

Teaching English for Medical Purposes: Myanmar Context

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APA Citation:

Thein, O., Thein, T., & Tang, J.K.Y. (2021). Teaching English for medical purposes: Myanmar context. *Journal of English Language and Linguistics*, 2(1), 81-103.

Received Date: June 3, 2021

Accepted Date: June 29, 2021

Abstract

English has been taught in different higher education institutions over the last decades to meet professionals and students' academic needs. The aims of this research were to investigate and assess the English language needs of Myanmar medical students in order to account for their academic dissatisfaction, and to provide a basis for the development of medical English courses and teaching approaches in the Myanmar context. The faculty of medicine in Myanmar has a long tradition of learning and teaching English for medical academic purposes. English was considered extremely important for medical students' academic and professional life. English syllabus was based on an integrated approach to the four language skills (reading, listening, speaking, and writing), although writing was emphasized as the most demanding and valuable skill. This study explored

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the English language needs of 156 medical students who were enrolled at medical universities in Myanmar. Data were collected via a questionnaire adopted from a previous study. The question of teaching English for Medical Purposes has been significantly researched over the last few years. English is today's lingua franca of medical international communication; therefore, it is an essential prerequisite for a medical career, even more so as a large number of medical professionals intend to emigrate to English-speaking countries. Consequently, teaching medical English should be adapted in order to meet the specific academic and professional needs of the students. This research was focused on the key issues in course design and my intention was to bring forth the insights gained from my professional experience developing the curriculum for Medical English.

Keywords: Medical purpose, Myanmar, Teaching English

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Introduction

Environment has strong effect on the development and growth of human beings right from the mother womb. Educational process is nurtured in physical, social, cultural and psychological environment. Various research studies were conducted to check the performance of students in old building and new buildings of universities. The studies found that significant number of students performed better in new building than students in old building.

1. Statement of the Problem

English has been considered as a medium of instruction in all Myanmar medical faculties. Also, English language program was recently added to the main faculties' subjects to help students grasp this vital language, but the question is, are these programs sufficient and effective? This study is about the problems faced by Myanmar 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 order to study these issues, a needs analysis procedure has been conducted in one of the Myanmar

medical faculties. In recent years, English has become the most used language in a variety of fields such as politics, business, education and medicine (Crystal, 2003). 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 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. 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, since ESP is basically a learner-centred (Al-Ahdal, 2010), all the ESP courses should be offered according to the learners' needs and requirements. The current study has been motivated by three main factors: firstly, the researchers' own

experience as Myanmar citizens who identified the problems around English proficiency by doctors and medical students alike in their communication with foreign doctors and visitors. Secondly, the researchers have their own personal experiences as English lecturers. Thirdly, a concern over the failure of Myanmar 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 Myanmar medical students.

Literature Review

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). 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 (Chia et al. 1999). 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 Kimball, “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). 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). Only first year medical students are offered English language courses besides their academic subjects in Myanmar medical universities. 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. 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.

The issues dealt with will draw upon the combined disciplines of language teaching/ learning, biomedical communication and descriptive linguistics. The first contributory area closely relates to that branch of ESP which deals with medical English (needs analysis, teaching materials, courses, etc.); the second involves issues in medical sociolinguistics and discourse analysis (many contemporary themes taken up in discourse analysis and the ethnography of speaking have focused on topics of common interest and with potential implications for EMP); the third contributory area is that part of modern medical practice that deals with the largely stylistic-broadly defined-or linguistic aspects of biomedical communication (eg. Stylistic and grammatical problems in modern medical writing, ‘good style’ in writing and public speaking, etc.) (John Maher, *Language teaching* 19(2), 112-145, 1986)

Research Objectives

1. To investigate and assess the English language needs of Myanmar medical students in order to account for their academic dissatisfaction.
2. To provide a basis for the development of medical English courses and teaching approaches in the Myanmar context.

Methodology

This research is focused on the key issues in course design and researchers' intention is to bring forth the insights gained from professional experience developing the curriculum for Medical English.

1. Research Design

Regarding research tools, two sets of questionnaires were developed and administered in order to evaluate the English language needs for medical students at the University. The first questionnaire is for medical students. The second questionnaire is for the teachers (English language teachers as well as for the subject teachers of the faculty of Medicine. Interviews with some of the English language teachers and the faculty were also conducted in order to elicit some important facts regarding the area of research and helped in determining some items of the questionnaires. Interviews were used before creating a questionnaire to get an idea of what topics and issues can be focused on. The content of teachers' questionnaire differs from the students' questionnaire 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 18 close-ended items ranged from 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 University of medicine. The final section reports the participants' suggestions and beliefs in order to implement an

appropriate English language course in the University of Medicine as well as appropriate techniques for teaching such courses.

2. Population and Samples

This study has been carried out at the Medical Universities in Myanmar. 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 doctors who were appointed to government hospitals for Medical Assistant Surgeons 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 199 students were involved and they were ranging from first year to fifth year at the faculty of Medicine. Their ages range from 17-24 years old and they were all Myanmar citizens. As male-female ratio, this group of informants consists of 138 female students and 61 males. English language teachers (n=38) were also included in the study who teach the first year and second year. Moreover, subject teachers (n=22) who taught medical subjects at the faculty of Medicine were also involved in the study. These teachers were only the available staff on the time the researchers' visit. The subject teachers were all Myanmar citizens. The Professors of the Faculty of Medicine are also involved in the study as a representative of the administration team who are 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.

Table 1

Titles of the Academicians in Terms of Gender and Age Range (n=60)

SN	Title	Gender	Total number	Age range
1	Instructors including both English language teachers and subject teachers	Male	1	28-33
		Female	5	
2	Assistant Lecturers including both English language teachers and subject teachers	Male	2	34-40
		Female	5	
3	Lecturers including both English language teachers and subject teachers	Male	4	39-50
		Female	6	
4	Associate Professor of Faculty of Medicine	Male	2	40-55
		Female	4	
5	Professor of Faculty of Medicine	Male	3	43-59
		Female	5	
6	Pro-Rectors of University of Medicine	Male	4	53-59
		Female	1	
7	Rectors of University of Medicine	Male	1	55-58
		Female	1	
8	Medical Assistant Surgeons from government hospitals	Male	5	29-51
		Female	11	
	Total		60	

As can be seen in Table 1 above, out of about 100 content area instructors and specializing doctors, (who were appointed to government hospitals for Medical Assistant Surgeons), 70 questionnaires were distributed to those who were available on the days the researcher visited. Of these, 60 completed them fully. Their ages ranged between 29 and 55, with an average of 40.

3. Research Question

The study is guided by the following research questions:

- i. How do different groups of participants (medical students and teachers) perceive the role of English in Myanmar medical education?
- ii. As perceived by different groups of participants, what are the English language needs of Myanmar medical students in relation to their academic study? What are the areas of difficulties in their English language skills?

- iii. What English language program is currently offered for medical students? How is this program evaluated by different groups of participants?
- iv. 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?

Results

This study is about the problems faced by 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 Myanmar. 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.

Phase 1: The role of English language in both study and work in the medical field

Research Question 1: How do different groups of participants (medical students and teachers) perceive the role of English in Myanmar medical education?

Differences between participants' responses in regard to the role of English in Medical education has been presented in Table 2.

Table 2

The student participants' questionnaire responses on the role of English in medical education (Items 1 to 4)(n=60)

Item	Question	Mean	SD	Meaning
1	Do you think that the knowledge of English is an important factor in successful Medical studies?	2.59	0.49	important
2	Do you think that English is an important element in the future career for Medical professionals?	2.44	0.50	important

Table 2 (continued)

Item	Question	Mean	SD	Meaning
4	Do you think that English should be the only language of instruction in the medical studies?	2.83	0.38	important
5	Do you think that learning professional (Medical) English language would be useful in the medical studies?	2.66	0.47	important
Average		2.63	0.48	important

Note. 1-1.66=unimportant, 1.67-2.33=Neutral, 2.34-3.00=important.

As can be seen from the above presented results of the first four items, it is clear that all participants reacted positively about the role of English language for medical students (Mean=2.63). 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. These findings are also reported in some other studies such as (Hwang and Lin 2010). Admittedly, General English is also needed before students' engagement at any specific medical English.

Phase 2: The most considerable medical students' English language difficulties and needs

Research Question 2: As perceived by different groups of participants, what are the English language needs of Myanmar medical students in relation to their academic study? What are the areas of difficulties in their English language skills?

Regarding the difficulties, order of the English language skills as perceived by different participants has been explored in phase 2.

Table 3

Student Participants' Responses on Item 5: The Order of Common English Language Difficulties (n=60)

SN	Major skills	Difficulty Level			Calculation		Scale
		M = More difficult	N = Neutral	L = Less difficult	Mean	SD	
1	Listening	51%	32%	17%	2.34	0.75	More difficult
2	Speaking	49%	36%	15%	2.34	0.72	More difficult
3	Writing	33%	29%	38%	1.95	0.84	Neutral
4	Reading	25%	22%	53%	1.72	0.84	Neutral
5	Grammar	11%	15%	74%	1.37	0.67	Less difficult
6	Vocabulary	22%	17%	61%	1.61	0.82	Less difficult
	Average	31.83	25.17	43.00	1.89	0.86	Neutral

Note. 1-1.66= Less difficult, 1.67-2.33=Neutral, 2.34-3.00=More difficult.

Most medical students perceived listening and speaking as more difficult than reading and writing (Mean=2.34). In regard to the students' evaluation of the listening and speaking, it is noticed that some previous studies revealed that listening was ranked by students as the most difficult skill (Chia et al. 1999) while other studies revealed that speaking was placed as the second most difficult skill (Tasçi 2007). Based on the findings in Table 3, most medical students were consistent in evaluating their points of difficulties as they placed listening and speaking as more difficult skills with the same value of 2.34. On the other hand, they place writing and reading as the easiest skills (Mean=1.95 for writing and 1.72 for reading). That is also found in (Tasçi 2007; Al-Ahdal 2010). Regarding grammar and vocabulary, the only agreement is in considering limited vocabulary as a less difficult skill among students.

Table 4

Participants' Responses on Item 6: The Evaluation of the Current Students' English Language Skills (n=60)

SN	Major skills	Responses				Calculation		Scale
		Very good	Good	Weak	Very weak	M	SD	
1	Writing	31%	43%	18%	8%	2.97	0.90	Good
2	Speaking	19%	22%	28%	31%	2.29	1.10	Weak
3	Reading	35%	30%	22%	13%	2.87	1.04	Good
4	Listening	15%	27%	24%	34%	2.23	1.08	Weak
	Average	25.00%	30.50%	23.00%	21.50%	2.59	1.08	Good

Note. 1.00-1.75=Very weak, 1.76-2.50=Weak, 2.51-3.25=Good, 3.26-4.00=Very good.

According to the data, the curricula of English language course seems insufficient to enhance the academic language skills for medical students that enable them to communicate effectively in English. In the first 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 five periods per week. Most students felt that they are good at writing (Mean=2.97) and reading (Mean=2.87). It could be attributed to the fact that the students are encouraged for discussion with each other or even with their lecturers in the class to develop their speaking and listening skills. Moreover, students should focus on communication skills or use communication to help them interact effectively in English. That is indeed what they mentioned by students consistently as their needs in medical education. This is also what has been found in other similar studies regarding medical students' English language needs.

Table 5:

Participants' Responses on Items 7-10: The Difficulties in Writing, Speaking, Reading and Listening Sub-skills (n=60)

SN	Major skill	Sub-skills	Responses			Calculation		Scale
			Difficult	Neutral	Not difficult	Mean	SD	
7	Writing	Writing class notes	5%	9%	86%	1.19	0.50	Not Difficult
		Writing test answers	11%	14%	75%	1.36	0.67	Not Difficult
		Writing reports and papers	19%	22%	59%	1.60	0.79	Not Difficult
		Average				1.38	0.69	Not Difficult
8	Speaking	Ask and answer questions	8%	19%	73%	1.35	0.62	Not Difficult
		Conversation with lecturers	25%	22%	53%	1.72	0.84	Neutral
		Discussion in the class	24%	25%	51%	1.73	0.82	Neutral
		Average				1.60	0.79	Not Difficult
9	Reading	Reading books and articles	3%	12%	85%	1.18	0.46	Not Difficult
		Reading speed	7%	13%	80%	1.27	0.58	Not Difficult
		Unknown vocabulary	9%	21%	70%	1.39	0.65	Not Difficult
		Average				1.28	0.57	Difficult
10	Listening	Understand lectures	4%	7%	89%	1.15	0.46	Not Difficult
		Follow lecturers	6%	7%	87%	1.19	0.52	Not Difficult
		Follow class discussion	9%	10%	81%	1.28	0.62	Not Difficult
		Average				1.21	0.54	Not Difficult
		Average for 4 skills				1.37	0.67	Not Difficult

Note. 1.00-1.66= Not difficult, 1.67-2.32= Neutral, 2.33-3.00= Difficult.

It has been found that most students perceive that they do not have much difficulties in speaking (Average mean=1.60). Regarding speaking sub-skills, the students have some difficulties in classroom discussions (Mean=1.73) and conversation with lecturers (Mean=1.72). As for writing

sub-skills, all participants agreed on considering writing reports and research paper is challenging (Mean=1.60). 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). It should be stated that the lower participation of Myanmar doctors in publishing papers in the international medical journals could be due to the students' lower writing skills besides the lack of research components in medical education. Writing test answers (Mean=1.36) followed by writing class notes (Mean=1.19) were less difficult as the students do not need really to write notes in lectures. For reading sub-skills, all participants felt that unknown vocabulary is the most challenging sub-skill (Mean=1.39) that students face in their reading medical texts. That indeed matches what has been revealed in (Chia et al. 1999). Finally, statements for listening sub-skills among participants in determining the level of difficulty, each understands lectures and follows lecturers was ranked by almost number of students as less difficult. Most students felt that following class discussion is most difficult (Mean=1.28). It could be attributed to the fact that the students are encouraged for discussion with each other or even with their lecturers in the class.

Phase 3: Participants' views of the current curriculum of English language program in the University of medicine

Research Question 3: What English language program is currently offered for medical students? How is this program evaluated by different groups of participants?

Table 6

Participants' Responses on Items 11-13: The Current Curriculum of English Language Program in the University of Medicine(n=60)

SN	Statement	Calculation		Scale
		M	SD	
11	Do you think that the current English language curriculum in the faculty of Medicine is relevant to the medical program?	1.91	0.88	To some extent
12	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?	1.90	0.87	To some extent
13	Do you feel that the current course of English language will help students coping with language challenges in the future career?	1.75	0.78	To some extent
	Average	1.85	0.85	To some extent

Note. 1.00-1.66= No, 1.67-2.32= To some extent, 2.33-3.00= Yes.

According to the participants' answers in this table, it is observed that all participants are in agreement to some extent with each other regarding the main issues investigated. First, most participants are not satisfied with the current curriculum of English (Mean=1.91). 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 Myanmar medical education system where English curricula needed to be reviewed. Moreover, the English language curriculum might have no objectives to be achieved in time and it has no topics related to the students' field of study.

Table 7

Participants' Responses on Items 14 & 15: The Current English Language Course (n=60)

SN	Statement	Calculation		Scale
		M	SD	
14	Do you agree that the current English language course has provided the language skills to facilitate communication effectively in English?	1.91	0.81	Partially agree
15	Do you think that your current English language course is repetitious of what you have studied in your high school?	2.01	0.83	Partially agree
	Average	1.96	0.82	Partially agree

Note. 1.00-1.66= Disagree, 1.67-2.32= Partially agree, 2.33-3.00= Agree.

All the participants perceived that the current English language curriculum does not deal with all language skills needed by medical students (Mean=1.91). Rather, it just focuses on grammar and some basic vocabulary used through simple reading passages. In fact, this problem is also found in several previous studies in EFL contexts (Chia et al. 1999). Most of the previous studies also revealed that the English language curriculum in medical Universities does not help students in their future professional tasks (Al-Ahdal 2010). Finally, most participants partially agreed that the current course is a repetition of what was given in the secondary schools.

Phase 4: Suggestions about teaching and learning English in Myanmar medical education.

Research Question 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?

Table 8

Participants Responses on Item 16: Duration of Teaching English in Medical Study(n=60)

SN	Statement	Calculation		Scale
		Mean	SD	
16	Do you think that English should be taught beyond the first year of medical studies?	2.79	0.73	Yes, basic years

Note. 1.00-1.75=No statement, 1.76-2.50=No, 2.51-3.25= Yes, basic years, 3.26-4.00= Yes, all years.

Based on the findings, the current duration of teaching English for medical school was perceived as not sufficient to enhance the students' English ability. Therefore, most teachers as well as nearly half of medical students suggested that English should be taught at basic years (Mean=2.79). In fact, the respondents' views about teaching English continually could be attributed to the fact that Myanmar medical students really need an extra language instruction to enhance their English. In contrast, different views were revealed in other studies such as (Taşçı, 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 of pre-medical years. That is in consensus with other studies such as (Chia et al. 1999).

Table 9

Participants Responses on Item 17: The Type of English Curriculum in Medical Study(n=60)

SN	Statement	Calculation		Scale
		M	SD	
17	Is the English curriculum you perceive is the best one for medical students?	1.24	0.47	Disagree

Note. 1.00-1.66= Disagree, 1.67-2.32= Partially agree, 2.33-3.00= Agree.

Regarding the content of English language curriculum, it is found that most respondents did not perceive the English curriculum is the best one for medical students (Mean=1.24). 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) in which general English was suggested to be taught for freshman year and followed by three years of English for medical purposes.

Then, medical students' preferences in using *technology* for English learning has been explored.

Table 10

Participants Responses on Item 18: Using Technology for Language Learning in Medical Study. (n=60)

SN	Statement	Calculation		Scale
		M	SD	
18	Do you think that using technology such as computers may assist in learning English for medical studies?	2.84	0.37	Agree

Note. 1.00-1.66= Disagree, 1.67-2.32= Partially agree, 2.33-3.00= Agree.

Almost all the participants were in agreement regarding the use of technology in English language teaching and considering that as quite helpful (Mean=2.84). Many studies in the field of medical English suggested using the Internet to enhance medical students' English language proficiency in many ways (Kimball 1998).

Table 11

Student Participants' Responses on Item 19 (open-ended): Some Suggestions about English Language Learning(n=60)

SN	Question	Item	Suggestions	Calculation		Scale
				M	SD	
19	How would you prefer English being introduced for medical students?	i.	Focusing on the four major skills	2.37	0.64	Agree
		ii.	Focusing on practice and communication skills	2.39	0.58	Agree
		iii.	Using technology i.e. computers, Internet and laboratories	2.50	0.56	Agree
		iv.	Focusing on medical terminology	1.84	0.77	Partially agree
		v.	A specific course for every year to suit every stage	2.60	0.55	Agree
		vi.	English speaking teaching staff must be involved	2.13	0.61	Partially agree
		vii.	Focusing on Grammar	1.29	0.60	Disagree
		viii.	Self-training	2.41	0.66	Agree
		ix.	Highly qualified specific courses in the medical field	2.54	0.61	Agree
		x.	Through communication and discussion	2.12	0.64	Partially agree
		xi.	Reading textbooks, and journal articles	1.49	0.70	Disagree

Table 11 (continued)

SN	Question	Item	Suggestions	Calculation		Scale
				M	SD	
		xii.	Use of English in daily life communication	1.84	0.76	Partially agree
		xiii.	Chatting with foreigners who speak English	1.92	0.76	Partially agree
		xiv.	Travelling overseas to English speaking countries	1.85	0.80	Partially agree
		xv.	Interactive courses	2.31	0.67	Partially agree
	Average			2.11	0.77	Partially agree

Note. 1.00-1.66= Disagree, 1.67-2.32= Partially agree, 2.33-3.00= Agree.

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. 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 (Mean=2.60). These suggestions were in consensus with findings of some previous research studies (Sari 2003). 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 (Mean=2.54). Furthermore, using technology such as computers, the Internet, language lab and audio-visual techniques, were all preferred by most participants who focused on both language labs and the Internet (Mean=2.50). The researchers are 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).

Discussion

It can be said that teaching English for medical students is relatively new, and very few studies have been conducted to provide a basis for appropriate English language curriculum for this context. Therefore, this research aimed to better understand the medical students' needs and challenges regarding their use of English and to suggest the most applicable way of English language instruction. Based on findings of this study, it is obvious that there is a mismatch between the existing curriculum of English language course in the faculty of Medicine and the perceived needs of medical students in Myanmar.

Recommendations

1. Implications

Accordingly, the following suggestions should be considered carefully in order to implement any program for teaching English. English for Medical Education in EFL Context.

1.1 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 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).

1.2 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.

1.3 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.

1.4 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.

1.5 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.

1.6 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).

2. Further Studies

Finally, it might be considered a limitation that no 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 Myanmar medical faculties.

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