BLENDED LEARNING AND COLLABORATIVE TEACHING IN EFL MEDICAL ENGLISH

Paulus Widyatmoko
Erick Kurniawan

Abstrak

Penelitian ini mengkaji tentang penerapan teknologi pembelajaran dengan media online dan pengajaran secara kolaboratif pada mata kuliah Kedokteran Pariwisata yang berfokus pada pengembangan ketrampilan lisan berkomunikasi dengan pasien asing. Hal ini berawal dari kebutuhan akan sebuah model pembelajaran yang mampu memberikan keleluasaan untuk mengakses sumber belajar, mengakomodasi gaya pembelajaran yang berbeda-beda, sekaligus memenuhi kebutuhan perbaduan antara kajian bidang ilmu Kedokteran dan Bahasa Inggris untuk program ESP (English for Specific Purposes).Untuk mencapai tujuan tersebut, sebuah laman website dengan konten media pembelajaran audiovisual dikembangkan, yang dipakai untuk mendukung pembelajaran di dalam dan luar kelas. Proses pembelajaran juga difasilitasi dengan metode collaborative teaching dimana setiap kelas akan diampu oleh dokter, pengajar bahasa Inggris, dan penutur asing dalam sebuah program pengajaran yang memadukan latihan bahasa dan praktek lab memeriksa pasien asing. Kuesioner di akhir semester menggambarkan sikap yang positif mahasiswa terhadap tingkat kepentingan mata kuliah tersebut, relevansi pelaksanaannya dan tujuan yang hendak dicapai, dan efektifitas peran koraborasi para pengajarnya. Lebih jauh terungkap bahwa materi online memberikan sumber pembelajaran ekspresi bahasa, intonasi, dan visualisasi prosedur klinis. Akan tetapi uji Statistik menujukkan tidak adanya korelasi antara sikap postif mahasiswa tersebut terhadap pencapaian nilai mereka.

Kata Kunci : *Blended Learning, Collaborative Teaching, ESP, Kedokteran.*

1. Introduction

Personalized and student-centered learning argue that an instruction should cater for individual differences, as such learners' attitudes and motivation, multiple intelligence, personality profiles, and learning styles. Learners are most likely to set parameters of their preference and behavior based on these unique characteristics.

Dealing with large number of students in a class, teachers might not be able to accommodate each learner's uniqueness and respond accordingly. In relation with variations of learners' characteristics, wide varieties of material types and delivery are required to accommodate individual differences. Therefore, depending merely on textual material or lecture, for instance, would be most likely preferred by verbal learners, but not the others. Choices of teaching methods and techniques could also be perceived differently. The question then "does a teacher have to accommodate each learner's unique characteristics?" and "what could an instructional designer do to cater these variations?"

This study reports a case of an ESP program as part of Medical course on "Kedokteran Pariwisata" or travelling Medicine elaborating series of courses on understanding knowledge and practices of how to handle health problems for travelers in a tropical country like Indonesia. The English training program adopts the nature of how doctors communicate with patients in procedures of clinical conversations. First, taking history which requires language expressions to ask questions, confirm, and dig out the patients' complaints, Medical records, life styles, and other relevant assessments. Secondly, physical examinations in which doctors mainly describe

the procedures, give instructions, and facilitate patients' comfort. Lastly, diagnosing and educating patients. In this phase, a doctor is supposed to describe the diagnosis of what the patients are suffered from and educate them by suggesting some do's and don'ts and giving prescribed medicines. Practicing the language functions to perform these procedures prepares learners for communicative competence which Richards (2006 p3) formulates as "being able to use the language for meaningful communication"

This Medical-ESP program considering its specific conducts that elaborates content-related discipline, linguistics instructions, and cross cultural understanding aims at providing multi modalities of learning for the students. This appears to be in accordance with the nature of communicating with foreign patients that requires not only language skill, but also cross cultural understanding, comprehensive knowledge on Medical procedures, and non-verbal communication strategies. In attempt to facilitate difference of information processing, this course offer various media and types of classroom activities collaborating three interrelated fields, Medical, English teaching, and cultural content. This study, therefore, sought answers of these questions:

a) How are blended learning and collaborative teaching administered in the course?
b) What are learners' attitudes towards blended learning and collaborative teaching?
c) What are learners' perceived benefits of the online material?
d) How do learners' attitudes towards blended learning and collaborative teaching correlate with their learning achievement?

2. Theoretical Review
2.1. ESP and Culture Learning

Kramsch (1998:10) describes culture as "membership in a discourse community that shares a common social space and history, and common imaginings". Liddicoatet. all. (2003:45) defines culture as " a complex system of concepts, attitudes, values, beliefs, conventions, behaviors, practices, rituals, and lifestyles of the people who make up a cultural group, as well as the artifacts they produce and the institution they create". Brooks (1960) made a distinction between 'Culture' with a capital C – art, music, literature, politics and so on – and 'culture' with a small c – the behavioral patterns and lifestyles of everyday people.

Language learning is closely associated with culture learning (Piasecka, 2011). Therefore, revisiting cultural aspects of native speakers speaking the language is considered necessary. It is further proposed that the purposes of learning foreign languages "have evolved from linguistic through communicative to intercultural and intercultural communicative competence" (Piasecka, 2011:22). Developing linguistic competence focuses on language as a code, while communicative competence results from interpreting language as a communication system. Understanding language as a social practice has lead to the emergence of intercultural communicative competence (Scarino 2010 cited in Piasecka, 2011). Interacting effectively with foreign patients in English, these future doctors have to develop this intercultural communicative competence. Specifically, they have to cope with three different cultural contexts, namely their first language culture, their foreign language culture and the culture of their interlocutor.

Byram (1989) placed 'cultural studies' at the core of foreign language learning and proposes a model of four related parts, namely language learning, language awareness, cultural experience, and cultural awareness. Byram and Morgan (1994) stated that cultural learning has to take place as an integral part of language learning and vice versa. Cultural awareness and cultural experiences will be best acquired when students immerse themselves in the country of

the target culture (Istanto, 2008). However, when students have no chance to visit the target country, cultural experience can be encountered in a language class. Byram and Morgan (1994) also noted that in most language courses the greatest amount of time and energy is still devoted to the grammar and vocabulary aspects of language. Culture remains the weakest component due to its uneven treatment in textbooks and the lack of familiarity, among teachers, with the culture itself and with the technique needed to teach it.

A brief discussion of speech and culture learning under the framework of Ethnography of speaking is a framework upon which the focus of this study is discussed. Hymes (1986) observes that speech is organized and related to culture on a number of levels: the speech community, the speech situation, the speech event, and the speech act. Hymes (1986: 56) defines these levels as follows. First, speech community is "a community sharing rules for the conduct and interpretation of speech, and rules for the interpretation of at least one linguistic variety", whereas speech situation is an activity that is "somehow bounded or integral", but does not necessarily require speech, or rules for using speech. A speech event, on the other hand, is a bounded event that is "directly governed by rules or norms for the use of speech". Some culturally recognizable way of speaking is thus part of the definition of the speech event. A speech act is "a minimal unit of speech that accomplishes some action: question, request, order, threat, compliment, etc".

2.2. Blended Learning

The rapid development of ICT (information and communication technology) inevitably has changed the way people communicate and interact, similarly, the way they learn. Abundant learning resources comprising various media are not too far to fetch, just as close as the screen before the eyes or within the reach of our fingers. Indeed, internet based learning could bring various advantages such as in terms of flexibility diminishing time and space constraints, choices of learning modes, and facilitating learners' pace. Trainers could also get the benefits of enriching classroom instruction, offering open learning system, and encouraging learners' independence in which all of these supposedly facilitate more effective learning.

Blended learning has been widely known to elaborate more than one methods of learning comprising conventional and high-tech modes. While it has many wide-ranging and often conflicting definitions (Oliver & Trigwell, 2005) , within university language learning programs, it can be defined more easily by focusing on the spaces and materials assigned to teachers. Some classes are assigned to CALL laboratories, where pedagogic activities are limited to online or software-based programs. Other classes are assigned to face-to-face classrooms, where pedagogic activities are limited to course books and interaction face-to-face between students and teachers. However, a blended room removes these limitations by providing both online/software-based learning with face-to-face learning in the same physical location.

The term "blended learning" has been popular, therefore it is necessary to build an initial groundwork for the term.

"Blended learning is the combination of different training "media" (technologies, activities, and types of events) to create an optimum training program for a specific audience. The term "blended" means that traditional instructor-led training is being supplemented with other electronic formats (Bersin, 2014:15)
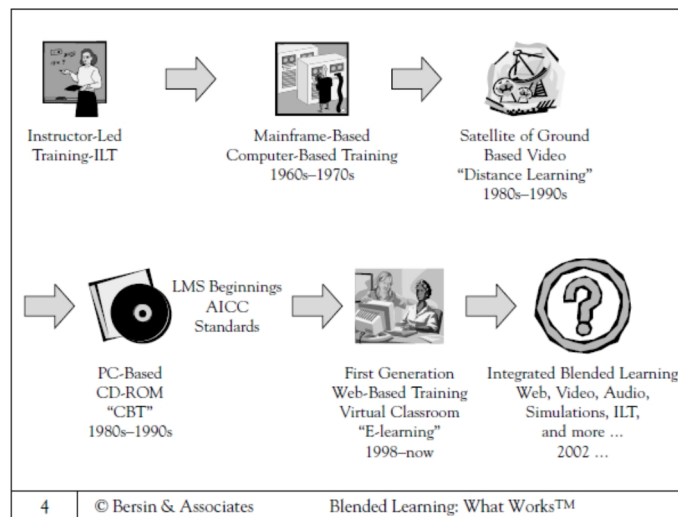
Figure 1. History of blended learning (Bersin, 2004: 15)

The figure suggests some points, firstly that blended learning is not a new concept, but the tools available to us today are new. Secondly, the origins of blended learning are the simple but powerful desire to extend the classroom "people-centric" experience in space and time. Then, it can be accomplished through any variety of media, whether it is mainframe-based, video-based, or web-based. The key issue is not making the technology exciting but fitting technology seamlessly into a program appropriate for the problem at hand (Bersin, 2004).

2.3. Collaborative Teaching in Medical English

Collaboration describes "how people work together rather than what they do as a dynamic, interactive process among equal partners who strive together to reach common goal in increasing achievement for all learners" (Moreillon, 2007 p4). This study adapts Dudley-Evans and St John (1998) model of collaboration between content and ESP teachers in which a mutual interest on the part of both teachers contribute their experience with the common goal that both perspectives should be the advantage of the students' learning.

A related study is conducted in New Zealand in which a need analysis for training non-English speaking doctors proposes the importance of identifying features of discourse for this communication needs (Basturkmen, 2010). These include a number of pragmatic functions and key lexical areas including idiomatic ways of describing pain and naming symptoms. Transitions as signals the upcoming discourse, feedback responses to show responsiveness to what the patients say, expressions to deal with sensitive issues, the use of hedging are recommended to be elaborated. Samples of language use drawn from this discourse features are shown in table 1.

Table 1: Samples of salient discourse features and illustrative samples of language use (Basturkmen, 2010)

Features	Categories	Samples of language use
Key pragmatic functions	Showing empathy	*So you lost your husband six months ago and you are finding it hard to cope, physically and mentally. This must be difficult for you.*

	Asking about symptoms	*I'd just like to ask some questions if that's' OK?* *Any other things you're noticing nowadays?*
	Responding to the patient's concerns	*I understand the concerns but I'd just like to as few more questions to understand the situation.*
Lexical fields	Idiomatic ways of describing pain	*A dragging pain, shooting pain, it comes and goes, the pain is sharp*
	Idiomatic ways to describe symptoms	*be under the weather, broke out in this red rash, it knocks it out of me, have a bit trouble of going to the toilet*
Discourse transitions		*What next to happen now is an examination (rather than I now need to examine you.* *The next step is now to check you over.*
Eliciting feedback responses		*Am I being clear in all this?* *How does this sound to you?*
Dealing with particularly sensitive issues		*Do you mind if I ask you…?* *Do you think we can do something about your smoking?* *I know a lot of people at your age have…*
Hedging		*I'd just to talk to you about…* *Do you mind if I ask to you few things that may not seem related..*

3. Methods

Participants of this study were 50 students of Medical department taking a three week-daily course of travelling Medicine. In terms of basic language competence, they have completed or had been declared to pass a three-level general English matriculation program as a prerequisite course for ESP. Learners passing level one are expected to have basic abilities in English to understand and respond to rudimentary language needed in daily life concerning self, family, daily activities, jobs, places, past experience and future plans. Whereas, learners of level two are expected to be able to comprehend English texts and communicate actively under the topics of personalities and personal background, cultures, places and traveling, entertainment, and problem solving. Finally, level three aims at preparing students to master English language competence enabling them to communicate with only occasional errors related to language accuracy and appropriateness, and to familiarize themselves with academic situations. This language policy assumes that they could demonstrate sufficient foundation of language functions for various communicative situations in daily conversations.

An instrument was given to examine participants' attitude towards the program specifically on the program importance, language review, skill lab, online material, and tutor collaborators. Finally, an assessment towards the use of online material was distributed, targeting on their perceived benefits and to what extent they had used it. Data gathered from the instruments were analyzed descriptively. As for the correlation between learners' attitudes towards the blended learning and collaborative teaching, Pearson Correlation Analysis was employed.

4. Result
4.1. Teaching Collaboration and Program Conducts

Collaboration in this course is designed in three main steps. First, it is the doctor providing topics as the reference points to introduce the linguistics side designed by the ESP teachers. The

linguistics needs are determined to perform clinical consultations which are organized into some stages. First, initiating the consultation in which language functions to build rapports are used such as greeting the patient, introducing oneself as a doctor, and clarifying the roles. Making human connection by asking questions such as you look so pale… and stepping to exploration of the patients' problems by asking what brings you today? Establishing patients' concern and understanding health complaints from the patients' perspective are also considered necessary. It proceeds with gathering information covering the patients' personal information, Medical history, symptom details and other related questions. Conducting physical examination then follows in which language expressions such as giving instructions and asking questions to confirm are used. Vocabularies of parts of the body especially anatomical and terminologies of health symptoms are also elaborated. Based on the results of previous steps, explaining diagnosis and educating patients elaborate language expressions to deal with identification of disease, treatment plans or course of actions, and giving advice.

Secondly, both ESP teachers and doctors facilitate the review and practice of the language functions described earlier. The language review sessions, as presentation and practice of language functions in doctor-patient clinical communication, are assigned into three sessions each lasts for 120 minutes, covering three major topics: opening and history taking, conducting physical examinations, providing diagnosis and educating. Functional type of syllabus is adopted in which language functions are the organizing principles.

In these sessions doctors and ESP teachers collaborate to facilitate the students' practice. The ESP teachers review the language functions, leading the practice, and managing the lesson phase, whereas the doctors support the practice by monitoring the use of correct procedures and medical terminologies. Followed by 80 students, group and pair works are mostly used to engage them practicing the language functions using various types of material such as reading texts, listening passages, and videos to provide illustrations of the Medical procedures and media for the student to practice.

Finally, three sessions of skill-lab encouraging a real-like practice of the three procedures of doctor-patient clinical communication are administered. Students are assigned into groups of eight for more intensive opportunity to perform the procedures individually. Each group is assisted by a native speaker as an acting patient and a resource for cultural learning, a doctor in dealing with the Medical procedures, and an English teacher for coping with difficulties in the target language skill. A health case is given for each session selected by the doctors. After each performance for 10-15 minutes, comments and input are given in accordance with the collaborators' assigned roles. Rubrics assess the students' performance and an evaluation sheet is provided for the students to keep. In this way, collaborators' subjectivity is minimized and each student's progress could be monitored. Another skill-lab class reviewing and elaborating these three stages ends the sessions.

Skill-lab sessions encourage students to perform Medical procedures of dealing with tropical sickness individually combining their content discipline savvy and language proficiency. Cases of common sickness for travelers or foreigners in tropical countries such as diarrhea, skin allergic, dengue fever, are chosen. Three collaborators assist them in terms of Medical procedures, English performance, and culture appropriateness. Comments and criticisms are given at the end of each performance. However, it should be admitted that personality styles of the collaborators sometimes affect their communication strategies. Moreover, different expectation and perception in part of the collaborators in some aspects of the communication such as the linguistics correctness among groups of skill lab often bring the concern for the students. Peer pressure seems also affect some of the students' performance.

The students' communicative competence is assessed by their ability to perform the procedures they have practiced during the language review and skill-lab sessions. Performing

tasks of history taking, physical examination, and giving diagnosis/education, each student is expectedly fulfill three criteria: correct Medical procedures covering accurate diagnosis of health problem to education, then appropriate use of the Medical equipments, and appropriate use of the language functions. The first two criteria are assessed by the doctors using checklists, whereas the last one is for the ESP teachers to evaluate based on rubrics.

4.2. Blended Learning

This study was conducted in some stages. Adapted from a course book of Medical English, textual and audiovisual material to provide more language samples of doctor-patient clinical communication was selected. Facilitating learners' needs for different modes of learning, listening passages are presented in the form of videos displaying the script. Therefore, they practice listening while getting the exact language expression spoken by the speakers. To provide learning material dealing with Medical procedure, video material illustrating procedures of examining patients and providing lessons of dealing with specific health complaints was collected from streaming video sites.

In response to a finding of the previous study that learners need more resources for language practice prior to skill-lab sessions (Widiatmoko, 2014) and to facilitate multimodal learning, a website containing the audiovisual material was designed as a mock-up model. A free website maker providing various templates with uncomplicated development procedures was used. The videos were hyperlinked to streaming sites consisting of three major topics of the course; initializing and history taking, doing physical examination, and diagnosing.
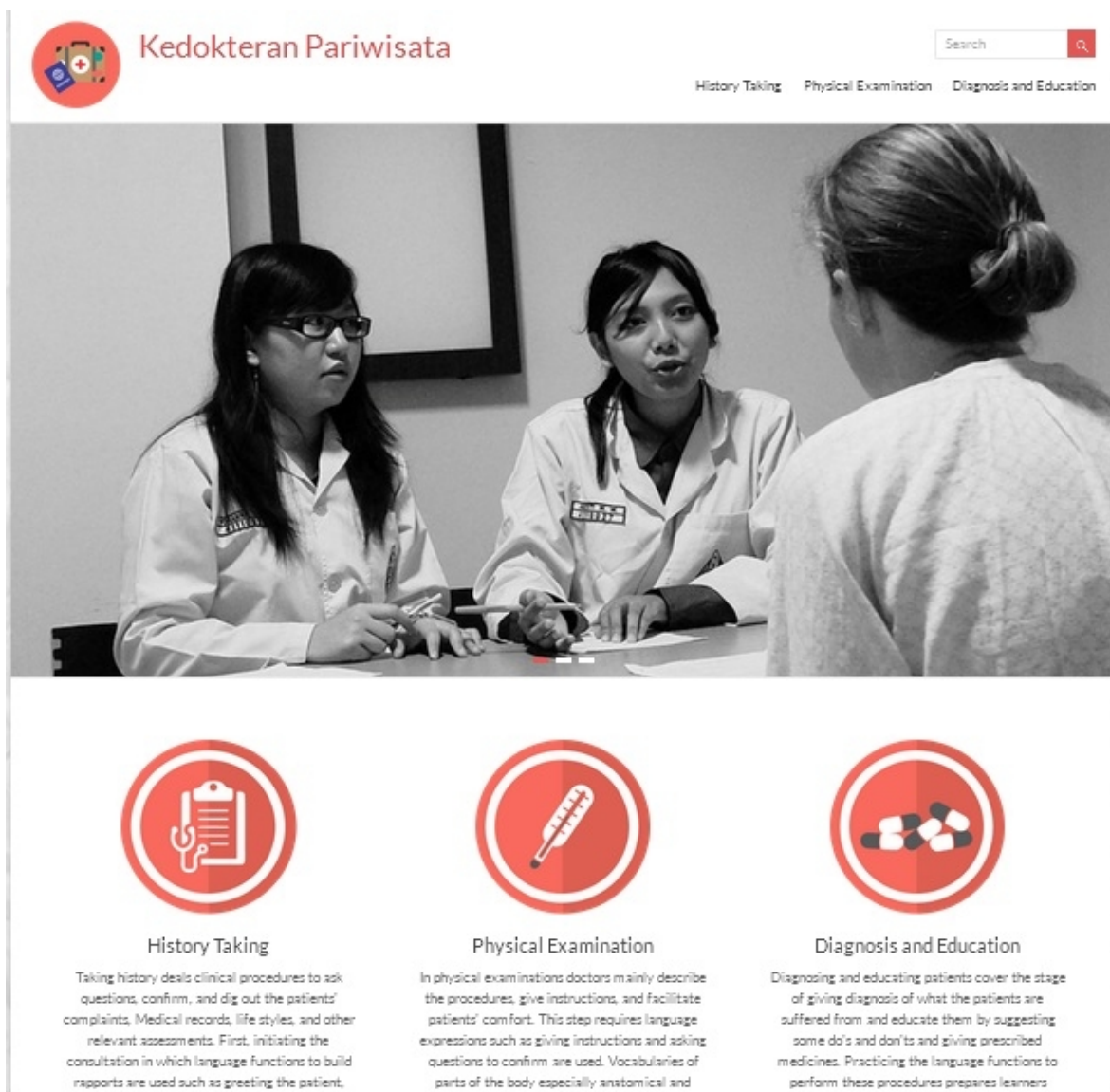

Figure 2. Interface of the website plan

Figure 3. Interface of the final website

Addressing the objective of course, the practicing sessions were mainly divided into language review and skill lab practice making up on total twelve meetings. The former aims to activate and practice language expressions of communicating in clinical situation in three language functions mentioned earlier. These videos were mainly used in these sessions and for the learners to practice independently. The second one provides practical demonstrations of examining patients. It is expected that the videos provide illustrations and visuals on how the procedures are conducted.

4.3. Perceived Benefits of the Online Material

The learners admitted various benefits of accessing the online material. First, almost all of the respondents stated that they learn intonation, whereas 88% admitted that the text and subtitles helped them comprehend the listening passages. Moreover, 84% of the learners said that the material provides examples of language expressions and that the material visualized doctor-patient communication.

Graph 1: Perceived benefits of the self learning material
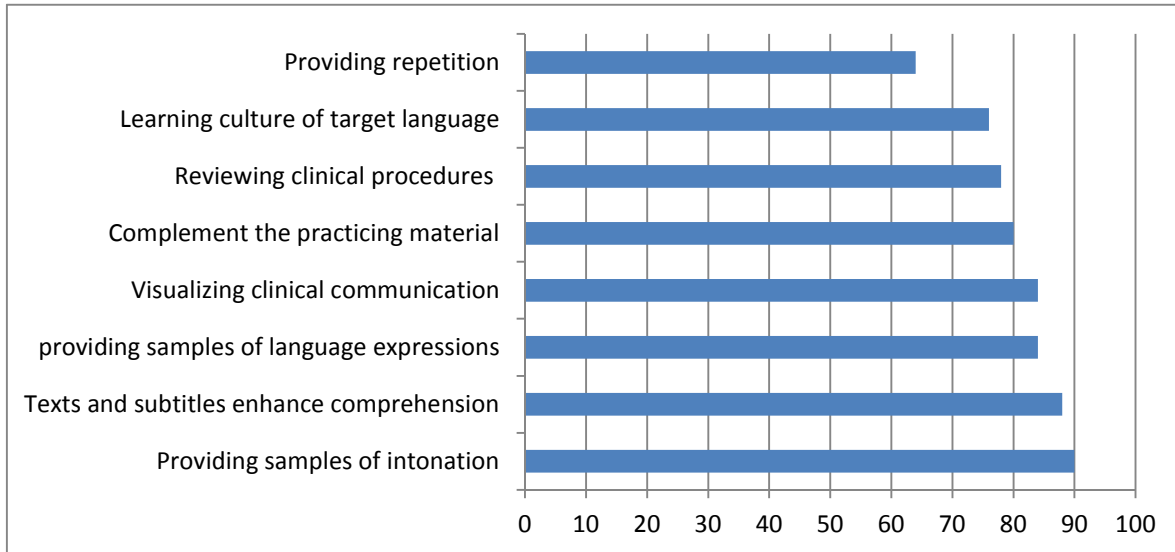
4.4. Learners' attitudes towards the program

Learners' attitudes towards the program were evaluated under some criteria. First of all, in terms of the program importance, they all agreed that English lesson focusing on doctor-patient communication was required for their future career. Moreover, language review and skill lab sessions were considered relevant with the objective of this program by slightly above 90% of the learners. In relation with roles of tutor collaborators, it was acknowledged that the native speakers and English instructors had met their roles to assist learning by more than 93% of the learners. Doctor collaborators were claimed to have served their roles by 82.8% of the learners. Relevance between the program conduct and objective of this course was acknowledged by 81.3% of the learners. This results show consistency with previous study exemplifying learners' positive admittance of relevance between the course and professional needs specifically in relation with objectives, material selections, teaching methods (Widiatmoko, 2014).

Graph 2: Learners' attitudes towards the program
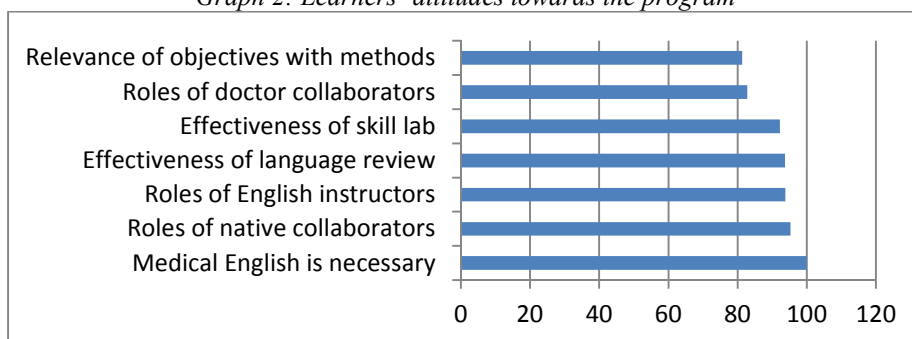
Affective assessment in this study revealed highly positive results exemplifying awareness of rationale of learning English for future career and realization that this goal is relevant with the pedagogic process. This could be observed from consistent findings on their perceived effectiveness of the class conducts and roles of the collaborator tutors. Another study in an EFL setting for a matriculation program has revealed that learners' positive attitudes towards a language program are correlated with their positive motivation, positive attitude towards teaching methods, and their understanding towards objectives and rules of the program (Widiatmoko, 2013). The admitted responses of perceived benefits of this program and the audiovisual material indicate learners' agreement the program objectives, roles of the collaborators, the class conduct, and the use of audiovisual media as supplementary material. As Krashen (1981) proposed in affective filter hypothesis, learning would take place effectively when learners lower their affective filter.

The learners' positive attitudes towards the program conducts were then correlated with their achievement by means of final test score. In the test learners were required to perform a simulation the three clinical procedures. A foreign patient was given a case scenario of health complaint in which the learners had to handle. The grading was based on criteria of language accuracy, appropriateness, and correctness of the diagnosis.

Pearson Correlation analysis was employed to measure whether any correlation existed between learners' attitudes towards the collaborative teaching and blended learning with their final scores of skill lab simulation. The finding could be inferred from table 2 that there was no significant correlation between the variables as shown by coefficient of 0.084 at significance of 0.561.

Table 2: Correlation Analysis

		Grade	Total
Grade	Pearson Correlation	1	.084
	Sig. (2-tailed)		.561
	N	50	50
Total	Pearson Correlation	.084	1
	Sig. (2-tailed)	.561	
	N	50	50

This result could be hypothetically observed from some viewpoints. First, there could be some other prominent variables contributed to the students' final score. Secondly, learners' positive attitudes towards the program conduct might not mean that they demonstrate sufficient competencies to perform the test well. Therefore, learners' positive attitudes appear to be

inaccurate predictors of their test grades. Lastly, considering representative numbers of samples in this study, more investigation should be directed towards factors supposedly contributing to learners' skill performance. These could be their motivation, efforts, initial competence, learning process, teachers, materials or combinations of these variables.

The findings of this study appear to indicate that affective assessment in this study revealed highly positive results exemplifying awareness of rationale of learning English for future career and realization that this goal is relevant with the pedagogic process. This could be observed from consistent findings on their perceived effectiveness of the class conducts and roles of the collaborator tutors. A study in an EFL setting for a matriculation program has revealed that learners' positive attitudes towards a language program are correlated with their positive motivation, positive attitude towards teaching methods, and their understanding towards objectives and rules of the program (Widiatmoko, 2013). These positive attitudes could provide a solid foundation for motivational boosting by teachers. Dornyei (2001) prescribes that motivational strategies cannot be employed successfully in a `motivational vacuum'. Certain preconditions must be in place before any further attempts to generate motivation can be effective. Those motivational conditions in particular are appropriate teacher behaviors and a good relationship with the students, a pleasant and supportive classroom atmosphere, and finally a cohesive learner group with appropriate group norms

5. Conclusion

As English for professional purposes aim to prepare learners to perform various language functions related to their disciplines, accordingly this course addresses the needs of Medical students to perform clinical oral communication. Considering the context of learning English as a foreign language, the program has been designed to meet the needs of both communicative and cultural appropriateness of doctor-patient clinical communication. The roles of collaborators could be a model of similar study in English for Specific Purpose programs.

In attempt to facilitate the attainment of this objective, elaboration of learning modalities and collaboration between instructors are perceived positively by learners in terms of program conducts, the role of teacher collaboration, and the use of online audiovisual media. Despite negative correlation attained from the correlation analysis, this study could be replicated in different contexts and conditions or further analyzed from various angles of investigation, from learners' point of view, the teacher collaborators' perspective, and researcher observation.

Daftar Pustaka

Basturkmen, H. (2010). Developing courses in English for specific purposes. New York: McMillan.
Bersin, J (2004). The blended learning book: best practices, proven methodologies, and lesson learned. San Fransisco: Pfeiffer
Brooks, N. (1960). Language and language learning. New York: Harcourt, Brace & World, Inc.
Byram, M., Morgan, C., & Colleagues (1994).Teaching and learning language and culture.Clevedon: Multilingual Matters.
Byram, M. (1989). Cultural studies in foreign language education. Clevedon: WBC.
Dudley-Evans, T & M. Jo St John.(1998). Developments in English for Specific Purposes. Cambridge: Cambridge University Press.
Hymes, Dell. (1986). Models of the interaction of language and social life. In John Gumperz and Dell Hymes (eds.). Directions in Sociolinguistics: The Ethnography of Communication. Malden, MA: Blackwell. 35–71.

Istanto, J.W. (2008). Language immersion programme as an avenue to nurture cultural awareness and accelerate students' language proficiency. In W.M. Chan, K.N. Chin, M. Nagami& T. Suthiwan, Process and process-orientation in foreign language teaching and learning (pp. 173–192), Singapore: Centre for Language Studies, National University of Singapore.

Kramsch, C. (1998). Language and culture. London: Oxford University Press.

Krashen, S. (1985) The Input Hypothesis: Issues and Implications. London: Longman.

Krashen, S. (1981) Second Language Acquisition and Second Language Learning. Oxford: Pergamon Press.

Liddicoat, A.J., Papademetre, L., Scarino, A., & Kohler, M. (2003). Report on intercultural language learning. Canberra, ACT: Commonwealth of Australia.

Moreillon, J. (2007). Collaborative strategies for teaching reading comprehension: maximizing your impact. Chicago: American Library Association.

Oliver, M. &Trigwell, K. (2005) 'Can Blended Learning be redeemed?', E-Learning, 2(1), 17-26

Piasecka, Liliana. (2011). Sensitizing Foreign Language Learners to Cultural Diversity through Developing Intercultural Communicative Competence in J Arabski and A. Wojtaszek (eds.), Aspects of Culture in Second Language Acquisition and Foreign Language Learning, Second Language Learning and Teaching. Verlag Berlin Heidelberg: Springer

Richards, Jack C. (2006). Communicative language teaching today. New York: Cambridge University Press

Widiatmoko, P. (2013). EFL Learners' Motivation and Attitude towards a Compulsory English Tutorial Program.BrawijayaInasyscon conference proceeding

Widiatmoko, P. (2014). Facilitating Relevance of Classroom Pedagogy and Professional Needs in an EFL Medical English. Conference proceeding of the 61st TEFLIN Conference Indonesia