English Language Problems that face by Medical Students in EFL context

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Abstract:

The aim of this paper is to addresses the difficulties faced by the medical Saudi students at Prince Sattam Bin Abdu Al Aziz University in learning English language as second language in their field of the study.

The main results of the study revealed that medical students studying in Saudi-medium contexts, According to the descriptive statistics both the students and academicians regarded poor vocabulary poor listening and poor speaking skills as the most problematic areas for medical students.

The overall findings of this study revealed that there is a need to increase the class hours, provide technological equipment, and use The Grammar Translation method for teaching medical terminology and PBL (problem Base Learning Strategy) for teaching medical methods.

Key terms: *medical terminology, Grammar Translation method, PBL (problem Base Learning method)*

Introduction:

The widespread need for English as a second or foreign language puts a great pressure on the educational resources of many countries. ESP courses require specific language and skills that are related to communities of practice and disciplines. English plays an eminent role in higher education all over the world. There has been a worldwide growth in demand for English for Academics courses (Jordan, 1997).

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English, the lingua franca of all sciences, has come out in non-English speaking countries as English for Specific Purposes (ESP) (Ghanbari, 2010). ESP is a developing branch of English as a Foreign Language (EFL) instruction in Saudi Arabia.

A significant aspect of language instruction on the higher educational level is learning English for a given purpose, with the specific aims of getting to know specialized vocabulary, increasing one's knowledge about the subject matter by reading in English, and being able to use the language in the prospective profession or study area by becoming prepared for some common situations such as carrying out higher level studies, going for an interview or conducting professional communication (Varnosfardani, 2009). Many English language courses in academic settings are based on the principle that language should be related to the purpose for which students are expected to use language after their studies. An ESP course for medical students intends to help them study their subject matter and in their career in the future. It seems that English plays a very vital role in medical studies because the students have to read medical textbooks and professional journals which are mostly written in English (Bensoussan, Collado, Viton & Delarque, 2009).

It is now widely accepted that the English language has become the language of international communication. Careful examination of the attitudes and perceptions of learners and instructors is seen to be important in determining the problems of ESP courses. Acquisition of a second language is often viewed as a process that differs from native-language acquisition, and it is frequently assumed that factors influencing one's ability to acquire a second language do not play a role in native-language development). However, it is also well-established that knowledge of a second language impacts the ability to manage information in the native language, and current cognitive and psycholinguistic models of bilingualism explicitly posit that the two languages interact, even during language-specific processing Yet, the degree to which acquisition of a second language influences native-language function remains

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underspecified, and thus, knowledge regarding the interactivity of two languages within a single cognitive system remains incomplete.

Back ground:

Students enter the medical college of PSA University in Saudi Arabia directly from high school at an average age of 18 years. The school system relies mainly on teacher-based activities, examinations based on regurgitation of memorized information and norm-referenced tests to evaluate students. As a result, most of the students acquire passive learning habits. The secondary school system in Saudi Arabia uses the Arabic language as the primary language for education; English is taught as a second language, starting in grade 4.

As the medical school curriculum is taught in English ,all first year students, regardless of their language proficiency level, receive an intensive course in English along with their other premedical requirements. When they join university students are faced with increased academic demand sand quickly realize that they need to develop appropriate learning skills.

Statement of the problem:

It has been noticed that medical students in EFL context are most likely facing problems in dealing with their medical subjects and that can be attributed partially to the English Language barrier. Cleary the English language used in such a context includes special terms and linguistic structures the students have never encountered before.

instruments:

Data were collected via questionnaires which are designed to perceptions of the currently enrolled students and the academicians at the medical faculty of a Saudi-medium university (PSAU). The questionnaire data were analyzed quantitatively, and the interview data were analyzed qualitatively using SPSSII method. An interview was held with the Academician of the Medical Faculty to obtain better

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information about their perceptions towards the English language problems of the medical students.

Questionnaires were administered to students enrolled in the first and through sixth classes at the faculty, who were available at the week when the questionnaires were distributed.

Additional demographic information about the students can be seen in Tables

Table 1 - The number of the students in various classes.

Classes	F	P
First class	46	27.2%
Second class	30	17.9%
Third class	28	16.2%
Fourth class	26	15.0%
Fifth class	30	17.3%
Sixth class	10	6.4%
Total	170	100%

Note: F=**Frequency**   P=**percentage**

  As can be seen in the table 1, 170 currently enrolled students were administered questionnaires. These can be divided into two groups: Group 1: includes those students currently taking English courses (1st year and 6th)   group 2: consists of 4th year students who no longer take English courses.

  The total number of the students was 170. Their ages ranged between 17 and 29, with an average of 21.

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Table 2 - Types of high schools

Types of high schools	F	P
General high school	26	15.6%
Commercial high school	1	0.6%
High school which provide intensive English education such as International high school.	143	83.8%
Total	170	100.0%

Note: F = **Frequency**   P = **percentage**

 As can be seen in table 2 above, the students mostly come from high schools providing intensive English education.

Table 3 - Titles of the academicians

Title	F	P
Lecture	1	2.0%
Specializing Doctor	20	40.0%
Assistant Prof.	11	22.0%
Associate Prof.	11	22.0%
Professor	7	14.0%
Total	50	100.0%

Note: F = Frequency   P =

As can be seen in table 3 above, Out of about 170 content area instructors and specializing doctors, (who were appointed to PSAU hospital after their Residency Examination for Medical Doctors, T. U. S), 70 questionnaires were distributed to those who were available on the days the researcher visited. Of these, 50 completed them fully. Out of this total 50 academicians surveyed. All academicians were male, and their ages ranged between 29 and 55, with an average of 40.

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Additional information about the titles of the academicians who responded to the questionnaires.

DATA ANALYSIS

Data were analyzed using the Statistical Package for Social Science (SPSSII). As there are three questions types- likerts-scale, multiple choice and ranking questions- different statistical technique were used. First, means and standard deviations for the likert scale items were calculated and analyzed. The question for ranking the priority order of the language skills difficulties was analyzed. Finally, the interview data were analyzed qualitatively by going over the transcript and looking for answers that corresponded to certain questions from the questionnaires.

Finding & Discussion

For question in the students' questionnaire and in the academicians' questionnaire, asking about English language problems the medical students face, the descriptive statistics of the responses of different participants the students and the Academicians.

Table 4 – Participants perceptions of specific English language problems

Problem	Limited vocabulary	Poor grammar	Poor listening	Poor speaking	Slow reading	Poor writing	Bad pronunciation	Complex use of English in reading in general	Complex use of English in medical materials in English

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Group	Acd. ALL G-I G-II	Acd. ALL G-I G-II	Acd. ALL G-I G-II	Acd. ALL G-I G-II	Acd. ALL G-I G-II	Acd. ALL G-I G-II	Acd. ALL G-I G-II	Acd. ALL G-I G-II	Acd. ALL G-I G-II
M	4.22	3.91	4.01	4.22	3.63	4.10	3.86	3.55	3.50
	4.15	3.15	3.87	3.97	3.31	3.46	3.36	3.71	3.65
	4.29	3.46	3.95	4.04	3.39	3.68	3.49	3.87	3.82
	4.01	2.85	3.79	3.90	3.24	3.24	3.22	3.55	3.48
SD	1.06	1.11	0.98	0.89	1.13	1.10	1.06	1.09	1.17
	102	1.31	1.12	1.08	1.22	1.12	1.22	1.06	1.11
	0.87	1.26	1.08	1.04	1.19	1.07	1.21	0.99	1.08
	1.20	1.31	1.17	1.13	1.26	1.17	1.22	1.16	1.15

Note: M=mean   SD=standard deviation   Acd = Academician   GI = Students group 1   GII = Students group 2

Fig.1 Participants responses on the order of language problems

Academician
1. grammar
2. writing skills
3. vocabulary

Students GI
1. poor grammar
2. poor listening
3. complex use of English in medical materials

Students GII
1. poor vocabulary
2. poor listening
3. poor speaking skill

According to the descriptive statistics in table 4 & fig. 1, the students, and academicians alike, regarded poor vocabulary (M=4.18), poor listening (M=3.89), and poor speaking skills (M= 3.98) as the most problematic issues for the students. There were some statistical differences between the general perceptions of the two groups of students. The 1st 3rd year students perceive poor grammar (χ^2=9.60, p<0.048), poor listening,(χ^2=10.33, p<0.035) and the complex use of English in medical materials (χ^2=10.56 p<0.032) as more problematic than the 4th 6th year students.   In terms of grammar problems and poor writing skills there were statistical differences between the students' and academicians' responses. The academicians find grammar (χ^2=15.78, p<0.05) and writing skills (χ^2=16.80, p<0.05) as more problematic for the students than the students themselves think. The academicians may have considered their own problems in writing when answering. During the informal interview with the structures, they stated that they found writing research papers very problematic for their professional studies. The grammar structures in medical texts and specific and technical vocabulary were also seen as a problematic in the previous studies. We can conclude that they are the most common problems the medical students have in various contexts.

Table 5 – The evaluation of current students' English Language skills

Skills	Very good	Good	Weak	Very weak
	S	S	S	S
	Acd.	Acd.	Acd.	Acd.

Writing	32.8%	44.8%	22.4%	0%	
	0%	4%	4%	6%	
Speaking	12.1%	34.5%	46.6%	6.9%	
	0%	0%	10%	4%	
Reading	32.8%	51.7%	12.1%	3.4%	
	0%	4%	8%	2%	
Listening	12.1%	46.6%	27.6%	13.8%	2%
	2%	8%	2%		

S= Students   Acd. = Academician

In regard to the participants' evaluation of the students' current English language skills in table 5 above, it has been found that most students overestimated their ability of English and showed that they are good at all skills except in speaking. Unlikely, most instructors assessed their students' as all weak except in listening at which they felt that the students are good. This difference in evaluation has no clear significance for the study except for the repetitive declaration by the students in many occasions regarding their needs for speaking skill. The researcher believes that instructors are more aware of the students' levels of proficiency in different skills during their teaching sessions. Also, it was obvious during the research procedure that the students really have major problems in reading and filling the questionnaires items as well as in comprehending some high frequency words used in the information session which led the researcher to use Arabic instead.

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Table 6 – The order of difficulties in sub skills ranking from 1-3 No. 1 is the most difficult

Major skill	Sub- skill	Most difficult S Acd.	Neutral S Acd.	Less difficult S Acd.
Writing	**Writing class notes** **Writing test answers** **Writing reports &** **papers**	5.2% 0% 29.3% 2% 65.5% 12%	34.5% 2% 41.4% 10% 24.1% 2%	60.3% 12% 29.3% 2% 10.3% 0%
Speaking	**Ask & answer** **questions** **Participation with** **lecturer Discussion** **in the class**	13.8% 4% 41.4% 0% 44.8% 10%	32.8% 6% 29.3% 4% 37.9% 4%	53.4% 4% 29.3% 10% 17.2% 0%
Reading	**Reading books &** **articles** **Reading speed** **Unknown** **vocabulary**	20.7% 0% 20.7% 2% 58.6% 12%	31% 8% 43.1% 4% 25.9% 2%	48.3% 6% 36.2% 8% 15.5% 0%
Listening	**Understand lectures** **Follow lecturers** **Follow class** **discussion**	32.8% 4% 43.1% 4% 24.1% 6%	41.4% 6% 34.5% 6% 24.1% 2%	25.9% 4% 22.4% 4% 51.7% 6%

S= Students   Acd. = Academician

Based on the finding in table 6 above, the evaluation of current students' and the academician order of difficulties in sub skills most medical students were consistent in evaluating their points of difficulties as they placed speaking and listening as the most difficult skills. On the other hand, they placed reading and writing as the easiest skills. That is only found in (Hwang and Lin 2010; Al – Ahdal 2010). Academician regarded reading as the most problematic skills but they ranked listening to be the second most difficult skill. Noticeably, the latter two difficulties were also seen in number of needs analysis in various settings and that attributed to the fact that the structure of English Language used in medical context is a bit sophisticated and needs more efforts to be acquired (Boztas 1988; Tasci 2007; Chia et al. 1999).

As for writing sub-skills, all participants agreed on considering writing reports and research paper is the most challenging skill. That is because all participants are aware of the fact that medical students are not encouraged to be involved in any research projects during their study (Benamer and Bakoush 2009). Writing class notes followed by writing test answers were less difficult as the students do not need really to write notes in lectures; that is because lecturers made manuals or summary sheets for the purpose of revision before examinations. Moreover, the students do not need any effort to write answers in examinations because most the questions types are multiple choice, filling gaps as well as true and false. That is really disappointed the researcher as this is not what used to be ten years ago where students were encouraged to give long answers in writing.

In regard to speaking sub-skills, there was not any significant difference between participants in ranking both class discussion and conversation with lecturers as the most difficult. The reason could be the wording of these two statements as it seems that they have similar meaning. The students did not find asking and answering questions that difficult because they are rarely given chance to ask or even being asked during the lectures. For reading sub-skills, all participants felt that unknown vocabulary is the most challenging sub-skill that students face in their reading medical texts. That indeed matches what has been revealed in (Chia et al. 1999; Tasçi 2007;

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Alagozlu 1994 Yeniçeri 2008). Finally, the wording again in two statements for listening sub-skills made confusion among participants in determining the level of difficulty. Each of understand lectures and follow lecturers was ranked by almost similar number of students as the most difficult. Most students , as well as a small number of teachers felt that follow class discussion is less difficult and that could be attributed to the fact that the students are not encouraged for discussion with each other or even with their lecturers in the class.

Conclusion

In the literature, the teaching of medical terminology, with structural analysis of the term forming elements such prefixes and suffixes (Boztas, 1988; Erten 2001; Laar,1998), and teaching technical terminology as well as less specialized technical vocabulary in the context of case histories and problem- based tasks (Kimball, 1998; Wood & Head, 2004) have been discussed. Some projects, for example, by Essex Community College, and the Institute for the study of the Adult Literacy, were undertaker identifying words' meaning and integrating them with reading, writing, listening and speaking skills. As well as medical terminology, some researcher have tried to analyze the linguistic structures mainly used in doctor-patient communication (Eggly, 2002, cited in Belcher, 2004; Farnill, Todisco, Hayes 1997, cited in Shi et al.,2001) and conferences (Allright & Allrigt, 1977, cited in Maher, 1986). Although both the students and the faculty of Prince Sattam Bin Abdu Al Aziz University favored translation very much, as well as translation techniques, I believe the other sub skills and strategies should also be encouraged. If they can achieve these sub skills using reading strategies, they will not need much translation. However, translation can still be useful to understand very complex sentences, so I suggest situational translation, instead of translating all the words and sentences in the passage. For the situations in which they feel in great difficulty, for example, understanding very long sentences with complex grammar structures, translation can be useful for them. The grammar translation method has been widely used in ELT teaching worldwide. However, it - should be borne in mind that translation of medical

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texts has its own problems(New mark 1977, 1979, cited in Maher, 1986b) and may not be so effective as it may cause too much dependence on the practice of translation itself, which is very time consuming for the students (Maher 1986b). So, in order to fully meet the wants and desires in terms of translation in EMP teaching, the instructors who teach at the Medical Faculty should be familiar with the translation techniques and translations of the medical texts, but should certainly not rely on it fully.

The students should be given more problem-oriented tasks which will reflect their cognitive ability and their own academic skills. Academicians and upper classes who are familiar with the benefits of PBL (Problem Base Learning strategy) agree that it can be adapted to use in English for medical purposes classes. The aim of PBL is to enable students to understand related content knowledge and to develop the metacognitive skills which will make them good learners and problem solvers (Harland, 2003). Harland states that facilitating learning in PBL groups is different from the traditional teachers' role, and teaching becomes more like research, supervision and mentoring. Maxwell, Bellisimo and Mergendoller (2001) state that in PBL, students build their own learning objectives and select learning resources that are most appropriate to the problem they are seeking to settle. Teachers monitor the students with suggestions for further study or inquiry but do not assign predetermined learning activities. Instead, students research a situation, develop appropriate questions, and produce their own solution to a problem. According to Wood and Head (2004), medical PBL classes can be simulated in English for Academic purposes classes, with the English language instructors being the facilitator of the students' medical studies in English. In these classes, English instructors are not expected to teach them the medical concepts or topics. Rather their role is to facilitate the students' using English to convey their ideas while discussing and trying to find solutions to medical problems. The necessary grammar or vocabulary items are acquired during the implementation of the tasks. Also, learners acquire good knowledge during their research and can easily integrate it into their existing knowledge. According to the literature, PBL is an effective method in that it not only

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improves medical students' clinical skills but also their self-learning skills, making them more autonomous learners of health care issues (Antepohl & Herzig, 1999; Hmelo, 1998; Shanley, 2007).   Using PBL in their English classes can also be beneficial to help the students adapt more easily to the PBL approach when they face it in their medical classes.

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