Setting Up A New Medical French Course at Masaryk University, Brno

Ladislav Václavík

Language Centre, Masaryk University, Brno

Abstract

Thanks to one of Masaryk University initiatives, a project concerning the conception and realisation of a brand-new medical French course could be started in September 2016. This article is an attempt at a description of the course design procedure. The pre-course context is also outlined, as it played an essential role in the subsequent work on the curriculum design. The article is divided into three main parts, following the planning, implementation and evaluation stages of the traditional curriculum-design process. It provides some theoretical background concerning the curriculum design of language courses in general, covering specific problems connected to the areas of content conceptualisation, the definition of goals and objectives, as well as the construction of an assessment framework in the course of language for specific purposes. In the planning stage, special attention is paid to the issues of needs analysis. The second part of the article treats the (re)evaluation and the adaptation of the course based on the teacher's self-analysis and the students' feedback obtained through the entry and end-of-course questionnaires. The question of students as course co-creators is approached. Finally, future perspectives on teaching medical French at Masaryk University are briefly outlined.

Keywords: curriculum design, needs analysis, ESP, medical French

PROJECT BACKGROUND

One of the most important strategic objectives, as stated in Masaryk University vision statement[1], has been to introduce foreign languages as an essential part of studies in all study types and stages (Strategic plan 2016). Importantly, the university aims to 'expand the number of foreign languages on offer' (Strategic plan 2016). As an encouragement for these strategic objectives, a funding programme was launched in 2014 under the name of Masaryk University Development Fund (FRMU), which is an internal university tender aimed at improving and enlarging the spectrum of study programmes and seminars offered by the institution. In 2016, a bid was submitted for a project whose aim was to launch a new medical French course at the Language Centre of Masaryk University. This article is then a case study depicting the elaboration of the project, namely the construction of the curriculum design in three main stages as defined by Graves (2008): planning, implementation and adaptation based on teacher's self-analysis and,

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[1] https://www.muni.cz/media/3062393/strategic_plan_mu_2016-2020_en.pdf

importantly, students' pre-course and end-of-course evaluation whereby learners – becoming co-creators of the course contents – could exploit the possibilities of self-directed, autonomous learning. Last, but not least, future perspectives of teaching medical French at the Masaryk University are briefly outlined.

DESIGNING THE COURSE

Curriculum and syllabus

The course design literature makes a distinction between curriculum and syllabus, which might be useful to recall here. Curriculum, the more generic of both terms put forward by Graves (2000), encompasses the processes of planning, teaching, and evaluating a course of study, whereas syllabus denotes a more concrete plan of what is to be learned in a particular course. Hall and Hewings (2001) emphasise the coherence and specific purpose inherent in the curriculum design. Coherence was already vital for Johnson (1989) who stresses the need for a coherent approach to language curriculum development, the consistency and interdependence of the three building blocks, namely planning, implementation and evaluation. Despite the call for coherence, it has been noted that curriculum – never neutral[2] in itself (Jackson 1992) –, is a complex, dynamic and adaptable system prone to further modifications (cf. Larsen-Freeman and Freeman 2008).

In its broad sense, the syllabus can be defined as a specification of content and order in which it will be taught (Nunan 1988). In the narrow sense, syllabus denotes a specific conceptualisation of language and of ways it can be learned, which then leads to material selection and preparation for a particular classroom (Nunan 1988). Thus, two types of syllabi are distinguished: grammatical, which focuses on language forms, and notional/functional, which aims at pragmatic language use in specific situations or situation types. Other definitions exist (Reddy 1978, Breen 1987), however, as Graves has it (2008), we seem to have entered a post-syllabus phase, where, due to the complexity of learning languages, no approach can respond fully to learners' needs.

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[2] Curriculum is never neutral, as it reflects somebody's attitudes and reasoning about education, be it the teacher, planner or an institution (Jackson 1992).

PLANNING

There has been a shift in the conception of the three stages inherent in curriculum design. In the traditional triad of planning/implementation/evaluation, the middle term has undergone substantial modifications. The reason for this conceptual change seems to be the discrepancy between the syllabus and its subsequent classroom realisation(s) (Breen 1987, Jackson 1992) Implementation was replaced with the concept of enactment, which puts forward the idea that implementing a curriculum is based on educational experiences jointly created by students and teachers in the classroom (Snyder et al. 1992). Syllabus and materials should function as tools that teachers and students use to construct the enacted experience of the classroom (ibid.). Indeed, classrooms have traditionally been structured around a conception of learning as the acquisition of knowledge rather than participation in knowledge making (Sfard 1998). Consequently, the emphasis placed on student passivity has led to disempowering constraints placed on teacher-agency and learner-agency (van Lier 2007). Under these conditions, classrooms tend to lose connection to life outside (Matus and McCarthy 2003). All this leads to a redefinition of classrooms as a curricular space (Graves 2008).

The designer's task of planning a course is undoubtedly not a simple one, as it precedes – and affects considerably – the important middle stage in the course design triad. One of the most critical parts of the planning process is the consideration of the context. This term, essential for needs analysis literature, is crucial in the globality of its impact on the whole course design. In her later work, Graves (2008) makes a useful distinction between two types of contexts based on the accessibility of the target language to L2 learners. The target-language-embedded context corresponds to English-as-a-second-language (ESL) settings: learners learn the language of the host country. Course design studies typically describe foreign employees in need of an English vocational training (e.g. Edwards 2000, Wozniak 2010), be it in a medical or business context. In the target-language-removed context, on the other hand, the second language is considered merely a subject matter rather than a tool for real-life experience (Larsen-Freeman and Freeman 2008). Students typically lack direct access to the target language and target language milieu, the only place and opportunity to practice L2 being the classroom. The purposes of learning in such cases, as Larsen-Freeman and Freeman (2008) suggest, are to communicate, to improve one's economic prospects, to expand one's horizons, or to be a global citizen. Importantly, the usefulness of learning L2 depends on how language is packaged in the syllabus so that it can be taught (Graves 2008). Logically, the type of context has serious implications for the needs

analysis, as in target-language-removed contexts, needs analysis focuses on the needs of learners within the classroom and the classroom itself becomes a discourse community (Graves 2008).

Assessing needs – general overview

In the research literature, the importance of relevant course content and its usefulness for learners has been sufficiently stressed (Aldred and Offord-Gray 1998). The importance of needs was already emphasised by Abbott (1981 in Cowling 2007) who warns of TENOR, i.e. teaching English for no obvious reason in courses where textbooks are taken for granted with no need to base the syllabus on a correct analysis of learners' real needs. The needs analysis component of the curriculum design informs all other parts of the syllabus, and its importance for achieving accurate impact analysis cannot be underestimated (Lockwood 2012). As a decision-making process informing course design specifications, needs analysis has been regarded as an indispensable part of any ESP course (Long 2005). The objectives of a needs analysis are to find out students' future/current professional needs; to gauge their needs in terms of language skills and tasks; to probe students' deficiencies in language skills; to find out students' preferences with respect to learning styles, methods and teacher roles; and to record students' suggestions for better English-for-specific-purposes (ESP) teaching (Chostelidou 2010). The needs analysis should achieve a high degree of face value for students, who should find the aims and objectives of the course plausible. It should also possess a high surrender value: students should be able to immediately use what they had learned to perform their jobs more effectively (Edwards 2000).

The main focus of any needs analysis concerns the sources of the information included in the process, the ways of data gathering, the relevance and validity and the way these are ensured. Also, and importantly, the needs analysis should suggest the way to incorporate the findings both into the curriculum design, and into the syllabus, so that the goals and objectives of a given course are fulfilled.

As for the sources of information, the importance of integrating learners into the needs analysis procedures has been debated since the origins of needs analysis research. Munby (1978), proposing a performance-based approach to curriculum design based on the Communication Needs Processor, came under substantial criticism (Hutchinson and Waters 1987) for his allegedly over-elaborate, mechanistic curriculum design model which failed to consider the

learners themselves. Alternatively, Hutchinson and Waters (1987) suggest taking into consideration the conditions of the learning situation and how the learners learn. According to them, Munby ignores learners' lacks, defined as the gap between the existing and the target language proficiency, as well as learners' wants, defined as the needs perceived by learners as important. Holding a rather radical point of view, Auerbach (1995 in Jasso-Aguilar 1999) considers learners to be the only source informing the curriculum. However, this approach earned criticism for its weak reliability stemming from the fact that learners themselves might not be in the position to judge their real needs correctly (Long 2005). Lockwood (2002 in Lockwood 2012) claims that ESP syllabus design should reflect the needs of the learners as well as the needs of the business (or any other stakeholder of the course).

Long (2005) suggests utilising multiple sources as well as selecting adequate information-gathering instruments. Among the sources, Long includes language teachers with prior experience with learners in the programme, people undergoing or who have completed the educational program, documents related to the course, and published needs analysis literature. Besides outsiders, on whose views the needs analysis mostly relies (Gilabert 2005 in Cowling 2007), insiders – that is people from the relevant content area, e.g. doctors in the case of a medical ESP course – should also be incorporated.

Methods for gathering information are of two basic types: qualitative and quantitative[3], comprising, for example, intuitions, questionnaires, surveys, language audits, or observations. As we have seen above, Long (2005), along with Hutchinson and Waters (1987), claim that consulting learners only is not sufficient, as such needs analysis is unlikely to produce a reliable set of tasks for the target domain of the learners. In order to promote the validity of the information gathered, Long calls for triangulation of sources and methods which should ensure the reliability of the needs analysis process. In triangulation, target situation and insiders' expert knowledge are collected via different methods (interview, observation and questionnaire), compared and enacted in the course design (Wozniak 2010). According to Long (2005), triangulation must involve learners, applied linguists and domain experts.

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[3] Huhta et al. (2013) – speaking of a second-generation needs analysis based on task-based, rather than language-based, approach – emphasize the importance of qualitative means of information gathering.

In summary, learners' language needs and linguistic structure should be well researched and developed into a meaningful course (Long 2005). However, in an interesting article, Edwards (2000) claims that an effective and flexible ESP course design can be derived from the teachers' experiential knowledge and the students themselves. Indeed, this might be more effective than following explicit directives relating to strict needs analysis methodology and ESP curricula building. Importantly, as will be seen, our approach to needs analysis would seem to corroborate Edwards' claims.

Assessing needs in a specific context

As for the medical French course needs analysis procedure, several specific aspects had to be respected. One of the most challenging of these was the initial description of the aims and objectives made for the purposes of the project bid. The starting considerations were the learners and the context, as defined by Graves (2008). Given the different types of constraints (Munby 1978), fundamental questions had to be operationalised, such as who the learners are and why they are taking the course? How do they learn? What resources are available? Where and when will the course take place? As for the course context, this was not a classic ESP course such as described in needs analysis literature (Aldred and Offord-Gray 1998, Edwards 2000, Lepetit 2002, Cowling 2007, Chostelidou 2010, Lockwood 2012), aimed at prospective employees embedded in a foreign language context. It was obvious that the remoteness and relative isolation of the French university and hospital environment had to bear an impact on the content structure and on the definition of the aims and objectives of the course. In her conception of context (cf. 'learning needs' in Hutchinson and Waters 1987), Graves (2000) delineates the following categories of factors: students (number, age, gender, other languages, purpose, education, experience); physical setting (classroom: size, furniture, light, noise); nature of the course and institution (type/purpose of the course; mandatory/open enrolment, relation to current/previous courses; prescribed curriculum or not; required tests or not); teaching resources (materials available; required text; own materials; equipment); time (how many hours total over what span of time; how often class meets; for how long each time; day of week; time of day; where it fits in the schedule of students; students' timeliness). Some of the questions, however, were difficult to answer before the project bid itself, e.g. the materials available, time, physical setting: there was simply no *a priori* answer to these. In contrast, other questions were clear from the very beginning: students' age and education (predominantly medical undergraduates); nature of course and institution (target-removed context medical French

course taught at the Medical Faculty of Masaryk University in Brno, Czech Republic; enrolment was open; there was no relation to any previous L2 courses taught at the Medical Faculty); there was no prescribed curriculum, and the syllabus was fully open to teacher's/course designer's experience and discretion.

Before the project bid itself was submitted, a short description of the project's aims had to be elaborated within a period of one month. Given the time constraints, students' needs were hypothesised at this stage, based on teacher's previous experience and research. The target needs analysis (learners' lacks, wants and necessities) had to be postponed with some of its components (placement tests, learners' needs questionnaires) being planned to be carried out in the opening seminars of the pilot course, while others (interviews with other teachers) were to be carried out in the build-up phase of the pilot course.

As part of the needs analysis, students were asked, in the opening seminar (September 2016), to complete a short questionnaire and a placement test. The questionnaire, adapted from Mangiante & Parpette (2015), aimed to answer the socio-political variables (Munby 1987), making explicit learners' educational and linguistic background. The purpose of the placement test then was both to gauge the learners' proficiency level, and to help the teacher modify, if need be, the course materials designed in advance. Ideally, the proficiency level of students who wish to enrol is B1+/B2, however, the results of the placement test have no eliminatory impact on the learners.

At the end of the twelve-week course (December 2016), an evaluation questionnaire was distributed, which consisted of nine sections and provided valuable data concerning learners' assessment of the course. The first part (sections 1-6) comprised both quantitative (closed) and qualitative (open) questions pertaining to students' expectations of the course, their satisfaction with the course, and their evaluation of the content. In the second part (sections 7-9), learners were asked to think about the strengths and weaknesses of the course and to explicate what they had learned in the course. The questionnaire, together with dialogues and discussions conducted during the opening and closing seminars of the course, helped establish and concretise the needs analysis data necessary for improving the course in future.

No pre-course interviews with insiders or course participants, despite their importance for needs analysis (Brown 1995, Long 2005), were conducted, which constitutes, arguably, the weakest component of the whole curriculum design process. The course content was thus, at the pre-course stage, based predominantly on background knowledge, teaching experience, and content schemata. Given the results of the end-of-course survey, however, the course – despite the possible shortcomings in the preparatory stage – seems to have succeeded in articulating the academic and clinical communication skills in a target-language-removed context, as well as the 'real-world tasks' (Nunan 1989) of school and clinic necessary for medical undergraduates. The reactions of learners documented through the questionnaires appear to confirm the claim.

Formulating goals and objectives

In the initial stages of the project, data concerning the needs were scarce. The goals and objectives of the course were thus first arrived at using two major sources: teacher's experience with teaching analogous, medical English courses targeted at medical faculty undergraduates, and curriculum design literature.

Generally speaking, the objectives and goals of the course are 'one of the hardest aspects of course design for the teachers' (Graves 2000: 73), as they are not in close and evident relation to 'the concretes of the classroom' (ibid.) with which teachers are usually most concerned. There are several frameworks which can help teachers define the goals of the course, one of them being the KASA framework (see Appendix). The goals listed in the appendix were accomplished by designing specific learning activities and through their integration into the course structure and process.

The objectives of the course, more concrete, are linked closely to every unit of the course. There are again several conceptions of how to determine the objectives[4], e.g. Saphier and Gower's Cumulative Framework for Objectives (1987). Five categories are distinguished, each of which was kept to when preparing specific worksheets:

    Coverage: the material that will be covered in the unit, lesson

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[4] E.g. Brown (1995) uses these components of performance objectives:
Subject: who will achieve the objective
Performance: what the subject will be able to do
Conditions: the way in which the subject will be able to perform
Measure: the way the performance will be observed or measured
Criterion: how well the subject will be able to perform (Graves 2000: 87)

Activity: what students will do in a unit, lesson

Involvement: how students will become engaged in what they do in the unit

Mastery: what students will be able to do as a result of the unit

Generic thinking: how students will be able to problem solve or critique in the unit

(Graves 2000: 92)

Conceptualising content and organising the course

The goals and objectives thus defined and described correspond to phase one in the conceptualising content part of curriculum design, where, according to Graves (2000), teachers should think about what they want their students to learn, given the needs and the purpose of the course. In the next step of this stage, the teacher should make decisions about what to include and what to omit. Importantly, the content should be organised in a way that the relationship among its various elements is clear. Finally, the teacher can decide about objectives, materials, sequence and evaluation (Graves 2000).

The issue of conceptualising content is closely related to the problem of organising the course. There has been extensive research concerning the different types of curriculum design. Huhta et al. (2013), inspired by Long (2005), put forward a task-based approach to curriculum design. Graves (1996) develops the concept of a content-based syllabus, in contrast to the notional-functional model proposed by Wilkins (1976). Furthermore, Met (1998) and Snow (2001, in Stoller 2004) explicate different models of content-based instruction which constitute a continuum going from content-driven to language-driven models. In both, the organising principle can be themes (Parkinson 2000, in Stoller 2004).

The medical French course is indeed theme-based, placed somewhere in the middle of the content/language-driven continuum, arguably closer to the weak content-based instruction models (Weshe and Skehan 2002, in Stoller 2004). Its overall structure tried to strike a balance between the four basic strands of a language course as defined by Nation (2013): meaning-focused input; meaning-focused output; language-focused learning (form-focused instruction); and fluency development.

The topic-based syllabus construction – the very first one, outlined in autumn 2015 for the FRMU evaluation board to be approved of – was based on a conglomerate of factors: the strategic plan

of Masaryk University, internet sources[5], teacher's intuitions, consultations with colleagues, and experience with teaching similar courses in another language. As a result, a first-draft syllabus comprising six topics was designed:

1 Human health

    1.1 Illnesses

    1.2 Healthy Lifestyle

2 Human body

    2.1 Body organs anatomy

    2.2 Typical features of medical French

3 Doctors and patients

    3.1 At the doctor's

    3.2 Health problems

4 Medicaments, treatment

    4.1 Types of medicaments

    4.2 Consumption of medicaments

5 Hospitals

    5.1 Structure of French hospitals

    5.2 Working at a hospital

    5.3 Operations (equipment, tools)

6 Health system

    6.1 Comparing Czech and French health systems

    6.2 Working abroad (Doctors without borders)

However, throughout the eight-month preparatory works on the project (January-August 2016), this original syllabus underwent substantial modifications. The original topic-based approach shifted to a target-situation based approach. The selection of the situations was based partly on teacher's experience and intuitions, partly on research publications and existing coursebooks. The basic idea was that students in a target-language-removed context willing to sign up for the course of medical French would do so for two basic reasons: to improve their existing general French knowledge and/or to get ready for future immersion in French-speaking medical contexts, either as students on Erasmus or professionals on internships. The major task was to

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[5] https://www.cle.fr/wp-content/uploads/2015/02/fran%C3%A7ais-m%C3%A9dical.pdf

operationalise these two broad needs into learnable course content. The first reason concerned L2 itself, in its form-meaning relationships: declarative knowledge of French (topics, vocabulary, grammar) was to be one component of the course. The language part would correspond to the form-focused and meaning-input components of the course, as defined by Nation (2013). The other broad reason hypothesised was pragmatic, linked to target situations, forming the procedural component of the course, where the emphasis is on specific tasks. This aspect of the course would then correspond to Nation's meaning-focused output and fluency development strands of a L2 course. Thus, being able to find a way at a hospital, to find the correct department or ward, to conduct an internship interview with their French-speaking colleagues, to interrogate and to examine a French-speaking patient were deemed logical situations to be included in the final syllabus. Other skills, such as introducing oneself, describing and justifying one's studies, professional interests and future goals, were further included.

At this point, foreign publications targeted at non-native learners of French were immensely helpful. Two textbooks were consulted in some depth, proving to be of important benefit for the final syllabus structure: Thomas Fassier and Solange Talavera-Goy's *Le français des médecins* (Grenoble: PUG, 2008); and Florence Mourlhon-Dallies' *Santé-médecine.com* (Paris: CLE International, 2004). The variety of materials consulted as well as the diversity of teaching methods exploited resulted in each seminar attempting to develop equally all four language strands (Nation 2013).

As a result, in August 2016, the following topic-based syllabus was finally designed. The modified course covers twelve weeks, encompassing five interwoven strands, namely topic, vocabulary, grammar/language functions, medical know-how and cultural issues:

Semaine	Sujet	Vocabulaire	Grammaire/fonctions langagières	Savoir-faire	Culture/société/sujets d'actualité
1	Introduction	Vocabulaire de présentation	Être, avoir, verbes en ER	Se présenter, justifier son choix, ses préférences, décrire ses expériences	Étudier le français, le monde francophone
2	Faire connaissance du français	Corps humain – vue générale. Maladie, santé.	Verbes au Présent I	Se présenter, parler de la santé, de la	Le français des patients et le français des médecins.

				médical		maladie	
3	Étudier la médecine	Sujets universitaires. Professions médicales/paramédicales.	Verbes au présent II/ afin de/ parce que	Parler de ses études, de ses intérêts professionnels, de différentes spécialisations	Comparaison des études médicales en France et en Rép. tchèque
4-5	Faire connaissance avec l'hôpital	Lieux, départements, professionnels, fonctionnement	Se situer dans l'espace./ Passé composé I (avoir/être)	S'orienter dans un hôpital	Le système de la sécurité sociale en France
6-7	Le corps humain – vue anatomique	Corps humain – anatomie. Différents appareils. Noms, adjectifs dérivés Préfixes et suffixes	Passé composé II (pronominaux)	Utiliser le vocabulaire spécifique.	Le don d'organes
8	Interroger un patient	Antécédents, traitement habituel. Mode de vie.	Situer une action dans le passé (imparfait)	Poser des questions.	Régime végétarien – que manger pour rester en pleine forme?
9	Examiner un patient	Les étapes de l'examen médical.	Impératif (politesse). Subjonctif. Futur proche.	Instruire le patient.	Toxicomanies.
10	Imagerie médicale	Dispositif médical. Imagerie (-scopie, -graphie).	Imparfait. Comparaisons.	Expliqer une procédure.	Accidents – que faire?
11	Prescrire un traitement et expliquer une ordonnance Médicaments	Posologie et formes pharmaceutiques. Nomenclature (antibiotiques). Classes thérapeutiques.	Langage de discussion.	Communiquer le diagnostique au patient. Argumenter, discuter, exprimer son opinion.	Usage des médicaments dans la société. La lutte anti-tabac
12	Médecins sans frontières	Organisations non-gouvernementales. Aide humanitaire.	Language de CV, de lettre de motivation.	Situations critiques. Rédiger un CV.	Lettre de motivation.

In summary, the course of medical French offers a multi-layered syllabus with five main interwoven strands – topics, vocabulary, grammar, functions and cultural issues. Initially, it had a top-down structure, the emphasis being put on meaning rather than form. After the first pilot year, however, there were a few modifications which took notice of the learners' evaluation of the course, as well as teacher's direct experience with the teaching process and the syllabus enaction. These two parts of the curriculum design process – the enactment and the evaluation – seem to have been a major achievement in the whole project, as students were given an opportunity to inform the content and structure of the course as well as the content and structure of individual seminars.

Developing materials

The development of materials tries to answer and solve problems related to logistical resources, namely their availability. The issue of finding, evaluating, incorporating suitable materials was linked closely to the content conceptualisation and organisation of the course into the themes/topics. It can be said that both these aspects of the course design constantly interfered, the topics informing the materials and vice-versa.

In choosing the course materials, two main criteria were taken into consideration: relevance and authenticity. The materials should be relevant to learners' needs as incorporated into the course goals and objectives. Authenticity concerned both the target language and the target situations.

Extensive research led to the decision to create brand-new worksheets using several publications selectively. Besides paper-based materials, Youtube videos and the Lyon Croix-Rousse hospital website[6] were used. Consequently, the syllabus comprised a broad spectrum of materials that included all four skills, leading to greater diversity of tasks. Thus, it helped develop all four major course strands as defined by Nation, motivating learners towards greater commitment and engagement both in learning and in learning how to learn by showing them ways towards learner autonomy and independence (Aldred and Offord-Gray 1998). The syllabus prompted the creation of a learning community where the teacher-conduit model of teaching is reduced and learners led to co-construct the knowledge in pair work, group work and work online. Last, but not least, students' end-of-course evaluation prompted reconsideration both of

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[6] http://www.chu-lyon.fr/fr/hopital-de-la-croix-rousse

the structure of the course and the content/structure of the individual seminars: learners could thus become active co-creators of the course, whose syllabus is never finished, always open and flexible to the needs of learners. This openness and flexibility then ensures that each new group of learners pioneers the course for its subsequent attendees, the syllabus becoming more the work of learners than the authorship of the teacher who can take the less central role of a guide, counsellor or facilitator.

Designing an assessment plan

Hutchinson and Waters (1987) propose four criteria for course assessment plan: test results, discussions, interviews and informal means (i.e. informal testing, such as role-play, presentation, activity in class, or discussions). The assessment methodology of the present medical French course is based more on a task-oriented, portfolio model consisting of several parameters. Students are encouraged to build their own vocabulary sets using Quizlet; the vocabulary draws on medical news, an activity where learners explore French-written or French-spoken sources concerning medical issues and refer to them in classroom pair work and group work activities. The vocabulary sets, as well as learners' activities during the medical news section, are evaluated at the end of the course. Besides their own vocabulary, learners are assessed by various other classroom activities which include taking an active part in role-plays, and discussions. Another component of the portfolio is formed by homework assignments and teacher's feedback on these delivered via Edmodo.com form. Last, but not least, as one part of the course concerns student Erasmus mobilities, students are invited to write a motivation letter and a CV, to which informal feedback is provided. Marked testing – given the commercial character of the course – has not been included in the final assessment framework.

IMPLEMENTATION/ENACTMENT

One of the most exciting, but also particularly challenging, part of curriculum design is the implementation of the syllabus into the classroom practice. The process itself is freighted with difficulties, as extensive literature on the topic shows, pointing out the numerous variables at play (Johnson 1989, Snyder 1992, Jackson 1992, Brown 1995, Graves 2000, Hall and Hewings 2001). The medical French course was no exception to the rule.

What seems to account for the difficulties is the complexity of the interplay between the learners' needs, course goals and objectives, teachers' conception of the curriculum, as well as external factors such as institutional influence, and social and educational contexts. The major obstacle in our case seems to have been the harmonisation between the conception of the curriculum and learners' explicit or implicit needs. Although the results of the final evaluation questionnaires show an important overlap between these two broad areas, it should be stressed that the initial syllabus and the class materials had to be modified both during and at the end of the course. Some modifications are attributable to the teacher: for example, the week-five topic *At the hospital* had to be split into two weeks, given the number of issues that came to light during the seminar. Consequently, other topics had to be compressed, whereas others had to be abandoned completely, as there was simply not enough time. Other modifications were due to learners' reactions in the evaluation questionnaire: for example, the balance between the theoretical and practical components of the seminars; the amount of on-line work; the inclusion of complementary activities such as medical news, Quizlet vocabulary sets or in-class Quizlet Live contests.

Indeed, it is at this crucial point of curriculum design that the teachers' beliefs about teaching and learning become of importance. Teachers' attitude to the syllabus, the teaching style, the margin of freedom that teachers provide learners, they all inform the way the curriculum is transposed into the classroom (Williams & Burden 1997). Rather than implemented, the syllabus should be enacted (Snyder 1992) by the teacher and the students – the materials included in the syllabus serving as tools by which learners construct knowledge in cooperation, exploration and evaluation processes (Snyder 1992). This model seems to correspond to the concept of Pedagogy 2.0 (McLaughlin 2010) which promotes learner and teacher autonomy and diminishes the out-dated conduit models of teaching. Hopefully, the structure of the course, based on learners' cooperation and target task situations, as well as the implementation of ICT tools, contributed to enhanced learner autonomy, self-direction and self-evaluation in a course where knowledge-building, rather than teacher-led knowledge-conveying were among the strongest of teacher's beliefs.

EVALUATION/ADAPTATION

After the pilot year, based on learners' answers in the end-of-course evaluation questionnaire, as well as teacher's experience with the course and self-evaluation, the syllabus was adapted. A

few examples of the adaptation, prompted by the circumstances arisen during the course, have already been supplied. The following lines offer a short summary of the adaptation stage.

The student feedback suggests that the course seemed – from the learners' point of view – to have offered what learners felt as their 'wants' (Long 2005). The form-focused (vocabulary), as well as the meaning-input and meaning-output (readings, role-plays) components of the course corresponded with learners' expectations. As a result, the general topic-based syllabus was conserved without any substantial changes. However, several modifications based both on the teaching experience and learners' feedback were envisaged. Firstly, students' self-direction and responsibility for learning were to be enhanced, as the pilot seminars appeared to be dominated by the teacher. Secondly, given the restricted schedule and a rather dense topic-syllabus, some of the learning was to be performed out-of-class, in a flipped-class model, where the weekly seminars formed, ideally, only a part of the whole learning experience. Thirdly, the internal structure of the seminars needed remodelling, as the form-focused and meaning-input part seemed far too predominant.

As a part of the adaptation process, the so-called medical news section was built in, where learners were asked to follow various French-speaking Internet sources and prepare a short talk on a topic of their choice. This part of the course was meant to help students keep in touch with French-speaking medical world, enhance their speaking skills by summarising, explaining and discussing their news with peers, and enrich their vocabulary as they were asked to keep their vocabulary logs online. Arguably, these activities, by shifting some responsibility for learning towards self-directed learning, strengthen learners' autonomy and feed their motivation for learning (Dörney and Ottó 1998, McLaughlin 2010). Learners become, be it unconsciously, co-creators of the course, which should stimulate engagement and sense of control over their learning. To promote further this aspect of the course content, some ICT tools were introduced following the pilot year: Quizlet, which students used to keep track of the lesson-to-lesson vocabulary. Moreover, learners were instructed to write, individually, vocabulary logs based on their medical news readings. Also, Quizlet Live activities were regularly conducted in the class for students to keep track of their vocabulary progress. Finally, Edmodo was used, mainly as a study materials hub where students could find the exercises, texts and videos linked to a given lesson. In addition, Edmodo proved helpful for assignments, polls and, more scarcely, as a discussion platform.

PERSPECTIVES

Given the FRMU rules and requisites of Masaryk University, the course – offered for free during the pilot first year – entered the sustainability stage of the project and now needs to be offered as a commercial course for at least two consecutive years. The interest among the university undergraduates is not widespread, but it is at least steady, reaching from five to ten students per year. At the time of writing, the first sustainability year was accomplished with a record ten-student attendance. Finally, Masaryk University seems further inclined to support foreign-language courses, as another course succeeded in the annual FRMU tender for the year 2018, namely an e-learning course of French grammar based on medical French[7].

CONCLUSION

The medical French curriculum design project, described in some detail here, follows the traditional triad recommended by Graves (2008). However, it differs from the classic works in several aspects. Arguably, the needs analysis, however important for a well-functioning course, does not necessarily need to follow the strict triangulation procedure for the course to work well: the end-of-course evaluation questionnaires seem to confirm this claim. Importantly, our experience and findings corroborate claims made by other authors (Edwards 2000). At the same time, the needs analysis procedure shows the immense importance of learners' views, evaluation and self-reflection for the course design. Importantly, the needs analysis procedure can be extended over the whole course, including the end-of-course evaluation questionnaire. Learners thus become an important part of the curriculum design process, informing the structure of the course, and of the individual seminars. Indeed, in order for the enactment stage of the curriculum design to be fully realized, learners need to adopt/adapt the course in a process of self-appropriation or identification whereby they are given room and means to become co-creators of the course content. This new role also gives them a sense of self-direction and control over their learning, promoting learner autonomy. It is in this respect that the project seems to have been of major relevance not only for the learners, but also for the teacher who, while sharing the authorship of the course, can assume a peripheral role in the educational process, where students become central.

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[7] At the time of writing, the course is in its pilot version, available here:
https://is.muni.cz/auth/do/rect/el/estud/lf/js18/franc_med/web/index.html

Address for correspondence: 20439@mail.muni.cz

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Appendix: Goals and objectives

	Knowledge	Skills	Awareness & attitude
Language goals	Students will know and use grammar structure corresponding to the intermediate level of English. Students will know and use specific vocabulary relating to their field. Students will learn different reading skills (scanning, skimming, close reading). Students will know and be able to describe the basic procedures related to their profession.	Students will understand written texts about specific topics related to diverse fields of medicine. Students will understand audio and video reports linked to various specific areas of medical knowledge. Students will be able to speak about different specific topics in specific situations. Students will be able to express facts, opinions in the content area. Students will be able to form meaning from context using context clues and prior knowledge. Students should be able to summarise and paraphrase different information, explain, give examples and develop thoughts relating to their professional interests.	Students should know about the specificity of medical English regarding its peculiar vocabulary and grammar structures (passive voice, impersonal style). Students should be able to use different language skills in reading, listening and speaking. Students should be aware of the fact that language is also a source of pleasure, not only learning.
Content	Students will acquire specific content vocabulary. Students will learn to describe different medical	Students will be able to find their way in a French-speaking hospital, as well as explain the way	Students should be aware of the differences/similarities between healthcare systems in the Czech

	examination techniques. Students will be able to describe the human body in medical terms, medical equipment, as well as other areas linked with medicine (prevention, diseases, health systems).	to others. Students will be able to interrogate, and give instructions to, a patient in French. Students will be able to explain the diagnosis and treatment to patients in French. Students will be able to read, interpret and explain instructions, manuals as well as textbook passages in French. Students will be able to take notes on audio/video reports related to the medical environment. Students will be able to describe various medical examination procedures.	Republic and abroad.
Strategies	Students will know which learning strategies are necessary to achieve specific aims or to solve a task. Students will know how to manage their studies of French.	Students will learn to help each other in learning, support one another in group work. Students will learn to use diverse learning strategies of collaborative work, inductive process of learning, experimenting, taking risks and facing mistakes. Students will learn to use various learning tools such as edmodo.com, quizlet.com, memrise.com.	Students should know that they can learn in many different ways. Students should know that they can use different learning strategies depending on the type of knowledge. Students should be aware of the fact that learning strategies can be learned. Students should recognise that they can solve a problem in different ways. Students will learn to accept a potentially unusual role of the teacher as a facilitator, organiser of learning activities. Students will learn to appreciate different student-oriented teaching techniques and become positive about learning how to learn,

			discovering knowledge by activities stressing inductive approach to learning.