Real Flowers or Plastic Flowers in Learning Medical English: A Reply to Kashani, Soheili, and Hatmi

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I am one of the “young tutors” (p. 88) Kashani, Soheili, and Hatmi refer to in their article “Teaching English to Students of Medicine: A Student-Centered Approach” in the November 2006 issue of *The Asian ESP Journal*. I appreciate the contribution by their paper to medical ESP education in Iran, that is, their announcement of the fact that beside the mainstream practices of ESP teaching, alternative approaches are also being practiced in Iranian educational contexts. However, having been involved in what Kashani et al. call a ‘student-centered approach’ for the past four years, in this brief note I would like to raise a number of questions and concerns about the article on behalf of the community who are pursuing an honest challenge to bring about transformations in the institutionally ossified practices of English language education at Tehran University of Medical Sciences.

I present my concerns in four sections dealing with different aspects of my questions and comments on the paper: the way the paper has misrepresented the educational practices it dealt with; questions on the mismatching criteria and comparing the non-comparable as the basis of the authors' arguments; questions about technical considerations and apparent inconsistencies in the research reported in the paper; and finally some general concerns about the education of English as a foreign language to students of medicine.

Misrepresenting the educational practice

I do not suppose I can provide elaborate descriptions of the context about which the authors wrote (and in which I was involved as well) but I should raise the issue that both the so called 'established syllabus' and what the authors call 'a student-centered approach' appear to be too thinly described for the readers of the paper to imagine what went on during the 'five semesters'. The lack of illustration of the research context would leave the readers with no choice but to take for granted that the educational practice being discussed was in fact called 'a student-centered approach' that was based on published literature on 'student-centeredness'.

My perception of the authors’ easygoing label of ‘student-centered approach’ and misunderstandings it might create for the readers would be that, to say the least, the authors were possibly not aware of what was included in the educational practices they wrote about. A brief illustration of the approach under scrutiny, beyond simplistically stating that “materials consisted of clippings and extracts from different books or internet” (p. 89) and that “games and computer instructions…were two significant activities throughout a period of two and half years” (p. 89), could have helped the readers gain a
better picture of what they read about. The authors' discussion of the context of the study and their review of the theoretical bases of the teaching approach they investigate could have involved at least sketches of *teaching for understanding* (Wiske, 1998) and *critical language education* (Norton & Toohey, 2004; Pennycook, 1999) as very broad theoretical foundations of the transformative practices pursued at the Language Center of Tehran University of Medical Sciences. Even a very brief paragraph about the literally hundreds of pages of reading materials, tens of hours of multimedia sessions, tens of hours of challenging class discussions, hundreds of pages of student writings, etc. would have provided the readers with a minimum of information about the context being considered. The least this could do was to tell the readers that, although with a rudimentary look at classroom practices one might be reminded of what has been vaguely referred to as 'student-centeredness', the actual approach went far beyond. Therefore, the fairly extensive literature review, rendered almost irrelevant as it is, could have focused on actual theoretical foundations of the approach and this could have probably led to more meaningful discussions.

The questions that invite a response by the authors, then, are: Who called the approach student-centered? What evidence and description does the paper provide (beyond outright labeling) to help readers decide if they are reading about 'student-centeredness' or something else under the label? On what ground did the literature review focus on the so called 'student-centered approach'? Did the authors review the literature to conclude that the approach was student centered or did they do it because the implementers of the approach called it so?

**Talking about real flowers in terms of plastic flowers**

The authors' core arguments are based on the calculation of correlations between the so called ‘achievement levels’ of two groups of students (Group I following the so called ‘student-centered approach’ and Group II following the ‘established syllabus’) on the English subtest of the National Comprehensive Examination of Basic Sciences for medical students, administered by the Iranian Ministry of Health and students’ scores on a placement test. I would not focus on the significant-enough questions about the nature of the screening test; about what the authors mean by asserting that the so called ‘screening test’ “has been successfully administered” (p. 88); about what it means “to read English texts as short as 10 words” (p. 88) as part of the ‘screening test’; and about the nature of the National Comprehensive Examination. However, the question that does need to be addressed is: *Why did people with two radically different types of learning experiences have to take the same test?!*

What the authors label as 'student-centered approach' (that in fact goes far beyond labels) is what I would name *real flower*, that views language as ‘meaning creation’ and education as "investigating seriously and sincerely what it means to be human…[which] involves learning through practice, reflection, conversation, collaboration, courage, and commitment" (Leggo, 2004, p. 30). I do not find it meaningful to compare it with the *plastic flower* of the ‘established syllabus’ which stifles language to mere ‘communication’ – at best – and confines education to “an act of depositing, in which the students are the depositories and the teacher is the depositor” (Freire, 1972, p. 45) of academic knowledge. (I borrow the terms *real flower* and *plastic flower* form
Muinr Fasheh, 2001). What was the nature of the learning experiences of the two groups of students whose scores were compared? What about the nature of and the criteria for the two types of scores? What could the results turn to be if the second group was evaluated in terms of the criteria fitting the practices and experiences of the first group?

An obvious point in the paper where this problem of comparing the non-comparable is awkwardly manifested is where the authors report their calculation of correlations between final grades on students’ English courses during three terms and their scores on standardized tests:

In order to get some idea about the subjective evaluation system practiced by the tutors in Group I in comparison with the standardized objective tests for the established course, correlations were calculated between final scores on the three English courses which the students at this level had passed, namely, general English, Medical English I and Medical English II with the students’ performance on the standardized screening test of September 2002 on the one hand, and the English test presented to them by the Ministry of Health in March 2005 on the other. …we found significant correlations [for Group II]… The absence of significant correlations [for Group I] … may manifest the unreasonable subjectivity of evaluation on this project. (p. 93) (emphasis added)

What would it mean to correlate interval-scale type scores based on ‘standardized objective tests’ with nominal/ordinal type grades based on a ‘subjective evaluation system’? Would it be reasonable to expect any kind of go-togetherness? Perhaps the unreasonable comparison is the reason of the ‘absence of significant correlations’ rather than ‘unreasonable subjectivity’. After all, it would hardly make sense to compare (correlate) real flowers with plastic flowers.

**Questionable procedures and discussions**

Even if the approach under discussion were well represented as 'student-centered approach' and even if robust research procedures were followed, I would still find a number of concerns that remain to be explained by the authors:

The illustration provided in the paper about the approach under scrutiny is confined to the description that “the students did not follow a particular textbook, they ignored the established criteria for English courses at the School of Medicine, they did not take any objective tests, and they negotiated their final grades on the final essay-type tests with their young tutors” (p. 88) and to the contention that “teaching-learning materials consisted of clippings and extracts from different books or internet…Games and computer instructions on preparing PowerPoint slides for English lectures were two significant activities throughout a period of two and half years” (p. 89). With this description in hand, would it be possible for the readers of a research article to shape even the vaguest imagination of what the approach and the practices included?
The claim that “younger students rarely know what is good for their language development” (p. 85), and the subsequent suggestion for limiting ‘student-centeredness’ to older students is a major cornerstone of the authors’ discussions and conclusion. However, this claim and suggestion appears to be avoiding a crucial question: What does ‘old’ mean? Could we view people who are selected as the national top students based on otherwise trusted ‘established’ criteria, as ‘old’ enough or should they be treated the ‘established’ way, that is, as people not mature enough for an approach which “requires some maturity on the side of the students” (p. 92).

A related question is about the authors’ reference to Stevenson and Sander (2002). They report that Stevenson and Sander “found that first year medical students somehow rejected the value of student-centered learning methods” (p. 92). However, with a more careful view, Stevenson and Sander’s (2002, p. 27) paper reads “first year medical students can be suspicious of the value of student centred learning methods. Teachers hoping to use these methods should acknowledge student suspicion and work to help students see the value of these techniques to encourage their full participation”. I suppose ‘requiring help for appreciating the value and full participation’ could hardly mean ‘rejection’.

Finally, the authors interestingly refer to the students whose scores were analyzed as “participants” (p. 88). However, I failed in my search through the paper for evidence of any type of ‘participation’. I doubt that any of the students of either group or any of the people involved in the so called ‘student-centered approach’ were even basically aware of this research.

Some general concerns about medical ESP

In this final section I should like to raise some broad issues about common trends in the context of Iranian medical ESP education. The authors rightfully state that “it is when the students are not considered or included in the process, and not informed about why they are doing what they are doing that curricular decision-making becomes administrative fiat” (p. 85). Is it not the case about ‘the established syllabus’ (which of course suffers thin illustration in the paper)?

Among educational approaches and procedures the authors reviewed, compared and simply rejected under the label of ‘student-centeredness’, I found a number of interesting points: “change in the role of the teacher as a facilitator of students’ learning and no more as a resourceful authority” (p. 85); “individualized learning which provides the conditions that allow much individual freedom of choice in the learning process” (p. 86); “respectful and caring relations” (p. 86); “knowledge is constructed by students” (p. 87); “students take responsibility for their own learning” (p. 87); “the importance of sociability and human connections…[that] will remove fears of failure” (p. 87); and “there is no standard student” (p. 88). Regardless of labels, why would any of these ideas fail in any educational context? How would it make sense to confine ‘respectful and caring relations’ to particular groups of people? People may hardly appear “failed to make much” (p. 92) out of these values unless their achievements are ‘measured’ with lifeless academic criteria.

It seems to be more meaningful, instead of mainstream trends of terminology-oriented practices in ESP education, to concentrate on creating learning experiences through which students can critically construct their own
subjective meanings. It would also be more constructive, instead of pushing people into narrowly defined ‘standard objective tests’, to spend resources on creating learning environments which could help people experience language learning as constructing the real flower of their 'own language' rather than forcing them into a futile struggle for demonstrating their 'achievements' through the plastic flower of test scores.

Finally, I express my agreement with Kashani et al about their conclusion that “supervision should not be rejected” (p. 94) but I should add that supervision criteria should not be taken for granted. Neither should supervisors be left unquestioned for years without allowing for alternative views. I would also agree with a modified version of their concluding sentence: Administrators would serve education more meaningfully if they critically face mainstream views and apply meaningful and honest research findings for the betterment of learning.

References


Stevenson, K & Sander, P. (2002). Medical students are from Mars – business and psychology students are from Venus – University teachers are from Pluto? Medical Teacher, 24(1), 27–31.