the benefits of taking this course for their degree and the activities they had to do. Then we met at a specific place to begin the course.

I asked the participants to fill in an initial survey to learn about their previous knowledge of English, experience in courses in ESP, the places where they had studied English formally, and what they perceived as the most important aspects of English to learn. Table 1 presents this information about the participants.

As the bulleted list indicates in Table 1 , all the students had previous experience studying English and they evaluated themselves at an advanced level of English in their place of work and they knew the importance of leaning English for getting a better job. These outcomes come from the participant`s survey. These results were obtained from the participants `survey a multiple choice questionnaire where Chuckie, Meg, Jen, Dorothy, Georgia, Steffani, Tiffani, Amy and Sam agreed to need an advanced level of English for their work .

Table 1

Experience with English Study

Name of the Participant	Previous English Study (Years)	Type of English Classes				Experience in ESP Courses	Most Important Aspects of English
		Private School	Public School	English Academy	University English Courses		
Georgia	5-7	✓		✓	✓	1st	Speaking
Dorothy	5-7	✓			✓	1st	Speaking
Stefani	5-7	✓		✓	✓	1st	Medical Terminology
Tiffany	7-9	✓			✓	1st	Speaking Speaking Listening
Amy	10+		✓		✓	1st	Speaking Reading
Jen	10+		✓		✓	1st	Speaking Reading
Meg	10+		✓		✓	1st	Reading Writing
Chuckie	10+		✓		✓	1st	Speaking Reading
Sam	10+	✓			✓	1st	Writing Reading

Data Sources and Collection

The data collection occurred over a period of eleven weeks from February 10, through April 25, 2011. This period of time included 34 days of classes which were delivered by the researcher.

Data were collected by means of an initial survey given to the students, transcripts of the

conversation tables, comments from the researcher and an outside evaluator, video recordings of the participants, audio journals recordings, a teachers' survey and final projects, student documents, student presentations and telephone interviews. This variety of data sources assured the triangulation of the collected data in the research study. Triangulation is the practice of comparing results from data designed to measure the same construct but that are collected from different sources and/ or by different methods to increase certainty about the viability of the construct according to Worthen, Sanders, and Fitzpatrick (1997) Table 2 outlines the schedule I used for data collection.

Table 2

Data Collection Schedule

Dates	Data Collection Instruments
Feb 10 th – April 25 th Feb	Participants' Audio Journals
February 10 th and March 29 th	Administered - Medical English Student Survey
February 11 th	Administered Survey to English Teachers in the Medical School
February 15 th , -April 13 th	Presentation Audio Tapes of Student Presentations and
February 15 th - April 13 th	Participant PowerPoint Presentations
February 15 th - April 20 th	Conversation Table – Audio Tapes
February 16 th - April 21 st	Student Feedback Sheets –for TED.com talks
November 20 th	Post-Following Phone Call Interview

I used digital voice recording software at the beginning of the study; classroom observations, I collected reflective student comments about the process of studying medical English and the

specific course materials through the interview to teachers, survey to students and assessment of communication skills of the medical students before and after the case study.

The voice digital recorder is a valuable tool because students will be able to observe their progress from the first day of classes until the final day of classes, because they can also check their pronunciation mistakes as a self-evaluation activity, or they can improve their way to begin and end a lecture or presentation.

The Medical ESP Listening and Speaking Course

Part of this research included designing and implementing a Medical ESP listening and speaking course. In designing the Medical ESP program, I had to find resources to obtain good speaking outcomes for the medical ESP students, and I had to pay careful attention to the experts in my literature review.

The objectives of the course were addressed, so that by the end of the course, the students should be able to:

1. Access and use authentic English language materials from the field of medicine
2. Read current articles on medicine in English
3. Deliver presentations on medical topics to their colleagues with more confidence
4. Use the Internet to practice speaking and listening activities with approved and recommended sites
5. Keep daily recorded journal entries in order to summarize and comment on new content that they learned.
6. Give presentations to their classmates on medical topics
7. Understand international medical conferences or old conversations with native physicians

The method for this ESP course included communicative and cooperative learning activities, and audio recorded reflective journals. The communicative activities were intended to facilitate practice in communicating in their L2 to develop their speaking skills, and to socialize with the other participants. The participants read from the Hesperian web sites - *Where There are No Doctors*. They also viewed videos, recorded their audio journals and worked on English on-line activities related to the medical field.

In this section, I have included a brief review of the links I used with my students for online practice:

The Hesperian website was ideal for medical students because they can study medical terminology that they will encounter in these medical readings. These readings may help students to solve medical problems. .

In class they were instructed on the variety of other web sites on pronunciation and listening for 1 hour. In order to improve their pronunciation skills, *The Accurate English* web site was used for personalized instruction for the students because they could use the web site to learn how to pronounce words correctly. For additional online practice with oral skills, students worked on the correct pronunciation of regular and irregular verbs on the following link,
<http://www.manythings.org/lar/>

The students, also worked on their listening skills on *Eva Easton's Authentic American Pronunciation_website*, <http://evaeaston.com/red-practice.html>, which includes practice exercises on listening and pronunciation. More listening practice can be found on this site where students can listen to the correct pronunciation of words. On another website students viewed animated dialogues between doctors and their patients. This site is very good for studying the medical jargon used in

the field. (<http://www.englishmed.com/dialogue-9/>) Medical students can read and listen at the same time to medical texts so they can focus on the correct pronunciation of medical words.

On the web sites <http://www.manythings.org/voa/health/4063.html> and <http://www.talkingmedicine.com/>, students read and listened to medical texts and then evaluated their understanding through comprehension questions. They received their immediate results after their learning activities are finished.

On the webpage of the California Distance Learning Project,, <http://www.CDlponline.org> students read some readings and did post-following activities like comprehension questions, filling in the gaps exercises and open-ended questions that were checked by the teacher. They can also see their punctuation for each exercise performed by them at the end of the activity.

Figure 1

Home page California Distance Learning Project (CDplonline.org)



As their final project the participants interviewed a doctor and translated the interview from Spanish to English. They used a medical history form found on the web site of The Cardinal Orthopedic Institute (2011)

As resources for this project, they had to explore the following links about how to make a good presentation. They had to go through the links and find phrases to use for their academic

presentations on medical ideas in order to explain their slides or to have to reference for questions for their classmates like learn- english -today, (2003). <http://www.learn-english-today.com/business-english/presentations-phrases.htm>The final project was an interview made in Spanish to a medical specialist .After the interview, the participants had to translated their recorded interview into English and present a report on their interviews as their final presentations. The participants also explored the following web sites in order to read advice that would help them give quality presentations and find sources that would enable them to develop a glossary of medical phrases in English that they could use in their presentations. Darlington (2011); *The Centennial Writes* (Robinson, 2006) is a web page which gives guidance on giving presentations. (Centennial College, 2007)

In-class activities

In the class sessions students were required to do role –plays conversations, listen to and make presentations based on medical topics, do on-line exercises and conversation tables.

Students answered questions for a medical history of one of their classmates. These medical history interviews were recorded Columbus Cardinal Orthopaedic Institute (2011). This is a medical form that students used to make role-play conversations between the doctor and the patient. They had to fill in the form and ask follow-up questions.

I presented 1 and ½ hours of presentations from TED.com talks on different topics, the participants had to take notes while they were listening to the talks. TED is a nonprofit devoted to Ideas Worth Spreading. It started out (in 1984) as a conference bringing together people from three worlds: **Technology, Entertainment, Design**. Since then its scope has become ever broader. Along with two annual conferences -- the TED Conference in Long Beach and Palm Springs each spring, and the TEDGlobal conference in Edinburgh UK each summer -- TED includes the award-winning TEDTalks video site, the

Open Translation Project and TED Conversations, the inspiring TED Fellows and TEDx programs, and the annual TED Prize. (TED, 2011).

Figure 2



Later, I questioned the participants about the talks through worksheets in which they had to answer questions for comprehension based on the TEDtalks videos or they have to take notes in worksheets provided by the teacher (See Appendix D).

Oral reports on Hesperian Materials.

On the web site www.hesperian.org, students read about medical issues. An average of two or three chapters were assigned to each of the nine students. They gave presentations on one of their assigned chapters to their classmates, and the other two chapters were discussed at the conversation tables. Students' presentations were to be recorded. The participants took notes on their classmates' presentations. They were later then tested through questions of the topic given that day of the presentations on the content of the presentations

Conversation tables with the teacher followed. The teacher provided the conversation starters. The participants practiced role-playing conversations in class using the medical history form. They practiced various scenarios, such as patient-doctor role-plays and doctor-nurse role-plays

The calendar or timeline that was used for the four weeks of instruction for the Medical ESP Course is recorded in Appendix E. There were 32-hours of instruction in the course.

Chapter 4

Findings

In this chapter, I present my findings from the research study.

Findings from the Individual Interviews.

One of the most interesting findings from the Initial Interview was that all of the participants reported having studied English before entering the university. In Ecuadorian universities, the students enter immediately into studying medicine without studying for a four year degree or liberal arts degree. Each of the participants reported that they felt English was very important for their success in their medical careers. The nine participants reported having different feelings regarding learning English like: happiness, sadness, nervousness, and many expectations.

They also mentioned that some of their main difficulties with English are: Georgia had problems with grammar, Chuckie had problems with pronunciation, Dorothy had problems with vocabulary, Tiffani and Stephanie had problems with boring classes, Joseph said his problem was lack of laboratory, Jen said her problem was lack of vocabulary and Meg and Amy had problems with failing exams. Seven participants studied English at university and two participants in a private language institute or academy. They all considered English very important in their lives and they all agreed that speaking is the most important skill,

All the participants similarly answered that they are sure that their job positions require an advanced English level and they strongly agreed to have better job opportunities if they learn English very well. They also thought that the frequent reading of medical books had helped them to understand the written material of their field. They all made positive comments about receiving a course that combined General English and Medical English in the first three levels.

Chuckie: It'd be something useful to combine General English with Medical English

Tiffani: Really. I think it is very important to learn medical English from the first level.

In a ESP Course they would like to learn how to say nomenclatures and medications in English and how to be polite with patients. The participants had many comments about how to enhance the Medical ESP Course. Jen , Amy . Chuckie,Meg, , Dorothy and Sam wanted to have medical and pharmaceutical nomenclatures added. Georgia wanted to add how to be polite to the patients, Steffani wanted to learn advanced medical English. Tiffany wanted more in the course about learning the pronunciation of words and grammar.

They all agree that some people have a special ability in learning a foreign language.

They seemed to be unsatisfied because of their lack of technological resources, schedule of classes, dynamic classes and more personalized classes and opportunities to interact with people from other countries.

What would you like to change about the English Language Learning Courses at the University?

Chuckie, Sam, Meg, Jen,Steffani and Amy: Be more didactic and dynamic and it must have an English laboratory.

Georgia: I would like to change the way that teachers prepare the class.

Tiffani: I would like to change the schedule when I have other classes in my Faculty

Dorothy: the courses should be private.

Dorothy, Tiffani, Steffani, : Communicate with colleagues from other universities.

Chuckie, Sam and Meg: To make it more extensive or continuous.

Jen and Amy: To make a permanent ESP Course in our Faculty.

It was wonderful to get a data after 7 months I have finished my case study with them because I can notice they really wanted to learn more after the course and they decided to do it on

their own. This makes me feel happy because it demonstrates that my work was fruitful for them with consequences a long-term.

The videos on Ted. com that was the most challenging activity for them in taking notes is now something they have been working on after the program as well as the Internet activities we used in the course.

Findings from the Conversation Tables

The conversation tables were held every day during the Medical English Course. We gathered together in a university classroom. I recorded each of the sessions. We talked about medicine, and other topics unrelated to medicine. I wanted to encourage them to discuss different ideas so that the participants would feel more relaxed and comfortable with speaking English with me and with their other classmates. Several themes emerged in these conversations.

Representative participant comments according to the themes follow, first the topics that were not related to medicine are presented, and then representative comments on medical topics.

Emergent Patterns of Response about Medical Themes

Why the Participants decided to become doctors:

Amy: I want to save lives

Jen: I want to cure people

Meg: My father is a doctor too.

Sam: Because there are many ill persons.

Tiffany: I am proud of studying my career in medicine because I think it is for serving others.

Stress reduction

Amy and Meg: I walk

Jen: I dance

Chuckie and Tiffany: I surf on the Internet

Sam: I listen to music.

Tiffany: I watch TV

Stefanie: I go to the movies

Dorothy: I play with my nephews

Major goals in life

Amy and Meg: *be a professional*

Jen: *Have my own clinic*

Chuckie, Sam, Dorothy, Stephanie and Tiffany: *Be successful doctors.*

Most Effective Family Planning Methods

Amy: Condom for men

Jen: Condom for women

Meg: Birth control pills

Sam: Counting method

Chuckie: Diaphragm and IUD (Intrauterine Device)

Things that the medicine kit should have

Amy: Sterilize gauze pads and sulfur

Jen: Plastic gloves and tweezers

Chuckie: Adhesive tapes and scissors.

Sam: Scissors and medicines.

Meg: Medicines for diarrhea and antibiotics.

Most common problem in elderly people

Jen: Difficulties with vision.

Joseph: Cough

Meg: Weakness and tiredness

Amy: Eating habits, rheumatoid arthritis.

Charles: Swelling of the feet.

Where they would like to take a postgraduate course

Amy: Cuba

Jen: The United States

Meg: Brazil

Charles: Colombia

Joseph: Cuba

What to eat to prevent malnutrition

Joseph: Eat healthy food

Charles: We have to consume oils, nuts and pumpkins.

Amy: We have to eat beans, milk, egg, fish, groundnuts and meat.

Representative comments on other conversation topics

In Table 3 there is a list of the topics that emerged from the conversation tables:

In addition, the participants in the especially designed ESP for Medicine program, learned how to use the video and audio recording tools during this study.

The following table presents the most representative results of the participant survey. The items have been mentioned:

Table 3

Topics that Emerged from the Conversation Tables

Medical Topics	Other Topics
Why they had decided to study to be doctors	Postgraduate study abroad
Stress reduction	Interacting with People from other Cultures
Family Planning Methods	Books
Prevention of Illness	Favorite movie themes and actors
Right and Wrong Uses of Modern Medicine	Travel
Childhood Health and Illness	Ways of learning English
Health and Illness of the Elderly	Family
The Urinary System	Reading habits
Difficult Diagnoses	Wishes, Desires and Aspirations
Antibiotics	Holidays
Instructions and Precaution for Giving	Fears
Injections	
When to Put in a Catheter	
Nutrition	
The Family First Aid Kit	
Home Cures and Popular Beliefs	
Mothers and Midwives	
Natural Healing	
Drug and Other Discussions	
How to Examine a Sick Person	

Results from the Medical English Teachers' Survey

I surveyed four English teachers who teach in same university medical school where the medical-students participants study. Two of the teachers reported that the medical students had difficulties with knowing how to write prescriptions.

Professor Javier: They do not know how to make prescriptions, medical vocabulary related to diseases and treatments.

Professor Robert: They do not know how to make prescriptions and the names of the medicines in English.

The other two teachers said that medical students lack medical vocabulary of physiology, or pharmaceuticals and general knowledge of physiology. Representative teachers' comments illustrate these points:

Professor Jacob: The medical students do not know the main senses of the human body very well like the eyes, the sight, the taste, the palate and the hearing, and what are their functions and how they are formed internally.

Professor Thomas: The medical students do not know vocabulary related to items in the hospital and childhood vocabulary and study of physiology. Childhood is the period of time when you were a child and you suffered from diseases like chickenpox, measles, mumps and allergies.

The teachers unanimously stressed that the materials for their classes came from photocopies from medical books or articles from the Internet.

All four teachers agreed that a medical ESP course was important for the students in the medical school, though they cited different reasons such as, medical English is useful for their

lives, for postgraduate courses and for understanding when they read medical books and articles or talk to native speakers of English whether they are colleagues, or patients.

Some suggestions arose from the medical teacher's survey. They reported that there has to be more emphasis on the instruction of medical English in the first levels of medical school and there should be a coordinated program for teaching it. The four teachers had a high concern for the quality of the students in the medical school.

Similarly, the professors described the students as highly motivated, attentive, interested and eager to learn. The four teachers also agreed that to their knowledge there is no Medical English ESP Course at other medical schools in other Ecuadorian universities.

Three of the four teachers thought that English courses in their medical school were successful depending on whether or not the course goals were accomplished; the students assimilated the information, students were motivated, and the quality of the teacher and materials.

In the following section the English Instructors cited some reasons and consequences for failure in the English program in the medical school:

Professor Jacob: The failure of the course is when the students have not passed the course.

Professor Javier: The course fails when the teacher does not have a specific plan.

Professor Thomas: The failure of the course is when the students don't understand the teacher.

Professor Robert: The failure of the course is when the students don't learn anything.

Two of the teachers thought that the level of English the medical students receive is too basic, but that those students who enter the medical school from private schools have a stronger level of English.

All of the teachers complained about not having a computer laboratory in the English department so that neither the teachers nor the students were unable to connect with medical information in English, see medical conferences or videos, access information in English on the latest medical issues. The medical school English Department does not have Internet for the students, So, none of the four teachers reported to have ever used Internet activities in class.

All the teachers reported that they thought it was very important for the medical students in their program to enter the university with better self-learning strategies and critical thinking. The teachers commented:

Professor Javier: Yes, especially in this career where they have to read medical books and summarize the information...

Professor Jacob: We want to form students with critical thinking skills

Professor Thomas: They can assimilate information better.

Professor Robert: They can use them[self-learning strategies] in different contexts.

All four teachers felt that it was important to pre-teach vocabulary before the students took on the challenge of reading medical articles and books in English.

Professor Jacob: [Reading medical articles in English is]very important because they do not waste time looking up the meaning of the words.

Professor Javier: Very important, otherwise they cannot understand the reading properly.

All of the teachers reported basing their classroom tasks on the students' ages and proficiency levels and using role-plays in their classes. None of the four teachers had ever recorded their students' voices for class activities or homework, in order to assess their pronunciation or speaking fluency. None of their students had ever done PowerPoint presentations, though they had done poster presentations. Three of the teachers said they gave very explicit instructions on what

was expected from them in their presentations. All four of the teachers seemed unfamiliar with the concept of using rubrics to assess their students' work though they did mention that they evaluated them on content and fluency, and the quality of the poster presentation. Only one of the four teachers had ever shown videos in their classes.

Teachers were glad to answer the questions in the survey because they knew what is needed to change the curriculum for better teaching, but at the same time they were a little afraid of giving their answers possibly for fear of facing retaliation from the authorities. As illustrated by the data that were presented here it is clear that most of them concur in most of the answers. All of the professors, without exception said that none of them had ever used Internet activities with their students in class.

Table 4

Students' Beliefs and Perceptions of English Language Learning and the ESP Course (n=9)

This survey was administered to the participants the first day of class.

Item	Percentage of Agreement
English is very important for the workplace or profession.	100%
Some people have special abilities for learning foreign languages.	77%
Advanced level of English is important for work position	77%
There will have better job opportunities if they learn English well.	77%
Come from a public school	44%
Come from a private school	56%

English courses at university have to be more dynamic	100%
Know how to say the names of medicines in English	77%
Make use of English textbooks, photocopies, CDs, worksheets and CD players.	100%
Frequent reading of medical material helps to understand the written material of their field.	100%
They think they have good skills for reading medical material	55%
They think they have an average skill to read medical material	22%
They think they have excellent skills in reading medical material	22%
They would like to change of the methodology of the teachers who teach English Courses.	22%
They would like to change the schedule	11%
Conversation tables and presentations were the most helpful resource in this English course	100%

Medical Participants' Presentations

The participants were required to present on medical topics based on their Hesperian readings. The presentations motivated the students to be free to elaborate their Power Point slides and use the medical jargon given in medical talks. They were glad to learn interesting medical topics and useful vocabulary for their career. Furthermore, I observed that they had progressed noticed

their progress from the first to the final interview because they gain more confidence in their performance and the skills and strategies required to develop other similar presentations

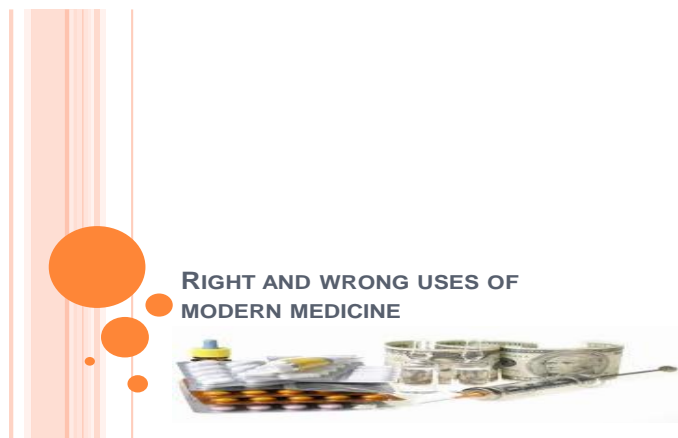
The first day of the expositions they were very nervous. During this research study I taught them useful phrases for academic presentations, and they read and worked with websites that gave them advice on how to give high quality presentations. I have included the text of one of the best presentations here.

Right and Wrong Uses of Modern Medicine

Presenter: Meg

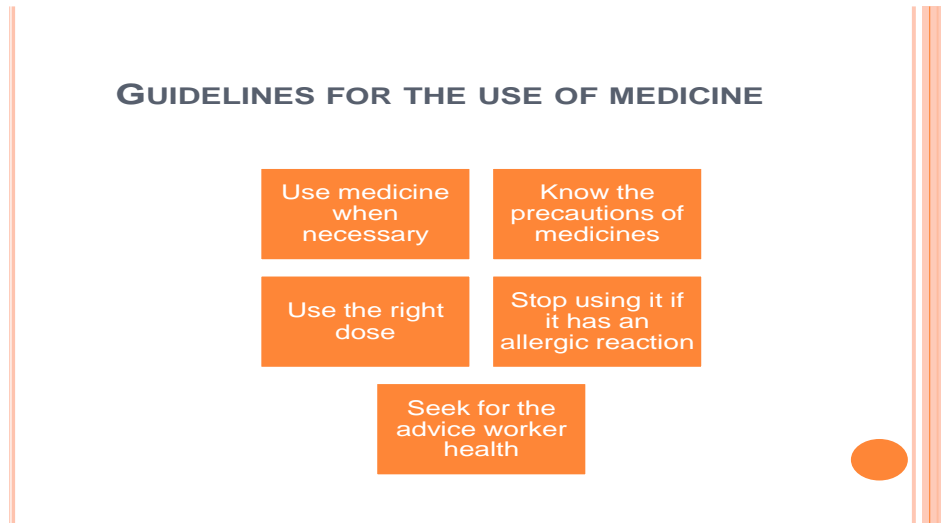
Good evening teacher and classmates. The topic today is Right and Wrong Uses of Modern Medicines. I have divided my presentation into 12 slides. Let`s begin with the overview of this topic.

Figure 3



Some medicines sold in pharmacies can be very useful. Of the 60,000 medicines sold in most countries, the World Health Organization says that only about 200 are necessary. Some medicines are much more dangerous than others are.

Figure 4



Here are some guidelines for the use of medicine

- Use medicines only when necessary.
- Know the correct use and precautions for any medicine you use.
- Be sure to use the right dose.
- If the medicine does not help, stop using it when in doubt, help the advice of a health worker.

Figure 5

THE MOST DANGEROUS MISUSE OF MEDICINE

- Chloramphenicol (Chloromycetin)
- Oxytocin , Ergonovine, and Misoprostol
- Penicillin
- Kanamycin and Gentamicin
- Anti-diarrhea medicines with hydroxyquinolines were widely used to treat diarrhea.
- Injections of any medicine.
- Cortisone and cortico-steroids are powerful anti-inflammatory drugs.
- Anabolic steroids are made from male hormones and are mistakenly used in tonics to help children gain weight and grow.

The Most Dangerous Misuse of Medicine

Chloramphenicol (Chloromycetin)

Use chloramphenicol only for very severe illnesses, like typhoid. Never give it to newborn babies.

Oxytocin, Ergonovine, and Misoprostol are used for midwives to speed up childbirth or ‘give strength’ to the mother in labor.

Kanamycin and Gentamicin

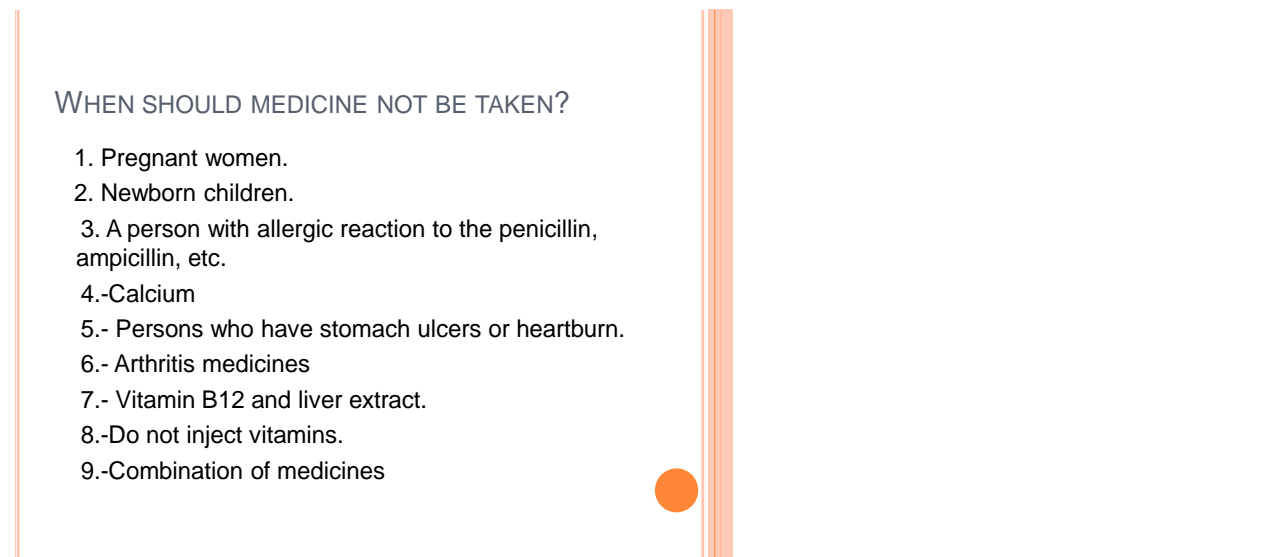
Too much use of these antibiotics for babies has caused permanent hearing loss (deafness). For many infections of the newborn, ampicillin works as well and is much less dangerous.

Anti-diarrhea medicines with hydroxyquinolines were widely used to treat diarrhea. Many times medicines taken by mouth work, as well as or better, than injections. Injections given to a child who has a mild polio infection can lead to paralysis

Cortisone and cortico-steroids are powerful anti-inflammatory drugs that are occasionally needed for severe attacks of asthma, arthritis, or severe allergic reactions. Steroids cause serious side effects, especially if used in high doses or for more than a few days.

Anabolic steroids are made from male hormones and are mistakenly used in tonics to help children gain weight and grow. Anabolic steroids cause very dangerous side effects. Girls grow hair on their faces like boys, which does not go away, even when the child stops taking the medicine.

Figure 6



When should medicine not be taken?

1. Pregnant women or women who are breast feeding should avoid all medicines that are not absolutely necessary.
2. With newborn children, be very careful when using medicines.

3. A person who has ever had any sort of allergic reaction like hives, itching, etc ,after taking penicillin would be dangerous.

Persons who have stomach ulcers or heartburn should avoid medicines that contain aspirin. Most painkillers and all steroids make ulcers and acid indigestion worse. One painkiller that does not irritate the stomach is acetaminophen.

There are specific medicines that are harmful to take when you have certain illnesses. For example, persons with hepatitis should not be treated with antibiotics or other strong medicines, because their liver is damaged, and the medicines are more likely to poison the body.

Arthritis medicines (Butazones: oxyphenbutazone, Amidozone; and phenylbutazone, Butazolidin) for joint pain (arthritis) can cause a dangerous, sometimes deadly, blood disease. They can also damage the stomach, liver, and kidneys.

Vitamin B12 and liver extract do not help anemia or weaknesses except in rare cases. They should only be used when a specialist has prescribed them after testing the blood. Also, avoid injectable iron, such as Infeon. To combat anemia, iron pills are safer and work as well as other vitamins.

As a general rule, DO NOT INJECT VITAMINS. Injections are more dangerous, more expensive, and usually no more effective than pills.

Combination medicines

Some common combination medicines that should be avoided are: cough medicines which contain medicines both to suppress a cough and also to get rid of mucus, antibiotics combined with anti-diarrhea medicine, antacids to treat stomach ulcers together with medicine to prevent stomach cramps, 2 or more pain medicines (aspirin with acetaminophen—sometimes also with caffeine) among others.

Calcium

Injecting calcium into a vein can quickly kill someone if not injected very slowly. ‘Feeding’ through the veins is nothing more than pure water with some salt or sugar in it. It should be used only when a person can take nothing by mouth, or when she is badly dehydrated.

Thank you. Do you have any questions?

According to the data in the Audio Journals, all the participants appreciated and learned from the presentations of their classmates. Here are comments representative of the reaction of the participants that illustrates this pattern in the data.

Tiffany`s reaction about Dorothy`s presentation:

Tiffany: This topic was really interesting because we can learn to check the correct condition of the medicine, and the wrong use of penicillin. Anabolic steroids, antibiotics and what sort of people cannot use certain medication.

Chuckie`s reaction about Jen`s presentation:

Chuckie: It was a very interesting topic because I learned how to close large cuts, what to do with bullet, knife and serious wounds, poisoning, scorpion sting and snakebite.

Amy`s reaction about Sam`s presentation

This topic was very important because we learnt what to eat at lower cost like nuts, groundnuts, pumpkin or sesame seeds or with energy foods like eggs, milk, beans, groundnuts, fish and meat. I also learned sicknesses causes by not eating well like slowness in walking, failure to gain weight, loss of appetite, anemia, headache and nosebleeding.

Audio Journal Feedback

The medical student participants mostly recorded what we had done in our class sessions in their audio journal. They did a little reflecting on what they had learned and what they had felt.

The audio journals were full of general reflections on the classes and the activities that we carried out. Here are some of the representative comments on the general feelings about the class. The comments are categorized according to excitement, productivity, enjoyment, and positive comments about interviewing a specialist.

Excitement and enthusiasm

Georgia: It was my first day of classes I was very excited about this ESP course.

Jen: I was very excited to begin an ESP course.

Dorothy: Really we enjoyed those questions. ... and the best is we practised enough the speaking.

Productivity

Stefani: Today was a very productive day. Chuckie: The day was very productive because I could learn the different duties of doctors in different fields and the most relevant advances in their specialty.

Enjoyment

Dorothy: The class today was extremely fun. The question in the conversation make us laugh too also they were very deep I think We laugh a lot

Improvement of English Skills

Dorothy: We have the capacity to respond well or at least the teacher we understood now I realize that I have to speak eh better because I think much and don't talk so fast but I know I will learn and do better.

Help in the Medical Profession

Amy: I am very happy to receive a medical course that will help me as a doctor in the future.

Comments about Interviewing a Medical Specialist or General Practitioner

Tiffany: It was very challenging to formulate the questions, but I feel pleased to do this because it is something I can use in the future.

Georgia: It was my final project regarding to an individual interview to a physician and his experiences in the medical field, his achievements and recommendations for people who want to be doctors. In this interview I could identify somehow with his answers.

Chuckie: It was very exciting to know the opinions of doctors in different fields.

Sam: All the presentations were very interesting and I learnt more about each medical professional. I learned the most recent advances like collateral studies in PCR, genetic studies, immunohistochemical studies and flow cytometry and when men who do exercise and consume anabolic steroids can have hypertrophy.

Jen: I learned what pathology is, and the most common pathological cases like leukemias and lymphomas. I also learned more about a nurse`s work like the precautions to put an injection and why it is difficult to put injections to people

All of the audio journals recycled the vocabulary that had been covered in the class activities. Here is an example. I have highlighted the recycled vocabulary:

Tiffany: 21st Today we had presentation and learnt about how important water is to prevent and treat diseases and maybe more beneficial than medication in some cases as **diarrhea**, especially in children we also learnt how to examine a sick person, the steps to get to know

the **diagnosis** of the disease by the doctor - patient interview and learnt the importance of care in pregnant woman as eating fruits, vegetables, taking vitamins and **folic acid**, exercise and that thinks should be avoid as **pesticides**, unnecessary medication, drinking **alcohol** or smoking drugs we avoid it is necessary medication, drinking alcohol or smoking drugs.

Another pattern that emerged from the audio journal data was that the participants really enjoyed working with CDlponline, the free reading site of the California Distance Learning Project. These doctors in training found many articles and exercises that were pertinent to the medical field. Here are some of Tiffany's comments, which are representative of the other members of the group:

Tiffany: This was really amazing because I can do a lot of interactive activities. I learnt the correct spelling and pronunciation of words and I can see my results in each activity.

Dorothy: Today in class we were watching videos of CDlponline and I loved the little games by them of the video (laughter) The videos were talking about AIDS and how is transmit. We talked about the 911 and accidental occur when joking with this number also talked about my eh family planning methods . Today was a very productive day.

Students were required to perform role-play conversations between the doctor and the patient and to complete a medical history form provided by the teacher. They learnt how to ask general information questions to complete the first part of the medical history form and how to formulate questions about the diseases. The questions they asked from the taped medical history exercise were ver simple, so I did not include them here. The form is in Appendix D.

I think that the conversation tables were like an ice breaker for the instructor and the participants because they did not only focus on medical topics but also on diverse topics. It was a relaxing way to set up a connection among the instructor and the medical participants.

Dorothy: The question in the conversation make us laugh too also they were deep I think we had the capacity to respond well or at least the teacher understood now I realized that I have to speak eh better because I think much and don't talk so fast but I know I will learn and do better. Really we enjoy that questions.

Sam: The presentation was about the medicine kit and the conversation table was about the same topic. I learnt what medicines should be included in the medicine it and the correct dose for each one.

The final presentation regarding the personalized doctor's interview allow the students to put in practice what they have learned in the course and be strong-willed to reach their perfect interview. It was a challenge for them because they are not familiar with this kind of activities. The interviews were made in Spanish and then they were translated by them into English to present the results to their classmates. Some of them took the questions for specialist doctors from Internet websites. These comments were taken from their personal audio journals.

Tiffani: I feel pleased to do this because it is something I can use in the future.

Dorothy: I did not know if the questions that I have been formulating in that moment were the correct ones for the work. Finally I could do it and I enjoyed it.

Comments of the students on the Final Projects Interview with a Medical Specialist

The participants were required to do medical interviews with different specialist doctors or general doctors with the purpose of practicing what they have been learning in this ESP Course. They audiotaped the interviews. I have transcribed one in this section to provide an example. They did it well. An example is given below:

Good evening teacher and classmates. My name is Chuckie. This is my final project. I interviewed to a plastic surgeon.

Chuckie: What training have you had in aesthetic surgery?

Plastic surgeon: I had 3 years of general surgery and three years of plastic surgery.

Chuckie: How do you see the future of plastic surgery?

Plastic surgeon: More tech

Chuckie: What are the recent advances?

Plastic Surgeon: Growing tissues to remove skin without skin grafting or transplantation of oneself or another person and cadaver.

Chuckie: How do you manage a specific medical problem?

Plastic Surgeon: By specialists on duty and patients were evaluating before entering a surgery.

Chuckie: What is the impact of computers in plastic surgery?

Plastic Surgeon: Until certain point is positive because the robots still depend on humans in operating this machines. From now people depend on people.

Chuckie: What are the pros and cons of plastic surgery?

Plastic Surgeon: The pros to correct aesthetic defects acquired or congenital and the cons is when crunched aesthetic becomes an addiction and the person has dimorphic problems.

Chuckie: What are the most demanded plastic surgeries?

Plastic Surgeon: Mamas, nose, lipo- abdomen but these surgeries also depend on people`s target for example: for young people they demand nose and breast augmentation. From 30-

40 years old they want lifting, abdominoplasty, and breast lift, and older people want eyelids surgery in order to read better.

Chuckie: Why do you choose this profession?

Plastic Surgeon: Because I join two things I like the art and medicine.

Chuckie: What are your strengths and weaknesses as a plastic surgeon?

Plastic Surgeon: My strengths are nose and abdomen surgeries.

Chuckie: Do you work in a clinic, hospital or private practice?

Plastic Surgeon: I work in a hospital and private practice.

Chuckie: How many operations do you have in a week?

Plastic Surgeon: From 5 to 7 operations and sometimes 2 or 3 operations.

Chuckie: How do your patients describe you?

Plastic Surgeon I don't know you have to ask them but I think they think I am honest with them because I don't give them false expectations of short time recovery when they operate.

Chuckie: Describe a typical day for you

Plastic Surgeon: I do consultations and surgeries at the hospital and I program in my office surgeries in the morning and give consultation too.

Chuckie: Thank you.

The medical student participants had positive reactions to their interviews. Some representative comments are:

Tiffany: It was very challenging to formulate the questions but I felt pleased to do this because it is something I can use in the future.

Dorothy: I learned a lot trying to match my thoughts with my ideas"

Stephani remarks: "It was amazing to do something valuable for us".

Georgia: In this interview I could identify myself with them somehow with the answers

Chuckie: I could learn the different duties of doctors in different fields and the most relevant advances in their specialty

Sam: “All the presentations were very interested and I learnt more about teach medical professional. I learned the most recent advances like collateral studies in PCR, genetic studies, immunohistochemical studies and flow cytometry and when men who do exercise and consume anabolic steroid can have hypertrophy”.

Notetaking

Students were required to take notes based on videos from TED.com if they did not understand the video the first time, they could check the interactive tapescript in the right margin of the screen as a last resource. A worksheet was given to them. I would like to show the two best and the worst examples of the groups’ notetaking. The two best examples of notetaking are from Chuckie and Sam because they gave a deeper explanation of their thoughts and they stuck to the point. Tables 5-8 show the graphic organizers for Notetaking along with examples from the students

Table 5

Chuckie` notes

Findings or Main Points	Summary	Source
He says that cardiovascular disease, diabetes, hypertension are preventable by changing diet and lifestyle and the use of quantitative arteriography before	He says that if we change our diet and lifestyle we can live better without obesity prostatic cancer or diabetes.	Dean Ornish : “ The world`s killer diet”

and after a year and cardiac Pet

scans.

Table 6

Sam`s notes:

Findings or Main Points	Summary	Source
She contradicted the educational system in the past because they didn't have technological resources that's why actual students can't summarize an article.	She explained that students used to lean from encyclopedias and repetition. Now, students learn from their failures.	Diana Laufenberg:" How to learn from failures"

The worst example of notetaking from the group are Amy's because the notes seemed to be incomplete and they did not reflect the speaker`s words

Table 7

Amy' Notes

Findings or Main Points	Summary	Source
He comments about the 3A`s of awesome: attitude, awareness and authenticity.	He says that if we have a positive attitude we can observe our surroundings and stay.	Neil Pasricha: " The 3 A`s of awesome"

The students had a lot of trouble taking notes from the lectures on TED.com. They did not seem to have the necessary skills for good notetaking

Videos from TED.com

The videos of different presenters in TED.com talks helped the participants to reflect on different topics and made themselves reflect on the way of seeing their lives. Though Sam, Chuckie

and Meg made brief comments, such as motivating and inspiring. Their positive tone showed how valuable they found the exercise. Amy's reflective comments on the talks reflect the attitudes and perceptions of the rest of the participants.:

Amy: The talk given by Dale Dougherty on TED.com encouraged us to be makers, something to exploit the creativity of people. Another talk was given by Diane Laufenberg and she said that she encouraged her students to do learn by doing. For example, she suggested her students to do leaflets of the different changes in the American history in a sequence way. She said that the education now is different from the past through encyclopedias and memorization.

Conversation tables From the Conversation Tables I learned many things about the participants and their classmates did too. In the conversation tables, I found out all the participants have artistic hobbies. The conversation tables gave the students the opportunity to just talk in English and correct their morphosyntactic problems. I have included some of the interchanges here.

Teacher: Do you have any undiscovered or hidden talents. If so, why?

Dorothy: I think that I have an undiscovered talent eh that is a singer because I can sing well thanks

Stephani: I have a undiscovered talent(hidden talent) the artist because I like the paint.

Teacher: I can paint

Stephani: I can paint pictures thanks

Diane: I am Diane my hidden talent is I think singer or eh pianist because I like it. Thanks.

All the participants reported wanting to be doctors when they were children.

Teacher: If you were a kid, what would you want to be when you grow up? (I repeated the question twice)

Georgia: When I was a kid I wanted to be a doctor always.

Teacher: wanted

Dorothy: I wanted to be a model and an actor and doctor ... in last place.

Teacher: according to your wishes

Dorothy: My final dream was to be a doctor, no more.

Stephani: I'm Stefani. When I was a kid I was wanted to be an airline stewardress azafata,
ah flight doctor

Tiffany: Hi, I`m Tiffany When I was a kid I wanted to be a a singer, ahh and travel

Teacher: How do you feel now? How do you feel today when you reflect on you're the
wishes that you had when you were a kid? How do you feel now?

Georgia: Today, I feel very happy because I can study Medicine. I practiced English when I
was at high school. I practised with my uncle a lot and no more. I am Georgia.

Teacher: Thank you

Dorothy: Now I am so happy because this is one of my dreams in and the with that I help
the life the people who need me and and no more.

Teacher: Thank you.

Stephani: I am Stefani eh hh Today I feel happy besides I am studying Medicine and *que*
más and help many people. Okay

Tiffany. I feel Eh lively. Lively is not animado.

Teacher: cheerful, lively for I study Medicine. Thank you. This is the end of our
conversation table

Teacher: Good afternoon. Today is March 2nd. This is our seventh conversation table . I
asked my students questions about different topics of interest for them.

The first question is: How do you reduce stress? (I repeated the question twice)

Dorothy: eh I reduce my eh my the stress in watch TV eh watching tv eh eh eh eh ah eh watch the movies and playing the computer games and playing with my nephews eh thanks.

Stephani: I reduce stress eh going to the movies, sleeping and listening to music. Thanks.

Tiffany: I am Diane I reduce, reduce the stress eh watching TV, surfing on the internet, eh listening to music, eh chat by messenger. That`s all.

Participant Reflections about the Medical ESP Curriculum

A pattern of suggestions emerged from the student survey data about improvements for the ESP Curriculum in their university. The medical students wanted to learn how to correctly pronounce the medicines, and to learn how to be sure they are writing prescriptions correctly. All the students (n=9)

Another pattern emerged from the data that indicated that almost all of the participants (n=9) wanted to study abroad,

Dorothy, Tiffany, Stephanie, Chuckie reported that they had improved their speaking skills. Georgia hoped to continue to improve her speaking in order hold fluent conversations. She hoped to improve her speaking skills and to learn more vocabulary, “I need to practice every day”, she said.

Chuckie said he wanted to be able to give his presentations without fear of making mistakes. Amy and Jen felt that they had improved their pronunciation and learned new medical terminology. Meg: said she “had learned how to pronounce some words and she was congratulated for a well - done activity.”

Table 8

Participants Favorite Classroom Activities

	Conversation Table	TED Videos	Interviews with Specialists	Presentations	Audio Journals	Internet Activities	Role Play
Chuckie				√			
Dorothy	√			√			
Tiffani				√			
Georgia	√						
Stephani				√		√	
Amy	√			√			√
Sam	√			√			√
Meg				√		√	
Jen	√			√			√

The students enjoyed different aspects of the classroom learning activities “the best”. Six of the nine participants considered the conversation tables and the presentations to be the most helpful parts of the program. I think this is because they have not been exposure to speaking in front of the class too much and they wanted to do so and they wanted to practice something they can use in their

real lives. One each of the nine participants considered the video, the on-line exercises and the medical readings the most helpful part of the program. Two of the nine participants considered the role –play conversation the most helpful part of the program,

The participants were receptive in the assimilation of information and all the activities arranged for this program,

Chapter 5

Discussion According to the Research Questions

Based on the data I have presented in Chapter 4, I am going to answer the research questions that I formulated at the beginning of my case study.

Research Question 1: How can medical students improve their communicative skills?

Students can improve their communicative skills through presentations on medical topics, conversation tables and audiotape audio journals because they can see their own progress by using free English and Medical Resources, and attending carefully designed Medical ESP Courses.

Research Question 2: What kind of resources do I need to use in order to obtain good speaking outcomes for medical ESP students?

According to the outcomes of the audio journals, I can say the participants had never recorded their voices in a voice digital recorder, so these journals were an aspect of the course that seemed to help the participants to monitor their progress from the first to the last recording. However, the lack of technological resources, particularly well-functioning computers and internet service within the university, seemed to be another factor that affected the students' fear of speaking because they had never been asked to prepare presentations to improve their speaking skills in their

other English classes. I would like to conclude that the voice digital recorders, projectors for PowerPoint presentations seemed to improve their speaking skills.

With appropriate guidance and hardware, the students can effectively practice their listening, reading and speaking skills. The use of Internet for seeing videos in class and practicing on-line activities regarding pronunciation and speaking, was an important element of the course design.

Research Question 3: How can the speaking skills of medical ESP students be improved after the program?

Part of the intention of the Medical ESP Course was to provide materials, and online resources that the students could continue to use for improving their medical English skills through the exposure to medical websites and specific medically related online activities such as those offered at the following sites: <http://www.englishmed.com/dialogue-9/> and <http://www.talkingmedicine.com/>,

Five months after the research study ended I called the participants to ask them if they had continued working with any of the resources that they had learned about in the course, and why they still use those resources. They have continued using videos from TEDtalks and CDLponline. They continue to use and receive immediate feedback from the CDLponline program through the observations of their score for each activity, and they also consider it interesting to listen to topics in TEDtalks with the aid of the interactive tapescripts. Georgia, Sam, Tiffani and Joseph sometimes check the information they learnt from the Hesperian readings. Jen and Meg sometimes check the on-line internet activities based on pronunciation and listening.

One thing I noticed here, is that the English Program teachers in the medical school tended to place the responsibility for failure on the students, rather than on themselves.

Research Question 4: What factors inhibit students' speaking performance?

One of the reasons that the students are inhibited about speaking is that they are not exposed to speaking activities so often. Several of the participants indicated that they made just one presentation per English course as a final project when the teacher decides to do it. Based on the teacher`s survey , I found that the students did not do PowerPoint presentations. Here are their comments::

Professor Javier: No PowerPoint but paperboards. They have done a presentation about the human body but in paperboards.

Professor Jacob: Yes, they have done a presentation about the diseases in English but in paperboards.

Professor Thomas: No, because we do not have an overhead projector in class.

Professor Robert: Yes, they have done a presentation about parts of the human body but in paperboards.

I also noticed when working with the students that they were really afraid of making mistakes in class.

Research Question 5: How can a course for a medical ESP course be designed and implemented for students at an Ecuadorian university?

According to the participants in this research study After interviewing professors and students I can conclude that: It is necessary for universities to change their curricula and to, use appropriate and relevant materials that medical students to become skilled in using the medical English that they need to progress in their field. In this research study, I have designed and implemented an ESP Course for Medical Students that resulted in a general feeling of satisfaction among the participants, as the data from the audio journals, the conversation tables and the survey indicated. These objectives were met; by the end of the course the students were able to:

- Access and use authentic English language materials from the field of medicine
- Read current articles on medicine in English
- Increase their self-confidence in delivering presentations on medical topics to their colleagues.
- Use the Internet to practice speaking and listening activities with approved and recommended sites
- Keep daily recorded journal entries in order to summarize and comment on new content that they learned.
- To understand international medical conferences or hold conversations with physicians., and to relay what they learned from the interviews with their classmates.
- Develop the listening and speaking skills though the constant exposure to medical presentations, internet speaking and listening activities on-line which allowed them to hear and speak better.
- Learn vocabulary though the extensive reading from the fully free downloadable book, *Where There is No Doctor* .

Implications for Teaching

If I had another opportunity to teach a Medical ESP Course, I would teach them more vocabulary regarding medication, and I would give them the opportunity to chat on –line with medical students from other universities using the Internet, because these were the most common complaints that arose from the student survey.

The data from the teacher interviews indicated that many of the students had neither experienced the use of rubrics for presentations nor voice digital recorders for audio journals.

Teachers had just sent students to make presentations in poster boards one time per course .

However, all of the them have used role-play conversation in the class.

The conversation tables with the starters should have been done according to the student`s topics of interest not just the teacher suggestions. The audio tapes should be done more reflectively by participants´ side. Though they reported back on their daily class sessions, their answers were neither substantive or deep. The researcher/instructor should help participants understand how to reflect more deeply on their learning process. The participants agreed that the conversation tables and presentations were the most useful part in this ESP course and they argued that speaking is the most important English skill and they hold that they need an advanced English level.

There did not seem to be a connection between certain course goals and the personal goals of the students. They seemed to be unsatisfied because of their lack of technological resources and opportunities to interact with people from other countries. This statement is supported by the data collected from the participants `survey. For example:

Would you like to take a post-graduate course abroad? Where?

Amy and Sam: Yes, in Cuba

Jen: Yes, in the U.S.

Meg: Yes, in Brazil.

Chuckie: Yes, in Colombia

After carrying out this study, I think medical students should receive an integrated education not only through the ESP course but also in Hospital Management because they need to have a whole view of the medical field. I think the Medical school must invest time, funds and energy in the creation of these ESP courses. The benefits of offering Medical ESP could have positive repercussions in the quality of English they received at university, as has been demonstrated with

this group of students who participated in the Medical ESP course in this study. It is clear that the Medical English Curriculum in the university where the study took place, needs to be enhanced, and could be through the implementation of the course which I designed for my case study.

English is not just important for the academic field in the elaboration of scientific papers, but is also essential in the reading of medical articles, attendance at international conferences, and more demanding job positions. English knowledge is important in daily life when doctors read the label of medicines and use medical equipment for the operation.

Therefore, one thing I noticed here ,is that the English Program teachers in the medical school tended to place the responsibility for failure on the students, rather than on themselves.

Reflections on the Research Process

I decided to choose this topic because I realized that there was a lack of information available on Medical ESP Courses in Ecuador. I could not find anything written on ESP for the medical field in Ecuador. It is common to see Business Management Courses or Legal English Courses more frequently in universities or English academies than Medical ESP Courses.

I learned to be more organized in doing my literature review because I had to write down information from authors' quotations or pieces of work linked to my thesis topic. I had to record the year where the author's book or journal paper was published , and the publisher, and if any other author might have the same point of view. Taking good notes and summarizing the words of the experts requires organization. Without it, you get lost.

I began to realize how difficult it is not to plagiarize the author`s words, but rather to paraphrase. I learned how important, even essential, the search for faithful sources such as books or on-line journals that relate to your thesis` bibliography and other subsequent topics that can be

confusing for you at certain points. Through the experience of working with my thesis' advisor, I learned to begin to recognize which information was unnecessary to include.

Moreover, every single thing that I was going to apply in the development of my thesis project seemed to be helpful for the tabulation of data. For example: I did not think my observation journal from every class session would help me later in my reflections on my teaching and my daily work. My teacher's notes along with the participants audio journals really helped me to understand and remember details of what the students had done in their class sessions.

So, the data collection is very important in the compilation of information that will help shed light on the research questions of the study. The teacher surveys, student survey, audio journals, conversation tables and notetaking had to be transcribed to identify the main problem and all the different problems derived from the data.

I learned about careful planning, for the research. For example, it was a little difficult for me to match the participants' schedules with the ESP course sessions because of holidays, the participants obligations with their university studies and night and morning practices in the hospital. That's why the first participants received their Medical ESP sessions in the afternoon and the later participants in the evenings.

From the teacher's survey, I discovered that in the Ecuadorian Medical School English courses there is still the traditional way to learn by literal translation and course textbooks. Some Ecuadorian institutions show resistance to changing their methodology or teaching styles. I find it difficult to accept that in the Twenty-first Century that some institutions still have English classes that do have Internet access, nor take advantage of such electronic devices as the digital voice recorder to improve the quality in the teaching of ESP course.

Implications for future research

As a personal reflection on something that I could do better if I had the opportunity to repeat this or similar research again, I would pay more attention to correct time management and the incorporation of a unit on medication pharmaceuticals and to structuring the performances of their final projects

I learned that the tabulation of data must be carefully managed because it is possible to obtain an unlimited amount of information that could apply to the solution of the existent problem.

The teacher surveys were important to the research study. The advantage of interviewing the teachers of the same school is that they know the problems of the institution, but they don't have voices to complain.

Personally, I feel I worked better with the participants towards the end of the study than I did with the participants at the beginning, because I gained more experience in the correct distribution of the topic dates and had a more organized and informed way of using the TED.com videos, the CDlponline readings, role-play conversations using the medical history form and general practice on Internet. This is one of the most important aspects of action research, in which each cycle of research and implementation can lead to better teaching and course design.

When I reflect on the course design and content of this ESP Course, I have to admit that I spent more time on conversation tables than on the TED.com videos. With the later participants, I practiced conversation tables focusing on general topics. The final presentations of the earlier participants were poor in terms of the quality of the questions delivered because they were too simple and general in comparison with the later participants who asked more technical questions regarding the doctor's specialization. Even though, I suggested that the participants prepare for their interview with the medical specialists, by doing research on the specializations of the doctors

that they interviewed, they did not follow through, so I would prepare this part more carefully in subsequent research studies.

The presentations were visually attractive to their partners and the readings were very instructive for the medical participants because they learnt medical terminology and phrases used for academic presentations. The TED.com videos stretched the student`s capacities for listening because it was really shocking and challenging for them to understand these talks, even with the tapescript.

The role-play conversations helped the students to interact with new people and overcome their possible bad reactions to someone else´ personality but they accomplished their duties with responsibility.

If I were redesigning this course I would also build in opportunities for having opportunities for the medical students to use English with doctors from other countries ,in seminars, and conferences.

I learned that the recording of every single activity in a case study is very helpful for learning to reflect as teachers what should have been done better and not to make the same mistakes. The importance of being ahead of the students, is also very important because they can ask some difficult and amazing questions. I learned a lot from my students, but with a group of such bright students it was a challenge to be prepared for each class session.

As the course continued, I did not commit the same mistakes. I ironed out the problems as I went along, by rescheduling the dates of the presentations, and the conversation tables. The conversation starters that I used were more appropriate for the topic of the presentation of the day. The earlier participants interviewed general practitioners because they followed my advice and investigated Internet links about common questions to ask in a doctor`s interview but the later

participants understood my instruction better, and because of initiative, they interview different doctors' specialists not general practitioners.

The positive attitude of the medical students about taking an Medical ESP course facilitated the research project because the participants had volunteered their own time, and were not obliged to do something against their will. They wanted to participate in this project, and came to the course with very high expectations for learning medical English and speaking in English.

It seems contradictory to me that one of the best most demanding careers in Ecuador does not have appropriate ESP courses that satisfy the demands of medical students avid to learn Medical English for scholarships, international conferences, or for communicating with foreign physicians.

The well - equipped environment for carrying on this project helped me to conduct this course and the participants felt safe and motivated to stay there. The Internet service was provided to them in the English lab so the participants could practice speaking and listening activities on-line. So, all the Medical School faculties at the universities should provide comparable well-equipped classrooms and labs, not to mention excellent Medical ESP courses.

There is still more to do in the teaching of ESP Courses in Ecuador but this is just the beginning of a long way to be explored for further research in the ESP field.

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Appendix A

Participant Consent Form

Intensive Program for Improving Communication Skills in a Medical ESP Course: A Case Study

The purpose of this research study is to explore how to improve communicative skills in a Medical English for Specific Purposes Course in Ecuador. This research is being conducted in partial fulfillment of the requirements for: a Master's degree in The Master's Program in Teaching English as a Foreign Language at the Escuela Superior Politécnica del Litoral.

I _____, have been invited to participate in this research study, which has been explained to me by Laura Romero.

Description of the research study methods

This research will be a qualitative case study.

Requirements of the participants

Ecuadorian medical students will participate in individual interviews, surveys and audio taped group discussions, and online activities to improve their speaking and listening abilities. They will make presentations based on medical readings and pronunciation instruction and student's journals will also be analyzed.

Benefits to the Participant

Once the final document is finished, it will be available to anyone who requests it. Students will have the opportunity to participate in a private Medical ESP course.

Risks and Discomforts

The only discomforts or risks for the students will be the time they will spend improving their English, both in the class activities and online.

Contact Persons

Please contact the researcher Laura Romero Coronel in the office of the Programa de Magíster en Enseñanza de Inglés como Idioma Extranjero. For any additional information please contact the researcher at email gisella_2002@hotmail.com

Confidentiality

I understand that any information about me obtained as a result of my participation in this research will be kept as confidential as legally possible. In any publications that result from this research, neither my name nor any information from which I may be identified will be included.

Voluntary Participation

Participation in this study is voluntary. I understand that I am free to withdraw my consent to participate in this study or any specific activities at any time. I understand that neither my employment status, nor my academic status will be affected if I decide not to participate in this study. I have been given the opportunity to ask questions about the research, and I have received answers concerning areas I did not understand. The data I provide in this study will remain anonymous. By signing this attached consent form, I signify that I understand the terms associated with the study. Upon signing this form, I will receive a copy. I willingly consent to participate in this study.

_____ Date _____

Signature of the Participant or the Participant`s Representative

_____ Date _____

Signature of the Researcher

Appendix B

Individual Interview with the Participants

The aim of this interview is to collect information about the participants` s English language learning background, beliefs and needs.

Name: _____

Level: _____

Your English learning background

1) Did you study English at any time before University? Yes No

2) If yes, how many years?

- 0-2 years
- 3 - 5 years
- 5 – 7 years
- 7- 9 years
- More than 10 years

3) If yes, how often?

- 1-3 hours per week
- 4-6 hours per week
- 7-10 hours per week
- More than 10 hours per week
- Only at weekends

4) Describe how you felt about learning English at school?

5) What do you like about studying English now?

6) Was the English for Specific Purpose course your first adult course in English when you entered university?

Yes No

7) How many years have you been studying English? _____

A. Where did you study?

University <input type="radio"/>	Private English Language Institute or Academy <input type="radio"/>	Private tutor <input type="radio"/>	Study in an English Speaking Country <input type="radio"/>	
<input type="radio"/> Intensive <input type="radio"/> Regular	<input type="radio"/> Intensive <input type="radio"/> Regular			

B. When did you study?

Morning <input type="radio"/>	Afternoon <input type="radio"/>	Evening <input type="radio"/>	Weekends <input type="radio"/>
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8) Describe some good English language learning memories during your university studies (You may write on the extra paper provided)

9) Describe some bad English language learning memories during your university studies (You may write on the extra paper provided)

11) Estimate your need for learning English for your career in terms of percentages:

I need English for:

Work _____ %

Seminar _____ %

Conferences _____ %

Scholarship _____ %

Medical Books reading _____ %

12) How important is English to you?

Very important	Somewhat important	Indifferent	Not important
○	○	○	○

YOUR ENGLISH SKILLS

13) Which skill or skills do you consider important for your job position? Why?

Speaking

Listening

Reading

Writing

14) What`s is your perception of your speaking skills compared to your skills before you took this course.

15) What part of the course was the most helpful for your development of speaking skills?

Speaking / Understanding

16) Compare how well you understand English when people speak to you now, compared to before you took the class

20) What else should be done to make this course beneficial for you?

GENERAL ENGLISH

19) What other English language skills would you like to have?

Students Beliefs about English learning

Read each of the following statements related to beliefs about learning English and then decide if you:

22.-Knowing English in my workplace or profession is:

Very Important	Important	Somewhat Important	Not Very Important	Unimportant
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23.-Some people have a special ability for learning foreign languages

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24.-Some languages are easy to learn than others.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25.-Learning English is:

Very difficult	Difficult	Neither easy nor difficult	Easy	Very easy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26.-I enjoy practicing English with the Americans I meet

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree or disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
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27.-It`s OK to guess if you don`t know a word in English

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree or disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
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28-If someone spent one hour a day learning a language, how long would it take them to speak the language very well.

Less than a year <input type="radio"/>	1-2 years <input type="radio"/>	3-5 years <input type="radio"/>	5-10 years <input type="radio"/>	More than 10 <input type="radio"/>
--	------------------------------------	------------------------------------	-------------------------------------	---------------------------------------

28 You can`t learn a language in 1 hour a day.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree or disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	---

29.-I have a social ability for learning foreign languages.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree or disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	---

30.-The most important part of learning a foreign language is learning vocabulary words.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree or disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	---

31.-I feel timid speaking English with other people.

Strongly agree <input type="radio"/>	Agree <input type="radio"/>	Neither agree or disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
---	--------------------------------	---	-----------------------------------	---

32-My job position requires the following level of English:

Elementary <input type="radio"/>	Low-intermediate <input type="radio"/>	Intermediate <input type="radio"/>	High Intermediate <input type="radio"/>	Advanced <input type="radio"/>
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33.-If I learn English very well. I will have better opportunities for a good job.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34.-It`s easier to read and write in English than to speak and understand it.

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adapted from Horwitz, E. (1987)

- 1) Please tell what is your opinion of the English Course you received in your Faculty?
- 2) Comment briefly on the level of difficulty of the four levels of English from your faculty?
- 3) Do you come from a private or a public high school?
- 4) What would you like to change about the English Language Learning Courses at the University?
- 5) What is your opinion of the English teachers in this institution?. Please describe this in detail.
- 6) What else would you like to learn in English for Specific Purposes Courses?
- 7) Comment on the interest you have in receiving a course that combines General English and Medical English in the first three levels?
- 8) What resources do you use in your English course?. Describe your experience with them.
- 9) Have you ever talked with an American physician?. Could you hold a fluent conversation?.
- 10) Does the frequent reading of medical books helps you understand the written material of your field?
- 11) Rank the skills that you want to develop by importance: 1 (most important) to 5 (least important):

_____ reading

_____writing

_____ listening

_____ speaking

_____ medical terms

12) What is your perception of your English skills?

a) Reading of medical material

Excellent () Very good () Good () Average () Poor ()

b) Listening to people talking about medical content.

Excellent () Very good () Good () Average () Poor ()

c) Speaking: Can you communicate in a medical conversation with other physicians or patients?

Excellent () Very good () Good () Average () Poor ()

d) Writing: Can you write English material like prescriptions.

Excellent	Good	Average	Below Average	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Belchamber(2007), Folse(2006), Yang(2005), Heathfield(2005), Lambert(2003), Kayi(2006), Lamie(1999) , Hooper(2005), Maggs,etc. I came up with these questions to interview teachers about their perceptions on ESP courses based on the information in the research of these experts in the field.

Appendix C

English Teacher Survey-Medical Faculty (Email)ⁱ

Please help me by answering these questions for my research on Medical English for Specific Purposes (ESP) Course in Ecuador. I will send you the results from this survey when they are compiled. I have provided the survey in English and in Spanish.

- 1) What are the strengths and weaknesses you find in medical undergraduate students with respect to their ESP courses?
- 2) What are their learning challenges? How do you help them with these challenges?
- 3) Should ESP Courses be taught to students in Medicine?
- 4) When do medical students use Medical English in their daily lives?
- 5) Do you have any recommendations for improving ESP instruction in the English courses?
- 6) Do you know if there are other ESP Courses in other Universities?
- 7) What technological resources do you use to give ESP classes?
- 8) In your teaching experience what is your perception of student interest in ESP Courses?
- 9) Are the ESP Courses successful in your workplace?
- 10) What do you think contributes to the success or failure of ESP Courses?
- 11) What do you think about the instruction students receive in their High School English Courses?
- 12) Do you think that technology will improve student's performance?

13) Do you think that self-learning strategies must be taught from High School , not just in English but in other University subjects?

14) How important is to pre-teach vocabulary in the correct understanding of the lesson?

15) How many times have students recorded their voices for class activities and homework?

16) Have you ever planned a task based on student`s proficiency level and age?

17) Have your students made PowerPoint presentations related to a medical topic?

18)Which one of these communicative activities have you incorporated in your classes for students studying medicine?

<input type="radio"/>	Role-plays
<input type="radio"/>	Simulations
<input type="radio"/>	brainstorming
<input type="radio"/>	storytelling
<input type="radio"/>	Flashcard games

19) Have you ever taught to your students how to prepare a speech and its elements like: speech terminology, speech outline, appropriate introduction, body and conclusion?

20) Have you ever given presentation rubrics to your students so they can know under what parameters they are going to be graded?

21) Have you used video in class to promote students critical skills by the elaboration of summaries related to the video?

26.-Do you have Internet access in English classes and how do you adapt it to the current topic of the lesson of that day?

27.-What Internet activities have you done with your students?

Belchamber(2007), Folse(2006), Yang(2005), Heathfield(2005), Lambert(2003), Kayi(2006), Lamie(1999) , Hooper(2005), Maggs,etc. I came up with these questions to interview teachers about their perceptions on ESP courses based on the information in the research of these experts in the field.

Appendix D

Notetaking Reflective Blog

Findings or Main points	Summary	Source

Appendix E

Course Design and Timetable

Course Design

Date	Name	Activity	Website
Feb 10...		Conversation Table-Addictions	
		General instruction and introduction to the websites.	http://www.rogerdarlington.co.uk/Preser.html http://veen.com/jeff/archives/000483.htr http://www.lrc.centennialcollege.ca/tuto:Presentations/Presentation%20Skills.htm http://www.to-done.com/2005/07/how-to-give-a-great-presentation/ http://www.learn-english-today.com/business-english/presentations-phrases.htm
		Participants filled out consent forms	
		Medical English student survey.	
February 11, 2011	Instructor	Instruction on giving Presentations	
	Instructor	Conversation role-play Survey to English teachers in the medical school.	http://www.cardinalortho.com/public/files/medical-history-form.pdf
February 15, 2011		Participants give presentations on topics from the Hesperian website.	http://hesperian.org/wp-content/uploads/pdf/en_wtnd_2011/en_wtnd_2011_full.pdf
	Stefani	Presentation: The Medicine Kit	
	Georgia	Presentation: Cures and	

	Popular Medical Beliefs
Dorothy	Presentation: Taking Care of a Sick Person
Instructor	Presentation: Family Planning Methods

Appendix G

(Beke, 2006)

Presentation Vocabulary

Starting the presentation	<ul style="list-style-type: none"> • Good morning/afternoon ladies and gentlemen • The topic of my presentation today is..... • What I'm going to talk about is....
Why you are giving this presentation	<ul style="list-style-type: none"> • The purpose of this presentation is • This is important because • My objective is to.....
Starting the main points	<ul style="list-style-type: none"> • The main points I will be talking about are • Firstly.... • Secondly..... • Next, finally....we're going to look at....
Introducing the first point	<ul style="list-style-type: none"> • Let's start/begin with....
Showing graphics, transparencies, slides, etc	<ul style="list-style-type: none"> • I'd like to illustrate this by showing you...
Moving on to the next point	<ul style="list-style-type: none"> • Now let's move on to...

Giving more details	<ul style="list-style-type: none"> • I'd like to expand on this aspect/problem/point • Let me elaborate on that • Would you like me to expand on/ elaborate on that?
Changing to a different topic	<ul style="list-style-type: none"> • I'd like to turn to something completely different.
Referring to something which is off the topic.	<ul style="list-style-type: none"> • I'd like to digress here for a moment and just mention that...
Referring back to an earlier point	<ul style="list-style-type: none"> • Let me go back to what I said earlier about...
Summarizing or repeating the main points	<ul style="list-style-type: none"> • I'd like to recap the main points of my presentation • First I covered • Then we talked about • Finally we looked at • I'd now like to sum up the main points which were:
Conclusion	<ul style="list-style-type: none"> • I'm going to conclude by..... Saying that/inviting you to/quoting.... • In conclusion let me..... leave you with this thought/ invite you to.....
Questions	<ul style="list-style-type: none"> • Finally I'll be happy to answer your questions. • Now I'd like to invite any questions you may have. • Do you have any questions?
