

ENGLISH FOR MEDICAL EDUCATION IN EFL CONTEXT

Basim M. Abubaker Faraj

University of Benghazi, Al Marj, Libya

E-Mail: basim.alaish@yahoo.com.au

Abstract. *English has been considered as a medium of instruction in all Libyan medical faculties. Also, English language program was recently added to the main faculties' subjects to help students grasping this vital language, but the question is, are these programs really sufficient and effective? This study is about the problems faced by Libyan medical students in using English in their medical study and the impact of such problems on their academic achievement. Also, it is about the effectiveness of the current English language program in medical education in Libya. In order to study these issues, a needs analysis procedure has been conducted in one of the Libyan medical faculties.*

Key words: *English language, medium of instruction, Libyan medical faculties*

1. ENGLISH FOR SPECIFIC PURPOSES (ESP)

In recent years, English has become the most commonly used language in a variety of fields such as politics, business, education and medicine (Crystal 2003). According to Ruiz-Garrido, Palmer-Silveira & Fortanet-Gómez, “The spread of science and technology all over the world, together with the globalization of the economy and the fact that the university world is becoming more international, has all helped to make the English language the current lingua franca of international communication”(2010, 1). In fact, most non-English speaking nations have realized the significance of English language education in order to track the global scientific and technological movements in recent years. Therefore, English has been adopted as a compulsory subject in basic education, i.e., primary and secondary schools, as well as the tertiary education. Clearly, the main trend of teaching English in an EFL context is to help learners function well in their different use of English language. Hence, English has been viewed as a tool not only for everyday life communication, i.e., for general purposes, but also for specific purposes to be achieved (Alptekin 2002).

English for General purposes (EGP) or General English (GE) is basically the English language offered in schools where learners are taught grammar, vocabulary, sound systems and symbols that all make up the language. On the other hand, the English language taught to adults in different professions or to tertiary students in different disciplines is associated with the specific discourse that learners need in order to carry out their own tasks effectively. Accordingly, many courses have emerged aiming to develop the learners' specific English language skills which are related entirely to their fields of study or professions; these courses teach what we know as English for Specific Purposes

(ESP). It is assumed that ESP courses are preceded by a strong basic knowledge of EGP which is already acquired in previous education. Consequently, as it has been argued by many scholars, ESP courses are most likely to be linked to adults rather than young students because of the appropriateness of such courses with the learners' fields of interests (Ibrahim 2010).

ESP is defined as "an approach to language teaching in which all decisions as to contents and methods are based on the learner's reason for learning" (Hutchinson and Waters 1987, 19). Importantly, it is claimed that the learner in ESP should be central in the teaching approach and should be treated as an entity whose individuality, objectives and needs are considered carefully because every learner has specific learning strategies, skills and aptitudes (Joshani-Shirvan 2008). Thus, due to the fact that ESP is basically a learner-centered (Hutchinson and Waters 1987; Al-Ahdal 2010; Ibrahim 2010; Joshani-Shirvan 2008), all the ESP courses should be offered according to the learners' needs and requirements. Hence, it has become essential for researchers, educators and English language teachers alike to conduct a vital procedure of needs analysis to investigate the learners' wants and demands in order to provide them the most appropriate instructional materials and techniques.

2. NEEDS ANALYSIS

Needs analysis is basically a process which is conducted to specify the learners' *needs, wishes, wants* and *lacks*, so the objectives can be drawn clearly and curriculum can be suggested appropriately for a given context (Jordan 1997; Hutchinson and Waters 1987; Ibrahim 2010; Al-Ahdal 2010). Two major approaches have been recognised as basis for further developments in needs analysis. The first approach is *target-situation analysis* which deals with learners' needs at the final stage of the course. The second approach is *present-situation analysis* in which the main concern is the assessment of the current situation in terms of proficiency, personality and aptitudes (Jordan 1997). According to Hutchinson and Waters (1987), although the term *needs* is utilized, they claimed that researchers must focus on both lacks as well as needs in order to suggest the most appropriate materials for those learners. They also claimed that the gap between the target and the present situations of learners must be the major source of ESP courses in a given context. Obviously, needs analysis is essentially a *fact-finding* process through which researchers collect data in order to determine the educational materials as well as the teaching approaches for a given ESP context.

3. ENGLISH IN MEDICAL EDUCATION IN EFL CONTEXT

Medical education institutions in many EFL countries have adopted English as a medium of instruction and that is because "English language has become the *lingua franca* of international communication in medicine" (Hassan et al. 1995, 277). Indeed, it has been proved that the level of English language used in the medical field including lectures, medical textbooks, journal articles and even conferences is increasing steadily (Chia et al. 1999; Hwang and Lin 2010; Maher 1986). However, it has been noticed that medical students in EFL contexts are most likely facing problems in dealing with their medical subjects and that can be attributed partially to the English language barrier.

Clearly, the English language used in such a context includes special terminology and linguistic structures the students have never encountered before. Joshani-Shirvan (2008) stated that “In most medical faculties, medical students have considerable medical English problems during their first year and coming year studying” (p.6). Moreover, when those students have later become doctors, it seems that this problem continues in their careers even though they have been offered English language courses in their medical studies (Hassan et al. 1995; Bosher and Smalkoski 2002; Chia et al. 1999; Hwang and Lin 2010). Consequently, it has become highly necessary for educators and researchers alike to better understand the English language needs of medical students in order to design appropriate courses to assist them in coping with the language challenges they encounter during their academic study. According to Kimbal, “Discipline-specific language study has long been linked to an expectation that learners’ needs should be analyzed in order to select language components that match what students require to succeed in their academic studies” (1998, 411).

4. LIBYAN MEDICAL EDUCATION

In Libya, “The medical education system was based on the British curriculum and used English as the language of instructions” (Benamer and Bakoush 2009, 494). Libyan medical students have to begin with a pre-medical year in which they study some general subjects such as zoology, physics, chemistry, and statistics. Then, they study 3 years of basic medical subjects which comprise anatomy, physiology, biochemistry, pathology, pharmacology, and microbiology. After that, medical students enter the clinical training stage which includes subjects such as medicine, ophthalmology, paediatrics, surgery, and gynaecology, besides forensic and community medicine (Benamer and Bakoush 2009).

Both pre-medical and first year medical students are offered English language courses besides their academic subjects. The curricula of English language courses in both years are mainly based on Grammar-translation method which seems insufficient to enhance the academic language skills for medical students that enable them to communicate effectively in English. In the pre-medical year, the students study some basic grammatical features such as tense, voice, negation and making questions. Later, in first year, they study through reading passages which are related somehow to their medical subject focusing on some professional terminology and reading comprehension. The English language classes are scheduled once a week for just two hours. After this stage, it is expected that students will have adequate levels of English to continue their medical studies in the English medium. The problem is that there is no evaluation as to whether medical students are really satisfied by the English course they have undertaken; rather, they show a very poor English language proficiency and inability to communicate functionally and effectively in English. Consequently, they encounter several difficulties in their medical subjects because of their inadequate functional English language. It is at this stage when medical students are struggling a lot with their English and that they are most likely to decide whether they will continue or not their medical education. Indeed, their achievement in English is often a determining factor.

5. MOTIVATION OF THE STUDY

The current study has been motivated by three main factors: firstly, the researcher's own experience as a Libyan citizen who identified the problems around English proficiency by doctors and medical students alike in their communication with foreign doctors and visitors. Secondly, the researcher's own personal experience as an ex-medical student in Libya; he discontinued his medical training after three years of study because of the English language barrier. Thirdly, a concern over the failure of Libyan doctors and medical students alike to publish scientific medical papers in English or to participate effectively in international conferences which can be attributed in part to the lack of satisfactory English language skills. All of these factors have motivated the researcher to conduct this study which looks into the problems of using English language by Libyan medical students.

6. SIGNIFICANCE OF THE STUDY

Although there might be some attempts to represent a new movement for Libyan researchers on medical education, generally in terms of medical curriculum and instructional techniques (Daw and Elkhammas 2008), it is noticed that no studies have been conducted thus far regarding the medical students' English language proficiency, in particular to figure out their academic challenges. Therefore, it is essential to assess Libyan medical students' English language needs so that it can be used as basis for development of an appropriate English language curriculum for medical education. This study is an attempt to fill the gap in literature and will contribute to the research in English language education in Libya.

7. PURPOSE OF THE STUDY

The aim of this study is to investigate and assess the English language needs of Libyan medical students in order to account for their academic dissatisfaction. It also aims to provide a basis for the development of medical English courses and teaching approaches in the Libyan context. The study is guided by the following **research questions**:

1. How do different groups of participants (medical students, teachers and the dean) perceive the role and importance of English in Libyan medical education?
2. As perceived by different groups of participants, what are the English language needs of Libyan medical students in relation to their academic study? What are the areas of difficulties in their English language skills?
3. What English language program is currently offered for medical students? How is this program evaluated by different groups of participants?
4. What recommendations could be made to address Medical students' difficulties around English for Medical Purposes (EMP); particularly in relation to course development and renewal of teaching and learning strategies?

8. METHODOLOGY

This study has been carried out at the School of Medicine, the University of Benghazi (Al Marj). Three groups of participants were recruited for this study; medical students enrolled in the Faculty of Medicine, teachers including both English language teachers and subject teachers, and finally, the dean of the faculty is also included in this study. The medical students were chosen as a major source of data as they are the target population for which the study was conducted. The choice was from all different levels of medical study. In this research study, only 58 students (out of the total number of 180) were involved and they were ranging from first year to fifth year at the faculty of Medicine. Their ages range from 18-25 years old and they were all Libyans. Also, their level of English at the time of study ranged from elementary to low intermediate. As male-female ratio, this group of informants consists of thirty-two female students and twenty-six males.

Two English language teachers were also included in the study (there are only two associated with the program); one Indian male teacher who teaches the pre-medical year and one Libyan female teacher who teaches the first year. Moreover, five subject teachers out of 20 locals who taught medical subjects at the faculty of Medicine were involved in the study. These five teachers were only the available staff on the time the researcher's visit. The subject teachers were all males and Libyan citizens.

The dean of the Faculty of Medicine is also involved in the study as a representative of the administration team who is in charge of making decision about the establishment of English language curriculum and the arrangements of language classes in terms of students' numbers and time allocated. Significantly, the dean of Faculty of Medicine is also a subject teacher as he teaches first and second years one of the medical subjects besides his position as a dean.

In regard to research tools, two sets of questionnaires were developed and administered in order to evaluate the English language needs for medical students at the University of Benghazi (Al-Marj campus). Dörnyei, 2007 stated that "the questionnaire has become the most popular research instruments applied in the social sciences" (101). The first questionnaire is for medical students. The second questionnaire is for the teachers (English language teachers and the subject teachers) as well as the dean of the Faculty of Medicine.

Informal interviews with one of the English language teachers and the academic registrar of the faculty were also conducted in order to elicit some important facts regarding the area of research and also helped in determining some items of the questionnaires. These interviews were neither taped nor transcribed; instead, the researcher tried to take and summarise the most important notes in his own notebook to be used later for constructing the questionnaire's items.

Indeed, the construction of the questionnaires' items were based primarily on some previous needs analysis projects conducted in a variety of medical schools worldwide (Chia et al. 1999; Tasçi 2007; Narunatwatana 2001; Hwang and Lin 2010); then, they have been modified and reworded according to the information obtained by the informal interviews. Richards (cited in Tasçi 2007, 49) states that "interviews can be used before creating a questionnaire to get an idea of what topics and issues can be focused on".

The content of teachers' and the dean's questionnaire (Appendix B) differs from the students' questionnaire (Appendix A) in terms of the personal information, as well as the addressing expressions for different audiences. The questionnaires include 20 items. Only one open-ended item as well as 19 close-ended items ranged from True-False, multiple-choice and

ranking items. They are divided into four sections; each section is related to one major theme. The first section examines the importance of English language in both study and work in the medical field. The second section assesses the most considerable medical students' English language difficulties and needs as perceived by different groups. The third one is about the participants' views of the current curriculum of English language program in the school of medicine. The final section reports the participants' suggestions and beliefs in order to implement an appropriate English language course in the school of Medicine as well as appropriate techniques for teaching such courses.

9. RESULTS AND DISCUSSION

9.1. The role and importance of English in medical education

Table 1 The participants' responses on items 1-4: "Yes", "No" and "To some extent"

No	Statement	P	Yes	No	To some extent
1	Do you think that the knowledge of English is an important factor in successful Medical studies?	S	56	2	0
			96.6%	3.4%	
		T	7	0	0
2	Do you think that English is an important element in the future career for Medical professionals?	D	1	0	0
		S	57	1	0
			98.3%	1.7%	
3	Do you think that English should be the only language of instruction in the medical studies?	T	7	0	0
		S	25	26	7
			43.1%	44.8%	12.1%
4	Do you think that learning professional (Medical) English language would be useful in the medical studies?	D	0	0	1
		S	50	5	3
			86.2%	8.6%	5.2%
		T	4	1	2
		D	1	0	0

P= Participants, S= Students, T= Teacher, D= Dean

Table 2 Participants responses on item 5: Importance order of major English language skills, ranking 1-4 as No1 is the most important

Ranking	Writing			Speaking			Reading			Listening		
	S	T	D	s	T	D	S	T	D	S	T	D
First	5	1	0	30	1	0	12	4	1	11	1	0
	8.6%			51.7%			20.7%			19%		
Second	17	3	0	12	1	1	10	1	0	19	2	0
	29.3%			20.7%			17.2%			32.8%		
Third	12	2	0	10	1	0	24	1	0	12	3	1
	20.7%			17.2%			41.4%			20.7%		
Forth	24	1	1	6	4	0	12	1	0	16	1	0
	41.4%			10.3%			20.7%			27.6		

S= Students, T= Teachers, D= Dean



Fig. 1 Difference in participants' ranking of the importance of major language skills, No.1 is the most important

As can be seen from the above presented results of the first five items, it is clear that all participants reacted positively about the role and importance of English language for medical students. Indeed, the students pointed out that English is used broadly in their field of study and their knowledge of English is a determining factor for their academic achievement and for successful communication in their future career as professional doctors. Similar findings were found in (Hassan et al. 1995; Chia et al. 1999; Taşçı 2007; Hwang and Lin 2010). Regarding the use of English as the only language of instruction, there are two different perceptions: participants who are against the idea argued that Arabic should be used for clarifications besides the use of English. Another group who supported the use of English only claimed that English is the easiest and clearest language for medical sciences and the use of other language such as Arabic will lead them to misunderstanding and confusion. In fact, the later opinion is in agreement with a previous study conducted in Saudi Arabia where all participants were against the use of Arabic in medical education (Kassimi 1983). The dean of the faculty argued that a modest use of Arabic could be fine to help those who have lower level of English to understand lectures.

In regard to the use of professional (medical) English in the language curriculum, it can be observed that the majority of participants agreed that medical English is quite helpful for medical students. They argued that medical English should also include topics extracted directly from their academic subject to enhance their language of learning. These findings are also reported in some other studies such as (Alagozlu 1994; Boztas 1988; Taşçı 2007; Hwang and Lin 2010). Admittedly, General English is also needed before students' engagement at any specific medical English (Elsheikh 1986).

Regarding the importance order of the major English language skills as perceived by different participants, it can be seen that both students and teachers have a totally different order of importance of the major skills. Most medical students perceived speaking and listening as more important than reading and writing, while teachers looked at the situation oppositely. Understandably, the dean was in agreement with teachers in considering reading only as the most important but he also agreed with students in considering writing as less important. Unlike medical students, the teachers and the dean ranked reading skill as the most important, which is totally in consensus with the previous needs analysis studies conducted in different contexts (Alagozlu 1994; Chia et

al. 1999; Taşçı 2007). That could be attributed to the teachers' experience as they really know more than their students the actual load of reading materials needed during the medical study (Narunatwatana 2001). The researcher believes that all textbooks and materials provided for Libyan medical students are only published in English; thus, reading skills should be considered as the most important in order to help students make use of information from those materials. In regard to the students' evaluation of the speaking and listening, it is noticed that some previous studies revealed that listening was ranked by students as the second important skill (Hwang and Lin 2010; Chia et al. 1999) while other studies revealed that speaking was placed as the second important skill (Taşçı 2007). Our findings revealed that the students' preference of using spoken English language skills is due to the students' willingness to communicate interactively in English and that is what other studies revealed as well. That can be also noticed from the students' commentaries; one student commented "I'd like to learn English to become strong in conversation", while another said "I need to learn English to communicate with people from other countries". The writing skill was ranked as the less important skill by most medical students as well as the dean and that is what some of previous studies have shown (Alagozlu 1994; Taşçı 2007).

9.2. Medical students' English language needs and difficulties as perceived by different participants

Table 3 Participants responses on item 6: The order of common English language difficulties, ranking 1-6 as No.1 is the most difficult

R	Limited vocabulary			Poor grammar			Poor listening			Poor speaking			Poor writing			Poor reading		
	S	T	D	S	T	D	S	T	D	S	T	D	S	T	D	S	T	D
1	12	0	0	7	0	0	19	1	0	16	2	0	2	1	0	2	3	1
	20.7%			12.1%			32.8%			27.6%			3.4%			3.4%		
2	5	1	0	14	0	0	10	3	1	14	0	0	12	2	0	3	1	0
	8.6%			24.1%			17.2%			24.1%			20.7%			5.2%		
3	14	5	0	10	0	0	4	0	0	11	0	0	10	2	1	9	0	0
	24.1%			17.2%			6.9%			19%			17.2%			15.5%		
4	11	1	0	13	2	0	10	0	0	9	1	1	9	2	0	6	1	0
	19%			22.4%			17.2%			15.5%			15.5%			10.3%		
5	7	0	1	6	0	0	11	3	0	6	2	0	11	0	0	17	2	0
	12.1%			10.3%			19%			10.3%			19%			29.3%		
6	9	0	0	8	5	1	4	0	0	2	2	0	14	0	0	21	0	0
	15.5%			13.8			6.9%			3.4%			24.1%			36.2%		

R= Ranking, S= Students, T= Teachers, D= Dean

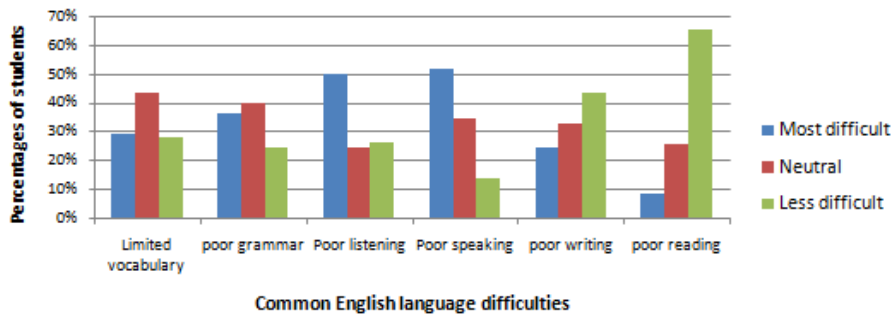


Fig. 2 Students' responses on the order of common language difficulties

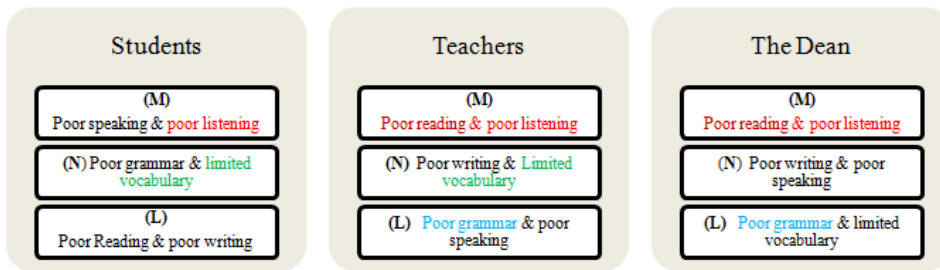


Fig. 3 Difference between participants' responses in regard to the students' difficulties
M=Most difficult, N=Neutral, L=Less difficult

Table 4 Participants' responses on item 7:
The evaluation of the current students' English language skills

Major skills	Very good			Good			Weak			Very weak		
	S	T	D	S	T	D	S	T	D	S	T	D
Writing	19	0	0	26	2	0	13	2	1	0	3	0
	32.8%			44.8%			22.4%			0%		
Speaking	7	0	0	20	0	0	27	5	1	4	2	0
	12.1%			34.5%			46.6%			6.9%		
Reading	19	0	0	30	2	0	7	4	1	2	1	0
	32.8%			51.7%			12.1%			3.4%		
Listening	7	1	0	27	4	0	16	1	1	8	1	0
	12.1%			46.6%			27.6%			13.8%		

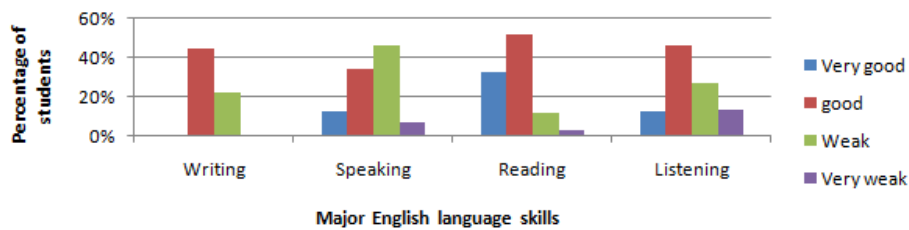


Fig. 4 Students responses regarding their current English language skills

Table 5 Participants' responses on items 8-11: The order of difficulties in writing, speaking, reading and listening sub-skills, ranking 1-3 as No.1 is the most difficult

No	Major skill	Sub-skills	Most difficult			Neutral			Less difficult		
			S	T	D	S	T	D	S	T	D
8	Writing	Writing class notes	3	0	0	20	1	0	35	6	1
			5.2%			34.5%			60.3%		
		Writing test answers	17	1	0	24	5	1	17	1	0
			29.3%			41.4%		29.3%			
		Writing reports and papers	38	6	1	14	1	0	6	0	0
			65.5%			24.1%			10.3%		
9	Speaking	Ask and answer questions	8	2	0	19	3	1	31	2	0
			13.8%			32.8%			53.4%		
		Conversation with lecturers	24	0	1	17	2	0	17	5	0
			41.4%			29.3%		29.3%			
		Discussion in the class	26	5	0	22	2	0	10	0	1
			44.8%			37.9%			17.2%		
10	Reading	Reading books and articles	12	0	0	18	4	0	28	3	1
			20.7%			31%			48.3%		
		Reading speed	12	1	1	25	2	0	21	4	0
			20.7%			43.1%		36.2%			
		Unknown vocabulary	34	6	0	15	1	1	9	0	0
			58.6%			25.9%			15.5%		
11	Listening	Understand lectures	19	2	1	24	3	0	15	2	0
			32.8%			41.4%			25.9%		
		Follow lecturers	25	2	0	20	3	1	13	2	0
			43.1%			34.5%		22.4%			
		Follow class discussion	14	3	0	14	1	0	30	3	1
			24.1%			24.1%			51.7%		

S= Students, T= Teachers, D= Dean

Based on these findings, 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 place reading and writing as the easiest skills. That is only found in (Hwang and Lin 2010; Al-Ahdal 2010). That also reflects what the students showed in the previous section in regard to the importance levels of these four skills in particular (Figure 1). Again, teachers and the dean regarded reading as the most problematic skills but they ranked listening to be the second most difficult skill. Thus, there is some agreement between students, teachers and dean regarding listening skill (Figure 3). That can be found also in (Tasçi 2007). Regarding *poor grammar and limited vocabulary*, the only agreement between students and their teachers is in considering *limited vocabulary* as the second most difficult skill while the dean was in agreement with other teachers in considering *poor grammar* as the easiest difficulty among students. Noticeably, the latter two difficulties were also seen in a number of needs analysis in various settings and that is 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; Tasçi 2007; Chia et al. 1999).

In regard to the participants' evaluation of the students' current English language skills, 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 teachers assessed their students' as all weak except in listening at which they felt that the students are good. Surprisingly, the dean was completely disappointed regarding the students' weaknesses in all skills. 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 teachers 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.

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). Here, it should be stated that the lower participation of Libyan doctors in publishing papers in the international medical journals as in (Benamer, Bredan, and Bakoush 2009) could be due to the students' lower writing skills besides the lack of research components in medical education in Libya. 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; Taşci 2007; 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 and the dean, 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.

9.3. Evaluation of the current English language curriculum as perceived by different participants

Table 6 Participants' responses on items 12-14: "Yes", "No" and "To some extent"

No	Statement	P	Yes	No	To some extent
12	Do you think that the current English language curriculum in the faculty of Medicine is relevant to the medical program?	S	18 31%	30 51.7%	10 17.2%
		T	1	4	2
		D	0	1	0
13	Do you feel that the current English language curriculum is dealing with the main language skills and sub-skills that needed in the medical studies?	S	11 19%	38 65.5%	9 15.5%
		T	1	6	0
		D	0	1	0
14	Do you feel that the current course of English language will help students coping with language challenges in the future career?	S	13 22.4%	35 60.3%	10 17.2%
		T	1	5	1
		D	0	1	0

P= Participants, S= Students, T= Teachers, D= Dean

Table 7 Participants' responses on items 15 & 16: "Agree", "Disagree" and "Partially agree"

No	Statement	P	Agree	Disagree	Partially agree
15	Do you agree that the current English language course has provided the language skills to facilitate communication effectively in English?	S	17 29.3%	34 58.6%	7 12.1%
		T	2	4	1
		D	0	1	0
16	Do you think that your current English language course is repetitious of what you have studied in your secondary school?	S	31 53.4%	19 32.8%	8 13.8%
		T	4	1	2
		D	1	0	0

P= Participants, S= Students, T= Teachers, D= Dean

According to the participants' answers in this section, it is observed that all participants are in agreement with each other in regard to the main issues investigated. First of all, most participants are not satisfied with the current curriculum of English. One important justification for this attitude towards the current English language course is the old materials included; indeed, that should be related to the overall image of Libyan medical education system where curricula are all dated and need to be reviewed (Benamer and Bakoush 2009; Daw and Elkhammas 2008). Moreover, the English language curriculum has no objectives to be achieved in time and it has no topics related to the students' field of study. Secondly, all the participants perceived that the current English language curriculum does not deal with all skills needed by medical students. Rather, it just focuses on grammar and some basic vocabulary used through simple reading passages. In fact, this problem is also found in a number of previous studies in EFL contexts (Alagozlu 1994; Al-Ahdal 2010; Chia et al. 1999; Zhuo 1989; Hassan et al.

1995; Yeniçeri 2008). Thirdly, most participants think that the current curriculum does not help medical students to cope with challenges related to the use of English in their future career such as writing medical papers, attending international conferences and delivering presentations in English. Most of the previous studies also revealed that the English language curriculum in medical schools does not help students in their future professional tasks (Al-Ahdal 2010; Sari 2003; Hwang and Lin 2010).

Furthermore, all participants agreed that the current course does not include appropriate skills to help medical students to communicate effectively in English. Many students commented on this issue in different occasions particularly those who are training in hospitals as they reported that they are really unsatisfied with their level of communication skills in English. Clearly, the students' eagerness to communicate successfully in English (verbally) is also revealed in the previous sections which reflect the lack of such important skills in the current English language curriculum; that is found in (Sari 2003; Al-Ahdal 2010). Finally, most participants agreed that the current course is a repetition of what was given in the secondary schools. The researcher has investigated the content of this curriculum and compared with others in the secondary school and it is found that many topics are really repetitious, particularly in the grammar part. In addition, there is a minor use of some basic medical readings to help students make use of medical terminology but that does not work properly because of the students' lower level of English.

9.4. Suggestions about teaching and learning English in Libyan medical education

Table 8 Participants responses on item 17: Duration of teaching English in medical study

No	Statement	P	Yes, all years	Yes, basic years	No
17	Do you think that English should be taught beyond the premedical and the first year of medical studies?	S	25	25	8
		T	4	2	1
		D	1	0	0
			43.1%	43.1%	13.8%

P= Participants, S= Students, T= Teachers, D= Dean

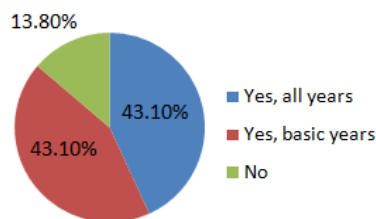


Fig. 5 the duration of learning English as perceived by medical students

Table 9 Participants responses on item 18: The type of English curriculum in medical study

No	Statement	P	GE	GE + EMP	EMP
18	Which of the English curricula do you perceive is the best one for medical students?	S	2 3.4%	50 86.2%	6 10.3%
		T	1	6	0
		D	0	1	0

P= Participants, S= Students, T= Teachers, D= Dean

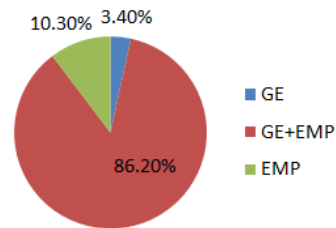


Fig. 6 Type of English course curriculum as perceived by medical students

Table 10 Participants responses on item 19: Using technology for language teaching in medical study

No	Statement	P	Agree	Disagree	To some extent	I do not know
19	Do you think that using technology such as computers may assist in learning English for medical studies?	S	49 84.5%	6 10.3%	2 3.4%	1 1.7%
		T	7	0	0	0
		D	1	0	0	0

P= Participants, S= Students, T= Teachers, D= Dean

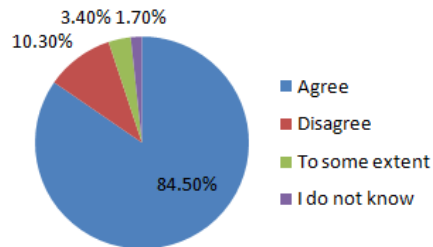


Fig. 7 Using technology in learning English as perceived by medical students

Table 11 Participants' responses on item 20 (open-ended):
Some suggestions about English language learning

No	How would you prefer English being introduced for medical students?	S	T	D
1	Focusing on the four major skills	10	0	0
2	Focusing on practice and communication skills	9	0	1
3	Using technology i.e. computers, Internet and laboratories	9	1	1
4	Focusing on medical terminology	6	1	0
5	A specific course for every year to suit every stage	6	1	0
6	English speaking teaching staff must be involved	5	0	0
7	Focusing on Grammar	5	0	0
8	Self-training	5	0	0
9	Highly qualified specific courses in the medical field	4	0	0
10	Through communication and discussion	4	1	0
11	Reading textbooks, and journal articles	4	0	0
12	Use of English in daily life communication	4	0	0
13	Chatting with foreigners who speak English	2	0	0
14	Travelling overseas to English speaking countries	2	0	0
15	Interactive courses	0	2	0
16	Communicative language teaching approach	0	2	0

S= Students, T= Teachers, D= Dean

Based on the findings of this section, the current duration of teaching English for medical school was perceived as not sufficient to enhance the students' English ability. Therefore, most teachers and the dean as well as half of medical students suggested that English should be taught from very beginning up to the final year. In fact, the respondents' views about teaching English continually could be attributed to the fact that Libyan medical students really need an extra language instruction to enhance their English. In contrast, different views were revealed in other studies such as (Narunatwatana 2001; Tasçi 2007) in which students showed that learning English continually may affect their medical study because they do not have enough time to attend English classes. In some cases, medical students are satisfied with only one year of English language education, as in (Narunatwatana 2001). The other opinion is to teach English for the first stage of medical study which includes 1st, 2nd and 3rd years, besides the pre-medical year. That is in consensus with other studies such as (Hwang and Lin 2010; Chia et al. 1999).

Regarding the content of English language curriculum, it is found that most respondents preferred a program which includes both General English and English for medical purposes. This is exactly what has been shown in different studies, as in (Tasçi 2007). It was also found that some students suggested that English curriculum should not be the same at all levels; instead, it should be given in different volumes according to every year of medical study to meet the students' needs at that stage. That matches the findings of (Chia et al. 1999; Hwang and Lin 2010) in which general English was suggested to be taught for freshman year and followed by three years of English for medical purposes.

Almost all the participants were in agreement regarding the use of technology in English language teaching and considering that as quite helpful. Many studies in the field of medical English suggested using the Internet in particular to enhance medical students' English language proficiency in many ways (Tarnopolsky 2009; Kimball 1998; Chen,

Belkada, and Okamoto 2004). Other needs analysis studies revealed that medical students prefer using Internet in their English learning as in (Tasçi 2007), while some others revealed that students also prefer using TV, CDs and DVDs, e.g. (Hwang and Lin 2010).

Finally, all participants were asked to suggest their preferable ways in teaching and learning English for medical students. Some medical students suggested that all English language skills should be included in English class and that matches what was revealed in similar needs analysis studies (Yeniçeri 2008; Chia et al. 1999). Others suggested that English curriculum should also include medical topics and medical terminology that might be helpful for their professional training in the medical field. These suggestions were in consensus with findings of some previous research studies (Narunatwatana 2001; Tasçi 2007; Yeniçeri 2008; Sari 2003). Accordingly, it is believed that specific English courses such as EMP which are mentioned in this study could be the ones that should be used. However, some participants suggested that these specific courses need to be divided throughout the years of medical study according to their relevance to each stage; besides, general English should also be taught in the pre-medical year to ensure that all students can handle the EMP courses. One teacher said "First, we have to offer GE with focus on grammar, then we teach special medical English". This is also what other research has revealed in this respect as in (Chia et al. 1999; Hwang and Lin 2010). Moreover, other students proposed that English language course should focus on communication skills or use communication as a method of teaching to help students interact effectively in English. That is indeed what they mentioned by students consistently as their needs. It is also suggested by some teachers that both interactive language teaching and communicative language teaching should be employed intensively for English teaching in medical education. Similarly, the dean focused on using practice in English language class rather than theoretical pedagogy. This is also what has been found in other similar studies regarding medical students' English language needs (Hwang and Lin 2010; Chia et al. 1999; Narunatwatana 2001; Tasçi 2007). Furthermore, using technology such as computers, the Internet, language lab and audio-visual techniques, were all preferred by most participants including the dean who focused on both language labs and the Internet. The researcher is really keen in using such techniques in language teaching particularly in medical contexts. That can be attributed to the fact that technology can facilitate the students' English language learning where everything is reachable and applicable. This is also what has been discovered and suggested by many other studies in the field such as (Tasçi 2007; Hwang and Lin 2010; Sari 2003; Kimball 1998; Tarnopolsky 2009).

10. CONCLUSION

It can be said that teaching English for medical students in Libya is relatively new, and no studies have been conducted to provide a basis for appropriate English language curriculum for this context in particular. Therefore, this study aimed to better understand the medical students' needs and challenges in regard to their use of English and to suggest the most applicable way of English language instruction. Based on findings of this study, it is quite obvious that there is a mismatch between the existing curriculum of English language course in the faculty of Medicine, al Marj, and the perceived needs of medical students. Accordingly, the following suggestions should be considered carefully in order to implement any program for teaching English.

1. Any suggested curriculum should include all major English language skills, namely, speaking, listening, writing and reading, as well as English grammar and medical vocabulary. Due to the fact that teaching English for medical students in Libya is still new, the researcher believes that all different skills could be better taught correspondingly at the current stage; then, adaptations to be made afterwards according to further needs analysis. Chia, et al. (1999) stated that “a systematic assessment of students’ needs should be an on-going process” (p. 116).

2. It could be better to begin with general English classes at the pre-medical year just to ensure that all students can cope with specific English language materials (EMP) which can be given for subsequent years of medical study. To begin with, it is suggested that three years after the pre-medical could be fine for teaching EMP.

3. The materials of EMP should be taken directly from the medical subjects to enhance the authenticity which can increase students’ motivation and willingness for learning.

4. Teachers of English should improve their knowledge in medical subjects such as terminology and structures used in medical texts by attending training sessions and workshops. Their knowledge of the discipline could be quite helpful to achieve their educational objectives in teaching EMP (Chang 2007).

5. Technology should be used increasingly as it might be helpful in providing the English speaking environment for local use. Also, it can help in providing different authentic materials to be used by medical students in the class (Kimball 1998). Students should be encouraged to have some basic knowledge of how to use technology such as computers and the Internet for the purpose of language learning.

6. It is suggested that Communicative language teaching (CLT) should be used for teaching English in the medical context. The main purpose is to develop the different components of communicative competence. According to Savignon (2005), she stated that “The essence of CLT is the engagement of learners in communication to allow them to develop their communicative competence” (635).

Finally, it might be considered a limitation that no particular materials have been suggested yet for this educational context. However, the researcher aims to conduct another research study in which some theoretical frameworks will be suggested and certain materials will be experimented. Expectantly, that will be based on the results of this study and hopefully others in different Libyan medical faculties.

REFERENCES

- Al-Ahdal, Arif Ahmed Mohammed. 2010. English for Medical Students of Hodeidah University, Yemen: A Pre-Sessional Course. *Language in India* 10 (10):180-377.
- Alagozlu, Nuray K. 1994. English language needs assessment of the students of the Medical Faculty of Cumhuriyet University, Bilkent University, Ankara, Turkey.
- Alptekin, C. 2002. Towards intercultural communicative competence in ELT. *ELT Journal* 56 (1):57-64.
- Benamer, H., and Omran Bakoush. 2009. Medical education in Libya: The challenges. *Medical Teacher* 31:493-496.
- Benamer, H., A. Bredan, and O. Bakoush. 2009. Scientific Publication Productivity of Libyan Medical Schools: A Bibliometric Study of Papers Listed in PubMed, 1988-2007. *Education for Health* 22 (2).

- Bosher, Susan, and Kari Smalkoski. 2002. From needs analysis to curriculum development: designin a course in health-care communication for immigrant students in the USA. *English for specific purposes* 21:59-79.
- Boztas, I. 1988. Identifying academic English needs of English-medium medical students at Hacettepe University for a communicative syllabus design, Hacettepe University, Ankara.
- Chang, Jin-Ping. 2007. Teacher's Role in Teaching English for Medical Purposes (EMP). *Sino-US English Teaching* 4 (7):1-7.
- Chen, Jin, Safia Belkada, and Toshio Okamoto. 2004. How a web-based course facilitates acquisition of English for academic purposes. *Language Learning & Technology* 8 (2):33-49.
- Chia, Hiu-Uen, Ruth Johnson, Hui-Lung Chia, and Floyd Olive. 1999. English for College Students in Taiwan: A Study of Perceptions of English Needs in a Medical Context. *English for Specific Purposes* 18 (2):107-119.
- Crystal, D. 2003. English as a global language: Cambridge University Press.
- Daw, M. A., and E. A. Elkhammas. 2008. Libyan Medical Education: Time to Move Forward. *Libyan Journal of Medicine* 3 (1):1-3.
- Dörnyei, Z. 2007. *Research methods in applied linguistics: quantitative, qualitative, and mixed methodologies*: Oxford University Press.
- Elsheikh, Adel Abd Elhalim. 1986. General and specific English language skills in relation to academic achievement. Ph.D., ProQuest, UMI Dissertations Publishing.
- Hassan, M. O., K. A. Gumaa, A. Harper, and G. F. D. Heseltine. 1995. Contribution of English language to the learning of basic medical sciences in Sultan Qaboos University. *Medical Teacher* 17 (3):277-182.
- Hutchinson, Tom, and Alan Waters. 1987. *English for specific purposes: a learning-centred approach*. Cambridge: Cambridge University Press.
- Hwang, Yanling, and Siouzh Lin. 2010. A Study of Medical Students' Linguistic Needs in Taiwan. *The Asian ESP Journal* 6 (1):35-58.
- Ibrahim, AbdulMahmoud Idrees. 2010. ESP at the Tertiary Level: Current Situation, Application and Expectation. *English Language Teaching* 3 (1):200-205.
- Jordan, R. R. 1997. *English for Academic Purposes: A guide and resource book for teachers*. cambridge: Cambridge University Press.
- Joshani-Shirvan, Samad. 2008. Impact of learner-centered teaching and learning process on pre-advanced first year medical students' performance, attitudes, and retention in medical English, The department of educational sciences, Middle East technical university, Ankara, Turkey.
- Kassimi, M. A. 1983. Problems of undergraduate medical education in Saudi Arabia. *Medical Education* 17 (4):233-234.
- Kimball, Jack. 1998. Task-Based Medical English: Elements for Internet-Assisted Language Learning. *Computer Assisted Language Learning* 11 (4):411-417.
- Maher, John. 1986. The Development of English as an International Language of Medicine. *Applied Linguistics* 7 (2).
- Narunawatana, Nantaporn. 2001. Need analysis of medical students at Rangsit University in the use of academic English, Applied Linguistics, Mahidol University, Bangkok, Thailand.
- Richterich, René, and Jean-Louis Chancerel. 1980. *Identifying the needs of adults learning a foreign language*. Oxford: Pergamon Press.
- Ruiz-Garrido, Miguel F., Juan C. Palmer-Silveira, and Inmaculada Fortanet-Gómez, eds. 2010. *English for Professional and Academic Purposes*. Edited by W. Herrlitz and P.

- v. d. Hoven, *Utrecht Studies in Language and Communication*. Amsterdam - New York: Editions Rodopi B.V.
- Sari, Rahim. 2003. A suggested English language teaching program for Gülhane Military Medical Academy, THE DEPARTMENT OF ENGLISH LANGUAGE TEACHING, Middle East technical university.
- Savignon, S J. 2005. Communicative language teaching: Strategies and Goals. In *Handbook of Research in Second Language Teaching and Learning* edited by E. Hinkel. Mahwah, N.J.: Lawrence Erlbaum Associates.
- Tarnopolsky, Oleg. 2009. Content-Based Internet-Assisted ESP Teaching to Ukrainian University Students Majoring in Psychology. *The Reading Matrix* 9 (2):184-197.
- Tasçi, Çağla. 2007. An analysis of medical students' English language needs, The department of teaching English as a foreign language, Bilkent University, ANKARA.
- Yeniçeri, Özlem. 2008. Needs Assessment of the Prep-Class Students in the Faculty of Medicine at Ondokuz Mayıs University, Department of Foreign Languages Education, Ondokuzmayıs University, Samsun, Turkey.
- Zhuo, Xian-Min. 1989. English curriculum for medical students in the People's Republic of China. Ed.D., ProQuest, UMI Dissertations Publishing.

APPENDICES

APPENDIX A.

Questionnaire Survey (Students)

Name: **Age:** **Sex:** M..... F.....
Level of study: Pre-medical 1st 2nd 3rd 4th 5th ...

Section A

1. Do you think that your knowledge of English is an important factor in your success in your Medical program?
 - Yes, please specify why?
.....
 - No, please specify why?
.....
 - To some extent (please specify)
.....

2. Do you think that English is an important element in your future career as a Medical professional?
 - Yes, please specify why?
.....
 - No, please specify why?
.....
 - To some extent (please specify)
.....

3. Do you think that English should be the only language of instruction in your medical studies?

Yes, please specify why?

.....

No, please specify why?

.....

To some extent (please specify)

.....

4. Do you think that learning professional (Medical) English language would be useful in your medical studies?

Yes, please specify why?

.....

No, please specify why?

.....

To some extent (please specify)

.....

5. Which of the following English language skills do you think is more important than the others for your academic success at the university level? (Rank them according to importance from 1-4, 1 being the most important)

Writing

Speaking.....

Reading.....

Listening

Section B

6. What English problems are you currently facing in your academic studies? (Rank them according to your areas of difficulty from 1- 6, 1 being the most difficult)

Limited vocabulary

Poor grammar

Poor listening comprehension

Poor speaking skill

Poor writing skill

Poor reading comprehension

Other (specify)

.....

7. Please evaluate your current ability in the English language skills
(Mark X where appropriate)

	Very good	Good	Weak	Very weak
Writing				
Speaking				
Reading				
Listening				

8. Which of the following English language writing sub-skills do you think is more challenging for you than the others? (Mark them according to difficulty from 1 – 3, 1 being the most difficult)
- Writing class notes
 - Writing test answers
 - Writing reports and research papers
9. Which of the following English language speaking sub-skills do you think is more challenging for you than the others? (Mark them according to difficulty from 1 – 3, 1 being the most difficult)
- Ability to raise and answer questions in the classroom
 - Ability to speak to lecturers after the class
 - Ability to carry on discussions in the classroom
10. Which of the following English language reading sub-skills do you think is more challenging for you than the others? (Mark them according to difficulty from 1 – 3, 1 being the most difficult)
- Reading textbooks and journal articles
 - Reading speed
 - Unknown vocabulary
11. Which of the following English language listening sub-skills do you think is more challenging for you than the others? (Mark them according to difficulty from 1 – 3, 1 being the most difficult)
- Ability to understand lectures in order to take notes.
 - Ability to follow and understand class lectures.
 - Ability to understand questions raised by other colleagues and follow class discussion.

Section C:

12. Do you think that the current English language curriculum in the faculty of Medicine is relevant to the medical studies?

Yes, please specify why?

.....

No, please specify why?

.....

To some extent (please specify)

.....

13. Do you feel that the current English language curriculum is dealing with the main language skills and sub-skills that you need in the medical studies?

Yes, please specify why?

.....

No, please specify why?

.....

To some extent (please specify)

.....

14. Do you feel that the current course of English language will help you cope with your language challenges in your future career?

Yes, please specify why?

.....

No, please specify why?

.....

To some extent (please specify)

.....

15. Do you agree that the current English language course has provided you with the language skills to communicate effectively in English?

Agree

Disagree

Partially agree (please specify)

.....

16. Do you think that your current English language course is repetitious of what you have studied in your secondary school?

Agree

Disagree

Partially agree (please specify)

.....

Section D:

17. Do you think that English should be taught beyond the premedical and the first year of your medical studies?

- Yes, up to the last year
- Yes, at least with the basic medical subjects (1st, 2nd & 3rd year)
- No, the current situation is enough

18. Which of the following English curricula do you perceive is the best one for you?

- General English, no need for English for Medical Purposes (EMP)
- General English along with English for Medical purposes (EMP)
- No need for general English, only English for Medical Purposes is required.

19. Do you think that using technology such as computers may assist you to learn English for your medical studies?

- Agree
- Disagree
- To some extent (please specify).....
- Don't know

20. How would you prefer to learn English for your academic (medical) studies?

.....
.....
.....
.....
.....

Thank you for completing this questionnaire

Basim Faraj

APPENDIX B.

Questionnaire Survey (Teachers & the Dean)**Name:****Class:****Subject:****Language(s) of instruction in your class:** English..... Arabic..... Both.....**Section A:**

1. Do you think that your knowledge of English is an important factor in your students' success in the Medical program?
 - Yes
 - No
 - To some extent (please specify)
.....

2. Do you think that English is an important element in your students' future career as Medical professionals?
 - Yes
 - No
 - To some extent (please specify)
.....

3. Do you think that English should be the only language of instruction in the medical studies?
 - Yes, please specify why?
.....
 - No, please specify why?
.....
 - To some extent (please specify)
.....

4. Do you think that learning professional (Medical) English language would be useful for the medical studies?
 - Yes, please specify why?
.....
 - No, please specify why?
.....
 - To some extent (please specify)
.....

5. Which of the following English language skills do you think is more important than the others for your students' academic success at the university level? (Rank them according to importance from 1-4, 1 being the most important)

- Writing.....
- Speaking
- Reading
- Listening.....

Section B:

6. What English problems are your students currently facing in the academic studies? (Rank them according to your areas of difficulty from 1- 6, 1 being the most difficult)

- Limited vocabulary
- Poor grammar
- Poor listening comprehension
- Poor speaking skill
- Poor writing skill
- Poor reading comprehension
- Other (specify)
.....

7. Please evaluate your students' current ability in the English language skills (Mark X where appropriate)

	Very good	Good	Weak	Very weak
Writing				
Speaking				
Reading				
Listening				

8. Which of the following English language listening sub-skills do you think is more challenging for your students than the others? (Mark them according to difficulty from 1 – 3, 1 being the most difficult)

- Ability to understand lectures in order to take notes.
- Ability to follow and understand class lectures.
- Ability to understand questions raised by other colleagues and follow class discussion.

9. Which of the following English language speaking sub-skills do you think is more challenging for you than the others? (Mark them according to difficulty from 1 – 3, 1 being the most difficult)
- Ability to raise and answer questions in the classroom
 - Ability to speak to lecturers after the class
 - Ability to carry on discussions in the classroom
10. Which of the following English language reading sub-skills do you think is more challenging for you than the others? (Mark them according to difficulty from 1 – 3, 1 being the most difficult)
- Reading textbooks and journal articles
 - Reading speed
 - Unknown vocabulary
11. Which of the following English language writing sub-skills do you think is more challenging for you than the others? (Mark them according to difficulty from 1 – 3, 1 being the most difficult)
- Writing class notes
 - Writing test answers
 - Writing reports and research papers (assignments)

Section C:

12. Do you think that the current English language curriculum in the school of Medicine is relevant to the medical field?
- Yes, please specify why?
.....
 - No, please specify why?
.....
 - To some extent (please specify)
.....
13. Do you feel that the current English language curriculum is dealing with the main language skills and sub-skills that your students need in the medical studies?
- Yes, please specify why?
.....
 - No, please specify why?
.....
 - To some extent (please specify)
.....

14. Do you feel that the current course of English language will help your students coping with their language challenges in their future career as medical professionals?
- Yes, please specify why?
.....
 - No, please specify why?
.....
 - To some extent (please specify)
.....
15. Do you agree that the current English language course has provided your students with the language skills to communicate effectively in English?
- Agree
 - Disagree
 - Partially agree (please specify)
.....
16. Do you think that the current English language course is repetitious of what they have studied in their secondary school?
- Agree
 - Disagree
 - Partially agree (please specify)
.....

Section D:

17. Do you think that English should be taught beyond the premedical and the first year of the medical studies?
- Yes, up to the last year
 - Yes, at least with the basic medical subjects (1st, 2nd & 3rd year)
 - No, first year is enough
18. Which of the following English curricula do you perceive is the best one for your students?
- General English, no need for English for Medical Purposes (EMP)
 - General English along with English for Medical purposes (EMP)
 - No need for general English, only English for Medical Purposes is required.
19. Do you think that using technology such as computers may assist your students to learn English for the medical studies?
- Agree
 - Disagree
 - To some extent (please specify)
.....
 - Don't know

20. Give a suggestion of what English language program should be taught to medical students and how should be presented?

.....
.....
.....
.....

Thank you for completing this questionnaire

Basim Faraj