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THE ROLE OF ENGLISH AS A FOREIGN LANGUAGE TEACHERS IN MEDICAL ENGLISH CURRICULUM DEVELOPMENT

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Abstract

Generally, EFL teachers perceive their role only as teaching based on a predetermined curriculum and syllabus. A small number are directly involved in curriculum development and syllabus design due to two main factors: firstly, due to a lack of knowledge, and secondly, due to administrative regulation. However, as EFL teachers, they are directly involved in the daily teaching and learning process, thus, they are in the best position to be involved in the curriculum development process. This paper will outline two main curriculum development models, Tyler's and Tab's models, to be used as a reference by EFL Medical English teachers to be directly and actively involved in the curriculum development activities.

Keywords: Medical English, English As A Foreign Language (EFL), Curriculum Development, Ralph Tyler's Model, Hilda Taba's Model.

Introduction

Generally, EFL (English as a Foreign Language) teachers perceived their roles as language teachers whose main responsibility is to teach the learners based on predetermined syllabus and instructional guides. From the EFL teachers ' point of views, their success as a language teacher is based on the careful adherence to and implementation of the syllabus. Likewise, on the part of the administrator, evaluation of the EFL teacher is based on the completion of the syllabus and adherence to the guidelines. Extra credit may be given to the particular EFL teacher for exceptional performance of his or her students, or for extra duties outside the classroom. Only on rare occasions do EFL teachers find themselves actively involved in curriculum development. Also, on rare occasions, do EFL teachers start their teaching assignment by being directly involved in the planning, design, implementation, and development of the EFL curriculum or syllabus.

However, educators and curriculum theorists have for a long time proposed that teachers, due to their direct involvement with the learners, play a great role in the curriculum development process. Since EFL teachers are directly responsible for the successful implementation of the carefully planned curriculum and syllabus, they should be directly involved in the planning and design as well as the evaluation and improvement of the entire curriculum. Continuous evaluation and feedback by the teacher on the success or failure of each component of the curriculum, the syllabus or course objectives, will result in the improvement of the program. As Bowen (1985) states, "... ideally the EFI class should be a continual process of planning, implementation, evaluation, and revision, in keeping with the fluidity of its environment.

On this basis, therefore, the teacher should play a greater role in the curriculum development process. Unfortunately, as mentioned earlier, the common scenario in EFL programs, where the majority of EFI teachers are mere implementers of the curriculum, is far from desired. This scenario is not conducive to the future development of EFL programs.

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In practice, EFL teachers ' role in the Medical English curriculum development is considered minimal. This situation may be due to two main reasons: (1) the lack of opportunity on the part of the teachers to participate directly in the curriculum development process due to administrative policy, and (2) the lack of understanding and knowledge on the part of the teachers themselves in the area of curriculum development and curriculum decision making process. The first reason, that is the lack of opportunity for direct involvement, is true to some extent in countries where the curriculum is centralized and determined by the Ministry of Education or relevant authorities. To some extent, even the instructional methods and materials are also predetermined. However, in these countries, the situation may be true in the school system only. In colleges and universities, where curriculum development is under the jurisdiction of the respective language centers or departments, teachers have the opportunity to participate in the curriculum development process.

However, due to the second reason, that is the lack of knowledge on the part of teachers themselves, their involvement in curriculum development is rather minimal. Not many teachers are involved in the curriculum development process. Only those who have some knowledge in curriculum development are involved. In: other instances, teachers are selected to sit in ESI curriculum committees based on their experience. This kind of situation is rather unfortunate and not conducive to the development of EFL programs in general.

In this context, therefore, this paper is based on the premise that the Medical English teacher's role is not only limited to mere teaching and implementation of the programs, but also to play a greater role in curriculum development and syllabus design. As teachers, they are the people who are directly in contact with the learners, and thus, they are in the best position to judge and to evaluate, as well as to analyze and provide feedback on the success or failure of the Medical English curriculum.

This paper will attempt to provide a brief overview on the theory and practice of curriculum development and syllabus design in order to provide some guideline to Medical English teachers so that they can play a more active role in the process of curriculum development for Medical English programs.

Curriculum

Curriculum has been defined differently by different people. For the purpose of this paper, therefore, the definitions by Bowen (1985), Dolores (1976), and Beauchamp and Beauchamp (1972) are considered relevant to the Medical English Program.

Bowen (1985) defined curriculum as a total instructional program composed of syllabi or individual course programs. According to Bowen, in many programs, course designers or teachers themselves provide further guidance by planning schemes of work, week-by-week or day-by-day calendar for course activities with suggestion for teaching techniques and supplementary materials.

Bowen further adds that curriculum development allows the teacher to see each course in the perspective of the entire program needed for the development of a new and existing program. The syllabus provides a statement of purpose, means, and standards against which to check the effectiveness of teaching and the progress of students in each course; and course outline provides daily or weekly guidelines as needed by the classroom teacher.

Dolores (1976) defined curriculum as the sum total of organized learning stated as educational ends, activities, school subjects, and/or topics decided upon and provided within an educational institution for the attainment of the students. A curriculum in a given subject may be developed for a single lesson (i. e. a daily lesson plan), for a unit of work covering several days or week (i.e. a unit plan or a long - range plan) or for a short term like a quarter, a semester, or school year (i.e. a syllabus, course of study, or teaching guide).

Beauchamp and Beauchamp (1972) looked at curriculum as the product of curriculum planning. It is written document intended to be used by teachers for developing teaching strategies for specific groups of students.

An understanding of the curriculum rationale will provide a basic for understanding the overall curriculum development process. For the purpose of this paper, two of the most significant curriculum rationale are outlined.

The most frequently quoted curriculum rationale is that proposed by Ralph Tyler (1950). It is based on four basic questions:

1. What educational purposes should the school seek to attain?
2. What educational experiences can be provided that are likely to attain the purposes?
3. How can these educational experiences be effectively organized?
4. How can we determine whether these purposes are being attained?

This rationale has been further developed by Taba (1962). Taba suggested the following procedure for curriculum development.

1. Diagnosis of needs

2. Formulation of objectives
3. Selection of content
4. Organization of content
5. Selection of learning experiences
6. Organization of learning experiences
7. Determining of what to evaluate and the ways and means of doing it.

Models of Curriculum Development

The interest in curriculum and syllabus design has led to a number of models. Two of the most frequently quoted models are Tyler's (1950)' objectives ',' rational ',' sequential ',' classical ', or 'means-end model ', and the interaction model (Taba, 1962).

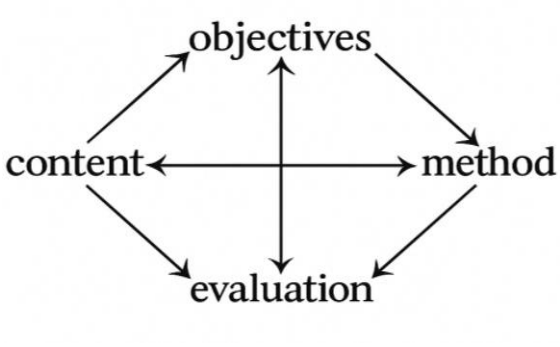
The objectives model of curriculum development involves the developer starting with statements of objectives, planning content that is consistent with realizing the objectives, planning appropriate teaching - learning activities, and planning for evaluation.

Figure 1: The Objective Model

Objectives → Content → Method → Evaluation

The interaction model of curriculum development involves the developer starting at any point, moving in any sequence amongst the curriculum elements, and allowing the situation to determine the method of development. The curriculum elements are regarded as interactive and progressively modifiable, as opposed to Tyler's model, which is considered sequential. This means that altering one curriculum element, say content, may involve changes to other curriculum elements. (The methods needed to teach that content, and the objectives which clarify direction and intention).

Figure 2: The Interaction Model



In relation to curriculum development and syllabus design for English Language, Bowen (1985) states that the models differ from each other primarily in the basis for organization and amount of detail. For example, a syllabus may be organized according to any one of a number of possible approaches, such as structural, functional, or thematic; it may include a bare-bones outline of a course, or much detail with daily instructions for the teacher.

Based on Tyler's objective model and Taba's interaction model, four elements form the basis for developing a curriculum. These four elements are: objectives, content, method, and evaluation.

The starting point for any curriculum development involves decisions on formulating the objectives. This involves decisions on what the learners should learn or what they should know upon completion of a particular program. More specifically, it involves decisions on what knowledge and skills ought to be provided to the learners. These decisions are based on the learner's goals and needs, as well as the needs of the society in which they are in. Answers to these questions are based upon the learner's future needs, the needs of the society, as well as the needs and interests of the nation. In certain countries, these decisions are made by the respective government through the Ministry of Education or relevant authorities. Where the government is not directly involved in making these decisions, answers to these questions are determined by curriculum planners and decision makers, based on their judgments on learners' current or future needs, the needs of the society, as well as the needs of the nation.

In relation to the role of the EFL teacher in the curriculum development of Medical English, they need to understand and be aware of how these objectives are achieved. For those teachers who are in situations where these objectives have been predetermined, their role would be to understand how these objectives are achieved and how best they can contribute to the achievement of these objectives by the learners. They should find ways and means to create situations in the classrooms in order to facilitate learners' attainment of these objectives.

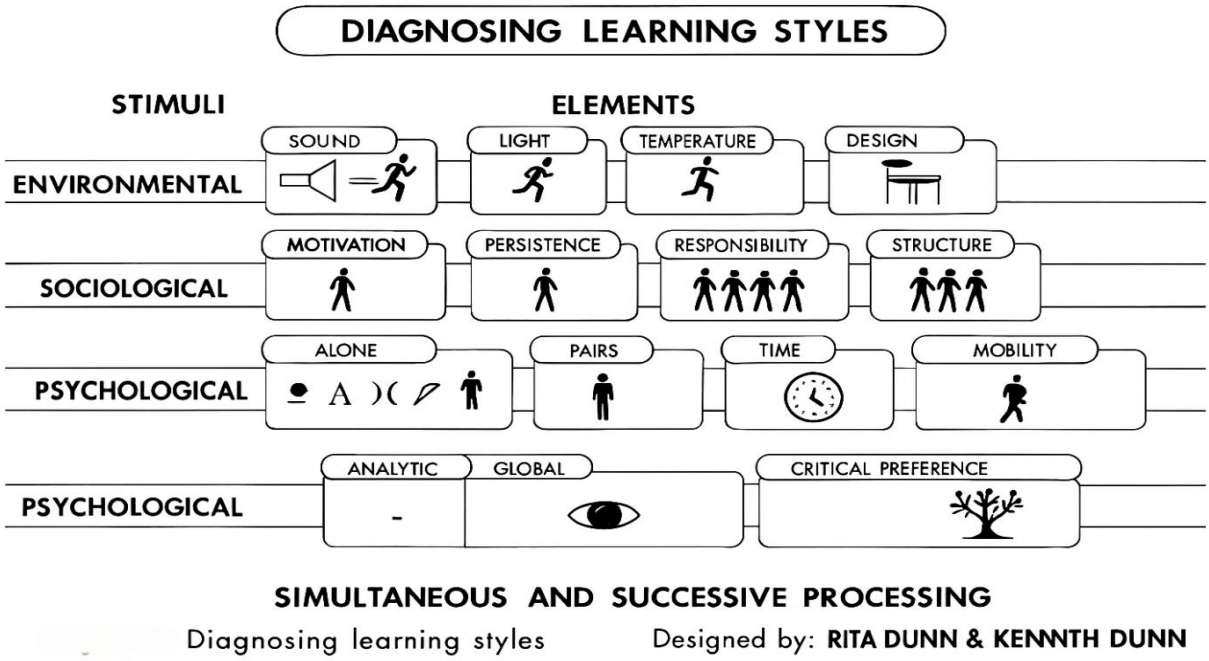
In situations where EFL teachers are directly involved in and responsible for curriculum and syllabus design, decisions with regards to objectives are based on who the learners are and in what level of proficiency they are in. For example, in elementary level EFL for children, the objectives would be for the learners to communicate and socialize; whereas in elementary level EFL for adults, the objectives would be determined by their short-term and long-term needs as well as their role and status in society. The short-term objectives would be to provide language skills commonly termed as "language for survival skills", while the long-term objectives would be to provide them with language and cultural skills and knowledge for employment and potential needs as well as for living in the society.

In intermediate-level EFL program, the objectives would be determined by their status and role in the institutions or society they are in. Generally, the objectives would be determined by their academic or societal needs. In an advanced level of Medical

English program, where learners ' needs are more specific, the objectives would be determined by their purpose in the particular program. The EFL program, such as ESP, EST, EAP, EOP, EMP, etc, are more prominent at this level.

Contents

Decisions with regard to content are closely related to decisions on objectives. Once the objectives have been determined, the type of content or what the learner should learn in order to attain the objectives needs to be addressed. Briefly stated, decisions on content refer to the question, What to teach? Similar to determining objectives, decisions regarding content are also determined by learner needs and goals. The responsibility of the curriculum planner, then, is to make decisions on matters relating to what to teach and how much to teach. Too little or too much content in one area may effect the quality of the curriculum. Too much or too little emphasis on a particular area will likewise effect the curriculum. The question of the variety of content needs also be considered so that a balanced curriculum will be achieved. Generally, a desirable curriculum content should also consider the views of the students, the society, as well as the subject specialist or teachers. With the advent and development of technology, such as AI, etc. The content may adopt and include IT elements in the curriculum.



In considering the learners' learning styles and preferences, the teachers' teaching styles and preferences should also be taken into account. In this context, EFL teachers should have knowledge of the various teaching and learning styles, and to find ways to match as much as possible their teaching styles and preferences with their students' learning styles and preferences.

Evaluation

Evaluation plays ·an equally important role in curriculum development. Various elements in the curriculum need to be evaluated for further improvement. The objectives, method, and content are evaluated based on learners' performance, as well as by the effectiveness of the method employed. Evaluation of objectives is done immediately after completion of each objective or objectives through class assessments as well as by delayed evaluation through learners' performance after they have completed the entire program, through formative and summative evaluation, respectively. Evaluation of content and method can and should be done by the teachers on a continuous basis in order to determine their success and failure. Briefly, evaluation may be done quantitatively or qualitatively. However, no matter what type of evaluation procedure are employed, the important factor to be considered is to use the evaluation as the basis for improvement.

Conclusion

As a conclusion, the following points need to be emphasized again in relation to the EFL teachers' role in the development of the Medical English curriculum development:

1. The EFL teachers' role is not limited only to classroom teaching and mere implementation of the syllabus. Instead, EFL teachers have an equally important role in the syllabus design and curriculum development,
2. In order to be able to play a greater role in curriculum development, the EFL teacher needs to know basic theory and principles

in curriculum development. In anticipation of this role, prospective teachers can enroll in courses related to curriculum development during their undergraduate or graduate program.

3. Teachers who are currently employed and teaching Medical English should use their own initiative to find ways and means to improve and to update their knowledge in the area of curriculum development. They can do this by taking formal courses, by reading related professional journals and books, and by attending seminars and workshops.
4. Finally, the EFL teacher, after having equipped themselves with the relevant knowledge in the area of curriculum development, can and should be involved in curriculum development activities, and serve in curriculum committees at the school, college, state or national level. Based on their first-hand experience in EFL classrooms, they can write articles for publication, newsletters and professional journals.

The Medical English teachers' role in curriculum development, thus, is not limited. They need to use their initiative to keep abreast with development in the curriculum.

Conflict of Interest

There is no conflict of interest by the authors in this manuscript.

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