MEDICAL STUDENTS NEED A CORE ENGLISH CURRICULUM BASED ON CEFR (COMMON EUROPEAN FRAMEWORK OF REFERENCE FOR LANGUAGES)

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ABSTRACT

Literature Review: The traditional approach to teaching English in Vietnamese medical schools prioritises grammar over communication skills, the effectiveness of which is increasingly under consideration. The objective of this study was to assess undergraduate medical students' satisfaction and needs with their current English training in order to evaluate the appropriateness of a training program based on CEFR. **Methods**: In a cross-sectional survey utilizing a self-reported structured questionnaire, a sample of 487 students was selected from the students of Hanoi Medical University. **Results**: Forty-two percent of students reported they were not satisfied with the existing English curriculum with 77.2% and 55.4% of students identifying a disproportionate focus on medical terminology and grammar respectively, rather than on listening and communication skills. Most (83%) preferred a CEFR-based English program with extra course focusing on medical disciplines in active manners (pair work, group work, role play). All undergraduate student groups preferred CEFR-based training (ranging from 77.92% among general medical doctors up to 94.44% among bachelor of public health). The perceived need for English language skills was high with almost 60% of students wanting English courses focusing on the communication skills of reading, listening, speaking and writing. **Conclusions**: The results of this study highlight the need for a review and revision of the English language curriculum as taught within Vietnamese Medical Schools with an emphasis on the design of new teaching materials that meet the needs of both medical students and society. The curriculum should prioritize the communication skills of reading, listening, speaking and writing. It should cover topics related to medicine such as human anatomy, surgery and medical advances and offer learners a wide range of exercises including true/false, matching, multiple choice and gap-filling questions.

Keywords: Core English curriculum, CEFR (Common European Framework of Reference for Languages), Medical students, Medical University, Vietnam.

LITERATURE REVIEW

The EF English Proficiency Index 2012 ranked Vietnam among the Asian countries with the lowest English proficiency (52.14) alongside Indonesia (53.31), Taiwan (52.42) and China (49.00) [1]. It has been reported that 18.9% of university graduates cannot satisfy employers' requirements for English proficiency and 31.8% graduates require more training in English

after graduation [2]. Another study also found that Vietnamese students were of fairly low competency in English, revealing average TOEFL scores of just 360-370 and IELTS score of 3.5 [3]. This level is well below the international standard. As a result, Vietnamese graduates may face greater challenges 1) communicating to one another, 2) meeting the language requirements of employers and society, or 3) integrating into a global milieu. Additionally, many students who achieve National English certificates at all levels (level A, B, C) are still unable to construct satisfactory sentences, and students who receive high grades of eight or higher in English courses are often unable to take part in oral communication and are far from expectation at the completion of university education [4][5].This low English competence, specifically in communicative skills, among Vietnamese learners has become an increasing concern for universities including medical schools.

This issue is due, in large part, to Vietnamese schools' traditional approach to teaching English which has prioritised grammarover communication skills. The dominance of this traditional method in Vietnamese schools has been demonstrated by a number of studies, including a major study in 2008 by Utsumi and Hau [6]. This study reported that the traditional approach of using textbooks, textbook/workbook combinations, error correction, whole-class recitations, and lecturing is still common in upper secondary classrooms. There is little or no opportunity for students to respond or interact, thus failing to develop the students' communication skills. A similar situation exists for most primary and lower-secondary training where traditional methods of teaching through dictation, grammar, memorization, and repetition predominate [7]. Another problem identified with English teaching across Vietnam is the strong focus placed by public school teachers on grammar translation in English classes [8]. Students are taught a linear model of grammar acquisition, where grammar is taught in a step-by-step fashion like "constructing a wall" [9]. At both secondary and tertiary levels, the Ministry of Education and Training (MOET) curriculum is exam-driven with a strong emphasis on grammar, reading and translation rather than communicative competence. The high pressure to pass exams creates burdensome expectations on teachers and creates a culture of rote learning or passive learning style for students struggling to understand content [10].

Vietnam adopted a policy of economic renovation in the late 1980's. As a result, the country has been moving from a centrally planned economy to one of market orientation and has achieved unprecedented economic success [11]. Many other social changes, including education reform, have been made. As part of this process, the "Open Door" policy has promoted English as one of the official foreign languages of studyin Vietnam. The MOET educational reform policy to meet the demands of the market economy was issuedin late 1993 which includedexpanding English language training programs in response to the increasing expectation that Vietnamese people communicate in English at their workplaces[12]. Since joining ASEAN in 1995 and the World Trade Organization (WTO) in 2006, people with a good command of English achieve higher income employment. . Vietnam has attracted significant foreign direct investment (FDI). Employment in the foreign-owned sector typically require English language skills. According to an important education policy issued in 2011 [13], MOET decreed that all education institutions must follow Common European Framework of Reference for Language CEFR scales to assess candidates' English competence for completion exams of all university majors and for acceptance into graduate programs. This is based on the Government's ten-year national plan for teaching and learning foreign languages over the period of 2008 - 2020 [14] which explicitly endorses the 6-level testing system developed by the CEFR as the standard for assessing the quality of English education in Vietnam. CEFR is the standard basis for language learning, teaching, and

assessment across Europe [15]. The CEFR framework includes communicative competences, necessary skills, knowledge, and situations and domains in language learning. Similar to the Europe Union, East Asia experiences a very wide range of national languages and cultures, creating a major barrier to communication between and within countries. The primary motivation for the development of CEFR in Europe was to bridge gaps in communication, improve work relations and improve mutual understanding between countries [16]. CEFR is not only a guideline for language learning, teaching and assessing throughout Europe, but it is also increasingly used in other parts of the world. It is recognized as an easily-employed framework to assist learners, teachers, course designers, examining bodies and education administrators. The existing programs and approaches of training English in most Vietnamese schools have not yet employed the CEFR philosophy. To date, there have been a number of studies of ESP (English for Special Purposes) curriculum/syllabus design in Vietnam, which as yet have not adopted the CEFR [1, 17-20]. Little is known about what Vietnamese medical students expect in terms of English language training. The objective of this study was to assess undergraduate medical students' training needs for English in order to design a better training program based on CEFR.

METHODOLOGY
Study Design and Setting

This study conducted a cross-sectional survey using a self-administered structured questionnaire to assess first year medical students' needs for English training in accordance with the CEFR. The survey was conducted in May, 2012 at Hanoi Medical University (HMU). The university is located in Northern Vietnam, one of the leading universities in the country, and a leading medical education institution among eight medical universities in Vietnam. HMU, which is an important source of high-quality health workers for the whole country, trains general practitioner and specialist doctors, traditional Vietnamese medicine doctors, nurses, medical technicians and public health workers at both the undergraduate and graduate level. For many years, HMU has been a focal point for creating and disseminating innovations in medical education and medical research.

Participants and Sampling

Subjects surveyed were first year undergraduate students attending Hanoi Medical University. The majority of students were enrolled in the area of general practice medicine (approximately 50%), followed by nursing, while each of the other categories contributed under 10% to the total. The sampling frame for students was derived from a list of all first year undergraduate students attending HMU. All first-year students were included. In total, 487 students enrolled agreed to participate. The first-year students had a fairly high mean number of years of studying English (mean=8), but their English score in the first term at HMU was not high. Most of them scored 6 to 7 (46.23%) and close to 20% scored 5 or less.

Measurements

The focus of the existing English curriculum was measured by a close-ended question with six different response choices: speaking, reading, writing, listening, medical terminology and grammar. Students could choose more than one response. Students were also asked which methods they frequently used to improve their English language skills in the existing curriculum through close-ended questions, each with two choices. Students were required to choose one of the two options including "acquiring grammar and vocabulary" and

"developing reading, speaking, listening, writing skills". The students' level of satisfaction with the existing curriculum was measured on a 5-point semantic scale (from *very satisfactory* to *very unsatisfactory)*. This scale was recorded into two categories of *satisfactory* or *unsatisfactory*. Students' learning needs were assessed in seven yes/no questions about attending an extra-curricular English course. Students were asked "Do you want to attend extra-curricular English courses in addition to the existing English curriculum?" The other six questions were close-ended multiple choice questions. These survey questions were validated by a pilot survey. The pilot showed that the survey instrument was feasible and appropriate as most of the scales were of internal consistency (Cronbach's alpha≥0.70) and easy to understand to participants.

Research Ethics and Data Collection

The survey questionnaire including three sections: personal information, English instruction at HMU and training needs. The study was approved by the HMU management board, then all first-year students were informed of the study objectives and invited to participate in this study voluntarily. Both male and female medical students were anonymously surveyed, filling out the survey on their own. Due to the uncontroversial nature of this study, there was no requirement for a formal approval by the Institutional Review Board (IRB) of HMU. 600 questionnaires were distributed to students and 487 were completed, giving an 81% response rate.

Statistical Analysis

Data was entered using EXCEL, and then transferred into STATA 10.0 for analysis. After cleaning the data, descriptive statistics (frequency, percentage, mean, standard deviation and range) were calculated for analysis.

RESULTS

Table 1 shows the assessment by respondents of the current English program. Most reported that the current English curriculum focuses principally on medical terminology (77.21%) and grammar (55.44%), while little attention is given to four key skills: listening, writing, reading and speaking. More than 60% of the students reported that acquiring grammar and vocabulary is the main approach to improve their English, while fewer of them (about 39%) developed all of the four skills (listening, speaking, reading and writing). Overall, just 1.23% of students were very satisfied, 25.26% of students were satisfied, whereas 37.78% were dissatisfied and 4.31% were very dissatisfied with the existing English curriculum. By aggregation, 42.09% were not satisfied with the current English program.

Table 1: Medical students' assessment of the existing curriculum

Variables (n=487)	n (%)
Focus of the existing English curriculum	
Listening skill	58 (11.91)
Writing skill	72 (14.78)
Speaking skill	93 (19.10)
Medical terminology	376 (77.21)
Reading skill	148 (30.39)
Grammar	270 (55.44)
Methods students usually undertake to improve their English in the	

Variables (n=487)	n (%)
existing curriculum	
Acquiring Grammar and Vocabulary	292 (61.09)
Developing four skills: listening, speaking, reading and writing	186 (38.91)
Level of satisfaction with existing English curriculum	
Very satisfactory	6 (1.23)
Satisfactory	123 (25.26)
Undecided or no response	153 (31.42)
Unsatisfactory	184 (37.78)
Very unsatisfactory	21 (4.31)

Table 2 indicates the preference of students for a CEFR-basedEnglish program. The majority of the students (83%) were interested in attending extra-curricular English courses in addition to the existing English curriculum. More than half of the students preferred to undertake a medical English course with a communication orientation (59.02%), a medical English course with a focus on developing reading skills (52.11%), and a basic English communication course at different levels, while much fewer students wanted to learn grammar and prepare for IELTS/TOEFL/TOEIC tests. The medical topics of greatest interest among students were therapies (approximately 75%), followed by jobs (64.07%), advances in medicine (58.73%), human anatomy (54.62%), surgery (53.18%), hospital (51.57%), internal medicine (45.59%), and health system in Vietnam (42.09%), while topics such as public health and other topics received less attention. In terms of the types of class exercises, most students preferred listening and reading, and then answering questions in order to improve listening and reading skills. To improve writing skills, more than 50% of students preferred to write messages, emails, postcards and letters and rewrite sentences. For practical speaking skills, students highlighted working in groups and role playing.

Table 2: Medical students' preference for CEFR-based training curriculum

Variables (n=487)	n (%)
Desire to attend extra-curricular English courses based on CEFR	404 (82.95)
Name of courses students want to take	
Basic Communicative English course at different levels	279 (57.21)
Medical English course with a focus on developing reading skills	254 (52.11)
Medical English course with communicative orientation	287 (59.02)
Course on TOEFL, IELTS, TOEIC…	147 (30.19)
Grammar Review course	117 (24.09)
Medical topics students would like to encounter in an English course	
Jobs	312 (64.07)
Health problems	123 (25.26)
Nutrition	153 (31.42)
Hygiene	184 (37.78)
Medications	21 (4.31)
Therapies	365 (74.95)
Hospitals	252 (51,75)
Public health	174 (35.73)
Advances in medicine	286 (58.73)
Health system in Vietnam	205 (42.09)
Routines	179 (36.76)
Human anatomy	266 (54.62)
Surgery	259 (53.18)

Variables (n=487)	n (%)
Internal medicine	222 (45.59)
Reading skill exercises students would like	
Read the text and answer questions	325 (66.74)
True/False	184 (37.78)
Matching	114 (23.41)
Multiple choice	232 (47.64)
Gap-filling	125 (25.67)
Listening skill exercises students would like	
Listen and answer questions	284 (58.32)
True/False	216 (44.35)
Matching	72 (14.78)
Multiple choice	154 (31.62)
Gap-filling	159 (32.65)
Writing skill exercises students would like	
Ordering words to produce sentences	226 (46.41)
Rewriting sentences	256 (52.57)
Writing messages, emails, postcards, letters	255 (52.36)
Speaking skill practice methods students would like	
Individual practice	42 (8.62)
Pair work	183 (37.58)
Group work	276 (56.67)
Role play	216 (44.3)

Table 3 disaggregates preferences for a CEFR-based training curriculum by medical student characteristics. As seen, students studying public health and preventive medicine ranked highest with respect to their preference to study English according to CEFR, followed by students studying dentistry and nutrition, and finally , general medicine. Students who have studied English for 7 year or less, achieved 1-5 points and were not satisfied with the existing training curriculum were more likely to express a preference for studying English according to CEFR. (Huy, but was there any statistical difference in these figures? It seems that everyone scored high in their preference).

Table 3: Preference for CEFR-based training curricula by student characteristics

Variables (n=487)	n (%)
Students' preference by specialty	
General medical doctors (n=240)	187 (77.92)
Dentists (n=41)	35 (85.37)
Preventive medicine doctors (n=48)	45 (93.75)
Bachelor of public health (n=36)	34 (94.44)
Bachelor of nutrition (n=91)	76 (83.52)
Bachelor of medical technology (n=31)	25 (80.65)
Students' preference by previous years of studying English	
7 years or less	124 (84.35)
8 years or more	249 (81.11)
Students' preference by university grades in English	
1-5 points	81 (87.10)
6-7 points	182 (82.35)
8-10 points	132 (80.49)
Students' preference by level of satisfaction with the existing English	

Variables (n=487)	n (%)
curriculum	
Satisfied	102 (79.07)
Neutral or no response	127 (83.01)
Unsatisfied	173 (84.39)

DISCUSSION

The purpose of this study was to examine the perceptions of Vietnamese medical students towards their current English language training and their identified needs for modifications to that program. We selected the first year undergraduate students for the survey as Vietnamese medical institutions teach English only in the first, second and third years. Therefore, a sample of first year students helped us identify the English training needs so that teachers would be able to develop a suitable English curriculum for students in the first three years. We focused on undergraduate students because they outnumbered the graduate students. Respondents reported that the current English curriculum focused heavily on medical terminology and grammar (77.21% of survey participants), while little attention has been given to the four main communication skills of listening, writing, reading and speaking. This current teaching approach, concentrating on grammar and vocabulary, was also found by two other research studies which reported a high prioritization of traditional methods for teaching English in Vietnam. One study by Utsumi and Hau[6] noted that all students participating in focus groups agreed that "the old methods of teaching dictation, grammar, memorization, and repetition were still predominant in their pre-college experiences and some of their current classes." In addition, classroom observation identified the dominance of a traditional instruction approach with typical characteristics of adherence to textbooks, error correction, whole class recitation and lecturing.

The most commonly observed classroom method was the practice of scaffolding - in which teachers break up the learning into chunks and then provide a tool, or structure, with each chunk - and the second most frequently observed practice included some questioning [6]. In another study [21], Hoang described similar issues in teaching English in Vietnam. It was stated that although the Vietnamese Ministry of Education and Training promoted the development of practical communication skills, the clear focus in the classroom was on reading comprehension, vocabulary and grammar [21]. The basis for this approach with English language teaching and the consequent dissatisfaction by students may be due to the grammar-translation-driven exams in education institutions which teachers are expected to help students pass. This teaching approach only fits the students' needs of success in exams, by learning lessons by rote regardless of their understanding of the content [22]. A second contributing factor may be due to the lack of access to English language speakers and native-speaking teachers [6]. English learners do not have an adequate English language environment in which to practice, which can create a lack of confidence and low competency in English communication. A third factor may be the policy challenge, particularly the low salary system for teachers and the inadequate funding of education [6] providing little incentive to undertake the time-consuming work of researching and preparing new teaching materials and lesson plans with an innovative approach distinct from traditional methods. This is compounded by a lack of access to non-traditional teaching materials [6]. At HMU in particular, it is very difficult to obtain suitable materials for teaching medical English with a communicative orientation. With little access to external teaching materials, it becomes more important that educational institutions, such as HMU, encourage and motivate lecturers to develop in-house materials which respond to their students' needs. As expected, this study

found that most students (59%) desired to study a medical English course with a communicative orientation, covering topics such as therapies, human anatomy, advances in medicine etc. This percentage is a slightly lower than results of previous studies [6]. Utsumi & Hau[6]also identified a preference towards a more communicative approach to teaching in their study of teacher focus groups with 66.10% of teachers reporting this need. It found that "The results across all teacher focus groups revealed a shift toward more communicative approaches to ELT compared to traditional practices. Practices most associated with communicative approaches were mentioned 39 times out of 59 references to practices (equivalent to 66.10%), compared to 20 references to traditional approaches." [6] The strong preference by students for communicative English education programs is understandable given the priority for good English communication skills within the employment market and the requirements of the ten-year national plan for teaching and learning foreign languages set by the Vietnamese Government [14]. It is therefore opportune that Hanoi Medical University organize additional English courses that can equip medical students with proper communication skills complimentary with the existing curriculum.

The findings of this research also identified the disconnection between the current English curriculum and the reported needs of students. The existing curriculum focuses on grammar and medical terminologys, whereas students prefer to take part in communicative courses. Consequently, nearly 42% *of our samples were* not satisfied with the existing English curriculum. This data provides a strong case for encouraging Hanoi Medical University to review and modify its current English curriculum. This study *does have* limitations. Due to their high self-esteem, some students may have under- or over-reported their level of satisfaction with the existing curriculum. However, this study has been conducted with close supervision, a relatively large sample and anonymous and confidential surveys, which may partly address such a bias. Despite some limitations, the findings of this study, as with previous studies, suggest a number of practical strategies for more responsive delivery of English language training. It is recommended that HMU should make changes to the current curriculum to address these identified *student's* needs given the level of dissatisf*action reported by our sample of* students with the existing curriculum. Moreover, the study provided information on the nature of changes needed in the English curriculum. A revised curriculum should *prioritise* a communicative approach and offer medical students more instruction in English language communication skills.

CONCLUSIONS

In conclusion, our study identified that the existing curriculum and teaching approach to English language within Vietnamese institutions may no longer be responsive to the reported needs of medical students. Our sample of HMU students reported considerable dissatisfaction with current English language training. As a practical response, the research lends support for Hanoi Medical University to design teaching materials for each English course. Medical topics such as therapies, jobs, advances in medicine, human anatomy, surgery, hospital, internal medicine and health system in Vietnam should be included in a communication-oriented curriculum. Language drills should be varied including open-ended, true/false, matching, gap-filling and multiple choice questions. As Hanoi Medical University resembles most other universities in Vietnam, the results of this study could be applied to other universities in Vietnam or in other developing countries which resemble Vietnamese context.

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