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Development of Academic Skills and Learner's Autonomy in Medical English Courses

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Abstract

The article presents theory and practice of teaching English for Medical Purposes. In the theoretical part, our study deals with role of the teacher and aspects of the learner's autonomy in EMP teaching, communicative approach, and the development of academic skills such as reading a scientific article, listening to lectures, and giving a presentation. The practical part is divided into three sections. Students were tested for reading and listening for specific information as well as general understanding. The main factors which caused difficulties in listening comprehension (Skills Evaluation 1) are the speaker's rate of speech, accent, the role of a listener, the type of language used, the context of situation, background noise and visual support. The analysis of the main errors in reading comprehension (Skills Evaluation 2) showed the incorrect use of prepositions, passive voice, tenses, specific medical and academic vocabulary, and discourse markers. Assessment of the most common weaknesses in presentation skills (Skills Evaluation 3) includes lack of confidence and eye contact, overuse of haptics, fearful body posture, and the inappropriate use of paralanguage.

Key words: medical English teaching, teacher's role, learner's autonomy, listening lectures, reading scientific articles, giving presentations

Introduction

Communication in English represents an inevitable part of one's professional profile to prove competence in international co-operation in academia; an ability to exchange knowledge and experience at conferences and workshops as well as being able to apply for study programmes and internships abroad. Therefore, improving the quality of English language teaching and enhancing the level of one's academic skills should belong to the main goals of education at the tertiary level.

Students at university should be aware that language classes are not passive lectures in which the teacher plays a role as all-wise. Conversely, the lessons have a form of active seminars similar to treatment procedures and doctor-patient talk

they practice in hospital. Also, the weaker should realize that they are responsible for learning outcomes. Teacher as a facilitator shows the way by individual methods and approaches, or a combination of them. He/She presents activities from the textbook and additional, often original, materials tailored to meet students' needs. Besides acquisition of professional vocabulary, language teaching at the tertiary level includes development of academic skills and learning strategies leading to specific habits that students may use as doctors for lifelong learning.

Responsible learners, especially, if they are adults and need specialised English in their respective fields of study, accept the idea that their own efforts are crucial to progress in learning and are easier to persuade to behave accordingly. They are more willing to cooperate with the teacher and others in their peer group for everyone's benefit. They are more likely to consciously monitor their own progress and make an effort to use available opportunities to their benefit, including classroom activities and self-study. However, one of the current issues discussed by teachers of English for Medical Purposes (EMP) is an unwillingness of students to accept an obligatory language course as being as important as other subject-matter medical courses. They just want to pass the exam with as little effort as possible.

1 Background to the study

1.1. Needs analysis in various methods and approaches of foreign language teaching
Needs can be defined as study or job requirements, which students should achieve at the end of a course in order to meet the desired criteria set by an institution or society. In didactic literature, they are also described as objectives or teaching goals. From the perspective of the teacher, needs are actions which the learner should complete in order to acquire the language. From the perspective of the student, needs are impulses presented as a student's motivation to learn the language. Finally, we may interpret needs as lacks, that is, what students do not know or cannot manage in the language (Candin, 1991).

The last decades of the 20th century became a milestone in the development of ESP as a branch of linguistics and pedagogy. Mohammadi and Mousavi (2013) report a shift from what to teach (content-oriented approach) towards how to teach (learning-centred approach). In other words, it was a shift from fully controlled activities and exercises by the teacher to encouraging learners to take responsibility for their learning by using their creativity and individual learning strategies. EFL teaching methodology describes various kinds of methods and approaches. The most popular are the Grammar-Translation Method, Direct Method, the Natural Approach, and the Communicative approach.

The Grammar-Translation Method is based on the memorizing of lists of isolated words, explanations of grammar with little active use of target language,

reading and the translation of texts. It is still very popular because tests of grammar rules and translations are easy to construct and can be scored objectively. But there is no learner autonomy at all in this method. On the contrary, the Direct Method is based on the spontaneous use of language, no translation, and little or no analysis of grammatical rules. Teaching goals include presenting everyday and professional oriented vocabulary with grammar based on situational context. Brown (2001) differentiates three stages which can help teachers to decide on activities. The first, the pre-reproduction stage is oriented at the development of listening comprehension skills in model situations. The second, the early production stage is usually marked with errors, so the student struggles with the language. However, the meaning is more important than language forms, and only gross errors are corrected by the teacher. And the third, the production stage includes more complex role-plays, open-ended dialogues, discussions, and extended small-group work. The goal of these activities is to promote fluency, so also at this stage only gross errors are corrected. Similarly, Littlewood (1983) presents the pattern for the development of listening/speaking skills according to the level of control and creativity (Figure 1). The Natural and Communicative approaches are very similar to each other. Both encourage the learner to take an active role, provide space for relatively high creativity over language productivity. The learner is regarded as an equal partner with whom the teacher can negotiate meaning (Nunan, 1989).

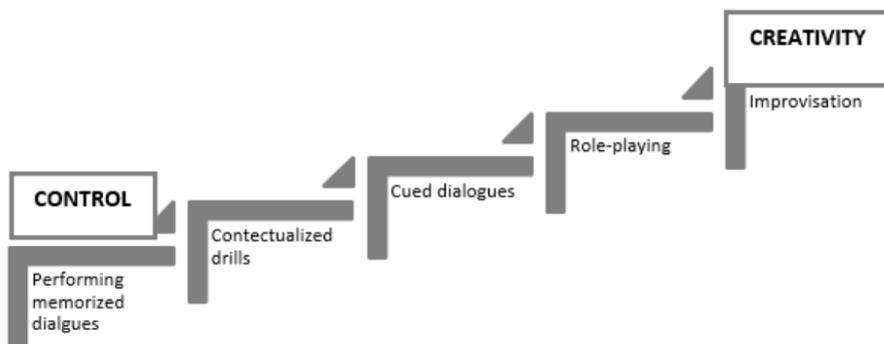


Fig. 1: An example of learner's autonomy in listening and speaking activities

Halliday, McIntosh and Stevens (1964) defined four communication skills which can be acquired by experiencing them; by encountering them in use in real situations and coming to associate certain activities, persons or topics with the foreign language. According to Littlewood (1983), the application of the communicative approach is based on whole-task skills practised in activities

tailored to the level of the student's competence in language. It also builds a student-friendly atmosphere in the classroom which encourages students to communicate and use language outside of the classroom. Brown (2001) summarizes the Communicative approach under six headings: goals are focused on all of the components of communication; use of authentic materials and functional language; fluency is preferred over accuracy; use of the language in unrehearsed contexts outside the classroom; students develop their own strategies for autonomous learning; the role of the teacher is that of facilitator, not a source of knowledge and facts; students are encouraged to construct meaning.

Regardless of the method and approach, or their mixture, which are applied by a medical English teacher, students' language skills should meet requirements of health care employers and research centres. We agree with Milosavljević (2008, 2015) that the basic needs of medical students include an understanding of reference texts about the latest developments, improving speaking skills with an emphasis on acquiring medical terminology as well as giving presentations in English classes or at student congresses. She believes that such activities provide a firm base allowing them to share their knowledge and experience with their colleagues. Instead of writing skills which she talks about, we emphasize importance of listening skills development.

Our rationale for reading skills development is based on the fact that English is lingua franca of science and only a few books are written in students' mother tongue. If they were translated, in such dynamic field, which Medicine belongs to, they will be outdated soon. Therefore, primary aim of EMP course is to guide students how to read scientific literature and scientific articles correctly. Student's understanding the medical topic can be measured, for example, by giving a presentation. Sharing information and speaking one's minds clearly belongs to daily communication situations of a medical professional. This kind of activity involves especially the students with low proficiency level as well as the irresponsible who try to avoid any speaking activity to become active participants of teaching process. Moreover, if their performance is covered in a final grade achieved in the course, it forces them take it seriously and makes them think that it is they who are responsible for the outcome. Listening skills development at the language course plays a crucial part in teaching EFL students from several reasons. At home universities, students usually do not have opportunity to practice listening to lectures and taking part in discussions on current issues in medical research. Thus, the only way are activities at English classes or the study abroad.

To conclude, the students who want to improve their language proficiency and all four communication skills at language classes do not look for excuses and do not blame the teacher for their failure. They have strong inner motivation and take responsibility. It may manifest, for example, by completing exercises at real time instead of copying answers from the answer key before lessons or from colleague's

notes while performing the task, applying critical thinking, and use language appropriate to their audience.

1.2. Teacher's role

Communication as an educational process is a two-way transition of a message between the teacher and the learner. Direct, face-to-face communication or the correction of student's work are the examples of feedback for both communicators. The role of the teacher relates to his/her functions and status in the classroom. In this respect, Candin (1991) reports several problems which may arise in the ESP classroom. Some of these are problems within language teaching generally. For example, large classes with students of mixed level of communication skills can be the norm in many countries around the world. In such conditions, passive students who are aware of their shortcomings and afraid of being ashamed for their mistakes avoid active participation. They might believe that the teacher should accept their argument of having lack of talent to be good at languages and exclude them from tasks in which own utterance is the outcome. These students usually describe the teacher as the one who is unfriendly and strict, makes a tense atmosphere and stresses them by requirement of being active, in other words show their weaknesses. This issue is related to another problem reported by Candin and others. Motivation of learners who consider ESP courses as not as important as other courses linked directly to their specialism. In many countries, the ESP/EAP courses are taught in the first or second year of a study programme, and junior students may not appreciate the value of the ESP/EAP course until much later.

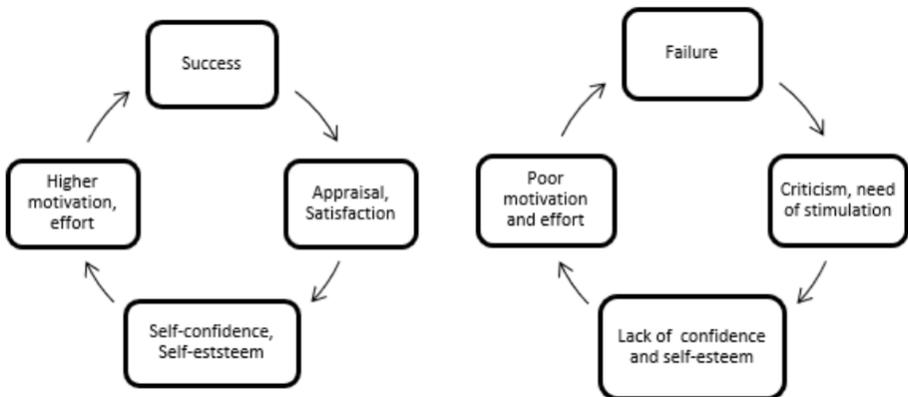


Fig. 2: Diagram of "magic circle" (Petty, 2013)

As mentioned above, learner's previous experience with language teaching and teachers at primary or secondary level of the education system plays a crucial role in his/her attitude to enhancing language skills. As the diagram (Figure 2) shows, the fact whether the learner will be successful or will hate the foreign language generally depends on the teacher's approach to an individual. Those learners who lack strong inner motivation or have low self-esteem as a personal trait require much more of the teacher's attention and positive feedback than independent, highly motivated individuals.

Another aspect of teacher's role is knowledge of the students' field of specialty, understand which corpora to use and to look for typical communicative situations and strategies applied in order to put the language into context. O'Dowd (2007) presents an interesting perspective on the goals of Medical English courses and the teacher's role. He believes that the focus of Medical English instruction should not be simply on vocabulary development or passing tests on textbook content. Rather than to fulfil the goal of the university of producing competent medical practitioners, teachers need to focus on a wide variety of elements, especially developing communication skills, higher order thinking, collaborative learning, problem solving, decision making, and shaping self-esteem as the most critical. Similarly, Hill et al. (2009) emphasize the importance of a teacher's positive attitude. They suggest that a teacher should treat students like adults responsible for their own study results. In the medical field, it's important to get students thinking about certain causes and effects and what should follow logically from certain points. In other words, get them thinking, not just learning speech formulae for treating patients.

ESP teachers should be interested in the students' specific area, interested in learners' language and be ready to respect students who have chosen a demanding profession about which they may know a great deal more than their language teacher. The ESP teacher does not only teach. Very often, he or she is involved in designing, setting up and administering the ESP course. These processes can be performed by one person or by a small number of people. In such conditions, the teacher can be an author of course materials which are tailor-made to students' needs and finally, at the end of the course, he/she is involved in evaluating and testing (Candin, 1991).

The most common description of the teacher's role in learning tasks was developed by Benjamin Bloom in 1950's. Bloom's taxonomy consists of six levels of cognitive processes applied in learning (O'Dowd, 2007; Zárubová, 2010):

1. At the level of knowledge, the teacher's role is to direct, show, examine, or ask questions to recall the learner's knowledge of facts (who, when, what, where, how) and vocabulary from the learner's long-term memory.
2. At the comprehension level, the teacher's role is the same as at the previous level. But learners have to be more active at this point. They are required to

compare, contrast or explain data, interpret charts and graphs, summarize the content in their own words and so on.

3. At the level of knowledge application, the teacher becomes less dominant. He/she facilitates and observes the learners' activities in which they apply principles to new situations. The learning tasks include giving presentations, transforming information from texts into graphs and charts, demonstrating the correct use of methods or procedures, solving problems and using reasoning.
4. At the analysis level, the teacher guides, observes and organizes activities. Learners break material into constituent parts and detect how parts relate to one another and to general structure and purpose. The activities include discussions, distinguishing between facts and interferences, evaluation of the relevancy of data, organizing lists of items, sequencing events into the logical order and explaining relationships between terms.
5. At the level of synthesis, or creation, an original product is made by putting all elements together at the level of creation. The teacher reflects, analyses and evaluates learners' own pieces of work, for example, an experiment proposal, organization of a speech or project plan, the composition of an essay based on relevant sources followed by generalizations.
6. At the evaluation level, the teacher assesses, accepts, and guides learners who make judgements on the value of research, disagree with claims, compare data, defend, reject and argue or give reasons.



Fig. 3: Bloom's taxonomy

1.3. Learner's autonomy

New fields of study, such as psycholinguistics or sociolinguistics, as well as the pragmatics of our era have changed the role of the learner and teacher. Didactic concepts such as focus on a learner, project teaching or learning-psychological concepts (study type, learning strategies, metacognitive skills – learner's reflection

on learning process and learning strategies) result from the students' perspective and their needs. The students' cooperation, activity and responsibility for the outcomes is a must. The teacher is not an authority who imposes the content any longer. Instead of that, the meaning is negotiated. In other words, the content and teaching methods are tailor-made to student's personal and professional needs. Learner-oriented approach can be characterized in terms of a rising focus on the concept of autonomy in foreign language teaching, which not only relates to learning-psychological research, but also to the fact that since 1980s many teachers have noticed that teaching/learning is less effective without the active participation of students (Bujalková, Jurečková, 2001/2002).

For past decades, in foreign language teaching, the concept of autonomy has been widely debated issue which definition remains unclear but linked to many generalizing theoretical notions, such as motivation, awareness or interaction (Reinders, 2010). One of these questionable perspectives is teachers' approach how they operate with this concept in the classroom. Smith (2008) points out persisting tension between pedagogical approaches which construe autonomy primarily as something learners lack and so need to be 'trained towards' and those which take the idea that learners are already able, at least to some degree, to exercise control over their own learning.

As presented below, there are several definitions which describe the image of an ideal autonomous learner. For example, Borg and Al-Busaidi (2012) asked teachers to what extent learner's autonomy contributes to L2 learning. They found out that the language teachers regard autonomous learners to be happier, more motivated, more committed and more focused as well as willing to take risks and benefit from learning opportunities outside the classroom. According to Beck (1989), autonomous learners have rich, well-organized knowledge. They can reorganize their knowledge and change their structure and are able to flexibly and reflectively use their knowledge to solve problems. Similarly, Thanasoulas (2000) and Dobrotă (2009) describe autonomous learners as having insights into their learning styles and strategies. When one of them fails, they are willing to revise and take new actions quickly. In terms of language and communication, it can be said that autonomous, highly motivated learners focus on accuracy as well as fluency, can apply compensation strategies, cognitive and metacognitive strategies successfully, and thus produce excellent outcome.

In contrast, Prokop (1993) defined non-autonomous learners as those who fail to re-evaluate their learning strategies. Though strategies turn out to be ineffective, they stick to them. They look for the cause of their failure in their own incompetence and lack of talent. Non-autonomous learners tend to blame the teacher for their failures. Learners feel that study requirements are disproportionately high and deliberately frustrating to make the teacher superior.

However, they do not realize that it is they, who are looking for a soft option of how to avoid high standards.

Little (1991) emphasizes that the concept of autonomy shouldn't be mistaken with a method, nor individualism. According to Nodari (1996), development of autonomy is based on four pillars. Firstly, goals and learning objectives should be described explicitly, and learning materials should be well-prepared. Secondly, there should be a conscious assumption of responsibility for a person's own learning, for example, choosing texts and activities relevant to a topic of a presentation. The next pillar is self-reflection which includes thinking about learning by means of questionnaires of study type, self-evaluation or sharing experiences with learning strategies. The final pillar is a reflection on the features of foreign and "home" culture based, for example, on specific behavioral patterns or non-verbal communication.

We believe that autonomy is a goal that needs to be pursued systematically at each lesson. It is not a prerequisite which students have to have. Poorly developed independence and learning strategies may result to in the loss of self-confidence in learning the foreign language and a feeling of aversion towards the further development of communication skills of the language as well as to learning other languages.

1.4. Receptive and productive academic skills

Typical feature of medical literature is extensive, over hundred-page long, books which the student usually needs go through in a very short time. Studying effectively under time pressure is both physically and mentally very demanding. Time spent by studying and the output can be supported by appropriate reading strategies, for example, taking notes, using margin notes, highlighting headings and keywords. These microskills are the basis for higher cognitive processes such as analysis and synthesis of information, making conclusions, understanding and interpretation of causal relationships.

The authors Dijk and Kintsch (1983) characterized reading comprehension using the construction or the cognive strategic model, which includes three stages. In the first stage, called the surface code, the reader decodes letters before detecting the meaning of words. Knowledge of morphology and lexicology plays a key role in this process. In the second stage, known as the text-base, the reader uses the meaning of words to create a context of large sequences, such as sentences and paragraphs. At this level, knowledge of semantics and syntax is necessary. Finally, the third level, named the situational model, requires making links between pieces of information. If language knowledge is sufficient, it is assumed that the reader can interpret cause-effect relationships, search for specific information, make a chronological order of events and summarize the key points of content effectively.

Nowadays, it is no longer a problem to get authentic recordings in EFL teaching setting. The teacher can choose from wide range of texts, such as documentary series, short 3D animations with an explanation of medical procedures and diseases or demonstrations of correct/incorrect consultations with a patient. The advantage of these materials is that they offer a wide range of accents, speech rate and background noise that an EFL students must cope with if they decide to study or work abroad. Students can practice taking notes by both with and without given clues, complete sentences or make decision on true/false statements. By answering questions, summarizing information in their own words and referring about patient's condition they mimic real life situations of sharing information with colleagues and patients.

To be listening comprehension successful, students can apply the same procedures and microskills as in reading. The main difference is time. During reading, the student can turn back to the same information as much as needed. He/She may add a key term for additional explanation, or even edit and re-arrange his/her comments in a graphical form (diagram, flow chart, conceptual map, and chart) which facilitates learning. The only time that he/she is limited, is the term of the exam, or giving a presentation. But when it comes to listening to comprehension, in very short time sequences, students must perceive the content (the speech of the teacher or the text of the recording or video) and control mental processes. For example, sort the information in logical order to get a clear record which can later interpret or think about in a broader context. If skilful enough, he/she can note links to additional resources or his own comments and insights. From this reason many EFL students consider it the most difficult skill, their weak point.

Comprehension depends on several interrelated factors, such as the student's knowledge of the world (schematic knowledge and contextual knowledge), cognitive and language skills (knowledge of grammar, vocabulary, syntax). Speech theory distinguishes two types of processing information. The Bottom-up Approach proceeds from the detection of sounds and words to the identification of grammatical relationships and lexical meanings, which results in understanding the final message. In the Top-down Approach, background schemata are being activated, so strategies for global understanding, such as deriving meaning and interpretation of a text, are applied. Learners need to master both directions in order to communicate meaning effectively (Brown, 2001).

According to Nunan (1989), successful listening and reading involves using grammatical knowledge to paraphrase meaning, applying different techniques (skimming and scanning) to get information or search for keywords, relating text content to the learners' medical knowledge and identifying verbal and non-verbal cues. Nunan (1989) also suggests that following skills need to be taken into consideration:

1. The learner must attain a high degree as possible of linguistic competence.
2. The learner must distinguish between forms s/he has mastered as part of his/her linguistic competence, and the communicative functions which they perform.
3. The learner must develop skills and strategies for using language to communicate meaning as effectively as possible in concrete situations.
4. The learner must become aware of the social meaning of language forms.

Giving a presentation is a powerful tool which supports learners' autonomy because it motivates them to use the target language actively as they become the active part of the educational process. By choosing the topic of a presentation, learners negotiate the meaning which leads to tailoring the content of the course to their needs. Also, they can see whether their performance was informative and interesting to others in the group. From the linguistic viewpoint, medical terminology and pronunciation, academic syntactic and grammatical structures, as well as idiomatic polite forms are being practised in this kind of teaching task. Intentional use of para-lingual means, such as speech rate, intonation, stress or emphasis on key information marked by pause allow the audience to make connections and follow the context, and thus attract their attention and interest in the subject-matter. Another significant aspect of presentations as a type of oral performance is the synchronization of speech and nonverbal behaviour. Congruence between verbal and nonverbal components is a sign of one's professionalism. The parallel perception of verbal and nonverbal signals is very challenging. It is very important, because it is not composed of separate linguistic and non-linguistic components but makes a compact unit. In this respect, culture needs to be taken into consideration. Learners will acquire the patterns and rules of communication closely connected to the language forms of the target language and the culture. Weisbuch (2010) believes that it is more difficult for communicants to control the speaker's nonverbal behaviour than to be aware of the content of the message transmitted verbally. It is essential to interpret nonverbal signs adequately within the target language community instead of within the native language community. This is why training in soft skills is extremely important for doctors who can benefit from it in their consulting room, at conferences or at hospitals during internships.

2 Research methods

Presented results are based on students' performance in final examination at the end of the course. Thirty-five candidates for the international certificate UNICert® in Medical Sciences who attended a preparatory course during the academic years 2014-2017 were included in Skills Evaluation 1 of listening comprehension. They were tested for both listening for specific information and

listening for gist. The test was composed of the following kinds of exercises ("EX"): making list of items (verbs of action, questions during history taking), filling gaps, true/false statements, taking notes, answering questions and interpreting.

In Skills Evaluation 2, we tested reading skills of first-year students. News articles available online at Medical News Today on common medical topics were chosen to be used in the testing. To measure student skills, a cloze-test with cues in random order was applied. Texts included 30 gaps with a frequency of every 12th word omitted. The average length of texts was 453 words. In total, we evaluated 135 students in four academic years from 2012-2016.

In Skills Evaluation 3, 125 students, both the junior first-year students and those from a preparatory course for the certificate, were tested during academic years 2013-2017. The list of medical areas suitable for presentations was suggested by the teacher and related to the course book and syllabus. However, the students were encouraged to choose a specific topic of their interest within the list. Each student's performance was assessed using the following rubrics:

1. content – topic, depth of knowledge, clarity, coherence, quality of sources
2. layout – logical sequencing (introduction, content/goals, body of the presentation, summary)
3. language – accuracy, fluency, pronunciation, using signposts
4. nonverbal communication
5. design – balance between text and pictures, contrast of background and text, font and size of letters, legibility (whether slides are clear and easy to read and not overcrowded)
6. impression – involving the audience (discussion, crosswords, quizzes, asking questions) and visual support (graphs, diagrams, video)

3 Results and discussion

3.1. Skills Evaluation 1

For our test of listening comprehension skills, we chose the most common exercises such as filling patient's personal details in medical forms, taking notes about patient's presenting complaints, recognizing true and false statements, filling the gaps with missing words in a sentence, identifying language forms, taking notes, identifying the purpose of a lecture and its topic and paraphrasing the content.

Figure 4 shows the average score achieved in each task. The best score was gained in the tasks which tested the ability to detect missing information (EX 3/1, EX 4/1, EX 2/1). The candidates were provided with the context of the lecture, so the subject matter was familiar to them. This is of great importance, especially, to those who are less confident in their listening comprehension. As they are guided by the cues, they can focus better on specific information. In contrast, students had significant problems comprehending unpredictable conversations between

doctors and patients. The lowest scores were achieved in EX 6/1 and EX 6/2. The low scores may have been caused by the fast, natural rate of speech, the different accents of speakers, background noise as well as unknown vocabulary and insufficient knowledge of pronunciation and grammar.

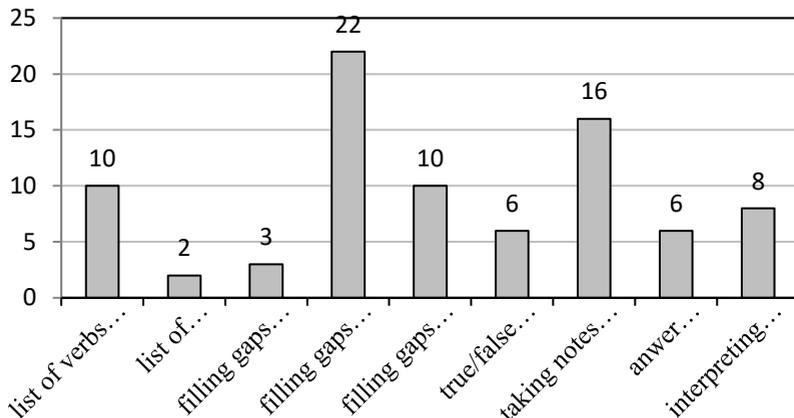


Fig. 4: Average score in the exercises.

In general, the best results were achieved in listening for specific information (Figure 5). In EX 1/1, 20 students achieved scores above 50% and in EX 4/1 18 students also scored above 50%. The highest score in EX 2/1 was achieved by 20 students. The average scores in each of the tasks mentioned above were 10 points (EX 1/1), 16 points (EX 4/1) and 6 points (EX 2/1).

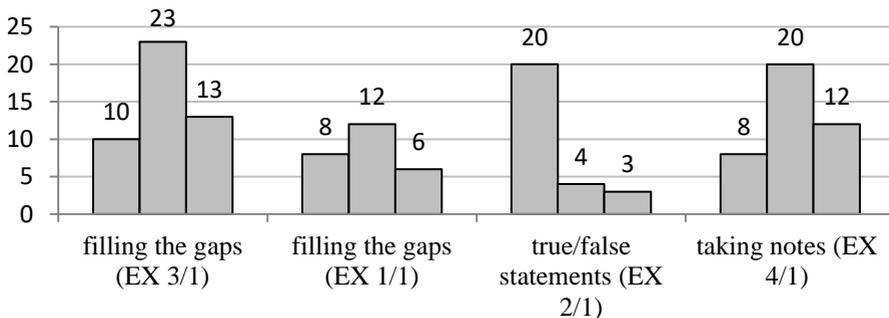


Fig. 5: Listening for details showing three levels of comprehension for each exercise.

The final group of tasks tested includes those aimed at listening for gist (Figure 6). The goal was to understand the main idea and purpose of a lecture (EX 4/2). In EX 6/3, students were required to sum up a patient's health problems and interpret the situation from the perspective of the patient's emotions and the doctor's skills of reassuring, giving advice or using verbal cues to get more detailed information. Students showed sufficient competence in listening comprehension. In EX 4/2, 15 students achieved the highest score with the average score being 6 out of 7 points. In EX 6/3, 20 students achieved an average score of 8 points. The most common mistakes were spelling errors, grammar, syntax and the range of general (non-medical) vocabulary, which is defined in the assessment grid for B2 level in the CEFR.

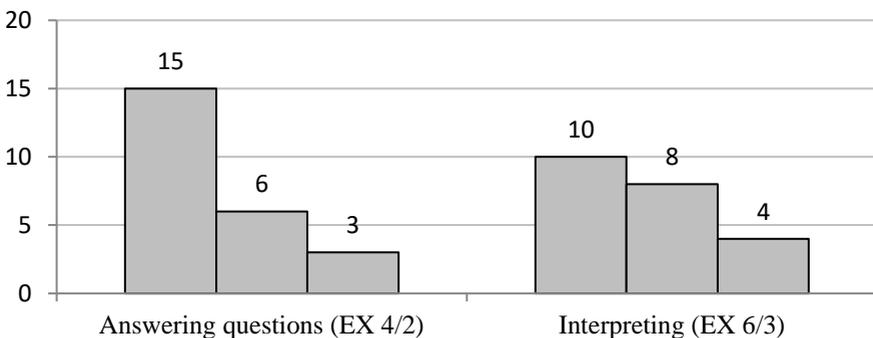


Fig. 6: Listening for gist showing three levels of comprehension for each exercise.

To conclude, the main factors which cause difficulties in listening comprehension are the speaker's rate of speech and accent, the role of the listener, familiarity with the topic, the type of language used and the context of the situation, background noise and visual support. To encourage students to have a better understanding of details, Dudley-Evans and Johns (1979) recommend pre-teaching vocabulary as mentioned in the previous section. In addition, they stress the familiarity of the subject-matter as another key factor influencing students' comprehension skills. Our experiment confirmed the authors' presumption that when the listener is familiar with the subject matter, but has a weak grasp of language, prediction of the probable content reduces the load of understanding just enough of the language to enable them to match what they think the message is against what they already know. On the contrary, when learners are unfamiliar with the topic and technical vocabulary, but have sufficient knowledge of the language, they may derive meaning using context enabling them to fit in all parts of the message.

3.2. Skill Evaluation 2

Reading as language processing takes place at various levels at the same time and takes into consideration various aspects. Theories on learning-cognitive strategies in reading comprehension emphasize the role of the learner's prior knowledge during text processing. For example, applying rules of the language, combining known elements in new ways, analysing word structures, guessing meaning and relating pieces of information. It can be said that reading a text with gaps, also known as a cloze test, is a kind of 'guessing game', because readers browse through their mental dictionary. When readers come across an unfamiliar word, they stop and search for the meaning which best fits the context (Zrníková, 2013a, Zrníková, 2013b, Zrníková 2014).

Medical students read hundreds of pages on a daily basis. They come across unknown vocabulary often, but rarely have time to consult a dictionary for every word. Therefore, they need to be good 'guessers' and use compensation strategies effectively. To measure their skills, we divided student's performance into three categories: Level 1 Advanced, independent reader (30-28 points), Level 2 Average, good reader (27-19 points), and Level 3 Poor reader needing constant help and correction (18-0 points).

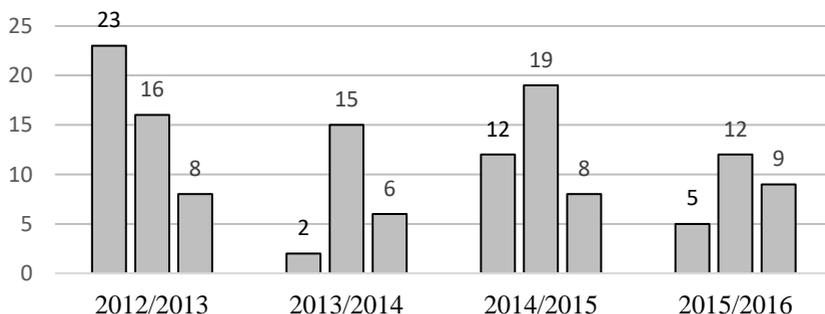


Fig. 7: Level of students' performance according to score.

The results of the reading test over all academic years showed that 70% of students can be described as average readers who need little help (27-19 correct answers). The graph (Figure 7) shows a descending tendency in the category of advanced readers. However, a positive finding is the steady number of students in the category of poor readers. The lowest score ranges from 6, 8, and 12 (in 2012/2013, 2014/2015) correct answers. Thus, we may assume that students will be successful, if they need to gain knowledge from English literature. Error analysis revealed that students had problems recognizing when to use the passive voice and past tense, collocations with prepositions and understanding the

meaning of discourse markers, which affected their ability to determine causal relationships.

3.3. Skill Evaluation 3

Giving a presentation is a kind of activity in which all four communication skills are applied, because the text of a talk has two formats. Its written form is very similar to articles found in journals, with notes often organized as bullet points or chunks of information presented in slide shows. The oral performance takes place in lecture halls or classrooms. In this situation, both content and the impression made on an audience are indicators of a speaker's success.

Figure 8 shows examples of topics which are relevant for students in the first year of their study. Mostly, students chose anatomical and clinically oriented topics which were followed by watching demonstration videos, crosswords or true/false statements. Topics on "hot" issues were chosen by advanced students and autonomous learners, as they have good critical thinking skills and can evaluate relevant sources and present topics creatively. However, their peers were often too shy to share their opinions, as they were afraid of making grammatical mistakes or not finding the appropriate words to express their opinions clearly.

Focus	Examples of topics
Anatomy	Aging, Digestive system, Nervous system, Cardiovascular system, Stem cells
Clinical medicine	Nutrition and eating disorders, Diabetes Mellitus, Human Papillomavirus, Tropical diseases, Down's Syndrome
Discussing "hot" issues	Contraception and abortion, Plastic and cosmetic surgery, New flu viruses and vaccination, Genetic Engineering

Fig. 8: Overview of the topics

Our observation showed that students can structure information well in logical sequences. However, even though students are given the assessment scale and instructions, slides showing content, summary, and references are often missing. With reference to slide design, it can be said that pictures and diagrams are balanced with text. Background colour contrast and text font and size make the slides legible. This is not always true for graphs and diagrams and students rarely comment on this kind of information in any detail. In addition, slides are often overcrowded with text. Students use more than six bullet points and write whole sentences instead of key words. We noticed that students are more secure when

reading rather than speaking which requires eye-contact with the audience. This may be due to nervousness, avoiding the use of natural language and saying things in own words, or just simply, because students want to get through this task as quickly as possible and with the least possible effort.

When it comes to nonverbal communication, we summarized students' most common weaknesses into three categories (Bujalková, Zrníková, 2016):

1. lack of confidence shown by lowering the eyes and reading notes, overused haptics and fearful body posture
2. inappropriate use of paralingual features of communication, such as intonation and pauses which are mismatched with content and the structure of the speech, stress on verbal arguments, fast or slow speech rate, mumbling and speaking by heart instead of using natural speech flow
3. presupposition that perfect graphics and visual layout of a presentation is enough to make an overall good impression with the audience.

In general, we can conclude that there has been no difference or significant improvement in students' skills. First-year students in a new academic year do the same things well, but tend to repeat the same mistakes every time.

Conclusion

Overseas medical students learning English as a foreign language learn the language, because they want to study or work abroad. They are mostly exposed to situations such as reading medical texts, understanding lectures, giving presentations, listening to doctor-patient consultations and listening to conversations doctors have with their colleagues. For this reason, Lund (1990) suggests to develop the subskills such as identification (words, word classes, grammatical structures), orientation (identification of important facts about the text), main idea comprehension, comprehension of details, full comprehension (understanding of both the main ideas and supporting detail) and replication (ability to reproduce messages by repeating the content in their own words or transforming the information into non-linear forms). Successful communication in a foreign language involves using grammatical knowledge to paraphrase meaning, applying skimming and scanning skills to obtain information, relating content to learners' knowledge of the subject matter and identifying verbal and non-verbal cues.

The reading and listening comprehension process combines linguistic aspects of text construction with individual aspects such as the reader's prior knowledge, motivation, the goal of reading and the reader's attitude towards the topic. The reconstruction of the meaning of the text is based on a scheme or network of relations between pieces of information. During text perception many of these can be activated at once, during which time the human brain analyses which scheme is the best fit for the context. Giving presentations helps enhance learners'

knowledge of professional terminology, specific chunks of vocabulary, correct pronunciation and the use of grammar in communication situations typical for their profession. Presentations usually occur in formal situations, so the use of appropriate and accurate language and polite phrases, when presenting the text needs to be congruent with non-verbal communication which respects the target culture or international conventions.

Skills Evaluation 1 and 2 confirmed that students can apply and combine top-down and bottom-up approaches efficiently albeit with some individual weaknesses. Familiarity with a topic and clues, when presented as lecture notes or linear texts, helped students to focus on specific information, resulting in higher scores. When giving presentations (Skills evaluation 3), students can use selected lexical, grammatical, syntactic and stylistic structures which are appropriate to a particular situation. On the other hand, it is quite often the case that students' performance is marked using the traditions and meanings of nonverbal behaviour typical for their mother tongue and culture. As our study showed, the presented activities are very useful tools for the enhancement of foreign language professional competency in medical students.

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