VIDEO AIDED TEACHING OF ENGLISH FOR MEDICAL PURPOSES IN ROMANIAN HIGHER EDUCATION / L'ENSEIGNEMENT DE L'ANGLAIS MÉDICAL À L'AIDE DES MOYENS AUDIO-VISUELS DANS LES UNIVERSITÉS DE ROUMANIE / PREDAREA LIMBII ENGLEZE PENTRU SCOPURI MEDICALE CU AJUTORUL MIJLOACELOR AUDIO-VIZUALE, ÎN ÎNVĂŢĂMÂNTUL SUPERIOR DIN ROMÂNIA[1]

***Abstract**: This article focuses on a teaching method that is still underused in Romania, generally due to lack of facilities and/or training, resulting in an inability on the part of the teacher to cope with the new technologies nowadays used in English language teaching. The present study argues in favour of using video in medical language learning, and to this end it provides some samples of home-grown materials for watching purposes that can be used in the classroom. The various types of exercises presented, combined with the video sequences they are made on, are intended to point out that video aided teaching of English for Medical Purposes (EMP) can be highly motivating, as it uniquely allows students to look at medical situations while working on different areas of language.*

***Key words**: video aided teaching, EMP, materials design.*

1. Introduction

The existence of EMP owes much to the late twentieth century emergence of English as the *lingua franca* of science and medicine. "Language plays a significant role in most professions but perhaps nowhere more so than in medicine, where effective communication is widely recognized as important to clinical outcomes" (Ferguson, 2013: 243). And there is a considerable body of language-related EMP research (such as genre studies, studies of medical communication, of medical discourse, of grammatical features, and vocabulary studies), more so in fact than on materials, methodology, or course design (*cf.* Ferguson, 2013: 247).

On the other hand, there is a great diversity of EMP courses around the world, varying in duration, target audience, medical specialties addressed, and the skills developed. That is why the specific aspects of course design and EMP teaching methodology should have their well-deserved place in linguistic research. The present study follows this strand of research.

Generally, English for Specific Purposes (ESP) materials and courses are designed for adult learners who desire or need to learn a foreign language for use in their specific fields (i.e. science, technology, health care/medicine, and academics). As specified in *Language and Literature – European Landmarks of Identity* (*cf.* Frînculescu, 2010: 409), ESP assumes that the target group has a degree of language competency in their first language as well as in

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English. EMP, a subset of ESP, is even more specific. The expectation is that all EMP learners are health professionals or in the midst of health studies at the college or university level.

Writing and updating materials for EMP is essential, as medicine is a field in which medical procedures, surgeries, diagnosis techniques, and medicines are rapidly changing. That is why EMP materials design is a continuous, time-consuming and difficult activity, which requires skill, creativity, and, almost invariably, consultation with a medical practitioner.

From the large array of activities that a language teacher can do, the present paper focuses on video-based teaching of EMP in Romanian higher education. The article presents a number of exercises designed for specific video situations involving medical language.

2. Video in EMP

In European countries, tape recorders, video and language laboratories have been in use since the 1960s and 1970s, and are still used in classrooms around the world. Schools and universities have modern language laboratories, with separate booths for students, equipped with tape decks, headphones, microphones and computers. "The technology is used in such a way that students can work on their own, can be paired or grouped with other students, or can interact (through their headphones and microphones) on a one-to-one basis with the teacher. The teacher can broadcast taped (or filmed) material to each booth, or can have different students or groups of students work with different material" (Harmer, 2001: 141).

In the early 1980s, as Dudeney and Hockly (Dudeney/Hockly, 2007: 7) state, another technological reality appeared, namely computer-based materials for language teaching, often referred to as CALL (Computer Assisted Language Learning). "As access to Information and Communications Technology (ICT) has become more widespread, so CALL has moved beyond the use of computer programs to embrace the use of the Internet and web-based tools. The term TELL (Technology Enhanced Language Learning) appeared in the 1990s, in response to the growing possibilities offered by the Internet and communications technology" (Dudeney/Hockly, 2007: 7).

When choosing between embracing or rejecting technology in English Language Teaching (ELT), we have to bear in mind that English, as an international language, is being used in technologically mediated contexts. Technology, especially the Internet, presents us with new opportunities for authentic tasks and materials, as well as access to a wealth of ready-made ELT materials. The Internet offers excellent opportunities for collaboration and communication between learners who are geographically dispersed. Consider also the online dictionaries, thesauruses and translation services, or encyclopaedias, which provide access to the much-needed "world-knowledge" in the classroom.

With regard to test delivery, Chapelle and Douglas (2006) consider that computers and the Internet offer language teachers a number of options for enhancing the authenticity of both test input and test response: full motion video, coordinated text and sound, and colour graphics provide multimodal opportunities for context-rich tests.

Nowadays, technology is offered with published materials such as course books and resource books for teachers. Technology is becoming increasingly mobile. It can be used not only in the classroom, lecture hall, or computer room. Using a range of ICT tools can give learners exposure to and practice in all of the four main language skills – speaking, listening,

reading and writing (*cf.* Dudeney/Hockly, 2007: 8). Multimedia files are programmed to use text, images, audio and video to provide interactivity. They generally accompany courses and have extra reading and listening materials, exercises designed to practise pronunciation and speaking, grammar and vocabulary activities, like matching vocabulary to definitions, drag and drop exercises, gap-fills, crosswords etc.

Concomitantly, the topic of technology (video included) and ELT/ESP has attracted considerable attention from researchers in the field of EFL (English as a Foreign Language) methodology. Thus, several books, collections of articles, and papers in the last fifteen years or so have been published. We mention a few titles that have guided us in our study, in addition to those already cited in this section: *English for Medical Purposes* (Ferguson, 2013); *1000 Best New Teacher Survival Secrets* (Brenny/Martin, 2005); *Beyond Methods: Macrostrategies for Language Teaching* (Kumaravadivelu, 2003); *Classroom Instruction that Works with English Language Learners* (Hill/Flynn, 2006); *Technology and ESP* (Bloch, 2013); *Language and the Internet* (Crystal, 2001); *Applied Linguistics and Language Teacher Education* (Bartels, 2005); *Questioning Technology* (Feenberg, 1999); *ESP Today: A Practitioner's Guide* (Robinson, 1991).

In Romania, unfortunately, technology in medical language teaching, the subject tackled by this paper, is relatively new, reaching our country around the year 2000. That is partly due to the fact that till the 1990s the former communist regime had limited access to language manuals from abroad, with multimedia components added in. For language teachers who used to have at their disposal only pens, books and blackboards, the whole technological progress in ELT is still difficult to take in. There are language teachers who are afraid of new technology, as they feel they are not fully in control of their work situations. They are more at ease working in the same way as they have done for decades, preferring the blackboard to, let us say, interactive whiteboards.

A large part of the negative attitudes teachers have towards technology is usually the result of a lack of confidence, resulting in an inability to see the benefit of using technologies in the classroom. But the lack of confidence is not entirely teachers' fault. Many Romanian institutions have not invested enough in their training, and in modern facilities.

Unfortunately, even after the revolution, since the 1990s till the present days, keeping the pace with the advances in technology has been more of an individual effort on the part of language teachers than an institutional one. There are many teachers who want to use more technology in their teaching, but the school, or university, does not have the adequate facilities.

A lack of training for Romanian teachers in working with technology means that we still have some way to go until the normalisation of technology in language teaching. The use of multimedia devices in teaching should become as natural as the use of books or pens and paper.

Returning to the topic of this paper, namely video aided teaching of EMP, it should be noted that when we refer to video, it is the actual films that we are interested in, not the devices used as storage (which may range from the older videotapes, to the modern CDs, DVDs, sticks, HDDs etc.). While working with videos in the classroom, we generally prefer a computer, with access to the Internet, connected to a video projector, with built-in audio facilities.

As to why we prefer video watching to, let us say, simply listening to authentic materials (although we use those too in the teaching process), that is because video almost invariably succeeds in enlivening classes. In our opinion, videos add a special, extra dimension to the learning experience.

Video has often been used in ESP teaching as a tool for bringing language experiences from outside the classroom that are relevant for the teaching of English for a variety of purposes (*cf.* Belcher, 2004). The researchers Shi, Corcos, and Storey (2001), for example, videotaped hospital discourse to bring authentic language to EMP learners.

One of the main advantages of video is that students do not just hear language, they see it too. That is particularly important for medical students. EMP is as much a theoretical, language-related teaching activity, as it is a practical one. Students are future doctors; they are expected to perform medical procedures in Romanian hospitals and in foreign ones. They need English, the new *lingua franca* of medical communication, for practical, professional purposes. They should at least become accustomed to watching physical examinations of body systems, history taking, clinical procedures, surgeries etc., before actually performing them.

That is why video aided teaching can be considered a key feature in EMP. Video extracts can be used in a variety of teaching purposes, to introduce new language, practise already known items, analyse the language used in certain typical exchanges. We could introduce a video extract as a lead-in to a course devoted to a particular medical topic. Sometimes video extracts can be a prelude to a piece of writing or speaking. When students are working on a specific area of language (whether grammatical, functional, or lexical, or a mixture of all three), the course can be greatly enhanced by a video. Video extracts can be a bridge between activities, and may be used occasionally for relaxation. For example, at the end of each semester, we generally present a video on the English language evolution.

However, language teachers have to keep in mind that both in the choice of video material and in the way they exploit it, they have to provide video activities that are unique experiences and do not just replicate home television viewing. Teachers need to design activities to always keep the students involved.

For all the reasons so far mentioned, Romanian medical students show an increased level of interest when they have a chance to see language in use as well as hear it, and when this is coupled with interesting tasks. Video recordings of consultations, medical conferences, talks, clinical procedures, and surgeries, provide a solid basis for language analysis, discussions or even debates on medical issues, and ultimately foster learning.

3. Samples of video-based teaching materials for EMP

The samples chosen are taken from different chapters of Iulia Cristina Frînculescu's course for medical students. All the exercises are home-grown, designed by Iulia Cristina Frînculescu for Ist and IInd year medical students, and supervised by a medical practitioner, doctor Marius Frînculescu, a consultant in cardiovascular surgery. At "Victor Babeş" University of Medicine and Pharmacy of Timişoara and the University of Medicine and Pharmacy of Craiova, medical English may be studied in the first and second years.

"Do-it-yourself" teachers, as Jeremy Harmer calls them (Harmer, 2001: 151), generally risk more than those who choose to use ready-made materials. But the outcome

may be extraordinary, provided that the materials are legible, clear, attractive, and durable. As far as we are concerned, even when we use ready-made material that we are happy with, we still want to supplement it with material that we have prepared especially for our students.

The exercises are grouped according to the medical situation they evoke. The order in which they are presented is arbitrary. All the video recordings on which the exercises are made are listed in *Bibliography*. Most of them are taken from electronic sources, and when the author is specified, the reference is also written in the text of the present article.

Watching activities are carried out in different ways because the reasons for watching change from one watching event or context to the next. For greater clarity on watching comprehension processes we find it helpful to specify the core language skills which are involved and used by students either singly or in combination in order to achieve their desired comprehension goals. Many of these are similar to the skills required in listening to purely audio materials.

The skills addressed by each activity are indicated for each exercise presented.

Core language skills	
Watch for general understanding	understand the gist of a message
Watch for details/specific information	understand and identify specific information
Watch for main ideas	understand and summarize the key points in a message
Watch for opinion	understand, interpret text, and provoke thought
Watch for pronunciation purposes	focus on pronunciation and practise it
Watch and translate	understand language and translate it
Watch and predict	anticipate what one will watch
Watch selectively	pay attention to specific parts of the message by ignoring other parts
Watch and infer	fill in the gaps in one's understanding by using knowledge about the language forms and use, and relevant prior knowledge.

3.1. Exercises on anatomy and physiology

Example 1

Skills: watching, listening for gist and main ideas, speaking.

Students watch the video entitled "Heart Anatomy", and the animation of the heart, and then they briefly describe what they have seen.

Example 2

Skills: watching, listening for gist and opinion, writing.

Students use the short video, entitled "The Inner Life of the Cell" (Viel/Lue, 2006), and the following quotation from the *Constitution of the World Health Organization* "Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity", as inspiration for an essay/a composition of about half a page, in keeping with the topic of the unit, called "Approach to the Medical World". As this is an introductory course to medical English, taught to Ist year students, the focus is not on accurate medical information. Therefore students need not make reference to the actual cell or its parts (nucleus, cytoplasm etc.), but on the thoughts and ideas stirred by the film.

3.2. Exercises on the physical examination of a body system

Example 1

Skills: watching, listening for main ideas and details/specific information, speaking.

Students watch a short video extract (Bickley, 2003), in which they hear the opening to the physical examination of the head, eyes and ears. After watching the video they have to answer the following questions.

- What does the examination of the head, eyes and ears include?
- What are the findings of such an examination?

Example 2

Skills: watching, listening for detailed comprehension and specific information, speaking.

Students watch a video extract, in which they hear part of a presentation on a physical examination (Bickley, 2003). While watching the video they have to:

- decide which body system is being assessed;
- work out the names of the neck vessels specified in the video;
- find out what methods can be used to examine the heart.

Example 3

Skills: watching, listening selectively for details/specific information, reading.

While watching the following video, presenting the physical examination of the gastrointestinal system (Bickley, 2003), students have to tick only the information they hear.

1. Listen for the bowel sounds by placing the diaphragm of the stethoscope gently on the right lower quadrant.
2. Bowel sounds may be altered in diarrhoea, intestinal obstruction, and peritonitis.
3. Listen to their pitch, quality and frequency.
4. If the patient has hypertension, listen for bruits over the right renal artery, aorta, and left renal artery.
5. Abdominal pain and tenderness, especially when associated with muscular spasm, suggest inflammation of the parietal peritoneum.
6. Some people breathe more with their chests than with their diaphragms. It may be helpful to train such a patient to "breathe with the abdomen", thus bringing the liver, as well as the spleen and kidneys, into a palpable position during inspiration.
7. In a patient with hypertension, a bruit raises suspicion of renal artery stenosis, but most bruits have other causes.
8. Lightly percuss the abdomen to assess the distribution of tympany and dullness.
9. Percuss the span of liver dullness in the right midclavicular line.
10. Next, check for a splenic percussion sign.
11. When spleen size is normal, tympany usually persists and the sign is considered negative. An enlarged spleen is then very unlikely.
12. An aortic aneurysm is a pathologic dilatation of the aorta, usually due to arteriosclerosis.
13. Normal kidneys are not often palpable and enlargement is better detected by ultrasound.

Example 4

Skills: watching, listening for details/specific information, reading, writing.

Students watch a presentation on the examination of the respiratory system (Talley/O'Connor, 2009). After watching, they have to use the words in the box to fill in the gaps.

sit up	mug	dyspnoea	depth
pulmonary	pus	cyanosis	tar
tachycardia	hoarse	lymph	spine
apical	chest	clubbing	muscles
cardiovascular	elevation	lung	failure
hands	cough	vesicular	waist
ptosis	central cyanosis	trachea	lobe

1. For the respiratory system examination, the patient should …… in the bed, undressed to the ……
2. The examiner stands back, looking for signs of ……, the rate and …… of respiration, and the use of the accessory …… of respiration.
3. The examiner looks at the bedside table for the presence of the sputum …… and its contents (blood, …… etc.).
4. The examiner asks the patient to …… and listens.
5. The detailed examination begins with the ……. The physician looks for ……, peripheral …… and …… staining.
6. The patient may present hypertrophic …… osteoarthropathy.
7. The pulse is taken, as …… accompanies respiratory failure.
8. Horner's syndrome can be caused by an …… lung cancer.
9. The physician looks carefully at the pupils and eyelids for ……, in which case one eyelid is lower than the other.
10. The examiner looks at the tongue and inside the mouth for …….
11. If the patient's voice sounds ……, the physician asks him/her to say a few words.
12. The examiner has to decide if the …… is midline or deviated to one side. Deviation to one side suggests upper …… abnormalities.
13. Clinicians examine the …… posteriorly, to inspect the shape of the chest and ……, to palpate cervical …… nodes.
14. Normal breath sounds are called ……..
15. The examination is not complete without an assessment of the …… system, as the signs of right heart …… can be secondary to chronic …… disease. The examiner looks for …… of the JVP.

3.3. Exercises on clinical procedures

Example 1

Skills: watching, listening for gist, watching, listening for details/specific information, reading, writing, speaking.

Students watch a clinical procedure called "Lumbar Puncture" (Ellenby/Tegtmeyer/Lai/Braner, 2006). After watching, they have to answer the following questions.

1. Is lumbar puncture indicated for diagnostic or therapeutic reasons?
2. What kind of sample is obtained by performing lumbar puncture? Name two diagnostic and two therapeutic indications for lumbar puncture.

3. Name three contraindications for lumbar puncture.
4. What is the lumbar puncture tray made of?
5. What positions should the patient assume? What is the preferred position and why? In your own words, explain the meaning of "lateral recumbent position".
6. What disinfectants are usually used to clean the overlying skin?
7. Is lumbar puncture a painful or anxiety-provoking procedure? Is anaesthesia appropriate?
8. In what cases may the cerebrospinal fluid be tinged with blood? Should the blood clear?
9. Should cerebrospinal fluid be aspirated? What can a small amount of negative pressure precipitate?
10. What should the amount of fluid collected be limited to?
11. What are the challenges of lumbar puncture?
12. Name three possible complications of lumbar puncture.

Example 2

Skills: watching, listening for gist and main ideas, watching, listening for detailed comprehension and specific information, watching, listening for opinion, speaking.

Students watch a video entitled "Transcatheter Aortic Valve Replacement" and discuss these questions in small groups. Then they choose a student to present their points of view aloud.

1. What does the film present?
2. What thoughts and ideas does it stir?
3. How old is the patient?
4. Do you think that he deserves to be attended in the same way younger people are?
5. How is treatment adapted to elderly patients in the Romanian medical system?

Example 3

Skills: watching, listening selectively for details/specific information, reading.

Students watch a video extract, in which a clinical procedure, called "Arterial Line Placement" (Tegtmeyer/Brady/Lai/Hodo/Braner, 2006) is performed. They have to label each statement below true (T) or false (F).

1. For the over-the-wire technique, the needle should enter at a 30-to-45-degree angle to the skin, directly over the point at which the pulse is palpated.
2. The catheter should be advanced rapidly through the artery.
3. The radial artery is palpated 1 to 2 cm from the wrist, between the bony head of the distal radius and the flexor carpi radialis tendon.
4. Regardless of the technique, the catheter should be secured in place.
5. Perfusion to the hand should not be reassessed after the placement of the arterial line or at frequent intervals while the line is in use.
6. Any sign of vascular compromise at any time should prompt the removal of the line.
7. The line should be removed as early as possible after it is no longer needed.
8. Arterial spasm and an inability on the part of the clinician to pass the wire or catheter through the artery are the most common difficulties in catheterization.
9. Even if a spasm is suspected, attempts at catheterizing that artery should not be abandoned for an alternative site to be selected.

Example 4

Skills: watching, listening to infer meaning, translation, writing.

Students watch a clinical procedure called "Thoracentesis" (Thomsen/DeLaPena/Setnik, 2006). After watching, they are asked to translate into Romanian the following samples of text.

1. One small study suggests that the procedure is safe and that fresh-frozen plasma is not needed in patients with mild elevations of the prothrombin time or partial-thromboplastin time (< 1.5 times the upper limit of the normal range). The decision to use reversal agents in patients with severe coagulopathy or to use platelet transfusions in patients with clinically significant thrombocytopenia must be made on an individual basis.
2. Thoracentesis must be performed with extreme care in patients who are receiving mechanical ventilation, because positive-pressure ventilation may bring the lung close to the thoracentesis needle, thus theoretically increasing the risk of tension pneumothorax. The thoracentesis needle should not pass through sites of cutaneous infection (such as cellulitis or herpes zoster) on the chest wall. If such a lesion is present, another entry site should be sought.
3. You will need the following items: antiseptic solution (chlorhexidine or povidone–iodine), sterile gauze, a sterile drape, sterile gloves, a small syringe for anaesthetic injection, 25- and 22-gauge needles for anaesthetic injection, and local anaesthetic (e.g. lidocaine).
4. You will also need the following items on hand: an 18-gauge catheter, a large syringe (35 to 60 ml) for the aspiration of pleural fluid, a three-way stopcock, high-pressure drainage tubing, sterile occlusive dressing, specimen tubes, and one or two large evacuated containers.

Example 5

Skills: watching, listening for pronunciation purposes, reading, speaking.

1. Students watch a video, in which a medical procedure is performed (Williams/Brown/Conlin, 2009). The key words and phrases are listed below. They have to pay particular attention to their pronunciations and decide whether the speaker is British or American.

2. After watching the video, students practise repeating the medical terms and phrases aloud.

acromion; adjustable valve; antihypertensive medications; auscultation; cuff; brachial artery; distensible bladder; hydrargyrum; hypertension; occlusive arterial disease; olecranon; prehypertension; pulse-obliteration pressure; radial pulse; routine outpatient setting; sphygmomanometer; stethoscope; systolic and diastolic blood pressure.

3.4. Exercises on signs and symptoms of diseases

Example

Skills: watching, listening for detailed comprehension and specific information, speaking. Students watch a film about the symptoms of heart disease and record the information below.

1. the symptoms of heart disease;
2. the risks of developing heart disease;
3. the new technologies available for the treatment of cardiovascular diseases and their advantages;
4. prevention of cardiovascular diseases;
5. a heart idiom.

3.5. Exercises on medical conferences

Skills: watching, listening for main ideas and details/specific information, watching, listening for opinion, speaking.

Example

Students watch a medical conference presentation (Hsu, 2009), and discuss the following.

1. the chairman's role;
2. the topic of the presentation;
3. the structure of the presentation;
4. strengths and drawbacks of the presentation.

3.6. Exercises on body idioms

Example

Skills: watching, listening to infer meaning, translation, writing.

Students jot down what they think the head idioms presented in the video are and try to work out their meanings.

4. Conclusions

By providing some samples of video based activities, this study encourages English language teachers in Romania to use multimedia resources in the classroom. As stated before (*cf.* 2), we have tried to show that videos are especially useful in EMP teaching, as they match language to medical situations.

The contextualised watching activities presented (*cf.* 3) cover at the same time different language areas, such as pronunciation, grammar and vocabulary, and involve a mix of language skills (either listening or writing, listening and speaking or the three of them, and even reading, but to a lesser extent). Frequently, students watch for gist at first before moving on to different task skills. In other cases, they watch for specific information straight away. At the same time, students are introduced to vocabulary and ideas which they need to use in the speaking or writing task which follows each watching activity.

Though sometimes underestimated, translation is not neglected, as translation exercises (*cf.* 3.3, Example 4) help teachers to recognize language-related comprehension problems. Some watching activities (*cf.* 3.1., Example 2) can also spark students' creativity by encouraging interpretation, and asking for language use.

In conclusion, EMP teachers should aim to use video materials as often as they can and for as many purposes as possible, both for practising a variety of skills and as a source material for other activities.

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