

English for Medical Students and the Myth of Native Models Superiority

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Abstract:

Many second language learners have the belief that ‘native’ models of language are the only appropriate means of communication completely ignoring the fact they themselves interact in a non-native context and English as an International Language (EIL) or English as Lingua Franca (ELF) models are increasingly predominant in the globalised world. Our study investigates three broad concepts; the expectation of medical students, the paradigm of teaching English in medical schools, and EIL alternative option available to students. We aim to answer three questions: what are medical students’ attitudes towards different models of English? Which model is most appropriate for them and why?, and to which extent are students aware of their future needs in terms of language? Data was collected using questionnaires and interviews with medical students in the medical school of a Saudi university. The study found that in terms of pronunciation, students preferred native models citing originality, familiarity and intelligibility as the main reasons for their decision. However, students also expressed willingness to know more about other varieties of English widely spoken in the Saudi medical scene, including, but not limited to, Filipino, Indian and even Saudi models.

Keywords: ESP, English for Medical Students, Native/Non-Native Models, EIL, ELF

1. Introduction:

To many medical graduates, the first few encounters with colleagues of profession in the workplace act as a reality check as to whether the type of English they have learned over pre-service years meet not only their job requirements, but their expectations and preferences as well. Practitioners sometimes choose to ignore whether their expectations from learning their second language, English in most cases, are realistic at all. They in fact can be disillusioned by the rather structured curriculum as well as ‘folk’ perceptions of achievement in language to the extent they judge language success by means of mastering native models of oral skills. This limited view of language and the roles it should fulfil is not favourable in a context deeply rooted in professionalism and academia like that of medicine. These in fact need to be the factors against which success should be judged.

The organisation of this paper is as follows; we start by reviewing the literature of native and non-native models (also known as NS and NNS, inner and outer/expanding circles), the concepts of ELF (English as an Lingua Franca) and ESP (English for Specific Purposes), and the status of English in the context of our study in general and hospitals in particular. We then describe the methodological framework we adopted and how data was collected and analysed. The results and discussion follows and subsequently leads to the implications of the study in the conclusion.

2. Theoretical Framework:

In this section, we try to establish the theoretical background of our discussion by reviewing the main concepts of the study in the light of the literature. The three focal points are the distinction between native and non-native models, the International aspect of English and how is it related to ESP, and the status of English in Saudi Arabia, including Saudi hospitals, where the case study took place.

2.1 Native (NS) and Non-Native Models (NNS)

Many language learners express that a major goal for learning English is to be as close as possible to its native speakers. (Jenkins, 2000, and Strevens, 1992) Despite that, other experts warn against this unrealistic goal because to the, native-like mastery of language is not always desirable. Lightbown and Spada (2006) for example believe that "... achieving native-like mastery of the second language is neither a realistic nor necessarily a desired goal for second language learners in many educational contexts." (p. 73)

Those who wish to speak like natives are probably not aware that almost three-quarters of English speakers nowadays are not actually natives. Given the global status of English, one would expect to find many varieties that are not native varieties. (Smith & Nelson, 2006; Hujala, 2009; and McKay, 2003)

In short, it is not unusual for a language learner to wish for a native-like mastery but achieving that goal is not always recommended. One should also consider the status of the language and how and when it is used when making decisions. Other factors include ownership and identity. (Ghobain, 2010)

The question arises as to which model to choose from. According to Kirkpatrick (2007), this is not an easy decision as the needs of learners should determine the variety to be taught. One could also add the available resources and facilities when making an informed decision. (Baumgardner & Brown, 2003)

In short, a multitude of factors must be considered when choosing a model. Prioritising them is a relative subject as to some speaking like natives is paramount while others feel the need for more academic needs when learning a language. One emerging theme can be witnessed here which is that many learners who prefer native models are more concerned with speaking and listening rather than reading or writing. We should revisit these preferences in the discussion section.

2.2 EIL and ESP

In this day and age, English has become the primary means of communication not only between people from different linguistic backgrounds but within professions such as aviation, IT, telecommunication, and medicine to mention a handful.

This reality pays dividends to a fast emerging branch of teaching and learning English to non-natives, known simply as EIL. However, the prevalence of EIL is deeply rooted in the literature of ESP, as Essen (2000) and Widdowson (1997) explain.

As to whether EIL is a valid substitute for ESL and EFL, many researchers would think so. (Ghobain, 2010; and Csilla, 2009) Opting for the EIL curriculum certainly eliminates the risk of focusing too much on certain models regardless of context.

2.3 English in Saudi Arabia

Saudi Arabia, according to Kachru (1992), falls under the ‘expanding circle’ category, which means English is taught as a foreign language (as opposed to second language in other countries). However, the results of standardised English proficiency tests (TOEFL, IELTS) show a tendency for Saudi students to perform relatively well in speaking and listening in comparison to ethnographically similar countries like Oman, Qatar and the UAE. (Grami & Alkazemi, 2011) However, the same cannot be said about more cognitively demanding skills of writing and reading. (See table 1 below)

Country	Listening	Reading	Writing	Speaking	Overall
Oman	5.14	4.98	4.99	5.65	5.25
Qatar	4.64	4.47	4.39	5.12	4.72
Saudi Arabia	4.97	4.79	4.69	5.67	5.10
United Arab Emirates	4.86	4.69	4.69	5.36	4.97

Table 1. IELTS mean score per country. (ESOL Research Notes, Issue 40, May 2010, University of Cambridge)

It will be logical therefore to address the skills which students cannot perform as well as others. However, the way language is conceived may impact educational authorities’ decisions and subsequently teachers and learners perception of English. The communicative aspect of any language is undeniably important but the academic and scientific aspects of a language like English can be equally important. This is a fact that should be prevalent in institutional bodies such as government organisations and universities and the outcome of English classes should reflect this understanding.

2.4 English in Medical Circles

Csille (2009) and Frinculescu (2009) acknowledge that English has become the language of science, not only in publications but also in meetings and - in the case of physicians - consultation. In doing so, practitioners are likely to encounter a wide variety of ‘Englishes’ which essentially means they have to have a repertoire of different accents and varieties while working in hospitals and attending conferences. (Beinhoff, 2008)

As far as Saudi hospitals are concerned, the data obtained from the Health Ministry (MOH) shows that the majority of practitioners (physicians, dentists, and nurses) are foreigners. They come from various linguistic backgrounds and use English as their primary means of communication in their workplace. Alharbi (2005) further comments on the suitability of ESP programmes offered by Saudi educational authorities in terms of preparing students to be qualified and proficient in their respective workplace including hospitals.

3. Methodology

We opted for a combination of approaches when designing the framework to minimise the risks of bias and to improve validity. First, we used online surveys to reach out as many members of the research population as possible. The surveys mainly consisted of closed-items which should help us generate descriptive data. In that sense, the questionnaires are the quantitative aspect of the study. We also interviewed a number of participants who were chosen randomly to get a better understanding of different issues raised and to elaborate on students' responses in the earlier questionnaire.

Another benefit of applying a mixed-approach method, as argued by Cohen et al., (2007), is triangulating the data, which means studying the subject from more than one standpoint. More details on each tool is provided in section 3.3 below.

3.1 Research Questions

Having reviewed the literature and worked with Saudi students for many years (over 15 years between the two of us), we developed a set of theories about students' needs and preferences as far as different varieties of English are concerned. We earlier indicated that we intend to answer the following questions:

- What are medical students' attitudes towards different models (NS, NNS)?
- Which model of English do medical students need and why?
- To which extents are students aware of their future needs upon graduation?

In order to collect the data needed for this study, we identified our target research population which will be described in the following section. We then set about developing appropriate data collection methods which too will be discussed in a following section.

3.2 Research Population

Participants were all medical students enrolled in a specialised ESP course at Jazan University's language centre. They were studying ESP in addition to General English. Both male and female students were included ($n=96$ of which 61 were female) and they were all in their first year in the college.

As there were no official records of their linguistic proficiencies, students were asked to rate their own language. 33 believed they were beginners, 56 rated themselves as intermediate, and only 7 thought their language was either upper-intermediate or advanced.

3.3 Data Collection Tools

The first of the tools was designed to be distributed via electronic means. We preferred this method because of the complications of traditional pen-and-paper manual option. Online return rate is usually higher as well. The questionnaire itself was divided into three main categories. The first asked general questions about students' age, gender, level of education and years studying English. The second section asked questions about students' satisfaction with current English classes and if native models of language were important. The last - and incidentally most substantial section - was a modified version of

Prodromou (1992) questionnaire which investigates students' attitudes towards native models, their expectations from their teachers, and the language they will be using.

The interviews were naturally less structured and more qualitative. The aim is to make in-depth investigations well beyond what is normally possible by means of surveys alone. The format of the interviews was individual and face-to-face. In total, eight students from the same research population as the questionnaires' were interviewed. The sessions were tape-recorded and transcribed. Questions ranged from students' preferences of models, detailing attitudes towards different models of language, English in their future workplace, and their current and future expectations from their language.

Research ethics were observed throughout the study. In both occasions, students' privacy and anonymity were assured. Participants were also briefed about the nature and goals of the study. Finally, students were guaranteed the information they gave will be used only for scientific research purposes.

4. Results and Discussion

In this section, we refer to the most significant results of the study and attempt to answer the questions we raised earlier. We combine the findings of the interviews and the questionnaire and try to come up with meaningful conclusions. We also compare our findings to those of similar studies when possible.

4.1 Students' Attitudes towards NNS Models

Exposure to what the literature calls 'World Englishes' (Baumgardner, 2003) was viewed in our case via Indian and Filipino varieties of English. We established the fact that these are the most common NNS types based on our reading of the MOH statistics of foreign workforce in Saudi hospitals.

The results of the questionnaire reveal that the majority of students ($n = 70$) believed that understanding NNS varieties is either important or very important when they go to work in hospitals. Despite admitting a need to know about World Englishes, when it comes to their own preference for an accent, the majority chose either British ($n = 40$) or American ($n = 38$) accents, or what Kachru (1992) calls 'inner-circle'.

Students interviewed reported unfamiliarity with these accents led to some difficulty understanding their teachers. Students cited 'incorrect' pronunciation of certain English sounds as their main issue. A student commented on her teacher's pronunciation as "...her way of speaking, her voice, some letters are not pronounced correctly."

The term 'broken English' has been loosely used to describe any pronunciation students deemed incorrect. In fact, four of the interviews resorted to this explanation when commenting on their NNS teachers' pronunciation.

When compared the language used by speakers of different linguistic background, the 'intelligibility' plays a major role in students' attitudes. They seem to favour native models but they do not seem to be bothered by local teachers' use of L1 in the classroom. One of the students interviewed was in fact an advocate of explaining difficult language structures in L1 instead, much like the traditional grammar translation method.

Students showed an awareness of the existence of different pronunciations and they admitted they had to work their way through this multitude of utterances.

A theme has emerged from the interviews which is that despite finding Indian and Filipino accents unintelligible at first, students were more relaxed about them eventually.

Students' attitudes towards learning NNS varieties differed. To some, speaking 'perfect English that everyone understands' cannot be achieved if they follow a non-native model. Others admitted the majority of the workforce in hospitals are indeed non-natives hence accepting the possibility of learning an NNS variety.

To answer the first research question then, we would argue that despite students' willingness to know more about World Englishes, their preferences remain within the 'inner circle', or to be specific, they want to speak like the British and the Americans even if the people they are going to work with on a daily basis are mainly from India and the Philippines as well as Arab counterparts. The questionnaire reveals that 86 of the respondents labelled speaking with a native accent as important or very important.

We hypothesised that students would prefer to speak with accents similar, if not identical to the native models and our participants confirmed our theory. In fact, many students were obsessed with the notion of broken English equals unintelligible non-native English to the extent it was virtually impossible to convince them other varieties of English and EIL are worthy of their time and effort. The picture is not all that bleak though, medical students on the other hand showed awareness of other varieties and acknowledged a need to be accustomed to them though how can that be achieved if not by means of language classes is not yet to be agreed on.

4.2 Which Model Better Suits Medical Students' Needs

The majority of students interviewed expressed their desire to be taught English by native speakers only. In addition to intelligibility, students also cited 'ownership' as a reason for their preference. However, in fewer cases, students believed both inner and outer circles varieties are unintelligible which might have something to do with their linguistic level. However, as no official records exist this hypothesis cannot be tested any further. This finding seems identical to that of Guerra (2005) reporting on Portuguese students who believed native models should be adjusted to become more intelligible by NNS students.

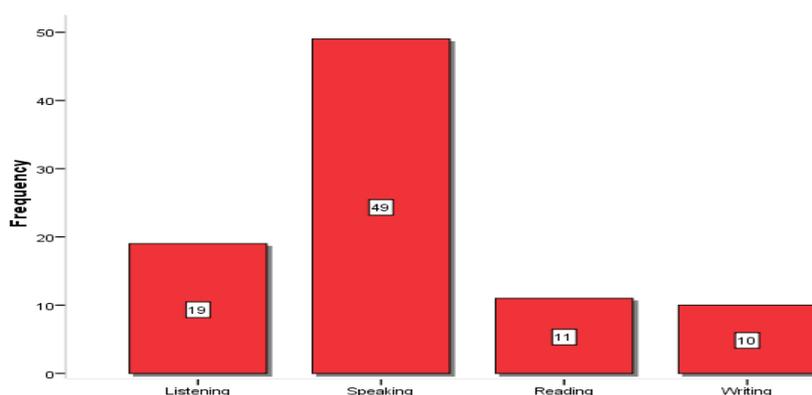
Students' beliefs are very important and cannot be ignored, even if contradicting teachers' own beliefs. In fact, Lightbown & Spada (2006) mention that if students' expectations are not met, they will soon get demotivated and bored.

The second question of which type of English students need is not easy to answer. We understand students want native models. We also understand students may find it difficult to adjust to native models. Furthermore, we are aware students are very likely to encounter a number of World Englishes in the college and even more afterwards. The best solution seems to be a compromise. Yes, native curriculum can be used but it can be taught by both native and EIL teachers. A balance is required here which takes into account all the different needs, attitudes, realities and varieties. It is therefore up to the teachers to decide which approach suits their learners best and despite having some broad concepts of how this can be achieved, the specific details must acknowledge the students' current and future situations.

4.3 Students' Awareness of Future Needs

We aimed to establish the contexts of when and why doctors need to speak English in hospitals which naturally leads to with whom. Students successfully identified that the majority of personnel are indeed non-natives, a theme that has been recurring throughout the study. Students also acknowledged that working with natives in hospitals is a possibility but chances are much slimmer.

That led us to ask students which language skills are rated higher. Apparently, oral skills, i.e. listening and speaking, came at students' top priorities. They expressed their desire to improve them further and - to many - these are the real challenge (see graph 1 below). We in fact are slightly perplexed here. Given the results of IELTS (table 1 above) and the fact that professional doctors need to read and write more than average language users. We expected students to rate writing and reading higher than they actually did.



Graph 1. Students Beliefs on Which Language Skills Are Most Important

So, to answer the question to which extent are students aware of their future needs, we would suggest that at this stage, not as much as we hoped for. We genuinely believed students would rate academic and professional skills as number one rather than communicative skills. Yes, we are aware of the importance of successful communication in the workplace but achieving that objective does not require 'perfect' accents as already argued by Lightbown & Spada (2006).

5. Conclusion

If we look at how NNS models compare to the native options they surely are not as popular. Logic dictates that medical students overcome their initial prejudices and adopt a more EIL approach in learning English but it seems their beliefs are deeply rooted it cannot be changed within a matter of a year or so. We acknowledge a need for a more comprehensive study, possibly a follow-up, which embraces graduates as well.

Despite that, the study touches on a number of topics in the medical school and workplace. In doing so, we attempted to account for different models offered to medical students whether native or ones described as ‘World Englishes’. We can understand why students preferred native models and we equally appreciate their willingness to embrace other varieties. What we cannot understand is why students rate speaking as their top priority followed by listening. Surely, practitioners need to speak to colleagues and other members of their workplaces but studies and research call for good reading and writing skills as well.

Our recommendations as far as teaching English to medical students is concerned are, first of all, to develop better understanding of the workplace and the people working there and how they communicate, to embrace varieties other than native models best represented via EIL, and to balance the need to speak ‘perfectly’ with other skills expected from a professional doctor.

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