EXPERIENCE AND PROBLEMS OF TEACHING CZECH AS A FOREIGN LANGUAGE TO STUDENTS OF MEDICINE

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Abstract. *The Institute for History of Medicine and Foreign Languages at the First Faculty of Medicine of Charles University also teaches Czech to international students in the Masters programme of General Medicine, which has been provided in English language since 1992. As all subjects in the programme are taught in English, the input level of command of Czech language is, naturally, zero. During the past two decades, several changes have been done to adjust the teaching to its main aim, which is the ability of communication with Czech patients. However, some problems still persist, including the students' lack of motivation and productive skills, their nearly complete lack of linguistic background, limited efficiency of language immersion, and strong negative language transfer. The presentation deals with the said problems as well as with the measures that we are taking to manage them, including improved organization of classes, introduction of bedside Czech classes, placing aids at our website, and introduction of the TANDEM programme of collaboration with Czech students.*

Keywords: *medical Czech, Czech for international students, co-operative learning, classes at the patients' bedside*

The Institute for History of Medicine and Foreign Languages at the First Faculty of Medicine of Charles University also teaches Czech to international students in the six-year Masters programme of General Medicine and the five-year programme of Dentistry, which are provided in English language (and commonly referred to as "the English parallel"). This paper is focused on teaching Czech to international students in these programmes rather than to foreigners studying in the "Czech parallel", or on teaching of foreign languages to Czech students.

The "English parallel" programmes were introduced in early 1990s, and it was a positive step for a number of reasons. Firstly, it contributes to the prestige of the First Faculty of Medicine abroad, as our alumni act as our "ambassadors" in those countries where they practice medicine after their graduation. Secondly, it facilitates international student exchange, as a still growing number of foreign students come to our Faculty under the EU programmes of IFMSA and Erasmus+, as tuition in English enables them to take a part of their studies at our Faculty. Reciprocally, more students of our faculty can take part in the said exchange programmes. And, last but not least, the "English parallel" programmes are important for the Faculty's budget, as those students who receive education in other than Czech language have to pay for it [1, pp. 36-37]. Of course, implementation of this programme would not be possible without the well-prepared staff of teachers of theoretical medical subjects as well as clinicians who are reasonably fluent in English to read the lectures and conduct the seminars in this language.

In several past years, the average number of students entering the study programmes in the English parallel has well exceeded one hundred per year [1, p. 38]. As all subjects in the programme are taught in English, the usual input level of command of Czech language is, naturally, zero. The output level, after six semesters and the exam, is about A 2 according to CEFR (comparable to the Russian "base level"), but in clinical communication and particularly in terminological vocabulary it may well be exceeded [2, p. 108].

During the past two decades, several changes have been done to adjust the teaching to its main aim, which is the ability of communication with Czech patients. However, some problems still persist, including the students' lack of motivation and productive skills, their nearly complete lack of linguistic

background, limited efficiency of language immersion, and strong negative language transfer. This presentation deals with the said problems as well as with the measures that we are taking to manage them.

The **lack of motivation** in international students is due to a number of factors, which actually can be summarized in one sentence: They don't really understand why they should learn the strange and difficult language. Above all, they concentrate on studying the medical subjects, which they get all in English, lectures as well as literature, and they don't need Czech for their studies of theoretical subjects. They are supposed to learn the language in the first three years of their studies but it's not before their fifth and sixth year that they really get into real contact with Czech patients. Therefore, during the fourth year they do not use the language much and tend to forget what they had learned before.

To bridge this gap, we introduced an optional subject for the fourth year students, called *Czech in Clinical Practice*. The results seem to be good but the number of students attending is still rather limited, as the subject coincides with the beginning of clinical subjects, mostly taught in one-week (or longer) "blocks". Another optional subject, quite recently introduced, is called *Applied Medical English and Czech in a Case-Based Learning Approach*, which is meant for students of both Czech and English parallels.

Further, a new obligatory subject called *Intensive Czech course* was inserted between the fourth and fifth semesters to refresh the students' knowledge and skills before the final two semesters when they are supposed to learn to take the patient histories independently.

To get the students motivated, we have been trying to make the language we teach more "medical" even at the elementary stage. As no starter textbooks of medical Czech exist, we have to use a textbook of the general profile [3] but we are trying to introduce some medical vocabulary in the course as well, even during the first two semesters. This vocabulary was basically suggested by our colleagues who teach anatomy, and it covers the main body parts and internal organs. This should give the students the feeling that what they are learning will be useful, but on the other hand it does not contribute much to the development of productive language skills, as the terminology is virtually limited to nouns and some adjectives but includes hardly any verbs. This, of course, does not facilitate speaking in sentences very much, but some passive knowledge is worthwhile too. Eventually, the most recent measure to emphasize the importance of the subject is introduction of credits with marks (rather than plain credits) after the 2nd semester.

The **organization of classes** was rather unsatisfactory at first, as the class used to comprise the whole standard study group, i.e. about 24 students. Under such circumstances, it was virtually impossible to get *all* the students actively involved in the class, and even so the chance to produce some Czech sentences orally was very limited. As a result, some students that were too shy or reluctant to speak became more or less resistant to any efforts to develop their productive skills. The situation was improved by dividing the study groups into halves – a measure that at first was opposed by the faculty management for economic reasons but eventually definitely improved the quality.

Nevertheless, some problems still persist. Generally, the students **lack linguistic background**, which is a real disadvantage in case of a fusional (inflected) language like Czech, so a lot of explanations are needed. In particular, most students do not understand the grammatical category of case, but some of them, in addition, do not understand grammatical terminology well either, so the teachers occasionally have to answer questions like "What's the difference between the first person and the second person?" or "What's the infinitive?"

One language skill that the students usually lack in is the work with a classic dictionary. They prefer using on-line electronic dictionaries, which mostly present just matched words of the two languages without explanations or examples of usage (e.g. operation – *provoz*, operation – *obsluha*, operation – *operace* etc.) rather than well-structured entries, and sometimes unfortunately suggest the least suitable equivalent first. Moreover, students generally massively rely on translating software rather than using their own knowledge, however limited it is. Then such software often produces defective communicates and distracts the students from developing their own

productive skills. Therefore, it should be excluded from the process of learning [4, p. 14].

The lack of motivation, mentioned above, is also connected with **limited efficiency of language immersion**. In most international students, the exposure to Czech language is minimized due to the cosmopolitan environment they live in. In a capital city like Prague, or also in other big university cities, the language of the locals is not essential for their survival. All necessary information at the faculty as well as on the metro is given in English too. At a McDonald's or in an Irish pub you don't have to speak Czech either. Some of the students buy their food on the internet rather than going to the shops, and hardly any of them live in halls of residence. They usually share rented flats but only communicate with the agency rather than with the landlord or landlady – of course in English. And at least in their first years at the Faculty, most of them are too shy to actively seek contacts with Czech students.

Negative language transfer, or interference, is actually a universal problem but in our classes for international students it presents in a specific way. Generally, it is primarily defined as "the use of native-language pattern or rule which leads to an error or inappropriate form in the target language" [5, p. 323] but some authors, adopting such a definition, also admit that the source of interference can be not only the learner's native language [6, p. 247]. Our situation is more complex, as interference is caused not only by the students' native language but also by other languages, which may either have been learnt before or being learnt concurrently [7, p. 50]. Specifically, for at least 80 per cent of our international student English is a second or even third language rather than the native language [1, p. 38]. The influence of the native language can sometimes be traced by the teacher if it is English, German, French or Russian but in case of more exotic languages such influence is obscure and extremely hard to deal with for the teacher.

Next language (or languages) that the students are learning is Latin (and classical Greek to some extent) as the fundament of medical terminology. However, the Latin-Czech transfer in international students seems to be not so considerable as in Czech students, who often tend to use Latin terms rather than proper English words (e.g. "*ren*" for "kidney"). In international students, previous experience of Latin at secondary schools seems to be rare. Nevertheless, the Latin-Czech transfer can be positive as well. For example, the students may well remember that in medical Czech the intestines are "thin" and "thick" (*tenké střevo*, *tlusté střevo*) like in Latin rather than "small" and "large" like in English, if you remind them of the loan translation.

Another influence that cannot be neglected is, surprisingly for the international students themselves, that of Slovak language, as they get into contact and co-operate with their colleagues in the Czech parallel. Not all of the latter are native speakers of Czech, as tuition in Czech language is also provided for students from abroad whose command of the language allows for listening to the lectures as well as active participation in other forms of training. By and large, Czech and Slovak language are mutually intelligible to a higher degree than, e.g. Russian and Ukrainian, so for international students it is virtually impossible to notice that the word they hear from their "Czech parallel" colleague is actually not one of the Czech language.

To support contacts between students of the English and Czech parallels, to promote the language immersion of the former, and thereby to intensify the learning of Czech, two innovative complementary forms of cooperative learning were introduced – the language tandem programme and the coeducative seminar [8, pp. 8-14].

The **language tandem** has been developed since 2014, at first with Czech volunteers recruited, and then with those who got registered for the respective optional subject and get credits for it. For students in the second year of the English parallel it is not a separate subject but part of Czech language as their compulsory subject. "English" and "Czech" students then independently work in pairs, matched at random, and do six worksheets each. These worksheets, in Czech and English for each pair, cover such topics as Human body, At the doctor's / dentist's, Accidents and first aid, A day at the hospital, Orientation through the hospital, and At the drugstore. Each Tandem pair is supposed to meet six times during the semester, once for each topic, and to fill in the attendance form as

well. Students in a Tandem pair are expected to co-operate, teaching each other the necessary vocabulary etc. but the worksheet must be done in the student's own hand. The teachers collect and check the worksheets at the end of the semester but during the semester they only provide consultation they are asked for.

Later, also **co-educative seminars** were introduced, which include lexical and grammatical exercises focused on history-taking and doctor-to-patient communication, learning the key vocabulary and extending it, and also taking the Tandem partner's family history. These seminars are scheduled in the semester. Unlike in doing the Tandem worksheets, the teacher is present in the classroom to organize the work and provide the necessary feedback.

Both these complementary forms are generally accepted by the students in both "parallels". They are a welcome change of the classroom routine and for most "English" students the first experience of communication with a native speaker, promoting the co-operative approach to learning, and students find them motivating as the topics are close to the practical use of professional language and the tasks simulate real situations [8, p. 14].

The climax of language training in terms of practical communication are the **Czech classes at the patients' bedside**, commonly referred to as "clinical Czech" classes. They are implemented as classic 90-minute classes once a week in close co-operation with clinicians at the respective departments of medical profile. In the summer semester of the second year, as these classes start, the students have not passed the subject Propaedeutics in internal medicine, so the first two or three classes the clinician introduces them into the basics of history-taking. After that, the students interview patients first in the classroom, then in the wards in small groups (of 2-5), and eventually, in the last semester of their language training, in one-to-one setting whenever possible.

The adopted pattern of medical history/anamnesis may vary considerably from country to country, as even a random selection of literature can show [9, pp.11-22; 10, pp.20-22; 11, p.30; 12, p.6; 13, pp.4-5; 14, pp. 18-21], but also from one hospital department to another, and even from clinician to clinician. Actually, the histories that our students take and compile are intended for training purposes and therefore different from those taken by clinicians. On one hand, we limit the volume of patients' personal details to the minimum necessary for their identification (full name, DOB), but on the other hand we prefer sentences over the telegraphic style and discourage the students from using abbreviations (except for those most common). Also, we want the Occupational history and the Social history to be given separately, although in practice they are often merged.

For our students it is certainly difficult to communicate with real Czech patients in the hospital setting. For this reason, we recommend a Czech-English textbook/phrasebook compiled by our staff. [15] This book is really comprehensive and definitely useful for students not only in the 2nd and 3rd years but really until their graduation, but for the use at the patients' bedside it is somewhat clumsy, and some phrases in it are rather too complex for the 2nd year students. For this reason, we prepared some internal materials that outline the pattern of the patient history and give the most common questions for each part of the history. These materials, placed at our website [16; 17], are above all tailored to the needs of 2nd year students, and therefore reasonably simplified. Students can download them and edit them to make their own questionnaires which they can use when interviewing patients. This is a licit aid but during their 3rd year the students are gradually discouraged from using them and finally, before the exam, no aids of any kind are allowed so that the conditions in the classes will be as close to the exam setting as possible.

Efficient use of pre-printed questionnaires requires that the students are able to read them with the proper pronunciation, which is, regretfully, not always the case. The negative transfer, as the students tend to read particular Czech letters as English ones, often leads to misunderstandings. For example, when a student reads the word *otec* as [otek] rather than the correct [otets], the patient may well think of an *oedema* rather than the *father*.

At the interview, the students must be aware of some aspects of Czech culture too. For example, if a patient denies drinking alcohol, an additional question about beer must be asked, as this drink is traditionally not con-

sidered as "alcohol". [4, p. 16] The question "*Bydlíte v domě?"* (Do you live in a house?) will virtually always be answered affirmatively, as the semantic field of the Czech word is much wider than that of the English word "house". Therefore, the students must be advised to use the word *dům* with the adjective *rodinný* ("family") to be better understood.

At the receptive stage, the students naturally come across many words they do not understand. The most frequent instance is, perhaps, the patient's occupation. As it is virtually impossible for the students to learn all Czech words that denote jobs, they will most probably have to tackle an unknown word. They should, perhaps, make the patient repeat the word, spell it for them to take a note and explain the meaning. Additional question may be necessary about the nature of the work, its setting etc., which may be one of the most difficult tasks.

Taking notes at the interview is, actually, the intermediate stage of the history. Regretfully, many students hesitate to take notes in Czech and prefer writing the English translation of what they hear from the patient. As they are supposed to produce a written record of the history, they translate their English notes back to what they think is Czech, often heavily relying on translation software. This, of course, produces funny phrases like *"Měla provoz na dodatku"* ("She had traffic on the supplement" rather than the correct "operation on the appendix"), or even worse, sequences of words that are extremely hard to decipher for an experienced teacher or lack any communicative value.

At the productive stage, in turn, students should be prepared to really use the simple language they have mastered, using it with confidence, rather than producing complex phrases in their own language or in English and trying to translate them to Czech. This is even more important considering the fact that they actually have not learnt many parts of Czech grammar, e.g. instrumental case forms. Then they should be advised that difficult or unknown patterns can be avoided and replaced with familiar ones, e.g. instead of structures with the instrumental, such as "*Trpí průjmem*" ("He/She suffers from diarrhoea"), simple phrases like "*Má průjem*" ("He/She has diarrhoea") can be used (in this case, replacing the familiar accusative for the difficult instrumental). Such compensatory strategies may boost the students' confidence in their command of Czech language and, subsequently, their efficiency in communication.

In conclusion, I would like to say that our attempts to enhance the quality and effectiveness of teaching have proven a continuous process. The measures taken and methods introduced are constantly tested and improved as necessary. In this connection, we highly appreciate the collaboration of some of our students and the initiative of the clinicians who take part in language teaching with us.

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ОПЫТ И ПРОБЛЕМЫ ОБУЧЕНИЯ СТУДЕНТОВ МЕДИЦИНЫ ЧЕШСКОМУ ЯЗЫКУ КАК ИНОСТРАННОМУ

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Аннотация. *Институт истории медицины и иностранных языков на Первом медицинском факультете Карлова университета также преподает чешский язык для иностранных студентов по программе магистратуры общей медицины, которая проводится на английском языке с 1992 года. Поскольку все предметы в программе преподаются на английском языке, уровень владения чешским языком, естественно, равен нулю. За последние два десятилетия были внесены некоторые изменения, чтобы привести обучение в соответствие с его основной целью - способностью общаться с чешскими пациентами. Тем не менее, некоторые проблемы все еще сохраняются, в том числе, отсутствие у студентов мотивации и продуктивных навыков, почти полное отсутствие у них лингвистического образования, ограниченная эффективность языкового погружения и сильная негативная интерференция языка. В статье рассматриваются упомянутые проблемы, а также меры, которые мы предпринимаем для их решения, в том числе, эффективная организации занятий, введение уроков чешского языка у постели больного, размещение пособий на нашем веб-сайте и внедрение программы сотрудничества TANDEM с чешскими студентами.*

Ключевые слова: *медицинский чешский язык, чешский язык для иностранных студентов, кооперативное обучение, занятия у постели больного.*