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English for Medical Students of Hodeidah University, Yemen

A Pre-sessional Course

By

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**Dissertation submitted in partial fulfillment of the
requirements for the degree of
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in TESL**

**Centre for Materials Production
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CERTIFICATE

Hyderabad,

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This is to certify that the dissertation entitled **English for Medical Students of Hodeidah University, Yemen: A Pre-sessional Course** ,submitted in partial fulfillment of the requirements for the degree of **MASTER OF ARTS (ENGLISH)** ,is a piece of research work done by **Mr. Arif Ahmed Mohammed Al-Ahdal** under my guidance at **the English and Foreign Languages University, Hyderabad.**

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Abbreviations

EAMP = English for Academic Medical Purposes

EAP = English for Academic Purposes

EMP = English for Medical Purposes

EOP = English for Occupational Purposes

ELP = English for Legal Purposes

EST = English for Science and Technology

ETO = English for Telephone Operators

EGAP = English for General Academic Purposes

ESAP = English for Specific Academic Purposes

EPP = English for Professional Purposes

ECA = English for Chartered Accountants

EBP = English for Business Purposes

PSA = Present Situation Analysis

LSA = Learning Situation Analysis

TSA = Target Situation Analysis

ETO = English for Telephone Operators

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LSRW = listening, speaking, reading and writing

NA= Needs Analysis

LSP= Language for Specific Purposes

ELT=English Language Teaching

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SYNOPSIS

Despite Arabic being the medium of instruction in Yemeni schools, English is the medium in many higher educational institutions in Yemen, like medical colleges. This change in the medium puts a strain on the students. As a result, many of them rush to language teaching institutes to learn to cope with the new medium in tertiary education. Many students, it is observed, watch English movies and use electronic media to develop communication skills. They struggle hard to learn to both receive and produce English sentences and discourse.

The deficiency of the English-oriented programmes at the pre-university level can be traced to the approach adopted by the teachers of English. They design courses and teach them in such a way that the learner is no more than a passive element in the educational process. Teaching or learning, in such a strategy, is essentially monologic; it is not based on interaction as promoted by the communicative theories of language teaching.

The increasing significance of English in all the fields of knowledge calls for a re-orientation in the curriculum, the methods of teaching and the approaches adopted to serve such a purpose.

The present study is divided into seven chapters. Chapter one is introductory, and deals with the context of the study; it discusses the role of English as an international language, the status and use of English in Yemen. It also sheds light on the intent and justification for a course for medical students of Hodeidah University, and presents the research questions that this study attempts to answer. Chapter two describes the origins and classification of ESP, and examines the contrast between ESP and EGP. Chapter three defines Needs Analysis and its role in an ESP context. It also discusses the different approaches to Needs Analysis. Chapter four talks about the importance of aims and objectives in general, and presents the aims and objectives of the course at hand. Chapter five argues for the essentiality of syllabuses and introduces the syllabus used on this course. Chapter six draws attention to ESP materials and presents the materials prepared for the subjects of this study. Chapter seven presents the limitations of the course and gives the researcher's own observations. It also contains a feedback questionnaire.

Chapter One

1.0. Introduction

In the 1960s, the level of education in Yemen left much to be desired. Not many people attended school then. And all those who learnt how to read and write in Arabic did so with only one purpose: to be able to read and recite the Holy Qur'an. Thus there was no need for learning English. It should also be stated here that during the Imam reign (1918–1962), people were kept away from and deprived of basic knowledge of new social, educational values and concepts. When the Imam rule came to an end in 1962, people realized the importance of education; they started sending their children to schools. The new government made it a point to provide equal educational opportunities to all Yemeni nationals irrespective of their sex and age. It established the policy of sending students abroad for education and signed contracts with teachers from different parts of the world to come and teach Arabic and English in Yemen. It also started conducting business transactions with the world. With the advancement in business, science and technology, English became very important and the number of foreign teachers of English in Yemen kept increasing steadily. New Universities were established and Yemeni citizens started joining the Departments of English where they were trained/ educated to teach English.

Medical institutions in many EFL countries including Yemen have recently adopted English as the medium of instruction. In such institutions, learners are

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likely to have problems coping with the change of medium. It is worth quoting Chia et al (1998:190) here: "Students who just step out of high schools where the medium of instruction is not English are, more often than not, overwhelmed by anxiety, or even frustration, when confronting such an intimidating task".

Presently, English is taught as a requirement course/ subject in the English-medium as well as regional-medium faculties in Yemen. Thus teachers on these faculties should try and lessen students' anxiety as well as help them get over it. They should provide them with the skills essential to speaking good English and help them learn English to be able to perform tasks such as accessing medical texts published in English to continue their professional development.

Higher medical education in the Arab world in general and in Yemen in particular has received little attention so far. Though the curriculum prepares the students well and provides them with good content knowledge of their specialization, they finish their four years of college without being able to speak English well. This is because oral communication skills are not paid the attention required at the school level. Students who pursue medical studies are poorly equipped to deal with functional English. Moreover, some of the teachers assigned to teach English to students in colleges are not trained to teach ESP courses. Thus they find it difficult to enrich their students' knowledge of medical English. Without conducting any needs analysis, these teachers simply teach whatever is convenient to them. The teachers' exam-oriented approach to

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teaching is a general problem faced by all graduate students in all disciplines in Yemen.

As stated earlier, more and more English is needed by more and more Yemenis nowadays. Sometimes students seek the help of their fellow-students to understand the lectures given by their teachers and the presentations made by their classmates. This course is, therefore, designed to help such students improve their oral communication and presentation skills.

1.1. English as an International Language

That English is a very important language in the world of communication, business and medicine at the international level is an undeniable fact. The world's most widely surfed or cited journals are either published in English or translated into English. English is the language of international travel and tourism and the language of science and technology.

English has been growing tremendously over the years. Recognizing the role of English as an international language, White (1988:9) says:

" in the twentieth century English has become the language of the world, thanks to the linguistic legacy of the British Empire , the emergence of the USA as an English speaking superpower and the fortuitous association of English with the industrial and technological developments of the nineteenth and twentieth centuries. ", and that "The role of English as a language of international communication had expanded by the 1950s. There was much

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greater mobility of people as a result of growth in air travel and international tourism. English was supported by the growth of radio, film and television".

In fact, as evident from the advertisements for jobs, excellent communication skills in English have become a necessary tool in all professions. In this context, the learning and teaching of English has become most essential in Yemen.

1.2 English in Yemen

English enjoys the status of a foreign language in Yemen. It is taught as a compulsory subject in government schools from class seven and is the medium of instruction in a few academic disciplines at the tertiary level. In private schools, however, it is taught from kindergarten. There is a genuine need for teaching/ learning English in Yemen for many reasons some of which are:

- 1- Higher education in Yemen is expanding; there is a need for offering advanced courses in the fields of medicine, science and technology, which makes the use of English in higher education necessary.
- 2- The number of Yemeni students going to the UK, USA, India, and Malaysia, etc for higher studies is on the increase and they need advanced proficiency in English. (Bose, 2001:16)

Though English is taught in Yemen in order to enable students to use English accurately and appropriately, and create an interest in them to continue to learn English for pursuing higher studies, these objectives are not always

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achieved. This is because most teachers of English teach English through Arabic thinking that students will find it difficult to understand English, if taught through English. Thus students who do their graduation in the Faculty of Medical Sciences find it difficult to interact with their teachers in English. They also find it difficult to follow the lectures that are given in English.

1.3 Statement of the Problem

A great number of Yemeni medical students do their schooling in regional-medium schools; they find it difficult to understand lectures in college as the medium of instruction there is English. Consequently, they fail to pass most of the courses. They badly need to gain some proficiency in English or improve their threshold proficiency level in English. This pre-session course will, therefore, help them do so.

1.4 Scope of the Study

The scope of the study is limited to an investigation of the needs of the fresh medical students of Hodeidah University, Yemen, with regard to English. It is further delimited in terms of the number of study participants/respondents i.e. the questionnaire was administered to only ten Nursing students, ten Laboratory students and ten Dentistry students. A bigger number of students would have given an even clearer picture of their needs. Further research can identify even more specifically the needs of medical students across different Yemeni Universities.

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1.5 Statement of Intent

This 20 hour Pre-sessional ESP Course is intended to provide medical students of Hodeidah University with essential conversational skills at the pre-college stage so that they do not find it difficult to understand the lectures in English and the presentations made by their classmates in English when the academic year begins. It also intends to improve the learners' communication skills in dealing with patients' history, describing case studies and to enable them to make effective subject presentations. It will also help them carry out related tasks and activities in English. The course is a part-time course to be held on weekdays (Saturday and Wednesday) - two hours a day; it is a narrow-focus EAMP (English for Academic Medical Purposes) Course.

1.6 Justification for the Course

Yemeni students spend 6 years studying English as a school subject. Though this is the case, school leavers cannot speak English well. This is because most of the Yemeni teachers of English do not pay enough attention to the dialogic nature of language learning. They spend almost all class time teaching students forms and patterns of the language. This, in most cases, does not provide students with opportunities to voice their opinion and express their personal meaning. Rather it encourages memorization of particular structures, which is not enough for using the language creatively. Prioritizing accuracy over fluency is also one of the reasons behind the students' inability to

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use the language productively. Because they lack general English skills, Yemeni students cannot cope with learning medicine.

The target group of this study comes from various educational, social, economic and linguistic backgrounds. They lack communicative competence in English. Throughout their four-year Degree Course, they are expected to learn by making their own presentations and follow those made by their classmates. This course is, therefore, designed to help the learners speak good English, build up their confidence level so that they can make professional presentations and participate in classroom discussions. It also intends to help the learners master medical terminology and their pronunciation. It is hoped that this course will be of help even to the teaching staff in the Faculties of Medical Sciences as it encompasses the learners' self-expressed needs. Thus the teaching staff can modify and adapt their materials keeping the learners' needs in mind.

1.7 The Hypotheses & Research Questions

1.7.1 The Hypotheses

The two hypotheses of the study are:

- a) ESP is an 'orphan' in Yemen and nobody wants to teach it.
- b) The ESP teacher's job in Yemen is very difficult as the Yemeni school leavers' general English is not up to the mark.

1.7.2 Research Questions

The present research attempts to answer the following questions:

1. What is the status of ESP in Yemen, with special reference to EAMP?
2. Are the Medical Students of Hodeidah University aware of their English language needs, lacks and wants?
3. What perceptions do teachers have of their learners' English language needs?
4. Are ESP materials available in Yemen?
5. Is it possible to design and teach an ESP course in Yemen?
6. How can the English courses taught in the Medical Sciences Faculty be improved in order to meet the needs of medical students?

Chapter Two

English for Specific Purposes (ESP)

'... from each according to his abilities, to each according to his needs.'

- Karl Marx

2.1 The Origins of ESP

The rise and growth of ESP were not planned. In fact there are three main forces that converged together and led to its birth i.e. 1) the demand of a brave new world, 2) a revolution in Linguistics and 3) focus on the learner. Let us look at them one by one.

2.1.1 The Demand of a Brave New World

After the Second World War, there were a lot of social, economic, political changes in the world, besides a lot of developments in science and technology. As a result of this, a number of business transactions were to be made. Thus there was a need for an international language. The role fell on English as it was the language of the USA and many other western countries. Moreover, it so happened that there was an oil crisis in the west that resulted in Western money flowing into the oil-rich countries i.e. Gulf / Arab countries. Arabs needed English to communicate with the Western experts. Because of the need in the market, Arabs started learning English in a short period of time to satisfy the demands of the 'Brave New World'.

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2.1.2 A Revolution in Linguistics

Whereas traditional Linguistics set out to describe the language features, revolutionary linguists began to focus on the ways in which language is used in and for real communication. In other words, there was a movement from Structural Linguistics to Functional Linguistics. It centered upon language as a product of society. At the time arose the distinction between spoken register and written register, and the need to recognize the existence of different types of English in different situations. Concurrently, there arose a need for designing short-term courses. For designing such courses, it was important to study the linguistic features / characteristics of the situation (language in a bank, for example) in advance. The dictum was "Tell me what you need English for and I will tell you the kind of English you need".

2.1.3 Focus on the Learner

At this time, there was a move from behaviourism to cognitivism in psychology. A lot of attention was now given to the ways in which learners acquire knowledge and the differences in the ways in which language is acquired. Each learner was seen as an individual – their desires, wants, interests and attitudes to learning were given importance. Thus learners' motivation level, learning styles / strategies to learning became important. Designing specific courses to meet learners' individual needs was a natural extension of this thinking.

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2.2 What is ESP?

English for Specific Purposes is an offshoot of Language for Specific Purposes (LSP) and a branch of ELT; it began in the 1960s. It is a short term, need-based course for a group of learners pursuing a common goal to which they are likely to be more motivated. It involves teaching/learning of English for a clearly unique and identifiable goal, using specific materials related to that goal. It is all about 'relevance' i.e. it is more concerned with the learner as an individual. It gives great importance to practical outcomes. "The main concerns of ESP have always been, and will remain, with needs analysis, text analysis, and preparing learners to communicate effectively in the tasks prescribed by their study or work situation". (Dudley- Evans and Jo St John, 1998).

ESP can mean English for Special or Specific Purposes. When we say English for Special Purposes the focus is more on English (Special English). When we say English for Specific Purposes, the focus is more on the purpose i.e. the learners' needs. Moreover, English for Special Purposes meant a mere addition of 'registers' to use in a particular situation. Thus it was restrictive in scope. English for Specific Purposes comprises language description theories of learning and needs analysis, as stated by Hutchinson and Waters (1987). In both ways, it focuses on developing the learners' communicative competence in specific fields such as Medicine, Tourism, Business, etc.

Let us now look at a few definitions of ESP by some pioneers in the world of ESP. Peter Strevens (1988) states that English for Specific Purposes is

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a particular case of the general category of special-purposes language teaching. He defines ESP in terms of its absolute and variable characteristics:

(a) Absolute characteristics:

- designed to meet specified needs of the learners;
- related in content to particular disciplines, occupations and activities;
- centred on language appropriate to those activities in syntax, lexis, discourse, semantics and so on and analysis of the discourse;
- in contrast with 'General English'.

(b) Variable Characteristics:

- may be restricted to the learning skills to be learned (for example, reading only);
- may not be taught according to any pre-ordained methodology.

The word specified in the first absolute characteristic suggests that the learners are in a position to specify their needs.

John Munby (1978) says that "ESP courses are those where the syllabus and materials are determined in all essentials by the prior analysis of the communication needs of the learner".

It is believed that no two people can have identical needs. Ideally an ESP course should have one tutor to cater for the needs of one student. This is

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emphasized in the definition of Robinson (1980): "Quintessential ESP, if we can pinpoint it, is perhaps this: materials produced for use once only for one group of students in one place at one time". This definition suggests that with time, technology changes and the needs of learners also change.

2.3 ESP vs. EGP

"What distinguishes ESP from General English is not the existence of a need as such but rather an awareness of the need".

Hutchinson and Waters (1987)

The above statement of Hutchinson and Waters suggests that in an ESP situation, the awareness of learner needs is of great importance. It is much higher than in EGP.

ESP differs from general English in that it is based on a close analysis of the learners' communicative needs for a specific occupation or academic activity, as well as a detailed analysis of the language of that occupation or activity (Stevens, 1980). Unlike in general English courses, in an ESP course, English is taught "not as an end in itself but as an essential means to a clearly definable goal" (Mackay and Mountford , 1978, p.28), and it is taught "for a clearly utilitarian purpose of which there is not doubt" (Mackay, quoted in Robinson, 1980, p.6). The learners and their purposes for learning English are the major differences between ESP and EGP. ESP learners are highly motivated because their needs are catered for. EGP helps students to cope with

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any course. It gives them the ability to generate more language. EGP learners, if taught well, can use English to cope with the language in any undefined tasks. In an ESP situation, however, learners are trained to perform some particular, job-related functions; they learn the language in order to execute a set of professional skills. Another important difference is that, EGP objectives are not listed on the basis of Needs Analysis. Whereas learner motivation is fairly high in ESP, it is low in EGP. One disadvantage of EGP courses is that the teachers are not accountable; therefore their commitment to teaching is, in most cases, not ideal.

ESP	EGP
1. part of specialization	1. part of general education
2. aims at restricted competence	2. aims at general capacity
3. texts/materials/restricted to subject specialization ('narrow angle')	3. materials based on general texts ('broad angle')
4. small homogeneous group	4. large heterogeneous group
5. cost effective / value for money	5. expensive
6. teachers and institutions accountable	6. teacher accountability low
7. training orientation – training fails if "output" behaviour does not equal	7. education orientation-output does not usually equal input. (Humanist/HRD

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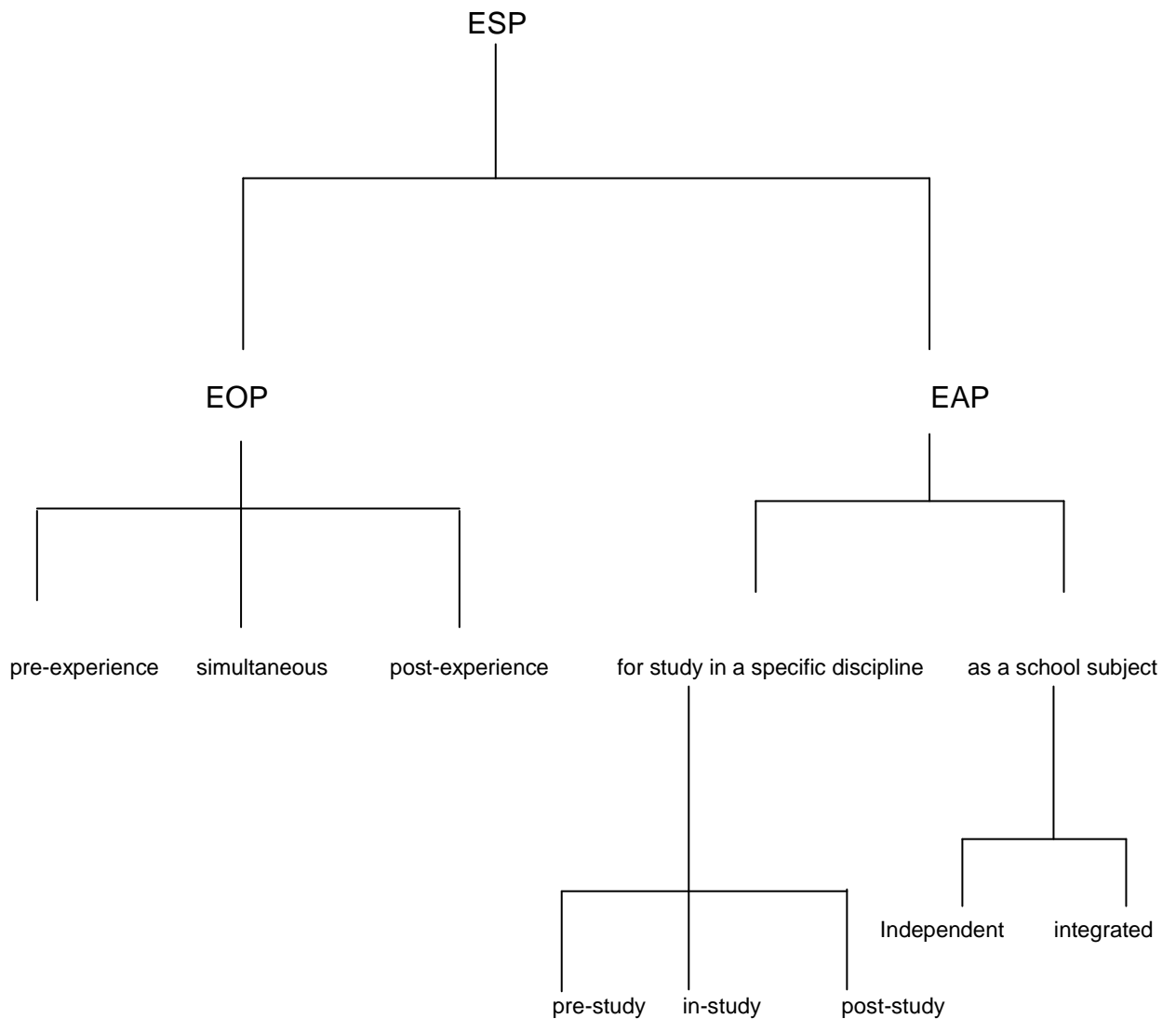
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"input" instruction (Technical model)	model)
8. aims at 100% success rate	8. results not predictable
9. immediate return on training investment	9. long-term investment (deferred purpose)
10. specification of aims/goals: what the learner has to do with language once he has learned it	10. specification of objectives: what the learner has to do in order to learn

Below are the differences between ESP and EGP as indicated by Widdowson (1983) in Learning Purpose and Language Use.

2.4 CLASSIFICATION OF ESP (Pauline Robinson, 1980)

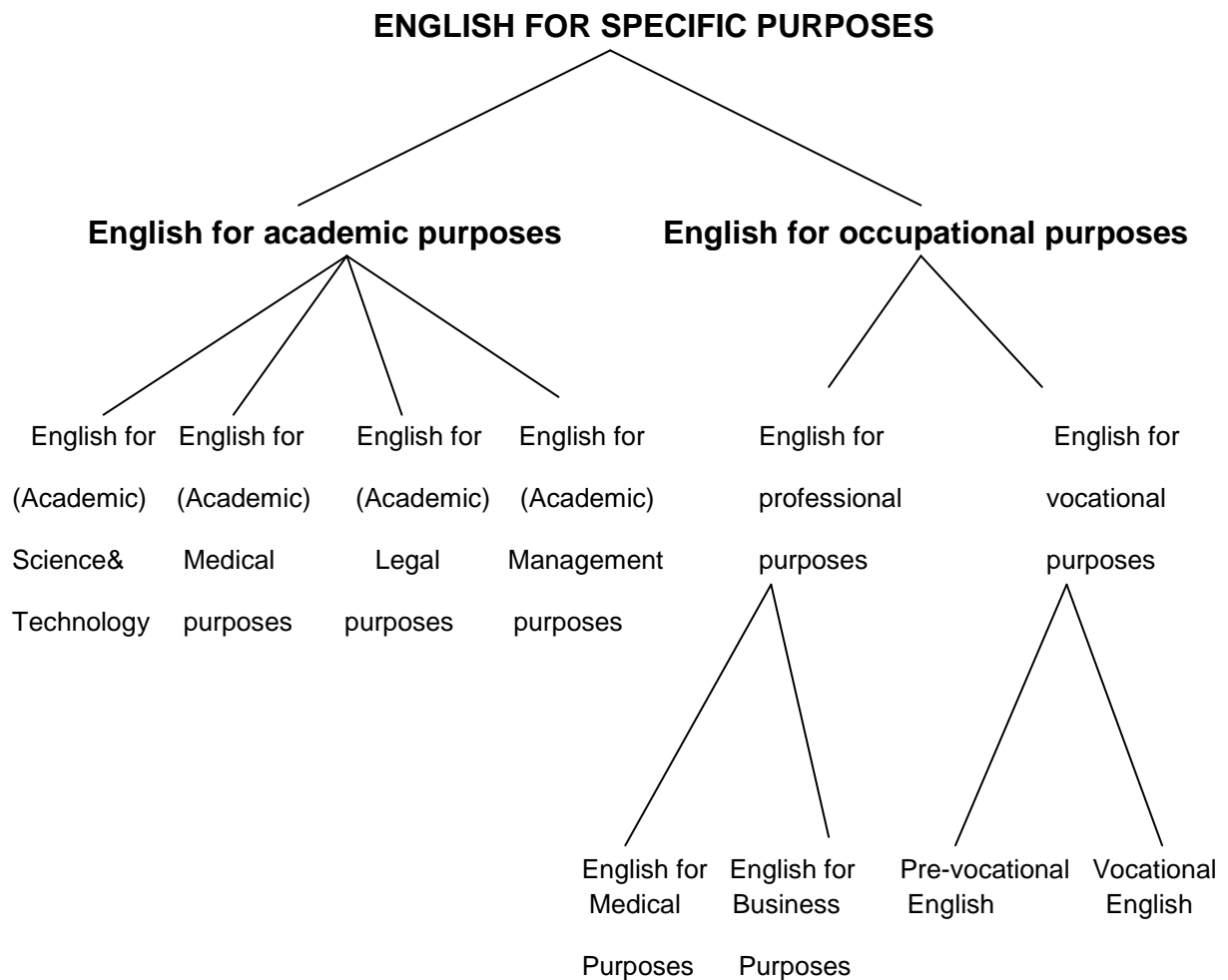


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ESP CLASSIFICATION BY PROFESSIONAL AREAS (Dudley-Evans and St John Maggie Jo, 1998:6)



Chapter Three

Needs Analysis (NA)

'Tell me what you need English for, and I'll tell you what English you need.'

- Richards and Rodgers

3.1 What is Needs Analysis (NA)?

Needs analysis is basically one of the approaches to course design. It is a process by which we determine learner needs. Tony Dudley-Evans and Maggie Jo St John (1998) define it as "the process of establishing the what and the how of a course". The two words what and how show that an ESP course designer has to design their questionnaire in such a way that will help them arrive at the course content and pay some attention to the methodology that will suit the learners best. However, we are given to understand that more attention should be paid to the 'what' part of it.

Dudley -Evans refers to needs analysis as the procedures used to collect information about learner needs. It actually includes all the activities used to collect information about the learners' learning needs, wants, wishes, desires and lacks. Some think that needs analysis is restricted to the pre-course stage. This is not true. Needs analysis can also be carried out as the course progresses. It is, in fact, an endless process of questioning, checking and evaluating.

3.2 The Role of NA in ESP Course Design

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English for Specific Purposes (ESP) is known as a learner-centred approach to teaching English. An ESP course is designed to meet the needs of learners for use in their specific areas of study or work such as medicine, science, technology, etc. Hence is the importance and necessity for needs analysis in an ESP context.

Needs analysis is, in fact, the be-all and end-all of an ESP course. Thus an ESP course designer has to give it the attention it deserves. The information gathered from a needs analysis can be used to specify the goals and the teaching objectives of the course which will form the foundation for developing materials, activities, assignments and tests. Moreover, it helps the course designer place a learner on an appropriate course, and gives focus to the course.

It is true that when we design any course, we begin with certain assumptions about what the students need. But it is only through needs analysis that we come to know about the real needs of the learners.

The significance of the word each in Marx's statement "from each according to his ability to each according to his need" is that learners' needs differ from one learner to another and that an ESP course designer has to take the learner's individual needs into consideration. This brings us to the key word i.e. 'needs'. Let's now look at the word "needs" in a more detailed way.

Needs

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Needs have been variously defined. Richterich (1972) states that "... A need does not exist independent of a person. It is people who build their images of their needs on the basis of data relating to themselves and their environment." As Brindley (1984: 28) puts it, "the term needs refer to wants, desires, demands, expectations, lacks, constraints and requirements".

There are different ways of classifying needs. Basically needs are of two kinds i.e. language needs and learning needs. Language needs constitute the content of the course and learning needs refer to a particular mode / process of teaching i.e., the methodology. Another way of classifying needs is by dividing them into objective and subjective needs as termed by Richterich (1972). Objective needs are perceived needs that are spelt out by an outsider i.e. the course designer or the sponsor. They are verifiable and based on facts that are seen by others. Subjective needs are felt needs that are spelt out by the insider i.e. the learners themselves. They are based on the learners' cognition or attitude. It should also be stated that there are other ways of classifying needs. Tony-Dudley Evans and Maggie Jo St John (1998), for example, classify needs into product-oriented and process-oriented needs. Product-oriented needs are goal-oriented based on target-situation needs; the focus here is on the final outcome or the end-product of learning. Process-oriented needs are based on the learners' learning situation and focus on the process of learning.

Widdowson (1981) states that product-oriented needs refer to what the learner needs to do with the language once he has learnt it and process-oriented needs refer to what the learner tends to do in order to actually acquire the language. In other words, product-oriented needs refer to the end of

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learning and process-oriented needs refer to the means of learning. Hutchinson and Waters (1987), however, divide needs into target needs and learning needs. Target-needs refer to the needs of the place / situation in which language will be used or in which learners are likely to use English. In other words, what the learners need to do in the target situation is what is meant by target needs. Learning needs refer to the processes and methodology that the learners are comfortable with. According to Hutchinson and Waters (1987), target needs are divided further into necessities, lacks and wants. Necessities refer to language needs only i.e., what the learner needs in order to function effectively in the target situation, lacks are defined as the gap between the existing proficiency level of the learner and his / her target proficiency level. Wants come from the learners. They refer to what learners personally want the course to provide them with. It is important to remember that while analyzing learners' needs, we have to go by the needs of the majority of learners as it is not possible to attend to the needs of each individual learner. Thus we have to do some kind of prioritization in which we take the needs of the majority of learners into consideration.

3.3 Approaches to Needs Analysis

Previously when materials producers conducted needs analysis for designing ESP courses they did so by looking at Register and Discourse Analyses. These two kinds of analysis are briefly discussed below.

(a) Register Analysis

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This kind of analysis focuses on vocabulary and grammar. It refers to a specific use of language for a specific discipline. By register, we do not mean a special variety of English, but a distinctive use of English. Analysis refers to the linguistic analysis of a particular register. The assumption here is that different disciplines have different registers.

(b) Discourse Analysis

This refers to the rhetorical organization of language that signifies meaning. In other words, it is to do with how a text is organized to produce meaning. It is not only to do with meaning of sentences, but with the ordering of sentences as well. The focus here is on language functions and notions, and the assumption is that distinctive disciplines are organized in different ways.

At present, to design an ESP course, one has to look at the learners' PSA, LSA, and TSA which are explained below:

(1) Present Situation Analysis (PSA)

This type of analysis tells one the strengths and weaknesses of the learners. In other words, it looks at the learners' current use of language with the purpose of assessing their lacks.

(2) Learning Situation Analysis (LSA)

This type of analysis tells one the learners' methodological experience, learning process, learning needs, learning styles and the learners' level of motivation. That is to say, it helps the course designer know the learners'

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wants, felt and process-oriented needs, personal and cultural background. Moreover, it tells the course designer about the learners' previous learning experience as well as their reasons for learning, and their expectations from the course.

(3) Target Situation Analysis (TSA)

This type of analysis tells the course designer the language needs of the learner. It helps him / her have an idea about the learners' objective and product-oriented needs which in turn will help in finding out more about the activities and tasks the learners will be using English for.

While designing questionnaires we have to keep the above three approaches / types of needs analysis in mind. It may also be interesting to notice that in needs analysis, the analysis can be equated to a journey whose starting point is the PSA, whose route / path is LSA, and whose destination is TSA. It is thus important to remember that needs analysis is the cornerstone of an ESP course.

3.4 Sources for Needs Analysis

There are two questions we need to address here. They are as follows:

- 1) Who are the agencies / sources that course designers should meet for needs analysis?
- 2) What tools should they use in Needs Analysis?

Below are the agencies that should be approached for needs analysis:

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- 1) Learners
- 2) Sponsors/employers
- 3) Teachers
- 4) Former Students (to see what problems they faced during their student life)
- 5) Colleagues
- 6) Other ESP researchers in the area / field

3.4.1 Learners

As the entire programme revolves around learners, they are, undoubtedly, a potential source for needs analysis. This is reinforced in this definition:

"ESP courses are those where the syllabus and materials are determined in all essentials by the prior analysis of the communicative needs of the learners." (Munby, 1978)

3.4.2 Sponsors/employers

Sponsors/ employers are also a potential source for needs analysis as they are aware of the contexts in which the learners need to use the language.

3.4.3 Teachers

In an academic setting, teachers can definitely give an idea about the needs of the learners. Thus they can be approached for needs analysis.

3.4.4 Ex-Students

Former students can be approached for needs analysis with the purpose of checking what problems they faced during their student life.

3.4.5 Colleagues

Colleagues who have already conducted similar courses can be of some help in conducting needs analysis.

3.4.6 ESP Researchers

Other ESP researchers in the area/field can help in giving an idea about the learners' needs based on the needs they have met so far.

3.5 Methods used in Needs Analysis

As for gathering information, there are different ways / tools/ methods / instruments of doing so. Let us look at each of them individually:

3.5.1 Questionnaire

A questionnaire is a set of meaningful, sensible, clear and short questions. It should attempt to get as much information as possible. It should also strike a balance between length, interest and coverage.

- Advantages of a questionnaire:

- It can be administered to a large number of respondents.
- It is a time-saving device.

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- The data is easily analyzable or tabulated.

- Disadvantages of a questionnaire:

- The answers can be superficial and very mechanical.

3.5.2 Structured-Interview

A structured-interview is a group of pre-determined questions administered by the interviewer. For this, planning is very important. The questions to be asked should be planned beforehand. The interviewer has to ask them in a clear focused manner, and record the interview for future reference / documentation. An interviewer has to show interest in what the interviewee is doing and must be an active listener because he / she may need to ask follow-up questions. He /she also needs to be able to summarize. In short, a structured-interview is a way of getting maximum information in minimum time. It can be done with sponsors. It is particularly useful for TSA, PSA.

3.5.3 Observation

This is an important tool for carrying out needs analysis. It usually takes place in a business situation. Thus one has to be very discreet. The respondents may resent the presence of an observer, which is why an observer should assure the respondents that the information he / she gets is very confidential.

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3.5.4 Analysis of Authentic Data

This is also an essential tool for carrying out needs analysis. Here an interviewer has to get samples of production skills such as looking at letters written by the respondents to see what problems they have. Videographing and speech discourse are some examples of authentic data. Another way of doing it is by giving a passage with errors to the learner and to get them to correct the errors, and then analyzing their corrections. This kind of analysis is particularly useful for speaking and writing. It can also be the basis for materials production.

3.5.5 Informal Discussion

"Many needs analyses are carried out on an informal basis depending on the time and resources available" (Richterich and Chancerel 1977, Richterich 1983) (cited in Richards 1984: 6).

So as a way of carrying out needs analysis, informal discussions can be done with learners, sponsors or whoever can give information in this regard. With the help of informal discussions, course designers are likely to get a complete picture of the learners' needs.

3.6. Steps in Needs Analysis

(An adaptation from English for Academic Purposes- R.R. Jordan, 1997)

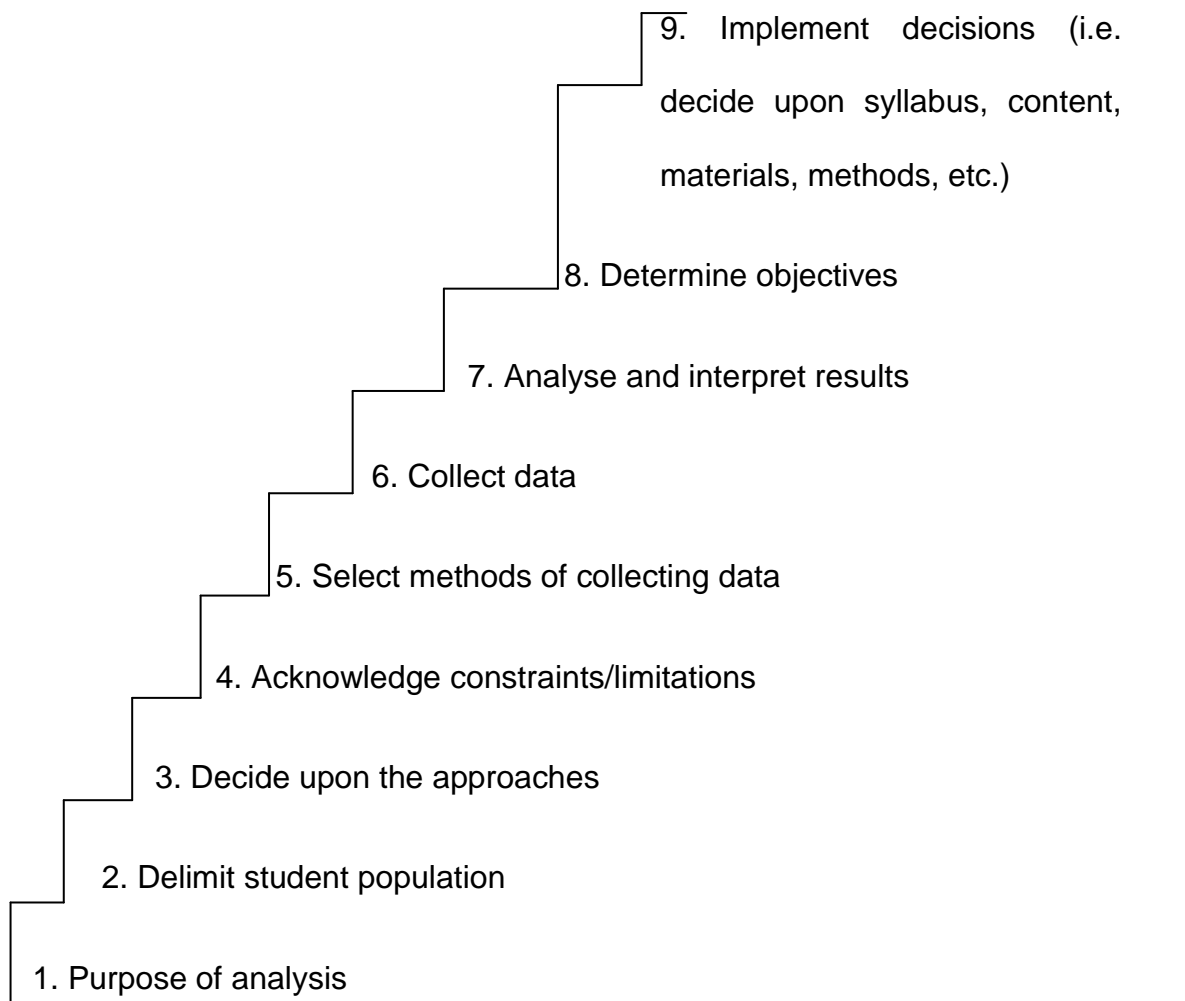
Steps in Needs Analysis

10. Evaluate procedures and results

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A current model of needs analysis by Dudley Evens is provided below:

A CURRENT CONCEPT OF NEEDS ANALYSIS (By Tony Dudley-Evens and Maggie Jo St John, 1998)

The approaches that are included in this current concept of needs analysis is given diagrammatically in fig.1

PERSONAL INFORMATION

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PROFESSIONAL
INFORMATION

ABOUT LEARNERS

LANGUAGE

INFORMATION ABOUT
ABOUT LEARNERS

TARGET SITUATIONS

ENVIRONMENTAL

HOW TO COMMUNICATE
IN THE TARGET
SITUATION

SITUATION

LEARNER'S LACKS

LANGUAGE
LEARNING NEEDS

LEARNER'S NEEDS
FROM COURSE

3.7 Procedures Used

So far I have discussed the different methods / tools that can be used in needs analysis. As stated earlier, this course is designed for medical students of Hodeidah University, Yemen. In fact, when I went there to analyse the needs of the learners, it was end-semester examination time. Thus making use of all the five methods was not possible because of the limitations of time.

Given the circumstances, only two of the said methods could be used i.e. an informal discussion and a questionnaire. Whereas the questionnaire was administered to the respondents, I had an informal discussion with the learners, teachers as well as some former students. It should also be stated here that I

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would have had a clearer picture of their needs had I been able to observe some of the classes.

3.8 Data Analysis

3.8.1 Learner Profile

The methodology of data collection and the research tools used have been discussed a little earlier in this chapter. In this section, the data obtained for the research will be interpreted and analysed. Some of the learners are males and some are females. They are pursuing an undergraduate medical course in the Faculty of Medial Sciences, Hodeidah University, Yemen. Their age is between 18 and 22. They come from different academic backgrounds. 20% of them have had more than six years of English instruction. In other words, they did their schooling in English-medium schools. The remaining 80% have had only six years of English instruction. That is to say, they did their schooling in regional /Arabic medium schools. 40% of them have attended a course in Spoken English and found it useful. All of them think that English is important in their medical study for the following reasons:

1. To be able to speak with teachers and understand them well.
2. To speak with doctors and write exams.
3. To read medical books written in English.
4. To use English as an international language.
5. To use it in a foreign country.

6. Its importance in getting a job.

Though there are some things in common among the learners, they do also differ in many aspects related to their difficulties in the language, their wants, and lacks, and the styles and strategies of learning they use. An overview of all these similarities and dissimilarities is given in the tables below:

S. Number		Mohamed Al-Qadasi	Jamal Ali Al- haboury	Abdu abdullah Atadeeb	Radfan al Kadasi	Afrah Gabreel	Asmaa Saleh	Qana Hogany	Zeinab Al-Sagfir	Hind AbdeAlkadir	Saberin Al agbry
1	Gender	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
2	Age	20	19	21	20	19	21	19	21	19	20
3	Name of your Department	Nursing	Nursing	Nursing	Nursing	Nursing	Nursing	Nursing	Nursing	Nursing	Nursing
4	Years of English instruction in school	6 years	12 years	6 years	6 years	6 years	6 years	6 years	6 years	6 years	6 years
5	Medium of instruction in school	Arabic	English	Arabic and English	Arabic	Arabic	Arabic	Arabic	Arabic	Arabic	Arabic
6	Why is English important in your medical study?	Medical books are in English	To speak to patients	English is very important in a doctor's life	Medical books are in English	All medical resources are in English	Classes are taught in English	English is important in a nurse's life	English is important for my career	Nursing is taught in English	My future in nursing depends on it
7	Have you attended any special course in English?	No	yes	Yes	No	Yes	Yes	No	No	No	No
8	How useful was the course?	—	Very useful	Not useful	—	Not useful	Very useful	—	—	—	—
9	Preferred way of	Individually	From teachers	In small groups	From teachers	In small	In small	From teachers	In pairs	From teachers	From teachers

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	learning					groups	groups				
10	Say whether the two English courses taught in the first year of your programme provide you with the essential skills to speak English well.	No	No	No	No	No	No	No	No	Yes	No
11	What do these two courses lack?	Teachers are not good	Conversations	Conversations and Reviews	Teachers are not good	Two semesters are not enough-listening and speaking	Listening practice and conversation	Grammar is not taught well, listening	Grammar is not taught well	_____	Teachers are difficult to follow
12	What would you like to become after graduation?	A nurse	A doctor –assistant	A doctor- assistant	A nurse/ university teacher/ doctor-assistant	A nurse	A university teacher/ a lab technician	A nurse/ a university teacher	A nurse/ a doctor-assistant	A doctor-assistant	A nurse/ a doctor-assistant
13	Rate your English proficiency in										
	Listening	Average	Average	Average	Good	Average	Average	Poor	Good	Poor	Average
	Speaking	Poor	Average	Poor	Average	Average	Average	Poor	Average	Poor	Average
	Reading	Poor	Good	Good	Average	Good	Average	Good	Average	Good	Good
	Writing	Average	Good	Poor	Good	Good	Average	Average	Good	Good	Good
14	The skills you need	Speaking and	Listening and	Speaking and writing	Speaking and	Listening and	LSRW	Speaking and	Speaking and reading	Listening and	Speaking and

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	more help with	Reading	speaking		reading	speaking		listening		speaking	listening
15	Have a problem in										
	Holding a conversation in English	Yes	No	Yes	No	Yes	No	No	No	Yes	No
	Framing simple questions	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	Taking turns in conversations/discussions	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes
	Providing responses to simple questions	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	Choosing the right word while speaking	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Saying what you want to say	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Pronouncing medical terminology correctly	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Do you use gestures and facial expressions to communicate	Yes	NO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
17	Do you have any fear of making mistakes while	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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	speaking?										
18	Other problems you have while speaking	Pronunciation	Shyness and grammatical error	Shyness and word difficulty	Problems in grammar and pronunciation and fear of speaking	—	Can't follow others who speak English fast	Some words have different meanings	Pronunciation and grammar	Feel shy	Feel shy
19	How often do you face problems with each of the following?										
	Expressing your ideas and thoughts clearly	Often	Often	Sometimes	Sometimes	Often	Sometimes	Often	always	Often	Often
	Speaking in front of audience	Sometimes	Always	Always	Always	Always	always	Always	Sometimes	Always	Never
	Forgetting what you were about to say	Never	Often	Often	Often	Sometimes	Often	often	Sometimes	Often	Never
	Saying what you want to say quickly enough	Often	Always	Always	Always	Never	Sometimes	Sometimes	Sometimes	Often	Always
	Groping for the right words to describe symptoms/cases	Always	Often	Sometimes	Sometimes	always	Sometimes	Sometimes	Always	Never	Always
	Using the wrong word/phrase in speech	Always	Often	Always	Sometimes	Sometimes	Sometimes	Always	Sometimes	Often	Always

20	Where do you usually use English?										
	In college	Yes	Yes	Yes		Yes	Yes	yes	Yes		Yes
	When socializing			Yes	Yes					Yes	
	At home			Yes							
21	Who do you use English with?	Teachers and doctors	Foreign doctor and tourist	Doctors/teachers and foreigners	Teacher/friends and doctors	Teachers	Teachers	Teachers/ doctors	Teachers/doctors	Teachers/ doctors/ tourists	Teachers/ doctors/ tourists
22	Purposes needed for using English										
	Following lectures	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	yes	Yes
	Participating in question-answer session in class	Yes	Yes	Yes	Yes	yes	yes	Yes	Yes	Yes	Yes
	Understanding spoken presentations by classmates	Yes	Yes	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes
	Participating in classroom discussion	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes
	Listening to teachers instructions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes

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	Giving spoken presentations	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Asking teachers for clarification/ repetition	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
23	List some other situations in which you use English	Speaking with doctors	Reading newspapers, and talking with foreigners	Speaking with friends/ doctors and teachers		Using computer and internet	_____	Speaking with doctors	Speaking with doctors	Speaking with teachers and doctors	Reading books and speaking
24	Do you want your friend or teacher to correct your mistakes?	Teacher	Friends	Teacher	Teacher	No	Yes	Teacher	Teacher	Teacher	Teacher
25	Which of the following make(s) the learning process easier for you?	Video material /Handouts and other printed materials	Audio/ video/handouts and other printed materials	Audio/video and handouts and other printed materials	Audio and video materials	Audio materials	Audio/video / handouts and other printed materials	Audio/video / handouts and other printed materials	Handouts and other printed materials	Audio/video and handouts and other printed materials	Video materials/ Handouts and other materials
26	Things you usually do to make the most of a lecture										
	Be attentive in the class	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Prepare for the lesson beforehand	Yes	Yes	No	Yes	No	No	No	No	No	No

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	Take notes while listening	No	Yes	Yes	No	Yes	yes	Yes	No	Yes	Yes
	Interact with the teacher	No	Yes	Yes	Yes	No	Yes	yes	Yes	No	No
	Discuss the lecture with friends after the lecture	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Read extensively on the subject of the lecture	No	Yes	Yes	No	No	No	No	No	No	No
27	Do you usually spend some time on homework?	Yes	yes	Yes	Yes	No	yes	yes	Yes	Yes	Yes
28	How much time?	8 hours	5 hours	4 hours	8-9 hours	2 hours	8 hours	6 hours	4 hours	5 hours	6 hours
29	Do you want to attend a course in spoken English?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes
30	Reasons for willing to attend a course in English	To improve my knowledge	To understand much	I like to learn more	To speak English well	To improve my Spoken English	To Improve my speak skills	I want to learn a lot more	_____	I want to speak good English	_____
31	How long do you want the course to be?	20 hours	20 hours	20 hours	20 hours	20 hours	20 hours	20 hours	20 hours	20 hours	20 hours

32	When would you like the course to be held?										
	Weekdays	Yes	Yes	Yes	Yes	yes	yes	Yes	Yes		Yes
	Weekends									Yes	
	Time of classes	10 -12	Morning	Morning	Morning	4 pm onwards	9-12 am	8-12 am	8-12 am	5-8 pm	10-12 am
33	What do you want from the course?	Improve my speaking and reading skills	Be an English speaker	Improve speaking	Improve speaking/writing and listening	Improve speaking/ vocabulary	Follow the lectures	Improve speaking, writing, reading and listening	Improve speaking and reading English	Improve speaking, writing and reading	Improve speaking, reading and writing

S. Number		Ibtisam Ali	Haifa Ahmad	Aheer Ismaeel	Abdullah Mohd	Mona Ali	Bushra Alshmiri	Haissa Al shamry	Somalah Ali	Hanan Ahmad	Sanar Alhakemy
1	Gender	Female	Female	Female	Female	Female	Female	Female	Female	Female	Female
2	Age	20	21	22	20	21	19	20	21	21	19
3	Name of your Department	Dentistry	Dentistry	Dentistry	Dentistry	Dentistry	Dentistry	Dentistry	Dentistry	Dentistry	Dentistry
4	Years of English instruction in school	6 years	6 years	6 years	12 years	12 years	12 years	12 years	6 years	6 years	6 years

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5	Medium of instruction in school	Arabic	Arabic	Arabic	English	English	English	English	Arabic	Arabic	Arabic
6	Why is English important in your medical study?	It is an international language	It is a world language	It is important for my study and life	To be able to speak with teachers and hospital doctors	It is important in my life (traveling outside)	To understand medical books and speak with teachers	To speak with teachers and understand medical books	It is a world language	To understand books in English	To understand books in English
7	Have you attended any special course in English?	No	No	No	Yes	No	Yes	Yes	No	Yes	Yes
8	How useful was the course?	_____	_____	_____	Somewhat useful	_____	Very useful	Very useful	_____	Somewhat useful	Very useful
9	Preferred way of learning	From teachers	In pairs	Individually	In small groups	In pairs	From teachers	In pairs	In small groups	In small groups	From teachers
10	Say whether the two English courses taught in the first year of your programme provide you with the essential skills to speak English well.	yes	Yes	No	No	Yes	No	No	No	Yes	Yes

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11	What do these two courses lack?	_____	_____	Classroom arrangement and right conditions (hot weather)	Conversations and pronunciation	_____	Speaking practice	Classroom right conditions and speaking practice	Dialogues and pronunciation	Dialogues and pronunciation	_____
12	What would you like to become after graduation?	A university teacher/ a dentist	A university teacher/ a dentist	A university teacher/ a dentist	A dentist	A university teacher/ a dentist	A university teacher/ a dentist	A university teacher/ a dentist	A dentist	A dentist	A doctor-assistant/ a dentist
13	Rate your English proficiency in										
	Listening	Poor	Good	Good	Average	Good	Poor	Good	Poor	Average	Good
	Speaking	Average	Average	Average	Poor	Average	Poor	Average	Good	Poor	Average
	Reading	Good	Average	Average	Poor	Good	Average	Average	Poor	Poor	Good
	Writing	Good	Good	Good	Average	Good	Good	Excellent	Average	Average	Good
14	The skills you need more help with	Speaking and listening	Speaking and reading	Speaking and reading	Speaking and reading	Speaking	Listening and speaking	Speaking and reading	Listening and speaking	Reading	Speaking
15	Have a problem in										
	Holding a conversation in English	Yes	Yes	Yes	Yes	No	No	No	Yes	yes	No
	Framing simple	No	No	No	Yes	No	No	No	No	Yes	Yes

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	questions										
	Taking turns in conversations/discussions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	Providing responses to simple questions	No	No	Yes	Yes	Yes	no	No	No	Yes	Yes
	Choosing the right word while speaking	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
	Saying what you want to say	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No
	Pronouncing medical terminology correctly	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
16	Do you use gestures and facial expressions to communicate?	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
17	Do you have any fear of making mistakes while speaking?	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
18	Other problems you have while	Pronunciation	Pronunciation	Grammar	Pronunciation	Grammar and pronunciation	Lack of opportunity	Pronunciation	---	Pronunciation	Poor vocabulary

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	speaking?										
19	How often do you face problems with each of the following?										
	Expressing your ideas/thoughts clearly	Sometimes	Often	Sometimes	Always	Always	Sometimes	Sometimes	Often	Always	Often
	Speaking in front of audience	Always	Always	Often	Always	Always	Sometimes	Always	Always	Often	Sometimes
	Forgetting what you were about to say	Often	Often	Sometimes	Always	Sometimes	Sometimes	sometimes	Often	Always	Sometimes
	Saying what you want to say quickly enough	Always	Always	Always	Often	Always	Sometimes	Often	Always	Often	often
	Groping for the right words to describe symptoms/cases	Sometimes	Sometimes	Always	Always	Always	Sometimes	Often	Sometimes	Always	Often
	Using the wrong word/phrase in speech	Sometimes	Sometimes	Sometimes	Always	Sometimes	Sometimes	Sometimes	Often	Always	Sometimes
20	Where do you										

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	usually use English?										
	In college	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	When socializing						Yes				Yes
	At home	Yes		Yes			Yes				
21	Who do you use English with?	Teachers and friends	friends	Friends	Teachers, doctors and patients	Brother	Teachers, parents, friends	Sister and classmates	Friends	Doctors, patient & teachers	Teachers and friends
22	Purposes needed for using English										
	Following lectures	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	yes	yes
	Participating in question-answer session in class	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Understanding spoken presentations by classmates	No	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes
	Participating in classroom discussions	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes

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	Listening to teacher's instructions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Giving spoken presentations	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Asking teaches for clarification/ repetition	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
23	List some other situations in which you use English	_____	_____	In the clinic	With patients	___	Watching foreign channels	Reading books	_____	_____	Using atlas
24	Do you want your friend or teacher to correct your mistakes?	Yes, both	Friends	Yes, both	Teacher	Teacher	Yes, both		Teacher	Teacher	Yes, both
25	Which of the following make(s) the learning process easier for you?	Video materials/ handouts and other printed materials	Handouts and other printed materials	Audio/ video materials	Handouts and other printed materials	Video materials	Video materials	Handouts and other printed materials	Video/ audio materials/ handouts and other printed materials	Audio materials/ handouts and other printed materials	Video materials
26	Things you usually do to make the most of a lecture										

	Be attentive in the class	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Prepare for the lesson beforehand	No	No	No	No	No	No	Yes	No	No	No
	Take notes while listening	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Interact with the teacher	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No
	Discuss the lecture with friends after the lecture	Yes	Yes	Yes	No	No	No	No	Yes	No	Yes
	Read extensively on the subject of the lecture	No	No	Yes	Yes	No	Yes	No	No	No	No
27	Do you usually spend some time on homework?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
28	How much time?	4 hours	2 hours	3 hours	5 hours	2 hours	2 hours	3 hours	2 hours	4 hours	2 hours
29	Do you want to attend a course in spoken English?	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes

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30	Reasons for willing to attend a course in English	_____	_____	I need it	I need it	_____	To improve my speaking skills	I have many problems in Spoken English	_____	It is very important for me	To learn English properly
31	How long do you want the course to be?	20 hours	20 hours	20 hours	20 hours	10 hours	20 hours	10 hours	20 hours	20 hours	10 hours
32	When would you like the course to be held?										
	Weekdays			Yes	Yes		Yes	Yes		yes	Yes
	Weekends	Yes	Yes			Yes			Yes		
	Time of classes	Evening	Morning	9-12 am	8-10 am	4 – 6 pm	9-12 am	9-12 am	Morning	10-12 am	9-11 am
33	What do you want from the course?	Improve speaking and reading skills	Improve speaking English	Improve speaking skills	Improve speaking skills	Improve grammar and speaking skills	Improve speaking, writing and understanding English	Improve speaking skills	Improve speaking skills	Improve speaking skills	Improve vocabulary

S. Number		Samir Rabai	Nawal Mohammad Al masry	Abdulla Said	Widian Ahmed Ali hothephy	Aisha Alwesaby	Abeer Abdul Rahman	Manal Al shorafi	Sahar Al Rifee	Tahany Aish Mohammed Bocksh	Abdial Fatah Abusaad
1	Gender	Male	male	Male	Female	Female	Female	Female	Female	Female	Male
2	Age	20	19	20	19	20	19	20	20	18	20
3	Name of your Department	Medical Laboratory	Medical Laboratory	Medical Laboratory	Medical Laboratory	Medical Laboratory	Medical Laboratory	Medical Laboratory	Medical Laboratory	Medical Laboratory	Medical Laboratory
4	Years of English instruction in school	6 years	6 years	6 years	6 years	6 years	6 years	12 years	12 years	12 years	12 years
5	Medium of instruction in school	Arabic	Arabic	Arabic	Arabic	Arabic	Arabic	English	English	English	English
6	Why is English important in your medical study?	Books are in English	Books are in English	To understand medical books	To speak with doctors	To get a job and read books	To read books and get a job in future	It is a world language	Textbooks are in English	To read books in English and get a job in future	To write exams and speak with doctors
7	Have you attended any special course	No	Yes	Yes	No	No	Yes	No	No	No	Yes

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	in English?										
8	How useful was the course?	—	Not useful	Very useful	—	—	Somewhat useful	—	—	—	Somewhat useful
9	Preferred way of learning	In pairs	From teachers	From teachers	From teachers	From teachers	From teachers	From teachers	From teachers	Individually	In pairs
10	Say whether the two English courses taught in the first year of your programme provide you with the essential skills to speak English well.	No	No	No	Yes	No	No	No	No	No	No
11	What do these two courses lack?	Reading and speaking practice	Speaking, reading, writing practice	Conversations and listening practice	_____	Spelling/ writing, speaking and reading practice	Pronunciation	_____	Conversations	Grammar, reading and spelling practice	Pronunciation and writing practice
12	What would you like to become after graduation?	A lab technician	A university teacher	A lab technician	A lab technician	A lab technician	A lab technician	A lab technician	A lab technician	A University teacher	A lab technician
13	Rate your English proficiency in										

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	Listening	Average	Good	Average	Good	Poor	Good	Good	Good	Good	Good
	Speaking	Good	Poor	Good	Average	Poor	Poor	Average	Average	Average	Average
	Reading	Average	Poor	Good	Good	Good	Poor	Good	Good	Good	Good
	Writing	Good	Average	Good	Average	Good	Average	Good	Good	Good	Average
14	The skills you need more help with	Listening and reading	Speaking and reading	Listening and speaking	Writing and speaking	Listening and speaking	Reading and speaking	speaking	speaking	speaking	Writing & speaking
15	Have a problem in										
	Holding a conversation in English	No	yes	No	No	Yes	Yes	No	No	Yes	Yes
	Framing simple questions	No	Yes	No	No	No	No	Yes	No	No	Yes
	Taking turns in conversations/discussions	Yes	Yes	No	Yes	Yes	No	No	Yes	No	Yes
	Providing responses to simple questions	No	Yes	No	No	No	Yes	Yes	Yes	No	No
	Choosing the right word while speaking	Yes	yes	No	Yes	Yes	Yes	No	Yes	Yes	No

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	Saying what you want to say	Yes	Yes	No	Yes	Yes	No	No	No	yes	Yes
	Pronouncing medical terminology correctly	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
16	Do you use gestures and facial expressions to communicate?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
17	Do you have any fear of making mistakes while speaking?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18	Other problems you have while speaking	Feel shy and lack of opportunity	---	Can't speak English fast	Fear and shyness	Feel shyness	Fear and shyness	---	Poor vocabulary	Poor vocabulary	Feel shy
19	How often do you face problems with each of the following?										
	Expressing your ideas and thoughts clearly	Sometimes	Always	Sometimes	Always	Often	Sometimes	Often	Sometimes	Often	Often
	Speaking in front of	Sometimes	Sometimes	Sometimes	Never	Always	Always	Always	Always	Always	Sometimes

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	audience										
	Forgetting what you were about to say	Often	Often	Sometimes	Sometimes	Often	Often	Some times	Sometimes	Always	Always
	Saying what you want to say quickly enough	Sometimes	Sometimes	Often	Often	Often	Always	Sometimes	Always	Often	Often
	Groping for the right words to describe symptoms/cases	Always	Always	Sometimes	Often	Always	Always	Sometimes	Sometimes	Often	Always
	Using the wrong word/phrase in speech	often	Always	Sometimes	sometimes	Sometimes	often	often	sometimes	always	sometimes
20	Where do you usually use English?										
	In college	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	
	When socializing	Yes			Yes						Yes
	At home		Yes		Yes			Yes			Yes
21	Who do you use English with?	Doctors and friends	Teachers and foreigners	Teachers and friends	Teacher, parents and friends	Teachers and friends	Friends and sister	Sister	Friends	Teacher and sister	Doctor friend/ sisters
22	Purposes needed for using English										

	Following lectures	yes	Yes	Yes	yes	Yes	yes	No	Yes	Yes	Yes
	Participating in question-answer session in class	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	Understanding spoken presentations by classmates	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	Participating in classroom discussions	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	Listening to teachers' instructions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Giving spoken presentations	Yes	Yes	Yes	Yes	Yes	Yes	Yes	no	Yes	Yes
	Asking teachers for clarification/ repetition	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	yes	Yes
23	List some other situations in which you use English	Speaking with foreigners	—	Speaking with doctors and foreigners	Speaking with foreigners	—	With doctors and patients	Speaking with foreigners	—	Understanding different meaning of same word	—
24	Do you want your friend or teacher to correct your	Friend	Teacher	Yes, both	Yes, both	Teacher	Teacher	Yes, both	Yes, both	Teacher	Teacher

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	mistakes?										
25	Which of the following make(s) the learning process easier for you?	Audio materials / printed materials	Audio/video materials/handouts and other printed materials	Video materials/ handouts and other printed materials	Video materials/ handouts and other printed materials	Audio materials/ printed materials	Audio/ video materials	Video materials	Video materials	Audio materials/ printed materials	Video materials/ printed materials
26	Things you usually do to make the most of a lecture										
	Be attentive in the class	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
	Prepare for the lesson beforehand	No	No	No	No	No	Yes	No	No	No	yes
	Take notes while listening	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes
	Interact with the teacher	No	No	Yes	Yes	No	No	Yes	No	No	No
	Discuss the lecture with friends after the lecture	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes	No
	Read extensively on the subject of the lecture	No	No	No	No	No	No	yes	No	Yes	Yes

27	Do you usually spend some time on homework?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
28	How much time?	1 hour	2 hours	2 hours	4 hours	2 hours	2 hours	1 hour	Half an hour	2 hours	2 hours
29	Do you want to attend a course in spoken English?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
30	Reasons for willing to attend a course in English	My Spoken English is bad	I need to improve my speaking skills	To improve my speaking skills	To become excellent in spoken English	To strengthen my Spoken English	I am poor in Spoken English	_____	No need	To strengthen my English	I like Spoken English
31	How long do you want the course to be?	16 hours	10 hours	10 hours	10 hours	10 hours	20 hours	20 hours	—	10 hours	20 hours
32	When would you like the course to be held?										
	Weekdays	Yes	Yes	Yes		Yes	Yes	yes	—	Yes	Yes
	Weekends				Yes						
	Time of classes	Evening	Morning	10-12 morning	After noon	Morning	9-12 am	9-11 am	—	Morning	Morning
33	What do you want from the course?	Improve speaking,	Improve speaking skill	Improve speaking skill	Improve speaking skill	Improve speaking and writing skills	Improve reading and	Improve speaking skill	—	Improve speaking and	Improve speaking skill

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		reading and listening skills					speaking skill			writing skills	
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3.8.2 Analysis of the data

Three of the questions in the questionnaire require rating-scale responses. Thus the point system has been used to convert them into quantifiable variables. The data collected has been tabulated below.

Table-1

How would you rate your English proficiency in the following?	Excellent (4)	Good (3)	Average (2)	Poor (1)	Total points
Listening	--	13	11	6	67
Speaking	--	2	17	11	51
Reading	---	16	7	7	69
Writing	1	18	10	1	79

To get an idea about the learners' strengths and weaknesses in the four skills, they were asked to assess their own proficiency level by rating them on a four-point scale. They think that they are more proficient in writing and reading than they are in listening and speaking. Their responses to question (10) show that they need more help with speaking. They consider speaking to be vital to success in their course of study. Out of the thirty respondents ten stated that they need more help with speaking and reading, nine with listening and

speaking, five with speaking only, three with speaking and writing, and one with all the four skills.

Table-2

Indicate how often you face problems with each of the following:	Always (3)	Often (2)	Sometimes (1)	Never (0)	Not applicable (0)	Total points
expressing your ideas and thoughts clearly?	6	12	12	0	0	54
speaking in front of an audience?	19	3	8			75
forgetting what you were about to say?	5	15	10	0	0	53
saying what you want to say quickly enough?	11	12	6			67
groping for the right words to describe symptoms / cases?	14	6	10			60
using the wrong word/phrase in speech?	9	6	17	0	0	49

Table – 2, which includes the learners' responses to question (15), shows that the learners face many problems in speaking in front of an audience, saying what they want to say quickly enough and groping for the right words to describe symptoms/ cases. When it comes to expressing their own ideas/ thoughts clearly, they forget what they were about to say and use the wrong word/ phrase in speech.

Table – 3

Do you have a problem in:	Yes	No
holding a conversation in English?	15	15
framing simple questions?	13	17
taking turns in conversations / discussions?	22	8
providing responses to simple questions?	15	15
choosing the right word while speaking?	25	5
saying what you want to say?	21	9
pronouncing medical terms correctly?	27	3

Table – 4

For what purposes do you need to use English?	Yes	No
For following lectures?	29	1

For participating in question – answer sessions in class?	25	5
For understanding spoken presentations by classmates?	24	6
For participating in class discussions?	27	3
For listening to teachers' instructions?	30	0
For making spoken presentations?	27	3
For asking teachers' for clarification/ repetition?	26	4

There are more 'Yes's' than 'No's' in the learners' responses to question (II) as indicated in tables (3) and (4) above. This clearly speaks volumes of their need for a course in communication skills.

Table – 5

What do you usually do to make the most out of a lecture?	Number of learners	Percent
Be attentive in the class	27	90
Prepare for the lesson beforehand	7	24
Take notes while listening	22	75
Interact with the lecturer	15	50
Discuss the lecture with friends after the class	21	73
Read extensively on the subject of	7	24

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the lecture		
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The above table gives us an idea about the different strategies the learners use to make the most out of the lectures/ classes they attend. The majority of them (90%) listen to lectures attentively. This shows their desire and thirst for knowledge. Just a few of them (25%) prepare for the lesson beforehand and read extensively on the subject of the lecture. The reason they gave for not doing so is that they have to work after their classes to earn their livelihood. 75% of them take notes while listening. Whereas 70% discuss the lecture with their friends outside the class, only 50% interact with the lecturer. This is obviously because with their friends outside the class they can freely switch over to their mother tongue i.e. Arabic. They, however, feel shy to interact with the lecturer in English and lack the proficiency to do so.

Table – 6

What is your preferred way of learning English?	Number of learners	Percent
In pairs	6	20
In small groups	6	20
Individually	3	10
From teachers	15	50

Table-6 shows the learners' learning styles.

For 20% learning in pairs is the preferred way of learning English. 20% have ticked learning in small groups as their preferred way of learning. High priority (50%) is given to learning from teachers. This is a clear indicator that the learners are not aware of or used to learner-centred classrooms. The teacher is most important to them. This may be because teachers do not involve learners in the learning process. They do not put in any effort to make them autonomous.

The learners belong to three Departments i.e. Nursing, Medical, Laboratory and Dentistry. 30% of them would like to become dentists, 30% lab technicians, 35% doctor – assistants and the remaining 5% university teachers and medical sales representatives. As stated earlier, they come from different academic backgrounds. 30% of them have had 12 years of English instruction and 70% have had 6 years of English instruction. 60% have not attended any special course in English. The remaining 40% have attended an English course before entering college, 20% of whom found it very useful, 10% somewhat useful and 10% not useful at all.

Almost all of them think that the two English courses taught in the first year of their four-year programme do not provide them with the essential skills for speaking English. These two courses lack conversation practice and medical terminology. All the learners with no exception use gestures and facial expressions to communicate, and have a fear of making mistakes while speaking. Apart from this, they need to improve their pronunciation and enrich

their knowledge of medical terminology. They usually use English with teachers in college and doctors/patients in hospitals. Almost all of them stated that printed and audio materials make the learning process easier for them. They spend about four hours on homework and hardly prepare for lessons beforehand due to time constraints. They want a 20- hour part- time course any time in the morning and expect the course to help them improve their speaking and reading skills.

Having conducted the needs analysis, gone through the syllabus of the Faculty of Medical Sciences and analysed 20 samples taken from the courses and textbooks that these medical students study, I came to know about the language structures and language functions that they have to deploy during their study. As the learners expressed their long-term goals, I have also included functions that they would eventually be using in their profession.

Target Language Analysis

Grammar Items

- Imperatives
- Interrogatives
- Simple Present Tense
- Simple Past Tense
- Adjectives
- Adverbs
- Passive Voice
- Conditionals
- Modal verbs

Language Functions

- Asking for and giving information
- Describing (introducing oneself and others)
- Defining
- Classifying
- Clarifying
- Asking for clarifications
- Inquiring
- Suggesting
- Directing

- Comparing
- Agreeing
- Disagreeing
- Note -making / note -taking
- Informing
- Assuring
- Giving instructions and advice
- Diagnosing
- Warning

Target Situation Analysis

The learners require English for immediate use as well as future use. At present, they need English for study purposes (listening to lectures, making notes, participating in classroom discussions, making powerpoint presentations and writing exams). They also need English to communicate with non Arabic-speaking people when they take up some work soon after graduation. As part of their course requirements, they have to go to hospitals and laboratories for practice. Thus they will need to use English with non Arabic-speaking patients and doctors in those places. Reading passages/texts have been included as a base for speaking. Though the learners' content knowledge is good, they cannot follow the lectures due to their low proficiency level in English. This course is, therefore, intended to be offered as a pre-sessional course in order to bridge or minimize the said gap. Keeping the learners' proficiency level in mind, the tasks

have been designed. That is, the same tasks may not be that challenging for medical students in a country like India, for example. Moreover, it will provide them with the technical and sub – technical vocabulary that they would need in their study. A part of every unit will be devoted to the teaching of the pronunciation of medical vocabulary as most of the students seem to have a problem with the pronunciation of medical terms. It also aims at giving these students tips and practice on how to perform tasks effectively during their studies as well as in their future jobs in English.

3.9 Questionnaire

A copy of the questionnaire administered is attached herewith.

QUESTIONNAIRE

Dear Student,

The purpose of this questionnaire is to know your specific needs with regard to English. This will help me design a course for you based on your language needs. Hence, you are requested to kindly take a few minutes and give frank and honest responses to the questions. I can assure you that the information given by you will be kept confidential and used for this project work only.

Name: _____ Name of your Academic Institution _____

Age: _____ Gender: Male Female

Name of your Department: _____

1. How many years of English instruction have you had?

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.....
2. What was the medium of instruction in your school?

.....
3. Do you think English is important in your study? Why? Why not?
.....
.....

4. In case you have attended any course in English, please indicate the length and frequency of the course (e.g., 20 days, 2 hours per day).
.....

5. How useful was the course? Please circle your choice.

- Very useful
- Somewhat useful
- Not useful

6. What is your preferred way of learning English?

- In pairs
- In small groups
- Individually

7. (a) Do you think the two English courses taught in the first year of your four year Programme provide you with the essential skills to speak English (well)?

Yes No

- (b) If your answer is 'No', what do you think these courses lack?

-
-
-

8 What would you like to become after graduation? Tick your choice.

a. A pharmacist

- b. A nurse
 - c. A medical sales representative
 - d. A university teacher
 - e. An assistant- doctor
 - f. A lab technician
- Any other(s), please specify.

.....

9. How would you rate your English proficiency in the following? (Tick your opinion:)

	Excellent	Good	Average	Poor
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Which of the aforementioned skill(s) do you need more help with?

.....

11. Do you have a problem in:	Yes	No
(a) holding a conversation in English?	<input type="checkbox"/>	<input type="checkbox"/>
(b) framing simple questions?	<input type="checkbox"/>	<input type="checkbox"/>
(c) taking turns in conversations / discussions?	<input type="checkbox"/>	<input type="checkbox"/>
(d) providing responses to simple questions?	<input type="checkbox"/>	<input type="checkbox"/>
(e) choosing the right word while speaking?	<input type="checkbox"/>	<input type="checkbox"/>
(f) saying what you want to say?	<input type="checkbox"/>	<input type="checkbox"/>
(g) pronouncing medical terminology correctly?	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you use gestures and facial expressions to communicate? Yes No

13 Do you have any fear of making mistakes while speaking? Yes No

14. What other problem(s) do you have while speaking?

.....

.....

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15. Indicate how often you face problems

with each of the following: (Tick the appropriate box)

always	often	sometimes	never	Not applicab
--------	-------	-----------	-------	--------------

- a. Expressing your ideas and thoughts clearly.
- b. Speaking in front of an audience.
- c. Organizing notes/materials into coherent units.
- d. Forgetting what you were about to say.
- e. Saying what you want to say quickly enough.
- f. Groping for the right words to describe symptoms / cases.
- g. Using the wrong word/phrase in speech.

16. When / Where do you usually use English? Tick your choice(s).

- In college
- When socializing
- At home

17. Who do you use English with?

.....

.....

.....

18. For what purposes do you need to use English? You can tick more than one answer.

- | | Yes | No |
|---|--------------------------|--------------------------|
| • For following lectures? | <input type="checkbox"/> | <input type="checkbox"/> |
| • For participating in question – answer sessions in class? | <input type="checkbox"/> | <input type="checkbox"/> |

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- For understanding spoken presentations by classmates?
- For participating in class discussions?
- For listening to teachers' instructions?
- For making spoken presentations?
- For asking teachers' for clarification/ repetition?

19. List some other situation(s) in which you use English.

-

-

20.. If you make mistakes in speech, do you want your friends or the teacher to correct you?

.....

21. Which of the following make(s) the learning process easier for you? Tick your choice(s).

- Audio materials.
- Video materials.
- Handouts and/ or other printed materials.

22. What do you usually do to make the most out of a lecture? Tick your response(s).

- a. Be attentive in class
- b. Prepare for the lesson beforehand.
- c. Take notes while listening.
- d. Interact with the lecturer.
- e. Discuss the lecture with friends after the class.
- f. Read extensively on the subject of the lecture.
- g. Other ways (please specify)

23. Do you usually spend some time on homework? If so, how much?

(e.g., 3 hours per day.)

.....

24. Do you want to attend a course in Spoken English? If yes, why?

.....

25. How long do you want the course to be?

10 hours 12 hours

16 hours 20 hours

26. When and what time would you like the course to be held?

* Weekdays Time:

* Weekends Time:

27. What do you **want** from this course?

.....

.....
Thank you for your co-operation.

Arif Ahmed Al-Ahdal

Chapter Four

Aims and Objectives

'Tell us what you need to learn and for what purposes. We will then devise a course which will teach you precisely that: no more and no less...and we will do so by means of highly effective teaching methods.'

- Peter Strevens(1988)

4.1 What are aims and objectives?

Aims and objectives play an important role in any course. Aims refer to the general purpose of a language programme. In other words, they refer to a statement of a general change that a course seeks to bring about in learners. They are derived from the information gathered from the needs analysis process. They refer to the use to which we put the knowledge/ language received during a course after the course is over. Aim statements reflect the ideology of the curriculum and show how the curriculum will realize it. Whereas aims are expressed in general terms and are intended to be achieved over a long period of time, objectives are expressed in very specific terms and are intended to be achieved in a short time span. Within aims we have objectives. Objectives refer to a statement of specific changes a programme seeks to bring about in learners. They result from an analysis of the aims into different

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components. In other words, they are smaller units of learning that can be numerable. They are usually written in terms of learner outcomes.

4.1.1 How are aims important?

- They give focus / direction to the course.
- They are a set of guidelines to learners and teachers.
- They provide a clear definition of the purpose of a programme.
- They describe important and realizable changes in learning.

4.1.2 How are objectives important?

- They form the basis for activities and tasks.
- They make the teacher accountable.
- They are units of measurement with regard to the progress of teaching.
- They describe learning in terms of observable behaviour.

Having looked at learners' lacks, wants, and needs, let us now study the aim(s) and objectives of this course.

4.1.3 Aims of the Course

This course aims at:

(1) providing the medical students of Hodeidah University with basic communication and presentation skills for use in their academic life and future workplace.

(2) enriching their summarizing, note-making and note-taking skills.

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(3) improving their pronunciation.

4.1.4 Objectives of the Course

At the end of the course, the students will be able to:

- (1) introduce themselves and others
- (2) frame and provide responses to simple questions
- (3) hold conversations with patients without difficulty
- (4) give information to patients about relevant medical matters
- (5) discuss patient-related issues with English-speaking colleagues
- (6) summarize a medical text
- (7) take and make notes in an effective manner
- (8) pronounce medical terms correctly.

Chapter Five

Syllabuses

'...to achieve the required level of linguistic competence in the minimum of time.'

- Fityjohn

In the previous chapter, we looked at aims and objectives in general and then arrived at the aims and objectives of the present course. This in turn has led to the syllabus for the course which will be discussed later in this chapter.

5.1 What is a syllabus?

... Syllabuses relate to specific languages to be taught to more or less specific groups of learners for more or less specific purposes with more or less specific limitations of time and money. Textbooks and teaching materials of all sorts are the concrete realization of the syllabus plan. (cited in Krishnaswamy, N., Verma, S.K., Nagarajan, M .N 1992).

A syllabus is a list of topics, themes, functions, etc. that are used in a language programme.

Nunan (1988) states that a syllabus is a specification of what is to be taught in a language programme and the order in which it is to be taught. It may contain all or any of the following:

phonology, grammar, functions, notions, topics, themes, and tasks. Hutchinson

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and Waters (1987) look at a syllabus from the point of view of the outcomes rather than the process. To them "a syllabus is a statement of what is to be learnt in terms of language and linguistic performance."

It is certain that a language syllabus plays a fundamental role in the development of language programmes. It gives a direction to the learning–teaching process. It gives direction and guidance to teachers. It helps them know which skill is in focus; it states the focus of each lesson, be it a language element, a skill or a sub-skill. Developing the syllabus is important because language is a big entity and the syllabus helps one teach it bit by bit, in manageable units. In order to make the teaching process a success, we need a well-thought out, well-directed syllabus. A syllabus can be arranged in different ways. It depends on:

1. One's perception of what language is
2. Needs of the course
3. Needs of the learner

It also involves needs analysis and establishing goals. In other words, the content of the syllabus derives from a needs analysis of the learner's specific communication requirements as in the case of the present course .It entails the selection, gradation and presentation / sequencing of the language and content of a course. To design a syllabus is to decide what is to be taught and in what order.

5.2 Types of Syllabus

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Syllabuses can be divided into two categories depending on what they focus on. These two categories are Product-oriented syllabuses and Process-oriented syllabuses. They are briefly discussed below.

Product-oriented syllabuses are the realization of the synthetic approach to syllabus design and process-oriented syllabuses are the realization of the analytic approach to syllabus design. The grammatical/ structural syllabus, the functional/ notional syllabus and the lexical syllabus are examples of product-oriented syllabuses; the procedural syllabus, the task-based syllabus and the content-based syllabus are examples of process-oriented syllabuses.

In the product-oriented syllabuses, the components of language are looked upon as building blocks. The process of learning takes place step-by-step till the learners synthesize the whole language. The following points are important to remember about product-oriented syllabuses:

- They are linear i.e. learners have to learn language sequentially.
- They are additive i.e. the learners cannot go to item (a) until they have learnt item (b).
- The language content is carefully selected and controlled i.e. the learners have no control over the content.
- They are teacher-fronted or teacher-centred as teachers control the content.
- They are linguistically oriented.

One more thing to remember about these syllabuses is that their language content is graded on the basis of the following:

- The grammatical complexity
- Frequency of occurrence
- Range
- Teachability/ learnability
- Contrastive difficulty in relation to the learners' mother tongue.

Process-oriented syllabuses developed as a result of a sense of failure about product-oriented courses being able to enhance communicative language skills. The focus here is on the process and not the product of learning. Below are some important points to remember about process-oriented syllabuses:

- They are activity/ task-based.
- They are based on the purpose for which language is taught.
- They are learner-centred.
- They focus on the performance requirements of instruction.

A very important distinction between the two syllabuses discussed here is that product syllabuses focus on the knowledge and skills which learners should gain as a result of instruction, while process syllabuses focus on the learning experiences themselves (Nunan, 1988:27).

It is worth mentioning here that the advantage that process syllabuses have over product syllabuses is that the learners whose academic institution follows the former type will, at some point of time, become autonomous.

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Let us now look at different types of syllabuses.

a. Topic Syllabus

Here, a particular theme / topic is discussed in each unit. The subject matter is primary and language learning is incidental to content learning. It is important for ESP in the sense that the themes have to be related to the content.

b. The Grammatical / Structural Syllabus

In this syllabus, the focus is on grammar. It centres around grammatical items that are graded from simple to difficult. It can improve the learners' grammatical competence, but not likely to improve their communicative competence.

c. The Functional / Notional Syllabus

The focus here is on the functions performed when language is used as well as the notions the language is used to express. Describing, explaining, discussing are a few examples of functions, and time, space and obligation are examples of notions. In this syllabus, a list of functions and notions is made and graded in terms of their usefulness to the learners, and the language necessary for performing these functions is provided to the learner. The advantages of this type of syllabus are:

- (1) It is based on the learners' perceived needs.

(2) Learners can start putting to use whatever language they learn in the classrooms.

(3) Learners who do not complete the course also develop some communicative ability.

However, the limitation of the functional-notional syllabus is that the list of functions and notions (like the lists of words and structures) may not necessarily reflect the way language is learnt.

d. The Discourse / Skills Syllabus

This focuses on providing learners with specific abilities / competencies that are essential for using the language. In this type of syllabus, each sub-skill becomes a unit.

e. The Situational Syllabus

Here the focus is on the situations in which learners will be using English. In other words, the focus here is on teaching the language that learners need to perform effectively in specific situations such as ' At the doctor's. This is particularly useful for people who use English for limited purposes, as their motivation will be high.

f. The Task -based Syllabus

This kind of syllabus assumes that language learning takes place with tasks as the organizing principle. Thus tasks are of great importance in this kind

of syllabus. Puzzles, quizzes, pair-work, group work, role-play, simulation are examples of tasks.

g. The Lexical Syllabus

This type of syllabus is based on the theory that language is not a set of grammatical rules but that it consists of lexical items / chunks of language. The learners are exposed to the different ways these lexical items or words are used in their most natural environment. This will enable the learners to use the language for communication. It is also believed that these fixed expressions make learners efficient users of the language.

5.3 The Syllabus to be used on this Course

It is important to point out that any language syllabus is mostly a combination of two or more of the types mentioned above with one type dominating and that in practice these types rarely occur independent of one another. The syllabus used here is an integrated or eclectic syllabus, though it is more of a combination of situational and functional syllabuses. As the course aims at providing Yemeni medical students of Hodeidah University with basic communication and presentation skills, it contains some of the language functions they are to perform while using English in colleges or in their future workplace.

The materials consist of seven units that have been arranged thematically. However each unit focuses on a specific skill (s), a specific function(s) and a specific grammar item(s). Each unit is also a combination of 4-5 tasks.

5.4 Timetable

Based on my estimation as well as the respondents' wishes expressed in the questionnaires, a 20- hour course has been designed and will be taught according to the following timetable:

Day	Unit	Duration	Topic
Saturday	1	2 hours	Let's Know Each other Better
Sunday	2	3 hours	With A Patient (I)
Monday	3	3 hours	Preventive Medicine
Tuesday	4	3hours	Welcome To My Clinic
Wednesday	5	3 hours	With A Patient (II)
Saturday	6	3 hours	Take Care of Your Teeth
Sunday	7	3 hours	Mosquitoes and Blood

N.B. Saturdays and Sundays are working days in Yemen.

As indicated in the table above, except for the first day (2 hours), a 3-hour class will be held every day for six working days from 9.00 am – 12.00 noon on campus.

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Chapter Six

Materials and Methodology

'... materials produced for use once only for one group of students in one place at one time.'
- Pauline Robinson (1980)

6.1 ESP Materials

Hutchinson and Waters state that "materials writing is one of the most characteristic features of ESP in practice. In marked contrast to General English teaching, a large amount of the ESP teacher's time may well be taken up in writing materials" (1987: 106). In fact, materials in general and ESP materials in particular play a very important role in the learning- teaching process. In an ESP context, they lend variety to classroom discussion, stimulate the learning process, and organize teaching and learning. In an ESP situation, the teacher is the course designer/ materials producer, which is not always the case in an EGP context. As an ESP course is a customized course, it has to be related to an academic or occupational discipline. The present course is an example of a customized course. According to Tony Dudley-Evans and Jo St John (1998), materials are supposed to:

- provide a stimulus to learning;
- help to organize the teaching-learning process;
- embody a view of the nature of language;
- reflect the nature of the learning task;

- broaden the basis of teacher training by introducing teachers to new techniques; and
- provide models of correct and appropriate language use.

They state that good materials should contain:

- interesting texts;
- enjoyable activities which engage the learners' thinking capacities;
- opportunities for learners to use their existing knowledge and skills; and
- content which both learner and teacher can cope with.

Dudley Evans and Jo St. John (1998) state that materials are a must in an ESP context as they can be used:

- as a source of language
- as a learning support
- for motivation and stimulation
- for reference.

In an ESP situation, authentic materials are very important because our main aim in teaching ESP students is to prepare them for real-life experience. Thus an ESP teacher not only needs to be well-qualified but also an efficient materials producer.

To be an efficient materials producer, Tony Dudley-Evans and Jo St John (1998) observe that an ESP teacher needs to:

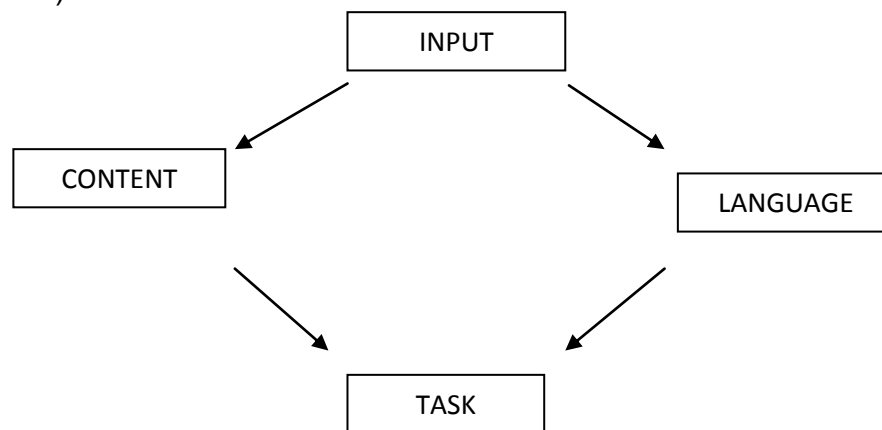
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- select appropriately from what is available;
- be creative with what is available;
- modify activities to suit learners' needs; and
- supplement by providing extra activities/ inputs.

Below is a materials design model consisting of four elements i.e. input, content focus, language focus, and task, taken from Hutchinson and Waters (1987: 109)



It is also important to point out that an ESP course can be broad-focused or narrow-focused; at times it is a combination of the two. The present course has a broad focus because it is an integrated course and concentrates on some functions that the learners perform at their college. Moreover, an ESP course can either be an intensive or extensive course. The present course is an intensive course as it has an exclusive focus on the aims and objectives to be achieved within a specific period of time (seven days).

A blend of created and adapted materials has been used here. The

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books I have consulted while preparing the present materials are included in the bibliography. The pictures used in this project have been taken from google.com (images).

Since I am offering this EAMP Course to a group of medical students, I will be using an interactive methodology. In other words, I will use pair work, group discussion, role play, etc to prepare them for real -life tasks. I will also provide them with handouts and worksheets to satisfy their need to be part of an activity-ruled classroom.

6.2 Units

The materials designed for this course are given below.

Unit One **Let us Know Each Other Better**

Skills: Reading and speaking

Functions: Introducing oneself, others and greeting

Language focus: Simple present tense and interrogatives

Starter

Go round the class and find out:

- a) how many people have the same name as yours
- b) how many people read more than 2 hours a day.
- c) how many people are married

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Task 1

Work in groups of three. Ask each other questions about the following ten categories using the words in the box below to know each other better.

- | | |
|-----------------|----------------------------------|
| 1. Name | 6. Brothers and sisters |
| 2. Birth | 7. Hobbies |
| 3. Address | 8. Reasons for studying medicine |
| 4. Age | 9. Goals in life |
| 5. Father's job | 10. Likes / dislikes |

How many	Why	Are
When	Is	Where

❖ *Now tell the other groups about the two friends you have made in the group. Use the ten categories given above to introduce them.*

Example

My friend's name is Adel. He is 22 years old, etc.

Task 2

Read the following dialogue between Dr. Pushkin and Dr. Mohammed, the Technical Manager of Al - Olofi hospital, and do the tasks following it.

Dr. Pushkin: (Knocks on the door)

Dr. Mohammed: Come in.

Dr. Pushkin: Good morning.

Dr. Mohammed: Good morning. Please have a seat. How can I help you?

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Dr. Pushkin: Oh, thank you, **I'm** Pushkin, the new surgeon from Russia.

Dr. Mohammed: Pleased to meet you, Dr. Pushkin. I was told you reached here yesterday night. **I'm** Mohamed Al Faqeeh, the Technical Director here.

Dr. Pushkin: Pleased to meet you, too, Sir.

Dr. Mohammed: Please **don't** call me 'Sir'. You may call me Mohamed. This is Dr. Maher and that is Dr. Najeeb.

Dr. Pushkin: Nice to see you, Dr. Maher and Dr. Najeeb.

Did you notice? When Dr. Pushkin introduces himself to Dr. Mohammed, Dr. Mohammed says Pleased to meet you; Dr. Pushkin replies pleased to meet you, too, sir. Pleased / nice / delighted, etc to meet you is an expression we use when we meet people or when people introduce themselves to us.

Dr. Maher: Nice to see you, too. Please call us Maher and Najeeb.

Dr. Pushkin: **It's** very kind of you.

Dr. Najeeb: By the way, did you have a comfortable flight from Moscow to Hodeidah?

Dr. Pushkin: Yes. The flight was very comfortable, thank you.

Dr. Mohammed: **You're** indeed a godsend. **You've** really come at the appropriate time. We have to do a heart surgery and our surgeon Dr. Sulaiman is not feeling well today.

Dr. Pushkin: Oh, really! Let me get ready, then.

Dr. Mohammed: Let me show you your room first. This way, please.

Note the highlighted words above, “I’m”, “don’t”, “it’s”, “you’re” and “you’ve”. Such words are very common in Spoken English. People normally do not say “I am Mohammed”. They say “I’m Mohammed”. Try and use such WEAK forms in your speech.

Task 3

Dr. I.B. Sharma, one of your professors, happens to come to the Medical Laboratory where Sahar Mustafa and Ahmed Ali are working. They introduce themselves to him.

Ahmed Ali

Hi! I'm Ahmed Ali, your student in college.

Sahar Mustafa

Good evening, Sir. I'm Sahar Mustafa, your student in college. What can I do for you?

❖ *Whose self introduction is better, Ahmed's or Sahar's? Why?*

Tasks 4

Work in pairs and state the best response to each of the following situations.

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(A) Dr. Sharma has been appointed to work in a hospital. He goes to work for the first time. He is asked to meet the Director General of the hospital. He enters the Director General's room.

- a. Hello, I'm Dr. Sharma. And what's your name?
- b. Good morning, Sir. I'm Dr. Sharma, the new Cardiologist from India.
- c. Hello, are you the Director General of this hospital?

(B) *Your friend Ali wants to study Medicine in a Russian University, where Dr. Pushkin finished his Ph.D. You introduce your friend Ali to your colleague Dr. Pushkin and seek his help in this matter.*

You:

- a) Good morning, Pushkin. Meet my friend Ali.
- b) Good morning, Pushkin. Get my friend Ali admission to a Medicine course in Russia.
- c) Good morning, Pushkin. This is my friend Ali. He wants to study Medicine in Russia. Do you think you can help him get admission to the MD Programme this year?

Task 5

What will you say to introduce yourself to the following?

- a) Your fellow students in class on the first day of college?
- b) The Dean of your college?
- c) An old classmate whose name you have forgotten?

Task 6

Pair Work

What will you say to introduce

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1. Your classmate to the Dean of your college?
2. An old classmate to a new one?
3. Your old classmate to the Manager of the hospital in which you are working?
4. Your brother who has recently been appointed as a teacher in your college to your teacher?
5. Your father to the Head of your Department?

One of you makes the introduction and the other one replies

Below are some ways that will help you introduce yourself and others to different people in a polite manner. Some information about responding to introductions is also given.

1. Introducing yourself

Informal

Hi! I'm Ahmed Ali,

Hello, I'm Ahmed Ali.

Hello, you must be Waleed.

Excuse me, you're Waleed,

aren't you? I'm Ahmed Ali.

Excuse me, my name is

Ahmed Ali. Aren't you Ahmed Ali?

I'm Waleed. Remember me?

Formal

Good morning, I'm Ahmed Ali.

May I introduce myself? I'm Ahmed Ali,
a newly – appointed cardiologist here.

I'd like to introduce myself. I'm Ahmed Ali.

Allow me to introduce myself.

I'm Ahmed Ali, a newly-
appointed cardiologist here.

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Excuse me. I don't think .

we've met before.

My name is Ahmed Ali.

I'm afraid I don't know/ remember

your name. I'm Ahmed Ali.

Good morning. Ahmed Ali

speaking (on phone).

2. Introducing others

Informal

Waleed, meet Ahmed Ali,

my childhood friend.

This is Ahmed Ali, my

childhood friend.

I'd like you to meet Ahmed Ali.

Waleed, this is Ahmed Ali,

my childhood friend.

Have you met/ Do you

know Ahmed Ali? He is -----

Waleed, Ahmed Ali.

Ahmed Ali, Waleed.

By the way, do you

know each other?

Formal

Good morning Dr. Qassim.

May I introduce to you

Dr. Mohammed, our new colleague?

Let me introduce our new colleague,

Dr. Mohammed

It gives me great pleasure

to introduce (to you) this evening's

guest/ speaker, Dr. Mohammed.

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NB: when you introduce a person, say his / her name and give some more information about him/ her. This will give the other person a clue or an idea about how to begin the conversation.

3. Responding to introductions

Informal

Hi / Hello!

How do you do?

Hello, how do you do?

Hi / Hello, I'm Waleed.

Nice to meet you. Pleased

to meet you. I've been eager

to meet you.

I'm Waleed. Nice to meet you.

I'm not Waleed. I'm Arif. I'm Ameena.

Good to meet you.

Formal

It's a great pleasure to meet you.

Delighted to meet you.

I'm very glad to meet you.

Pronunciation

The pronunciation of the suffix or regular past marker /-ed/ or /-d/ differs according to the preceding sound. For example, in the word 'pleased', the -ed is pronounced as /d/ because the preceding sound is /z/. Generally -ed is pronounced as /d/ if it is preceded by a vowel or b, g, v, f, l, m, n, z; It is pronounced as /t/ when the verb ends with a voiceless sound other than /t/. If the verb ends with /t/, we pronounce the suffix -ed as /ɪd/. Consider the following examples:

love → loved → /lʌvd/

play → played → /pleɪd/

talk → /tɔːkt/

want → /wɒntɪd/

Now underline the words in which the -ed is pronounced as /d/

cooked

considered

cleaned

pronounced

needed

showed

slowed

watched

Vocabulary:

The suffix – logy means science. For example, cardiology is the science of heart, psychology the science of the psyche or the self.

What do the following words refer to?

❖ Diabetology

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- ❖ Gastroenterology
- ❖ Physiology
- ❖ Ophthalmology
- ❖ Nephrology
- ❖ Neurology
- ❖ Dermatology
- ❖ Urology

Can you give more examples?

Note to the teacher:

Tell your students the difference between “how are you?” and “How do you do?”.

Unit Two

With a patient (I)

Skills: Reading, speaking and listening

Function: Greeting, asking for and giving information

Language focus: Simple past tense

Starter

-- *What do you see in this picture?*



-- What questions do you think an E.N.T doctor should ask to learn about his/her patient's throat problem?

Task 1

Read the following conversation between Dr. Mohammed and an Indian patient and pay attention to the underlined parts.

Mr. Bala: (Knocks on the door) Excuse me, Sir.

Dr. Mohammed: Hello. Please come in. Take a seat.

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Mr. Bala: (Sits down). Thank you, doctor.

Dr. Mohammed: You look Indian.

Mr. Bala: Yes, I am.

Dr. Mohammed: When did you come to Yemen?

Mr. Bala: Last month. In fact, I'm teaching at Hodeidah University and my name is Bala.

Dr. Mohammed: Nice to meet you, Mr. Bala. I am Mohammed. .
Now tell me your problem.

Mr. Bala: Nice to meet you, too, Dr. Mohammed. I've got a really bad throat and a splitting headache.

Dr. Mohammed: Do you have any other problem?

Mr. Bala: Yes, doctor. I have an upset stomach as well.

Dr. Mohammed: Have you got diarrhoea?

Mr. Bala: No, doctor.

Dr. Mohammed: When did this stomach ache start? Before or after the throat pain?

Mr. Bala: Last night. Immediately after my throat started irritating me.

Dr Mohammed: Did you overeat last night? Did you have anything
cold?

Mr. Bala: No. I ate what I usually eat for dinner i.e. curd, chicken and bread. I had a glass of water after that.

Dr. Mohammed: You have to cut down on meat.

Mr. Bala: Should I give that up, then?

Dr. Mohammed: Not really. Try not to eat non-vegetarian food at night.
Curd or milk with bread should be fine.

Mr. Bala: Sure, doctor.

Dr. Mohammed: I also think you need to get an endoscopic test done. Meet me with the test report for the prescription after two hours.

Mr. Bala: Will the report be ready by then?

Dr. Mohammed: It usually takes one and a half hours.

Mr. Bala: See you after 2 hours then and thank you very much.

Dr. Mohammed: You are welcome.

The underlined parts in the above conversation are in the past tense. Remember to use the simple past when you talk /ask about things related to the past.

Did you notice? Before the doctor diagnoses the patient's problem, he first greets the patient (Nice to meet you, Mr. Bala), asks about the problem (Now tell me your problem), (When did it all start?), asks further questions related to the problem (Do you have any other problem?) (Have you got diarrhoea?), and prescribes some test as well as diets / medicines. (I also think you need to get an endoscopic test done), (You have to cut down on meat), (Curd or milk with bread should be fine).

Read the above conversation with one playing the role of the patient and the other that of the doctor. The rest of the class can play the role of the patient or the doctor and ask you any other questions they would like to.

Task 2

Below are some functions with the examples mixed up. Complete the table. Then compare your answers with those of the one sitting next to you. You can use questions like 'What example did you give for "greeting"?'

Functions

Examples

Greeting

Morning.

Asking about the problem.

Is there anyone in the family who has the same problem?

Asking further questions related to the problem What is the problem?

Prescribing diets

Nice to meet you.

What is the trouble?

Does it hurt when you cough?

You need to have juice only for two days.

Functions	Examples

Task 3

Complete the following conversation between a doctor and a patient using six of the sentences in the box below:

Patient: Good afternoon, Doctor.

Doctor: _____.

Patient: (Sits down). Thank you. (Coughs a lot).

Doctor: You seem to have flu. _____.

Patient: Mmmmm, it has been there for two days now.

Doctor: _____. Say 'AAA'.

Patient: (Opens his mouth and says, 'AAA'). My throat is burning, doctor.

It's very painful.

Doctor: Yes, I can see that.

_____?

Patient: Since this morning.

Doctor: _____?

Patient: Anything cold? Hmm, oh, yes. I ate a lot of ice cream yesterday.

Doctor: That's not good for your health, my dear chap.

- Did you have anything cold yesterday?
- Open your mouth, please.
- Have a seat.
- How long has the cough been there?

Task 4

Students will get a copy of a conversation that took place between a patient and a doctor with some missing parts in it. They will listen to the conversation on a tape recorder and complete the missing parts.



A: Please come in, what's the trouble?

B: Good evening, doctor. I've been feeling rather sick these last few days.

A: What exactly is the problem?

B: I often feel uneasy and feel quite sick. Have had a lot of pain in the stomach for several days. I've also had severe headaches every now and then for over two days.

A: What's your appetite like?

B: Not at all good. I don't feel like eating anything.

A: All right, let me take your temperature first. Give me your wrist, please. There's nothing wrong with the pulse. Now take off your pullover.

Let me examine your stomach. Please lie down on the couch.

Do you feel any pain here?

B: Yes, some pain.

A: And here?

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B: Oh, that's quite painful!

A: All right. Put your dress on.

B: I hope there's nothing serious, doctor?

A: No, nothing serious. I'm prescribing some capsules.

Take them as I've suggested for three days and you will be all right.

B: Thank you very much, doctor. Goodbye.

Task 5

What questions would a doctor ask to get the following responses? The first one has been done as an example for you.

(a) Doctor: **When did the problem start?**

Patient: The problem started last month.

(b) Doctor: _____?

Patient: No. I did not have anything for breakfast. In fact, I took the medicine on an empty stomach.

(c) Doctor: _____?

Patient: No. My grandparents did not have this problem.

(d) Doctor: _____?

Patient: I went to bed at 10.00 o'clock last night.

(e) Doctor: _____?

Patient: I had a splitting headache as well as severe fever in the morning. Now I feel better.

Task 6

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What would you say to do the following? Work in pairs and play the role of a doctor and a patient. Then exchange roles.

1. Greet a patient.
2. Ask the patient to describe symptoms.
3. Ask further questions about the problem.
4. Ask about the duration of the problem.
5. Prescribe a diet.

Pronunciation

Look how the letter **c** is pronounced as / **k** / in the following words:

condition, curd, doctor, come, cut, stomach, function.

Can you think of other examples in which the letter c is pronounced as / k /

Vocabulary

prescribe —————> prescription

describe —————> description

You must have noticed the changes that accompany the change from verb to noun. Now complete the following table.

Verb	Noun
Diagnose	
Suggest	
Pronounce	
Endure	
Complete	

Note to the Teacher

- Draw the students' attention to the fact that there are different ways of greeting e.g. a very good morning to you, good morning, morning, etc.

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- Draw your student's attention to the fact that a doctor may have to use different tenses in order to diagnose or inquire about a patient's problem as shown in tasks 1 and 5 above.

Have fun!

The patient shook his doctor's hand in gratitude and said, "Since we are the best of friends, I would not want to insult you by offering payment. But I would like you to know that I mentioned your name in my will". "That is very kind of you", said the doctor emotionally, and then added, "Can I see that prescription I just gave you? I'd like to make a little change..."

There's 'sand' in my throat,

And my nose is runny.

A 'train' in my ears

A cold's not funny!

Skills: Reading and speaking

Functions: Defining, agreeing, disagreeing and warning

Language focus: Modals and conditionals

Starter

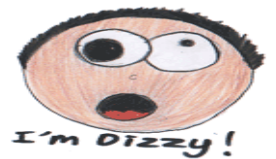
Read the following conversation between two friends.

Ahmed: I feel dizzy

Ali: What is wrong? Have you had your breakfast?

Ahmed: Not yet. In fact, I woke up at 7.00 o'clock with a severe fever. So I took an aspirin.

Ali: That means you took the aspirin on an empty stomach?



Ahmed: Yes.

Ali: Do not do it again. You should not take any pain-killer on an empty stomach. Remember also that **prevention is better than cure.**

Ahmed: You are right.

❖ *What does "prevention is better than cure" mean?*

Task1

Read the following the passage quickly and do the tasks that follow.

Doctors prescribe medicines to treat diseases, or disorders of the body. However, the medicine we need is often very expensive or difficult to find. There are also many diseases which doctors cannot cure.

Suffering from any illness is an unpleasant experience. It is better to protect ourselves from diseases before they are contracted. The work of preventing diseases is known as preventive medicine. There is an English proverb which says "Prevention is better than cure". But before we can do anything to protect our health, we must first understand the causes of diseases.

Infectious Diseases

Diseases which can pass from one person to another are called infectious diseases. These diseases are caused by microbes. A microbe is a very small living thing which cannot be seen by the naked eye. Scientists study these microscopic organisms under an instrument called a microscope.

Microbes are found almost everywhere in nature: in the air, in the soil, in the water, and in to plants, to animals and to man. Not all microbes are harmful to man; many are useful. Microbes can be classified into four main groups: viruses, bacteria, protozoa and fungi.

When microbes enter into the body, they begin to multiply or breed. Their numbers increase very quickly, and they cause disorder. They attack certain cells of the body and produce poisons. These poisons are called toxins.

Parasitic Worms

A parasite is a small organism which lives on or inside a larger organism and takes its food from it. Several types of parasitic worms affect man.. Threadworm, roundworm and ascaris do not usually cause serious illness. Tapeworm and hookworm are more serious infections.

Non-Infectious Diseases

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Many diseases are non-infectious. They are not caused by microbes, and they do not pass from one person to another. They are sometimes caused by living and working conditions.

Diseases which are caused by a particular kind of work are known as occupational diseases. One of the commonest of these is a skin problem known as dermatitis. Dermatitis may be caused through contact with substances such as motor oil, cloth dyes, wood and certain chemicals.

Deficiency diseases are another very important cause of ill-health. They are caused by a lack of the correct food.

Cancer is a non-infectious disease in which certain cells of the body change and begin to grow and spread in the body in an abnormal way. Different cancers affect different parts of the body. The cause of many cancers is not yet known. We know, however, that lung cancer is commonly caused by cigarette smoking.

❖ ***What is the passage about?***

.....
.....
.....

Notice that the highlighted parts of the text are definitions. When we define something, we

- 1) label or name it,
- 2) specify the class/ category it belongs to, and
- 3) state the function it does.

Given below are some definitions of terms that you would come across in your study. Read them and identify the instruments they describe.

❖ An instrument with two long thin parts used for picking and holding things.

.....

❖ An instrument used for listening to somebody's heart and breathing.

.....

❖ An instrument used for measuring the temperature of a person's body.

.....

Now try and define the following terms using the list given in the box above.

1. A microscope

2. An endoscope

Task2

Individual/ Pair Work

Now go back to the passage. Read it carefully and find the answers to the questions given below. Discuss your answers with your partner.

a. Why do doctors prescribe medicines to patients?

.....
.....
.....
.....
.....

b. Give some examples of how microbes can be useful to man.

.....
.....
.....

.....
.....

c. Can we say that all parasitic worms are microbes? Why or why not?

.....
.....
.....
.....
.....

d. A patient comes to you. He thinks that **HIV** can spread through mosquito bite. How will you convince him that what he thinks is wrong?

.....
.....
.....
.....
.....

❖ *Now frame questions to which the underlined parts of the sentences below are the answers:*

e.
.....
.....
.....

No. *Not all microbes are dangerous; many of them are useful.*

f.
.....
.....

Infectious diseases are diseases which can pass from one person to another.

g.
.....
.....
.....

Deficiency diseases are caused by the lack of the right food.

h.
.....
.....
.....

Viruses, bacteria, protozoa and fungi are the kinds of microbes mentioned in the text.

i.
.....
.....
.....

Microbes are found almost everywhere in nature.

Task3

Discussion

Read the following extract from an interview with a doctor published in The Hindu, an Indian Newspaper, carefully and do the tasks that follow it. You can check the dictionary for any difficult word.

Coming back to the issue of controlling modifiable risk factors, how does one do this?

First, people who smoke need to be persuaded to quit smoking or at least reduce it.

Second, owing to economic development there is a section of the urban population that has a sedentary lifestyle and is prone to heart diseases. The projections for the year 2025 are that half of India's population would be living in the urban areas. So, those exposed to heart diseases will also increase. Thus it is important to encourage physical activity.

Third, check your blood pressure regularly. If it cannot be controlled by physical activity, plenty of medicines are available.

Fourth, high cholesterol or high fat content. If that is not reduced, the walls of the blood vessels will narrow and constrict the blood flow, which will cause hypertension. At some point the narrowing blood vessel is going to close, stopping the blood flow and leading to a heart attack. A heart attack means that the cells around that area are dead.

The most common risk factor is diabetes. Type Two diabetics are non-insulin-dependent. This is owing to increased sugar intake. This can be tackled easily by consuming less sugar and at the same time taking lots of fresh vegetables and fruits. This sugar crosses the blood barrier at a much slower rate than refined sugar, which increases sugar levels.

Blood pressure can also be controlled by reducing salt intake. Vegetarians get heart problems primarily because most often the food is over-cooked and leaves no nutrients. This requires education not of the patient alone but of the person who cooks.

Thus, there are several proven methods of controlling and avoiding heart diseases. And, as can be seen, it is a multi-factor, multi-partner effort even within society and a family. It is just not an issue of money from developed countries.

- a) Do you agree with all the methods mentioned by the doctor to avoid heart disease? Discuss with your partner.
- b) If you were asked to talk about the methods necessary for avoiding heart diseases, what would you add to what the doctor mentioned in the interview?
- c) Talk to your partner about any work which people have done in any village/ town/ sub-town/ city that you know to prevent illness.
- d) Much of a doctor's job consists of treating and curing illness. This is what we call curative medicine. Should preventive medicine also be an important part of a doctor's job? Why do you think so?

Agreeing and disagreeing

We need to be polite especially when disagreeing with someone .The following are some useful ways of agreeing and disagreeing politely with people.

Agreeing	Disagreeing
<p>Yes, I agree with you.</p> <p>Yes, it is.</p> <p>Quite.</p> <p>Of course you are right.</p> <p>Exactly.</p> <p>I couldn't agree more.</p> <p>That's just what I have in my mind.</p> <p>You are quite right.</p>	<p>I'm afraid I can't agree with you on that point.</p> <p>I don't fully agree with you.</p> <p>I wonder if that is right.</p> <p>I can't quite see myself agreeing to that.</p> <p>I don't quite agree.</p> <p>I'm sorry I disagree with you.</p> <p>You couldn't be more wrong.</p> <p>I'm not sure I really agree with you.</p> <p>Certainly not!</p> <p>Come off it!</p> <p>Of course not!</p>

There are three kinds of conditional sentences.

1. If they interview me, I will tell them about better methods of controlling heart diseases.

The verb in the if- clause is in the present tense and the verb in the main clause is in the future. This kind of sentence expresses a condition that is likely to be fulfilled.

2. If she came to me, I would help her.

The verb in the if-clause is in the simple past and the verb in the main clause is in the present conditional. This sentence expresses a condition that is unlikely to be fulfilled.

3. If they had brought the patient earlier, they would have met the best surgeon in the Middle East.

The verb in the if-clause is in the past perfect tense and the verb in the main clause is in the perfect conditional. This type of sentence expresses a condition impossible of fulfillment because the sentence refers to a past event.

Task 4

Study the following table carefully and do the tasks given below:

Vaccination or Disease	Recommendations or Requirements for Vaccine-Preventable Diseases
<u>Routine</u>	Recommended if you are not up-to-date with routine shots such as measles/mumps/rubella (MMR) vaccine, diphtheria/ pertussis /tetanus (DPT) vaccine, etc.
<u>Yellow Fever</u>	CDC yellow fever vaccination recommendation for travelers to Sudan. Vaccination should be given 10 days before travel and at 10 year intervals if there is on-going risk.
<u>Hepatitis A</u> or Immune Globulin (IG)	Recommended for all unvaccinated people traveling to or working in countries with an intermediate or high level of hepatitis A virus infection where exposure might occur through food or water. Cases of travel-related hepatitis A can also occur in travellers going to developing countries with "standard" tourist itineraries, accommodations, and food consumption behaviors.
<u>Hepatitis B</u>	Recommended for all unvaccinated persons traveling to or working in countries with intermediate to high levels of endemic HBV transmission and who might get exposed to blood or body fluids, through medical treatment, such as for an accident, and for all adults requesting protection from HBV infection.
<u>Typhoid</u>	Recommended for all unvaccinated people traveling to or working in Central Africa, especially if visiting smaller cities, villages, or rural areas and staying with friends or

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	relatives where exposure might occur through food or water.
<u>Meningococcal (meningitis)</u>	Recommended if you plan to visit countries that experience epidemics of meningococcal disease during December through June.
<u>Rabies</u>	Recommended for travelers spending a lot of time outdoors, especially in rural areas, involved in activities such as bicycling, camping, hiking, or work. Also, children are considered at higher risk as they tend to play with animals and may not report bites.
<u>Polio</u>	Recommended for adult travellers who have received a first dose with either inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV). They should receive another dose of IPV before departure.

Do you know what function the highlighted words in the table above serve? They indicate obligation, possibility, suggestion, warning, etc. and they are called modals.

❖ May is used to indicate possibility. 'Might' and 'could' are also used in this sense. 'May' is more formal than the other two:

1. That may happen if we are careless.
2. His ideas might be very similar to yours.
3. That could be harmful to your health.
4. He might not understand the case of this patient.

❖ 'Can' and 'could' are mainly used to indicate ability, skill, awareness or capability.

1. He could be a very unpleasant neighbor.
2. I can see only the bold letters, not the small ones.
3. After the accident she could barely walk.
4. She got excellent treatment at Al-Hodeidah Specialist Hospital. She can walk now like a normal person.

❖ “Should” is also used to indicate importance of an action, as shown in the example below:

1. You should keep the medicine in a fridge.

Task 4

Work in pairs. *What precautions will you ask each of the following people who come to you for consultation to take? One of you plays the role of the person who is travelling and the other that of the doctor. Remember to use modals in your speech.*

1. Muhammad is a Yemeni civil engineer. He is travelling to Somalia and planning to stay with two of his Somali friends in a village.
2. A Yemeni student called Abdullah is going abroad. He has neither taken an inactivated poliovirus vaccine nor polio vaccine.
3. Ali, a Yemeni teacher of English, is travelling to the Sudan. He does not remember whether he has been given the vaccines Hepatitis A and Hepatitis B or not.
4. Sami is a civil engineer. He is to supervise the establishment of a school in a village called Al-Ogoor in which there are many snakes.

Task 5

You are in a meeting along with three other doctors. A patient with high fever and vomiting sensations is brought to you. You look at his/her symptoms and diagnose his/her illness. Discuss with the other three doctors the different

possibilities. If you like, you can finally conclude that he/she has malaria. Remember to use modals in your discussion. You can also use the clues given below.

Body – yellow – jaundice -----

Lung infection – pneumonia -----

High fever – shivering – malaria-----

When you discuss a patient's problem / illness with another doctor, you can use expressions like:

- He has high fever. Could it be a viral infection?
- I think it might be -----
- It could also be -----

A slight change in spelling can change pronunciation too. Note, for example, warm / wɜ:m / and worm / wɜ:m /, wood / wʊd / and word / wɜ:d /. Practice pronouncing the following words:

would --- world

look --- lock

knock --- neck

Words which differ in one sound, with the result of a change in meaning, are called minimal pairs. Can you think of more examples?

Vocabulary

A prefix is a syllable that is placed at the beginning of a word to modify or change its meaning. "Hyper-" means beyond, more than or more than normal. The opposite of 'hyper -' is 'hypo-' It means under, below normal.

Can you cite more words starting with hyper – and hypo-?

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Just for fun!

A: My daughter believes in preventive medicine, doctor.

Doctor: Oh, really?

A: Yes. She tries to prevent me from taking it!

Skill: Listening, speaking and writing.

Functions: Explaining and making suggestions

Language focus: Adverbs and interrogatives

Starter

What do you think the symptoms of influenza are? Are they similar to those of leukemia?

Task 1

Read the following text and do the task that follows it:

A 63-year-old bachelor who worked as a bank clerk developed symptoms similar to those which had affected several of his colleagues who had been diagnosed as having influenza. He felt feverish, had a running nose, aches in his muscles and generalized malaise. He therefore stayed off work in his bed sitting room. After 48 hours the landlady noticed that the milk on the doorstep had not been taken in for the previous two days and also that his cat had not been fed. On entering his room she found him confused and delirious. She called a doctor, who immediately had him admitted to hospital.

The only significant history was that five years previously, when he had last consulted his general practitioner because of bleeding hemorrhoids, a routine blood count had been performed which showed Hb 12.6 g/dl with normal film, and white count $21,000/\text{mm}^3$ ($21 \times 10^9/l$), 90 percent of which were lymphocytes. At that stage he was referred to hospital, where it was found that he had some enlarged lymph nodes in both sides of the neck and both axillae, and that the spleen tip was palpable. Chronic lymphatic leukaemia was

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diagnosed. The patient was kept under six-monthly follow-up, with no change in the signs or blood picture. He had remained asymptomatic throughout the five-year period.

In the personal history, his weight had been steady and his bowels were now less troublesome since he had taken bran each morning, which had a good effect. He smoked 30 cigarettes a day, and some times more.

- a) Sit in pairs and read the passage silently. Then role-play the situation as a doctor and a patient.
- b) How would you explain the underlined terms to a patient's attendant in simple English? One is done as an example for you.

1. Leukaemia is a type of cancer in which the blood contains too many white blood cells, causing weakness. It can be serious in some cases.

The prefix (a-) pronounced /ei / means 'not'. Asymptomatic is the opposite of symptomatic. Look up the dictionary for words to which you can add the prefix (a-) to get their opposites.



Task 2

Your teacher will play a tape-recorded dialogue. Listen to it carefully and do the task that follows it.

Doctor: I think I have **already** met you somewhere.

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Patient: Here, doctor. I was here last year.

Doctor: Mmm Oh, yes. You are teacher Ameena. Tell me. What's bothering you?

Patient: I feel like vomiting.

Doctor: Have you any trouble with your stomach or bowels?

Patient: Well, I sometimes get a bit of indigestion.

Doctor: I see, and could you tell me more about that?

Patient: Well, it only comes on if I have something hot and spicy, you know, like a curry.

Doctor: Does anyone in your family have an ulcer problem?

Patient: Only my husband.

Doctor: I see, you don't have to worry then. And what's your appetite like?

Patient: Not bad.

Doctor: And any problems with your waterworks?

Patient: No, they're all right.

Doctor: And are you still having your periods **regularly**?

Patient: No, they stopped, must have been five years ago.

Doctor: Any pain in the chest, any palpitations, swelling of the ankles?

Patient: Not really, doctor.

Doctor: And what about coughs or wheezing or shortness of breath?

Patient: Only when I have a cold.

Doctor: Have you noticed any weakness or tingling in your limbs?

Patient: No, no I **really** can't say that I have.

Doctor: What sort of mood have you been in **recently**?

Patient: I've been feeling a bit down. You know, I'm not sleeping well.

Did you notice? The highlighted words in the dialogue above serve a specific function. They are called adverbs. An adverb is a word that tells us more about a verb. It "qualifies" or "modifies" a verb e.g. she ran quickly. It can also modify an adjective (she is really sick) or another adverb (it works very well).



Based on your understanding of this patient's case, state the problems that she has and say what you think the causes of these problems are. Discuss in groups of 3.

Task 3

Below is a patient's report. Read it carefully and do the task that follows it.

Saleh is a 42-year-old man who is currently an in-patient at hospital. His medical record shows that he has been in and out of hospital frequently for 25 years with "heard voices", as described by him. On admission this time, he says, "I thought my family members were following me. I hear a voice, usually a woman's voice, and she's tormenting me. I can't eat well."

Unlike others, he finished his primary education in TEN years. He has been separated from his wife and six children for seven years. He drinks coffee

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and smokes. His father was suffering from alteration in perception and thought process. Ms Nawal is Saleh's primary nurse. When Saleh met her, he was dressed in pajamas and bathrobe. His hygiene is bad, and he is badly under-nourished; he tells the nurse "I hear voices at night telling me to jump off the top roof". Ms. Nawal notes the following symptoms:-

1. Echopraxia
2. Bloking
3. Stereotype movements
4. Neologisms
5. Depersonalization
6. Mannerism

During the first interview, Saleh only occasionally makes eye contact and speaks in a low monotone. At times, he glances about the room as if distracted, mumbles to himself, and appears visibly upset.

---Discuss the case and say how you can help the patient. You can suggest different lines of treatment.

Task 4

Listen to the dialogue carefully and complete the personal details and present complaint section of the case notes below as you listen

SURNAME		FIRST NAME	
AGE	SEX	MARITAL STATUS	
OCCUPATION			
PRESENT COMPLAINT			
O/E			

General Condition			
ENT			
RS			
CVS			
GIS			
GUS			
CNS			
IMMEDIATE HISTORY	PAST		



- ❖ *Now work in pairs and role- play the consultation /situation /conversation.
You can refer to the above table.*

When we build a patient's history, we usually ask about a few things:

General information / Personal details

1. What's your name?
2. How old are you?
3. What's your occupation?
4. Where do you live?
5. Are you married?
6. Do you smoke? How often?

Present illness

Starting the interview

What's brought you along today?

What can I do for you?

Type of pain / severity of problem

Can you describe the pain?

Is it continuous or does it come and go?

How long does it last?

Relieving / aggravating factors

Is there anything that makes it better / worse?

Does anything make it better / worse?

Precipitating factors

What seems to bring it on?

Does it come on at any particular time?

Medication

Have you taken anything for it?

Did (the tablets) help?

Other symptoms

Apart from your (headaches) are there any other problems?

Previous health / past history

How have you been keeping up to now?

Have you ever been admitted to hospital?

Have you ever had (headaches) before?

Has there been any change in your health since your last visit?

Family history

Are your parents alive and well? ,

What did he / she die of?

How old was he/she?

Does anyone else in your family suffer from this problem?

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- ❖ To rephrase, if the patient does not understand, try another way of expressing the same function, for example:
 - What caused this?
 - What brought this on?
- ❖ You can use the word “any” to make your questions short. For example, instead of asking the question “Have you any trouble passing water?” you can say “Any trouble passing water?”

Task 5:

Read the case report given below paying particular attention to the order in which the information is presented. Then do the task that follows it.

A 43-year-old man had headaches that usually started with a feeling of blood rushing to the right eye quickly followed by severe pain. The headache usually lasted 20 minutes to two hours and, if excruciating, was accompanied by scotomata of flashing lights in the right eye, nausea, and vomiting. Diurnal or nocturnal attacks have occurred about twice each day for four to eight weeks every year since 1969. Personal and family histories were non-contributory, findings from general examination; EEG, skull x-ray film, and nuclide brain scan were unremarkable.

Take the above case–report as an example, and write out the case report of this patient.

35-year-old woman Mrs. Amal telephoned A&E – 3 am c/o severe vomiting five hours duration – very loose motions several times – same period – some cramping pains – central/ lower abdomen – started about six hours prior – call – smoke and alcohol no – previous evening egg mayonnaise sandwiches

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No dysuria – period's regular – last menstrual period two weeks ago – appendectomy 15 years before – nullipara.

Examination – temperature 38.1C – not anemic – pulse 110/70/min/regular – blood pressure 108/82 – respiratory rate 19/min – tongue dry – some tenderness centre abdomen / left iliac fossa – no guarding – auscultation bowel sounds prominent no lymphadenopathy.

Pronunciation

Observe the shift of stress in the following examples:

symptom → symptomatic

problem → problematic

lymph → lymphatic

Adding “ic” does not only change a noun into an adjective, but also shifts the stress from the first syllable to the last but one syllable. Try to pronounce the words provided below with the correct articulation of the stress.

therapy → therapetic

diagnose → diagnostic

lethargy → lethargic

organ → organic

Vocabulary

Adding the suffix – **ful** usually changes the word from noun into adjective.

E.g. meaning → meaningful

pain → painful

care → careful

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hand → handful

Can you give more examples of this sort?

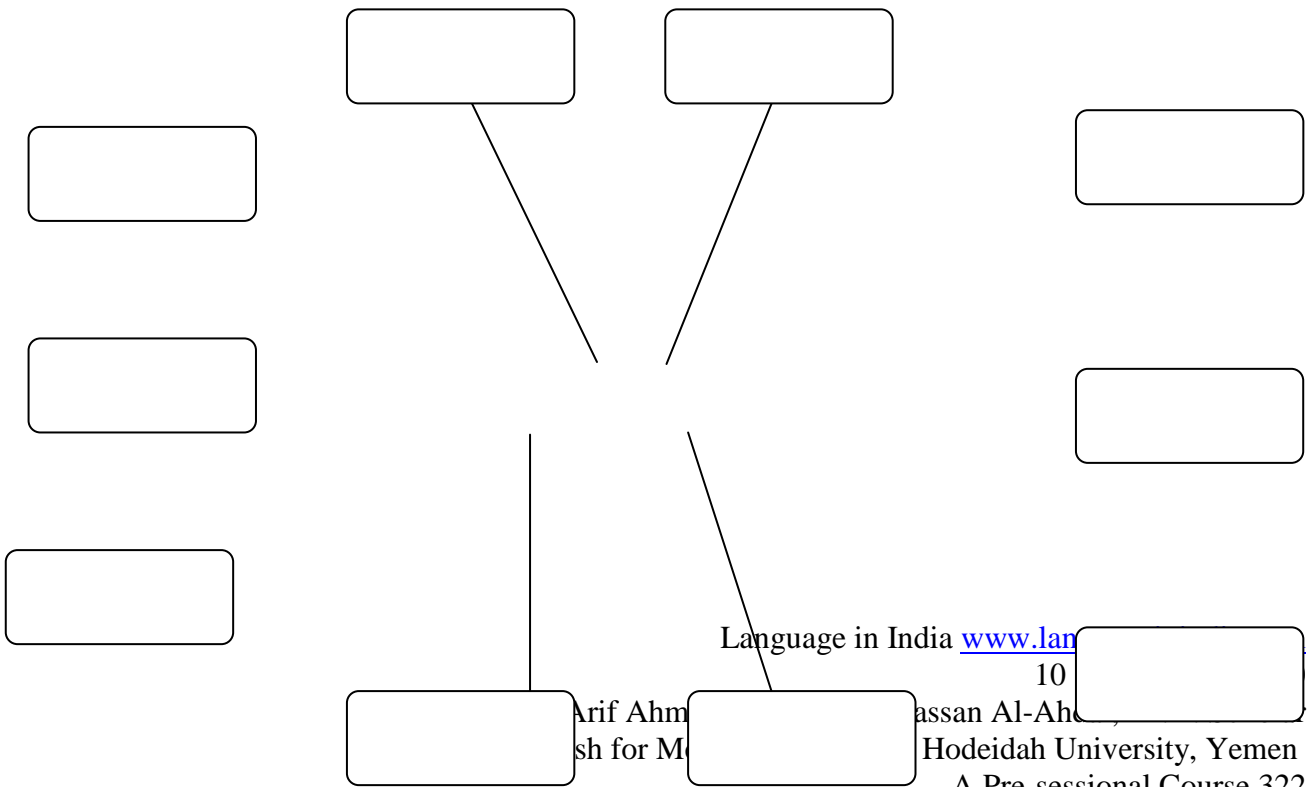
Unit Five

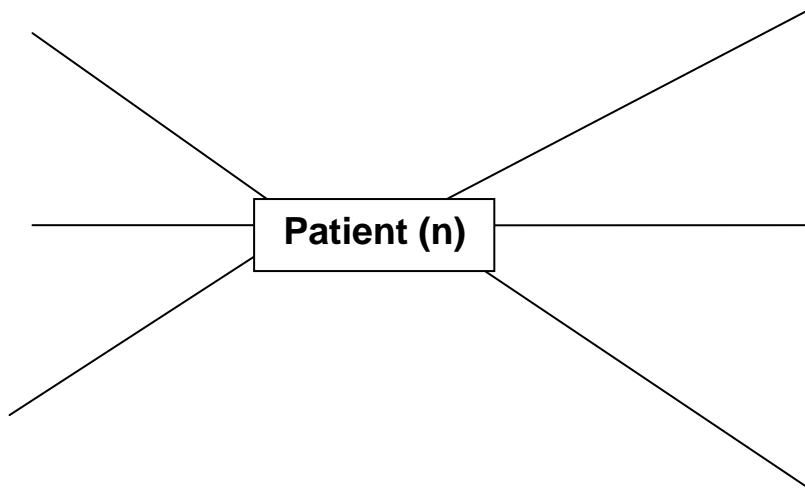
With a patient (II)

Skills: Reading, listening and speaking
Functions: Giving instructions / advice
Language focus: Imperatives

Starter

What is the first word that comes to your mind as soon as you hear the word "patient (n)"?





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Task 1

Now let's read the following conversation between a doctor and a patient.

Mr. John: Good morning, doctor.

Dr. Fuaad: Good morning. What can I do for you?

Mr. John: Well, I am John. I met Dr. Mohammad yesterday and explained my stomach problem to him.

Dr. Fuaad: Fine. Did he ask you to go in for any test?

Mr. John: Yes, he did.

Dr. Fuaad: Did you meet him with the test report?

Mr. John: No, I didn't.

Dr. Fuaad: Show me the report, then.

Mr. John: Here you are, doctor.

Dr. Fuaad: (looks at the report). The report says that you have acid reflux.

Mr. John: What does that mean?

Dr. Fuaad: It is the backflow of stomach acid into your food pipe.

Mr. John: I see. Is that the reason why I sometimes choke when I'm asleep?

Dr. Fuaad: Yes. How often do you have this heartburn problem?

Mr. John: What do you mean by heartburn?

Dr. Fuaad: It is simply the thrust of stomach acid into the mouth.

Mr. John: Once a month actually. When this heartburn occurs, I feel I'm dying. Is it so serious, doctor? Isn't there any medicine for that?

Dr. Fuaad: Look, Mr. John I'll prescribe some medicines. However, prevention is the best medicine. By the way, do you like spicy food?

Mr. John: Yes, I do. I like it very much actually.

Dr. Fuaad: You'd better stop taking spicy food. You ought to be careful about the things you eat.

Mr. John: What do I do now?

Dr. Fuaad: You should take the medicine at the prescribed time. You also need to follow a diet rich in fiber every day, eat smaller, more frequent meals, have your meal at least 2 to 3 hours before you sleep, limit your intake of acid-stimulating food and beverages, stop smoking, maintain a reasonable weight, exercise regularly, keep your head raised a few inches while you sleep and relax. That is all you need to do to be well.

Mr. John: Thank you very much, doctor.

Dr. Fuaad: Welcome. Meet me next month for a check-up.

Mr. John: Sure, doctor. Goodbye.

Dr. Fuaad: Take care. Bye.

Did you notice? After giving the necessary advice, prescribing medicine and diet, the doctor tells the patient when to come for the next check- up.

The underlined verbs above serve a specific function. They tell the patient what to do. They usually come at the beginning of a sentence. The subject in each of these sentences i.e. you, is implied. When doctors give instructions to patients, they use this kind of sentences.

To give advice / make suggestions, you can use expressions like:

- I'd suggest that you...
- Perhaps you ought to ...
- I think you should
- You'd better
- Why don't you.....?
- My advice would be to
- I'd advise you to
- I'd recommend

The expression had /d better can be used to indicate a course of action which would be wise or advisable. Instead of saying 'It would be advisable for you to stay in bed', doctors usually say "you'd better stay in bed".

Pair work

Think of 5 pieces of advice that a doctor would give to a patient with anaemia and a bad cold. Then communicate them to your partner using the expression 'had better'. Now your partner gives you five instructions e.g. "Eat an apple every day".

Task 2

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Role play

Take turns in asking each other to clarify the instructions that the doctor has given to the patient in the conversation above. The one who asks the question plays the role of the patient and the one who answers plays the role of the doctor.

Example:

Patient: Do you mean that I should eat dinner two hours sharp before I sleep?

Doctor: Not really. I simply mean that you should not go to bed immediately after eating.

Task 3

What responses will you give to the patient's questions given below?

- Does 'heartburn' have anything to do with the heart?
- Is it a serious problem? (Reduce the patient's anxiety/ worry).
- Are there any drugs for treating acid reflux?

Task 4

Students will listen to a conversation, based on which they have to answer the questions following the tape script given below.



Doctor: Well, Muneer. There is really nothing wrong with you. That's what the reports show.

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Muneer: Then why is it that I'm always so tense?

Doctor: I think your condition has a lot to do with your way of life or habits.

Muneer: Way of life? Habits?

Doctor: Yes, now tell me. You smoke, don't you?

Muneer: I'm afraid I do, doctor.

Doctor: Rather heavily, I imagine.

Muneer: About fifty a day, I suppose.

Doctor: You should do your best to stop, you know.

Muneer: I've tried to give up smoking several times but that doesn't seem possible.

Doctor: Fifty a day is overdoing it, you must admit. You must cut it down. I want you to make a real effort.

Muneer: Well, it's easy to say 'give it up' or cut down on it but, you know how difficult it is.

Doctor: In my opinion you have no choice. Either you make a real effort or there's no chance of your feeling better. I could prescribe a tranquillizer but would that help? I would like to see you normal again. And that's why I want to know a few more things.

Muneer: Right, doctor.

Doctor: Your eating habits, for example. What do you normally eat during the day?

Muneer: I'm a good eater. At about 8.30 a.m. I eat a good breakfast.

- Doctor: A good breakfast? What is it?
- Muneer: Usually three or four egg sandwiches, with three or four cups of tea. I really enjoy my breakfast.
- Doctor: I can see you do, but I'd advise you to eat much less. We'll come to that later on. Go on.
- Muneer: Before lunch, I have one or two samosas at about at 11.00 a.m. and a cup of tea. I've got so much work in the office that I begin to feel hungry one or two hours before lunch time.
- Doctor: And then lunch?
- Muneer: Around 1.15 p.m. Lunch has to be quick because I've to reach office at 2.00 p.m. and I want 15 minutes for the newspaper.

NB: the teacher has to pause the tape at this stage and ask the students the following questions:

- 1. What do you think the patient's problem is?*
- 2. What advice /instructions would him?*

❖ Now listen to the doctor's advice/ instructions and check whether you have come up with the right prediction and appropriate advice/ instructions or not.

- Doctor: Try not to hurry through lunch.
- Muneer: But I do make up for it in the evening. My dinner is rather heavy and I eat it leisurely.
- Doctor: You do obviously enjoy your food. That's fine. But I recommend that you eat less, and eat healthy food.

Instead of having that enormous breakfast, for example, take something light –a slice of bread with salad and a cup of milk. And no samosas at 11.00 a.m. A cup of tea should do. It isn't good to have three or more cups of coffee.

Muneer: I see. What about lunch?

Doctor: Eat your lunch leisurely. Remember that your health is at stake, not your job. After dinner, you should go for a walk. And have it a little early too.

Task 5

Pair work

Mr. Saleh neither sleeps nor eats well. Moreover, he is an over – anxious person. Therefore he has some health problems. He visits a doctor. Role-play the dialogue before the class without preparing for it. The doctor has to give the patient the necessary advice and instruction.

Pronunciation

The following words contain the long vowel /ai/.

prescribe, describe, sometimes, spicy, advice

Pick the words from the list given below that do not have the /ai/ sound. advice, fly, explain, while, exercise, after.

Vocabulary

A phrasal verb is a combination of a basic verb + another word or words (particle). The other word(s) can be prepositions and/or adverbs. For example, give up, get up, put aside, and take down. The important thing about phrasal verbs is that their meaning is not equal to the meaning of the verb and the particle. Look at the following examples:

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- ❖ Fall out = (of hair, teeth) become loose and unattached
- ❖ Get over something = recover from an illness, loss or difficulty
- ❖ Bring something up = vomit
- ❖ Come down with something or some disease = become sick
- ❖ Look after = take care of
- ❖ Give up = stop
- ❖ Look up = search for a meaning of a word in the dictionary
- ❖ Look for = search for something

Can you think of more examples of phrasal verbs?

Note to the Teacher

Tell the class that a doctor plays an important role in changing a patient's false notions. Take the help of the tape-recorded dialogue (task 4) to do so.

Just for fun!

- Patient: Doctor, I am here to seek your advice, please.
- Doctor: Sure, tell me.
- Patient: You said that I should be careful about the things I eat.
- Doctor: Yes. I think you should.
- Patient: What do you advise me to eat, then?
- Doctor: Since rice is good for your health, you'd better eat a plate of kabsah/ biriyani 3 times a day.
- Patient: Shall I have that before or after the regular meal, doctor?

Unit Six

Take Care of Your Teeth

Skills: Reading, writing, and speaking

Functions: Listing, note-making, summarizing, asking for clarifications, expressing opinions and assuring

Language focus: Conjunctions

Starter



1. What do you see in the above picture?
2. Why do teeth problems seem common in Yemen?

Task 1

Read the following interview taken from Yemen Times Newspaper and do the tasks that follow it:

Q: Among which group of the population is tooth decay more prevalent?

A: Chewing qat and shamma are widespread. They contribute directly to bad oral hygiene and an increasing incidence of certain oral diseases such as periodontal diseases and oral cancer. For these reasons, paying real attention to oral hygiene is considered one of the primary needs for good health care.

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This is particularly important as there is no research center to study the side-effects of chewing qat and using shamma.

Q: How important is oral hygiene for pregnant women?

A: I always advise mothers of the importance of primary health care to them and their children. As a dentist, I find great negligence among pregnant women about oral health. This goes far beyond the extraction of one tooth or more after each delivery. Some physiological changes may occur during pregnancy due to poor oral hygiene. There are no national plans for combating the spread of dental diseases, especially during pregnancy.

Q: What about dental diseases among children?

A: There are dental problems among the majority of Yemeni children, especially from the age of three up to their teens. Many oral health problems occur due to lack of fluoride in drinking water. Schools do not give children instructions on how to clean their teeth and the use of preventive methods.



The loss of deciduous teeth before the appearance of the permanent ones leading to malocclusion and malnutrition is one major problem which affects Yemeni youths. Because there is no planning for oral hygiene, I have made much effort to advise and treat my patients whenever possible.

As you may know, the percentage of fluoride in water in Sanaa is less than what is required; this leads to reduced resistance against dental caries. While in other governorates, fluoride is extremely high causing fluorosis, the teeth become yellowish and ugly, resulting very frequently in psychological problems especially among females.

Q: How harmful is qat chewing?

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A: From my personal experience (12 years), I found a great number of patients losing their teeth at an early age as a result of chewing qat and using shamma. Also, periodontal diseases are quite common among people who chew qat. Almost all qat chewers drink a sweet drink which makes the matter worse or compounds the problem. In view of the problems I mentioned previously, I started writing in newspapers and taking part in TV programs in order to give proper advice to everyone in the society. It is an extended service.

Q: How developed is dentistry in Yemen?

A: Before the revolution of September, 1962, there were no dentists in Yemen. After the revolution, a number of students were sent to study dentistry in other Arab countries. In the 1970s there were only three or four dentists in this country. The number rose to 12 in the 1980s. There are now about 250 Yemeni dentists. There is a lot of cooperation between them and other Arab countries in this field. There are now five dentistry schools in Yemen.

Q: What are the other causes of dental cavities?

A: Some bacteria, found naturally in the mouth, secrete an acid that dissolves the teeth enamel. Some people have high acidity in their mouths (pH higher than 7.5), causing caries despite their cleaning their teeth regularly. Oral hygiene comes with the increasing of public awareness. Water fluoridation is also very important, especially at schools and urban centers in general.



Q: How do you advise readers to take better care of their teeth?

A: Brushing and cleaning the teeth daily is a must. I also call on the authorities to combat qat planting and consumption. More research should be done to evaluate the risks of this bad habit - qat chewing.

'While' is a conjunction; it links two clauses. Its primary meaning is "during the time that...". An example is:

"The days were too hot while we were on vacation".

Look at the following example taken from this unit:

"While in other governorates, fluoride is extremely high"

Did you notice? The meaning of "while" in the above sentence is "whereas".

Work in pairs

1. *List out the disadvantages of chewing qat mentioned in the interview.*
2. *Can you think of 3 more questions you would want to ask a Yemeni dentist about dentistry in Yemen? Ask your partner these questions.*

To list anything, you can use numbers as 1, 2, 3, etc or letters as (a), (b), (c), etc.

Post – class task

1. *Gather some more information from other sources about the disadvantages of chewing qat and make a powerpoint presentation to your classmates about the topic in the next class.*

Tips for effective Powerpoint Presentations:

- ❖ Do not make the audience merely stare at images. Remember that you are creating slides to support a spoken presentation.
- ❖ The most effective Powerpoint presentation is simple – charts that are easy to understand, and graphics that highlight what the speaker is saying.
- ❖ Use no more than five words per line and no more than five lines per individual slide.
- ❖ Don't mimic what's on the screen.

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- ❖ A striking contrast between words, graphics and the background can be very effective in conveying both a message and emotion.
- ❖ When you finish drafting your Powerpoint slides, assume you're just one of the persons listening to your remarks as you review them.

Task 2

Two of your friends are going to make presentations. Listen to them carefully and do the tasks that follow.

Presentation A

Humans are diphyodont, meaning that they develop two sets of teeth. The first sets of 20 deciduous teeth are also called the milk, primary, temporary, falling-off, or baby teeth. They begin to develop before birth and begin to fall out when a child is around 6 years old. They're replaced by a set of 32 permanent teeth, which are also called secondary or adult teeth.

Around the 8th week after conception, oval-shaped tooth buds consisting of cells form in the embryo. These buds begin to harden about the 16th week. Although teeth aren't visible at birth, both the primary and permanent teeth are forming below the gums. The crown, or the hard enamel-covered part that's visible in the mouth, develops first. When the crown is fully grown, the root begins to develop.

Between the ages of 6 months and 1 year, the deciduous teeth begin to push through the gums. This process is called eruption or teething. At this point, the crown is complete and the root is almost fully formed. By the time a child is 3 years old, he or she has a set of 20 deciduous teeth, 10 in the lower and 10 in the upper jaw. Each jaw has four incisors, two canines, and four molars. The molars' purpose is to grind food, and the incisors and canine teeth are used to bite into and tear food.

The primary teeth help the permanent teeth erupt in their normal positions; most of the permanent teeth form close to the roots of the primary teeth. When a primary tooth is preparing to fall out, its root begins to dissolve. This root has completely dissolved by the time the permanent tooth below it is ready to erupt.

Children start to lose their primary teeth, or baby teeth, at about 6 years old. This begins a phase of permanent tooth development that lasts over the next 15 years, as the jaw steadily grows into its adult form. From ages 6 to 9, the incisors and first molars start to come in. Between ages 10 and 12, the first and second premolars, as well as the canines, erupt. From 12 to 13, the second molars come in. The wisdom teeth (third molars) erupt between the ages of 17 and 21. Sometimes there isn't room in a person's mouth for all the permanent teeth. If this happens, the wisdom teeth may not come through at all. Overcrowding of the teeth is one of the reasons people get braces during their teenage years.

The first step of digestion involves the mouth and teeth. Food enters the mouth and is immediately broken down into smaller pieces by our teeth. Each type of tooth serves a different function in the chewing process. Incisors cut foods when you bite into them. The sharper and longer canines tear food. The premolars, which are flatter than the canines, grind and mash food. Molars, with their points and grooves, are responsible for the most vigorous chewing. All the while, the tongue helps to push the food up against our teeth.

As we chew, salivary glands in the walls and floor of the mouth secrete saliva, which moistens the food and helps break it down even more. Saliva makes it easier to chew and swallow foods (especially dry foods), and it contains enzymes that aid in the digestion of carbohydrates.

Once food has been converted into a soft, moist mass, it's pushed into the throat (or pharynx) at the back of the mouth and is swallowed. When we swallow, the soft palate closes off the nasal passages from the throat to prevent food from entering the nose.

Proper dental care - including a good diet, frequent cleaning of the teeth after eating, and regular dental checkups - is essential to maintaining healthy teeth and avoiding tooth decay and gum disease. Some common mouth and dental diseases and conditions - some of which can be prevented, some of which cannot - are listed below.

- ❖ Aphthous stomatitis (canker sores). A common form of mouth ulcer, canker sores occur in women more often than in men. Although their cause isn't completely understood, mouth injuries, stress, dietary deficiencies, hormonal changes (such as the menstrual cycle), or food allergies can trigger them. They usually appear on the inner surface of the cheeks, lips, tongue, soft palate, or the base of the gums, and begin with a tingling or burning sensation followed by a painful sore called an ulcer. Pain subsides in 7 to 10 days, with complete healing in 1 to 3 weeks.
- ❖ Cleft lip and cleft palate are birth defects in which the tissues of the mouth and/or lip don't form properly during fetal development. Children born with these disorders may have trouble feeding immediately after birth. Reconstructive surgery in infancy and sometimes later can repair the anatomical defects, and can prevent or lessen the severity of speech problems later on.
- ❖ Enteroviral stomatitis is a common childhood infection caused by a family of viruses called the enteroviruses. An important member of this family is [coxsackie virus](#), which causes hand, foot, and mouth disease. Enteroviral

stomatitis is marked by small, painful ulcers in the mouth that may decrease a child's desire to eat and drink and put him or her at risk for dehydration.

- ❖ Herpetic stomatitis (oral herpes). Children can get a mouth infection with the [herpes simplex](#) virus from an adult or another child who has it. The resulting painful, clustered vesicles, or blisters, can make it difficult to drink or eat, which can lead to dehydration, especially in a young child.

- ❖ Periodontal disease. The gums and bones supporting the teeth are subject to disease. A common periodontal disease is gingivitis - inflammation of the gums characterized by redness, swelling, and sometimes bleeding. The accumulation of tartar (a hardened film of food particles and bacteria that builds up on teeth) usually causes this condition, and it's almost always the result of inadequate brushing and flossing. When gingivitis isn't treated, it can lead to periodontitis, in which the gums loosen around the teeth and pockets of bacteria and pus form, sometimes damaging the supporting bone and causing tooth loss.

Presentation B



Good morning, ladies and gentlemen. I am here today to talk to you about the development of the mouth and teeth. My presentation will last for twenty minutes. But before I come to that, I want to tell you something. If you have any questions, please keep them till the presentation is over. I will then be glad to try to answer them.

To begin with, humans are diphyodont, That is, they develop two sets of teeth. The first sets of 20 deciduous teeth are also called the milk, primary, temporary, falling-off, or baby teeth. They begin to develop before birth and begin to fall out when a child is around 6 years old. They're replaced by a set of 32 permanent teeth, which are also called secondary or adult teeth.

Around the 8th week after conception, oval-shaped tooth buds consisting of cells form in the embryo. These buds begin to harden about the 16th week. Although teeth aren't visible at birth, both the primary and permanent teeth are forming below the gums. The crown, or the hard enamel-covered part that's visible in the mouth, develops first. When the crown is fully grown, the root begins to develop.

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The primary teeth help the permanent teeth erupt in their normal positions; most of the permanent teeth form close to the roots of the primary teeth. When a primary tooth is preparing to fall out, its root begins to dissolve. This root has completely dissolved by the time the permanent tooth below it is ready to erupt.

Children start to lose their primary teeth, or baby teeth, at about 6 years old. This begins a phase of permanent tooth development that lasts over the next 15 years, as the jaw steadily grows into its adult form. From ages 6 to 9, the incisors and first molars start to come in. Between ages 10 and 12, the first and second premolars, as well as the canines, erupt. From 12 to 13, the second molars come in. The wisdom teeth (third molars) erupt between the ages of 17 and 21. Sometimes there isn't room in a person's mouth for all the permanent teeth. If this happens, the wisdom teeth may not come through at all. Overcrowding of the teeth is one of the reasons people get braces during their teenage years.

Now let's look at the functions that the mouth and teeth perform. The first step of digestion involves the mouth and teeth. Food enters the mouth and is immediately broken down into smaller pieces by our teeth. Each type of tooth serves a different function in the chewing process. Incisors cut foods when you bite into them. The sharper and longer canines tear food. The premolars, which are flatter than the canines, grind and mash food. Molars, with their points and grooves, are responsible for the most vigorous chewing. All the while, the tongue helps to push the food up against our teeth.

As we chew, salivary glands in the walls and floor of the mouth secrete saliva, which moistens the food and helps break it down even more. Saliva makes it easier to chew and swallow foods (especially dry foods), and it contains enzymes that aid in the digestion of carbohydrates.

Once food has been converted into a soft, moist mass, it's pushed into the throat (or pharynx) at the back of the mouth and is swallowed. When we swallow, the soft palate closes off the nasal passages from the throat to prevent food from entering the nose.

Next, I want to discuss the things that can go wrong with the mouth and teeth. Proper dental care - including a good diet, frequent cleaning of the teeth after eating, and regular dental checkups - is essential to [maintaining healthy teeth](#) and avoiding tooth decay and gum disease. Some common mouth and dental diseases and conditions - some of which can be prevented, some of which cannot - are listed below.

Disorders of the Mouth:

- ❖ **Aphthous stomatitis (canker sores).** A common form of mouth ulcer, canker sores occur in women more often than in men. Although their cause isn't completely understood, mouth injuries, stress, dietary deficiencies, hormonal changes (such as the menstrual cycle), or food allergies can trigger them. They usually appear on the inner surface of the cheeks, lips, tongue, soft palate, or the base of the gums, and begin with a tingling or burning sensation followed by a painful sore called an ulcer. Pain subsides in 7 to 10 days, with complete healing in 1 to 3 weeks.

- ❖ **Cleft lip and cleft palate** are birth defects in which the tissues of the mouth and/or lip don't form properly during fetal development. Children born with these disorders may have trouble feeding immediately after birth. Reconstructive surgery in infancy and sometimes later can repair the anatomical defects, and can prevent or lessen the severity of speech problems later on.

- ❖ **Enteroviral stomatitis** is a common childhood infection caused by a family of viruses called the enteroviruses. An important member of this family is

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[coxsackie virus](#), which causes hand, foot, and mouth disease. Enteroviral stomatitis is marked by small, painful ulcers in the mouth that may decrease a child's desire to eat and drink and put him or her at risk for dehydration.

- ❖ **Herpetic stomatitis (oral herpes).** Children can get a mouth infection with the [herpes simplex](#) virus from an adult or another child who has it. The resulting painful, clustered vesicles, or blisters, can make it difficult to drink or eat, which can lead to dehydration, especially in a young child.

Finally, let me say a few words about the Periodontal disease. The gums and bones supporting the teeth are subject to disease. A common periodontal disease is gingivitis - inflammation of the gums characterized by redness, swelling, and sometimes bleeding. The accumulation of tartar (a hardened film of food particles and bacteria that builds up on teeth) usually causes this condition, and it's almost always the result of inadequate brushing and flossing. When gingivitis isn't treated, it can lead to periodontitis, in which the gums loosen around the teeth and pockets of bacteria and pus form, sometimes damaging the supporting bone and causing tooth loss.

Pair work

- ❖ Which one of the two presentations is better?
- ❖ What, in your opinion, makes it better?
- ❖ What are these presentations trying to tell us?

Tips for making effective presentations

- Divide your presentation into four parts i.e. introduction, main body, conclusion and a question – answer session.
- Do not read out your presentation from a prepared manuscript. It might take away the spontaneity of the delivery. An effective presentation is extemporaneous and is most effective when you speak making complete eye contact with the audience.
- Use positive gestures and hand movements.
- Maintain a positive posture.
- Be enthusiastic about what you say. Only then the audience will be able to share the enthusiasm with you and enjoy your talk.
- Modulate your voice appropriately; neither be too feeble nor too loud.
- Be well prepared. Rehearse your presentation with someone who can give sound feedback. If you can, make a video recording of your presentation and watch it yourself, it will help you reflect on your own performance.

Below are the different parts of a presentation as well as useful phrases for completing the tasks in each part

Greet the audience	Good morning/ afternoon/ evening, ladies and gentlemen/ everyone.
Introduce your self	I'm ... / My name is
Announce the topic	I'm going to talk to you about ...
Explain the purpose	The reason why I'm... What I want to do this morning/ afternoon is...
Length of the talk	My presentation will take about 20 minutes. I'll take about 20 minutes of your time.
Questions	I'll be happy to try and answer any questions at the end of the presentation. Please feel free to interrupt me, if you have any questions.
Presentation outline	I've divided my presentation into four parts – in the first partSecondly...next...finally...
Ending the introduction	That's all for the introduction...
Beginning the main body	So, to begin with... So, first of all... Now, to take up the first point...
Ending parts within the main body	So that's all then, that's about...
Beginning a new part	Let's move on to... So, now we come to the question of...
Summing up	So, to sum up...

Task 3

**In groups of five, read through the article below and make notes of it.
Then compare your notes with the other groups.**

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A Pre-sessional Course 345



PERIODONTAL Disease (PD) is commonly referred to as "Gum Disease". "Periodontal" means surrounding the tooth. PD is the disease of the surrounding structures of the tooth — the bone, gums and fibres that attach the tooth to the bone. There are different kinds and may affect one or multiple teeth. It can be broadly classified into the following stages.

Gingivitis: This is the first stage in which only the gums are affected. The gums become red, puffy and tend to bleed easily. This is a reversible stage and can be cured with simple procedures.

Early Periodontitis: Gingivitis, if untreated, progresses into Early Periodontitis when plaque and calculus burrow in to the gums and the teeth creating a pocket. This weakens the support and makes the tooth loose. This stage generally requires more advanced forms of treatment, which may also be surgical.

Advanced Periodontitis: This is the most severe form that sees a lot of bone damage. The teeth become very shaky. This stage is quite difficult to treat and requires very advanced treatment methods.

Causes

The prime cause of these diseases is plaque, a sticky film composed of bacteria and its by-products that are constantly formed around the teeth. If not regularly removed it turns into a hard calcified substance called calculus, which can only be removed with special instruments. The bacteria in plaque produce toxins, which cause differing grades of infection leading to destruction of the periodontal structures. Other factors that might aggravate PD are smoking, pregnancy and puberty, medications like Phenytoin and Nifedipine, uncontrolled diabetes and other systemic diseases.

The most common symptoms are bleeding gums, especially while brushing; red and puffy gums; persistent bad breath; gums separating from the teeth; pus-like discharge from the gums; shaky and drifting teeth with discomfort while biting.

Some people do not have any of these symptoms. Many experience almost no pain till the tooth has reached its last almost untreatable stage.

A general dentist usually treats early forms. To manage advanced stages a Periodontist or a specialist in the diagnosis, prevention and treatment of PD is required. A small measuring instrument called the periodontal probe is used and X-rays are taken to assess the destruction. The treatment varies from scaling procedures to surgical therapy. In some cases Tissue Regenerative therapy may be suggested. Scaling is the removal of all visible plaque and calculus. Contrary to popular belief, this does not harm your teeth. Patients are generally advised to get their teeth scaled once a year. Advanced treatment involves surgical correction to arrest the disease and to repair and regenerate the lost structures.

Once PD is treated, patients require Supportive Periodontal Treatment (SPT). During SPT, the periodontist evaluates periodontal health, examines and

removes any new formation of plaque and calculus and stalls the disease process. This addresses only 50 per cent of the problem; it will arrest the disease process and possibly repair some damage. The other part is to be able to maintain the state of health in what is now slightly compromised dentition.

PD is a chronic disease and often recurs in the absence of ongoing supportive therapy. Supportive therapy involves getting a regular check up and scaling once in six months; brushing regularly twice a day; and seeing the dentist the moment any symptom appears.

Use fluoride toothpaste as fluoride makes teeth stronger and more resistant to acid attacks. This in turn helps to prevent tooth decay. Brushing the teeth combats plaque, which builds up daily. Removing plaque not only makes the teeth look clean, helps prevent bleeding from gums but also makes your breath fresher. Try to brush in the morning and at night. Brushing at night is important as it protects teeth against acid attack while you are asleep.

Tips for Note-making

- Use headings and sub-headings
- Use diagrams, table; family tree, etc.
- List items: 1, 2, and 3.
- Use a phrase or a word rather than a sentence
- Develop your own short forms or abbreviations e.g. 'doc' for 'doctor'.
- Don't write down every word. Go for the main idea.

Steps to Note-making

- Read the passage carefully and identify the key items
- Think of ways to reduce or compress the key items
- Re-present the key items in a compressed manner so that they constitute an acceptable text.

Task 4

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*Work in pairs. One of you is a dentist and the other is a father whose son has **PERIODONTAL Disease** in its initial stage that can be cured easily. The one who plays the role of the dentist has to assure the child's father, give some instructions to be followed by the child, and warn him against the things that can worsen his son's teeth condition.*

Task 5

Write a summary of the following article:

Your smile, formed by your mouth at your brain's command, is often the first thing people notice when they look at you. It's the facial expression that most engages others. With the help of the teeth - which provide structural support for the face muscles - your mouth also forms your frown and lots of other expressions that show on your face.

The mouth also plays a key role in the **digestive system**, but it does much more than get digestion started. The mouth - especially the teeth, lips, and tongue - is essential for **speech**. The tongue, which allows us to taste, also enables us to form words when we speak. The lips that line the outside of the mouth both help hold food in while we chew and pronounce words when we talk.

With the lips and tongue, teeth help form words by controlling air flow out of the mouth. The tongue strikes the teeth as certain sounds are made. The *th* sound, for example, is produced by the tongue being placed against the upper row of teeth. If your tongue touches your teeth when you say words with the *s* sound, you may have a lisp.

The hardest substances in the body, the teeth are also necessary for chewing (or mastication) - the process by which we tear, cut, and grind food in preparation for swallowing. Chewing allows enzymes and lubricants released in

the mouth to further digest, or break down, food. Without our teeth we'd have to eat nothing but soft, mashed food. Eating would not be quite as enjoyable!

Read on to find out how each aspect of the mouth and teeth plays an important role in our daily lives.

Basic Anatomy of the Mouth and Teeth

The entrance to the digestive tract, the mouth is lined with mucous membranes. The membrane-covered roof of the mouth is called the **palate**. The front part consists of a bony portion called the hard palate, with a fleshy rear part called the soft palate. The hard palate divides the mouth and the nasal passages above. The soft palate forms a curtain between the mouth and the throat, or **pharynx**, to the rear. The soft palate contains the **uvula**, the dangling flesh at the back of the mouth. The **tonsils** are located on either side of the uvula and look like twin pillars holding up the opening to the pharynx.

A bundle of muscles extends from the floor of the mouth to form the **tongue**. The upper surface of the tongue is covered with tiny bumps called papillae. These contain tiny pores that are our taste buds. Four kinds of taste buds are grouped together on certain areas of the tongue - those that sense sweet, salty, sour, and bitter tastes. Three pairs of **salivary glands** secrete saliva, which contains a digestive enzyme called amylase that starts the breakdown of carbohydrates even before food enters the stomach.

The **lips** are covered with skin on the outside and with slippery mucous membranes on the inside of the mouth. The major lip muscle, called the orbicularis oris, allows for the lips' mobility. The reddish tint of the lips comes from underlying blood vessels. The inside portion of both lips is connected to the **gums**.

There are several types of teeth. **Incisors** are the squarish, sharp-edged teeth in the front of the mouth. There are four on the bottom and four on the top. On either side of the incisors are the sharp **canines**. The upper canines are sometimes called eyeteeth. Behind the canines are the **premolars**, or bicuspid. There are two sets, or four premolars, in each jaw.

The **molars**, situated behind the premolars, have points and grooves. There are 12 molars - three sets in each jaw called the first, second, and third molars. The third molars are the **wisdom teeth**, thought by some to have evolved thousands of years ago when human diets consisted of mostly raw foods that required extra chewing power. But because they can crowd out the other teeth, sometimes a dentist will need to remove them.

Human teeth are made up of four different types of tissue: pulp, dentin, enamel, and cementum. The **pulp** is the innermost portion of the tooth and consists of connective tissue, nerves, and blood vessels, which nourish the tooth. The pulp has two parts - the pulp chamber, which lies in the crown, and the root canal, which is in the root of the tooth. Blood vessels and nerves enter the root through a small hole in its tip and extend through the canal into the pulp chamber.

Dentin surrounds the pulp. A hard yellow substance consisting mostly of mineral salts and water, it makes up most of the tooth and is as hard as bone. It's the dentin that gives teeth their yellowish tint. **Enamel**, the hardest tissue in the body, covers the dentin and forms the outermost layer of the crown. It enables the tooth to withstand the pressure of chewing and protects it from harmful bacteria and changes in temperature from hot and cold foods. Both the dentin and pulp extend into the root. A bony layer of **cementum** covers the outside of the root, under the gum line, and holds the tooth in place within the jawbone. Cementum is also as hard as bone.

Tips for summarizing a passage /text:

- I. Read the passage carefully and underline the key information.
- II. Prepare notes for each paragraph of the passage/text. You can write short sentences.
- III. Using these notes, prepare a draft summary of the passage.
- IV. Edit the draft summary and make a final summary of the passage.

ð

Pronunciation

Notice how the 'i' that precedes – tis in medical vocabulary is pronounced. It is always pronounced as / al /. For example,

Tonsillitis

Gingivitis

Periodontitis

Now look up words similar to these.

Vocabulary

Adding the suffix '-ment' to a word changes it into a noun.

E.g.

treat (v) + - ment → treatment (n)

govern (v) + - ment → government (n)

require (v) + - ment → requirement (n)

Now decide which of the words provided below can have '-ment' as its suffix.

appoint

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operate

prescribe

grow

amputate

Have fun!

Dentist: Could you help me? Could you give out a few of your loudest, most painful screams?

Patient: Why, Doctor? It isn't that bad this time.

Dentist: There are so many people in the waiting room right now and I don't want to miss the 8 o'clock football match.

Teeth

"Oh I wish I'd looked after my teeth"

My grandma always said,

Every time she put them

In a glass beside her bed.

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Unit Seven

Mosquitoes and Blood

Skills: Reading and speaking

Functions: Explaining / illustrating and expressing opinions

Language focus: Gerunds

Starter:



Can you guess the disease that this patient has?

Task 1

Read the following passage and do the tasks that follow it.

There are four types of malaria, each due to an infection with different species of plasmodium – a minute parasite belonging to the animal kingdom. The disease is conveyed to man by the bites of blood – sucking mosquitoes which have themselves become infected by biting malarious patients.

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In the human body the malarial parasites pass through several stages of development. **After** entering the blood they soon pass to the liver, where they multiply. **Then**, returning to the blood again, they invade red corpuscles within which they again increase their number. This stage complete, they escape from the red blood cells, destroying them as they leave. Some of the parasites now invade new red cells to undergo further multiplication, while others, specially adapted for the purpose, remain free in the blood stream waiting to infect any mosquito, the malarial parasites begin another cycle of development which ends when they settle in the salivary glands near the insect's 'mouth' ready to enter human tissues when the insect next draws blood.

While the parasites are developing within him the human patient suffers from recurrent fever, and because of the repeated destruction of his red blood cells he becomes anemic and debilitated. Death may occur during a single attack of the disease or **after** prolonged illness due to continuing or recurrent infection.

The several species of mosquito which spread malaria are known as *anopheles* mosquitoes. These insects lay their young develop just beneath the surface of the water. The adult mosquitoes, of which only the females transmit malaria, usually bite at night when they enter human habitations; and by day they either remain hidden within the dwellings or return outdoors.

Malaria is a difficult disease to eradicate from a country. It is a chronic infection, that is, it lasts for weeks, months, or even years; and even when a patient has recovered completely he is liable to reinfection, for, unlike certain other diseases, one attack does not result in natural immunity thereafter. Nor is it possible to prevent the disease by 'artificial' immunisation.

It is true that all forms of malaria can eventually be cured with the aid of modern anti-malarial drugs; and these, if taken continuously for long periods, will prevent infection with some types of the disease and will suppress the

symptoms of others. In theory, therefore, it should be possible to eradicate malaria by using anti-malarial drugs to cure all infected persons and to protect all others. And this has been done in small isolated communities and among troops fighting in highly malarial districts. But the method is quite impracticable when dealing with large scattered populations and so plays only a small part in the world campaign.

A more effective way of eradicating malaria is to destroy the mosquitoes which spread the disease. This can be done in several ways. By improving drainage and cultivation many of their breeding places can be eliminated, and those which remain can be sprayed with oil which 'smothers' the mosquito larvae, or with insecticides which poison them. These measures often reduce the mosquito population considerably, and the incidence of malaria falls as a result; but at times the effect is only slight because of the vast number of possible breeding places and the inaccessibility of many of them.

The number of mosquitoes can be reduced more surely by attacking the adult insects. This is done by spraying the walls of houses and huts with the insecticide dichlorodiphenyltrichloroethane – or DDT for short- prepared in such a way as to remain active for months. Insects settling on surfaces treated in this way are killed. The method, known as residual spraying, is simple, inexpensive and quick; and a few men can treat a large number of dwellings in a short time.

It is mainly by the use of residual spraying that many countries in which malaria was the greatest single health problem are now almost free from the disease, while others are rapidly bringing it under control. The complete mastery of malaria throughout the world is well within sight, though before victory is complete there may be some setbacks. This is because some mosquitoes have become resistant to DDT, while others, changing their habits, no longer enter human habitations to feed, but bite in the open air and so avoid contact with the insecticides sprayed on walls.

The highlighted words in the passage above show the connection between sentences, or paragraphs.

Can you find more such words from the passage?

A gerund is usually a verb to which an -ing is attached. It functions like a noun.

E.g. Smoking can be injurious to health.

I don't like sleeping in the afternoon.

- ❖ *From the passage find out other examples of gerunds.*
- ❖ *Can you think of the difference between gerunds and the present participle?*

Task 2

Look at the drawing provided below. Infer the process it represents and explain it to your classmates.

In explaining things, one tends to use simple words, and focus on the required terms to be explained. In the process, one needs to provide a comprehensive idea in simple vocabulary. For example, to explain 'malaria', one has to begin with the word 'disease'. This has to be followed by the symptoms of this disease like fever and shivering. The next step can focus on the cause of the disease i.e. mosquitoes, in this case.

Task 3

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Imagine that malaria has endemically pervaded your area. What steps would you take to prevent the disease from spreading? Discuss in groups of three.

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Tips for group discussion

Opening a discussion

To begin with,

We need to discuss...

determine...

find out...

Let's start by (V ing)

We'll start by (V ing)

The problem here is

Issue

Question

The important thing (here) is

The main thing we need to discuss is

Let's look at

It looks like....

It appears that

Asking for input

What do you think?

How about you?

How do you feel about that?

Any ideas on that?

Responding

(that sounds like a) good idea.

Sounds good.

The problem with that is...

That raises of

Brings up

n
0
r

Interrupting

If you feel that an interruption would be appropriate, you can wait for a pause in the conversation and then say:

- Excuse me, but
- Pardon me, but
- Excuse me for interrupting, but
- Sorry to interrupt, but

Keeping your turn

- Excuse me, I'd just like to finish this point.
- If you could wait for a second, I'm just about to finish my point.
- Could I please just finish my point?

Continuing after an interruption

- Anyway
- As I was saying
- In any case
- Going back to what I was saying.....
- As I was saying.....

Task 4



Read the passage given below, and do the tasks that follow it.

Sometimes people need extra blood because they have lost more than the body can make in a short time or they are not making enough red blood cells.

Doctors can give blood from one person to another.

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The blood that someone is given is 'matched' so that it won't be destroyed by their immune system.

- Type A blood can go to anyone who has type A or AB.
- Type B blood can go to anyone with B or AB.
- AB blood can only go to a person with AB blood.
- O can be given to anyone, so someone with that blood is called a 'Universal donor.'

But

- A person with type A can only take blood from someone with type A or O.
- Type B can only take blood from someone who is B or O.
- AB can receive blood from anyone. This is known as being a 'universal receiver.'

- Type O can only receive blood from someone who is type O.

Blood

Blood is red

It runs through your head

Blood is important; if you don't have it
you're sure to die in one hit.

If you donate it, it would be great.

Better one another help than hate.

"Many people donate blood every few months. This is a good way of helping others who need help. Giving blood doesn't hurt and your body soon makes more to replace it. You need to be between 16 and 70 years old and healthy, to donate blood.



Blood is amazing. Help your blood by eating healthily so that you get all the vitamins and minerals your body needs. Some girls have very heavy periods when they start having periods, and if they do not get enough iron in their diet, they can become anaemic and feel

tired much of the time. If you think you might have this problem, go to see your doctor."

- What do we call the process of donating and receiving blood?
- What is the term used to refer to the below average red blood cells?
- As a lab technician, what food items would you recommend to increase a patient's red blood cells?

D. Put the tick (✓) in the suitable boxes. No. 1 has been done as an example.

Receiver

Donor	A	B	AB	O+
A	✓	✗	✗	✓
B				
AB				
O+				
O-				

Task 5

Name the tools given below and state which doctor these tools are most associated with. Then say in what way each one of them is useful to the doctor concerned.



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A



B



C

D



E



F

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G



H

Pronunciation

- A.** In words ending with -ion, stress is laid on the syllable that immediately precedes the suffix -ion

E.g.

immunization

multiplication

habitation

population

Can you think of more such examples?

Vocabulary

Adding the suffix – 'ous' change the nouns into adjectives.

E.g.

infection → infectious

contagion → contagious

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delirium → delirious

Look up the dictionary for more such examples.

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Chapter Seven

Conclusions, Limitations and Suggestions

This chapter presents the conclusions and limitations of the study; it also makes suggestions for further research. As mentioned earlier, the present study was undertaken to identify the needs of the fresh medical students of Hodeidah University, Yemen with regard to English and design a course that would considerably improve their communication skills and help them perform some essential functions related to their medical field effectively. Keeping in mind the learners' needs, materials have been produced and (included in the previous chapter). Below are the findings of the study with reference to the research hypotheses and questions.

7.1 Summary of the Findings of the Study

7.1.1 ESP (EMAP) is an orphan in Yemen

ESP in Yemen is in its infancy. Some studies have been carried out in ESP, mostly in EBP. Out of these, only four were related to EMAP. Hussain Alfadhly (2005) from Hadharmout University carried out a study on the perceptions of the medical students and faculty of his university about their academic needs. Two similar studies were carried out at Hodeidah University, one by Tariq Al Najjar (2006) and the other by Fadhl Moh'd Abdullah (2007). But they did not produce materials for the target learners. Thus it can be said that EMAP is relatively new in Yemen.

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ESP in Yemen is generally associated with English for Business Purposes (EBP). Generally each factory/ firm, etc. provides its own English language training courses with no collaboration with any training institutions. Therefore these training courses are not cost-effective and do not bring about the desired results / outcomes. Though the sudden change of medium of instruction from Arabic to English (Arabic in school and English in college) makes the need for ESP courses greater, little importance is given to these courses. That is, the Departments of English at Yemeni Universities, which are the authority for assigning teachers to teach ESP courses, hire school teachers or request them to teach voluntarily. These teachers, in most cases, have no training to teach ESP courses. They simply teach grammar, which they mistakenly think will serve the purpose. Students come to these classes with great expectations, but get frustrated when they find that teachers do not put in the expected effort to improve their communicative competence. The classes are simply a repetition of what was given to them in schools. Thus they feel that their needs, lacks and wants are not catered for.

7.1.2 An ESP teacher's job is difficult in Yemen

As stated above, the Departments of English give the hired or voluntary teachers complete freedom in choosing the materials to be taught to their respective ESP students. When I had an informal discussion with these teachers, they expressed a need for a training workshop on how to teach ESP courses. What makes their job more difficult is the learners' low proficiency

level. The mixed-ability learners and large classes are two more factors that make matters worse. Furthermore, teachers lack the necessary medical orientation and knowledge.

7.1.3 Teachers were unaware of team – teaching

I was shocked to learn that teachers did not know that they could collaborate with content specialists to make the ESP teaching-learning process effective.

7.2 Limitations of the study

The study has some limitations. They are listed below and can be taken up for further research:

1. The study was conducted on medical undergraduate students of three Departments i.e. Nursing, Dentistry and Medical Laboratory at Hodeidah University. Therefore it is limited only to a few medical undergraduate students of one University.
2. The phonological and syntactic aspects of language were not incorporated in the materials in detail.
3. The course could not actually be taught because the researcher was in India. But teaching can be planned as a future step.

7.3 Recommendations and suggestions for further research

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1. An analysis of the needs of medical students of all Departments at Yemeni Universities would certainly give a clear picture of the learners' needs, lacks and wants.
2. A suitable methodology should be adopted for teaching the four language skills. Activities such as role-play, simulation, group discussions, etc should be made part of the course for improving the learners' Spoken English.
3. Training courses should be conducted for ESP teachers to enable teaching and learning to take place effectively. Similarly, teachers should try and develop their students' learning strategies, keeping in view their learning preferences and learning styles.
4. The English Department needs to introduce a course in ESP Materials in the final year of the B. Ed Programme for training the final year students on how to design and teach ESP materials.
5. Language teachers and content specialists in the Medical Science College should work together. In other words, there should be a high level of co-operation between language teachers and content specialists. They should work hand in hand to prepare the teaching materials before using them in the classrooms.

7.4 Course Evaluation (Feedback Questionnaire)

The purpose of this questionnaire is to find out the plus and minus points of the course. Please feel free to say what you feel about the course and answer the following questions:

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1. How would you rate the course?

Excellent

Good

Average

Poor

2. How useful was the course for your purpose? Please tick your opinion.

Very useful Somewhat useful Not useful

3. How satisfied were you with the following:

		Very satisfied	Satisfied	Fairly satisfied	Not satisfied
a.	Materials used				
b.	Amount of input				
c.	Methodology used				
d.	Teacher's clarity of voice				
e.	Teacher's sense of humour				
f.	Teacher's punctuality				
g.	Teaching Aids				
h.	Use of class time				
i.	Course duration				

4. Did you want the teacher to touch upon some more topics?

Yes

No

If yes, please write them down:

- _____
- _____
- _____

5. Mention any two things you liked most about the course.

- _____

6. Mention any two things you did not like about the course.

- _____
- _____

7. Do you think the course will be useful to your classmates / batch-mates as well?

Yes

No

8. In what ways has the course been useful to you? Mention any three.

- a. _____
- b. _____
- c. _____

9. What should the teacher do to improve the course?

a. _____

b. _____

c. _____

10. Did the course satisfy your expectations?

Yes

No

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