Customizing Medical English learning with Edmodo

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Abstract

More and more real world tasks are multimodal, collaborative and international. Using technology means sharing and transcending borders, which is crucial in the medical field research, disease and patient management. Medical students need to form the skill of using technology such as virtual environments and platforms for real-time and asynchronous communication with peers via English, in a complex, precise, highly technical, unambiguous language, where any misuse or ambiguity is likely to endanger human lives. This paper will reflect on using Edmodo in teaching/learning Medical English, more specifically on challenges referring to material development and customization in a branch of ESP (English for Specific Purposes) where technology-based models are meager. We will demonstrate that Edmodo facilitates integration of skills, learning-oriented assignment, individualized written and audio feed-back, fluid revision and improvement, multimedia embedding, permanent back-stage communication with the students, evidence of student progress as well as the possibility of knowing the students’ needs and responding to these needs in almost real time. Despite certain challenges, our exploitation of Edmodo in Medical English learning demonstrates that new technologies can be a catalyst of learning by fostering motivating, authentic activities that will help to bridge the gap between class Medical English learning and demands of the real medical world.

Keywords: Edmodo, Padlet, English for Medical Purposes, communicative competence, emerging technologies

1 Medical Jargon

The fact that communication errors and potential misunderstandings are likely to jeopardize lives makes communicative competence (Achmatovna, 2014; Van Naerssen, 1978) a crucial aspect of the medical field. Doctors communicate with their peers and nurses and other care providers on daily basis using a specific jargon that includes euphemisms, acronyms, abbreviations, eponyms.

The extent to which medical English is a highly technical, complex language can be better ascertained if we consider its limited comprehension by lay people in their own mother tongue, patients often struggling to understand their condition, treatment and test results. Future professionals need therefore, to be fluent not only in the highly technical medical vocabulary and jargon when communicating with peers and doing research but also in appropriate and effective familiar language when addressing their patients.

Formation of this double-faced communicative competence in pre-service medical students is a long-range desideratum, which presupposes investment of time, engagement and autonomous practice beyond the limited English for Medical Purposes (EMP) higher education syllabus.

This paper entertains the idea that medical students can and should benefit from extension and customization of EMP learning through technology-based practice in order to improve their EMP communicative competence and be better fit for the real challenges of the medical field.
2 Blending Edmodo to reach and teach every student

For the EMP teacher, exploitation of technology becomes an alternative to reach and teach every student in contexts of large mixed ability groups. Through exploration of virtual learning platforms every student is offered a chance to contribute and receive teacher- and peer-feedback, irrespective of their language proficiency, verbal or non-verbal learning style, and personality type, i.e. outspoken or shy student.

Starting from this premise, Edmodo was used in a blended learning approach (Vander Ark, 2012) to EMP for first year students of the University of Medicine and Pharmacy of Tirgu Mures, Romania during the academic year 2014-2015, i.e. classroom activities were complemented or supplemented by activities delivered via digital platforms or mobile learning (Dale, 2014).

Edmodo is a collaborative platform very similar to Facebook, specifically geared towards use in teaching and learning. It is “a free and safe way for students and teachers to connect and collaborate” (Pinard, 2014). Among the variety of features that make Edmodo an ideal, secure, user-friendly platform for language teachers are:
- polls, quizzes, progress monitoring and Snapshot to check the students’ progress;
- sending assignments with specific deadline and locking the turning-in feature after the deadline;
- e-mail notices – whenever a student replies, new materials are uploaded, and the group has a new member;
- possibility to send personal messages and make posts public;
- locking and unlocking the group for safety reasons;
- sharing: resources, links to interactive vocabulary practice (Fig.3) and folders;
- managing group members;
- sharing of resources and connecting for content with international educators (review, curate, sell and purchase original materials) through Edmodo Spotlight (in Beta) (Mittal, 2015).

3 Pioneering Edmodo in English for Medical Purposes

With few exceptions (Allum, 2014) application of emerging technologies (wikipedias, blogs, synchronous and asynchronous speaking and writing tools) in teaching EMP has been hardly documented both in terms of best practices and outcomes.

Specifically, Edmodo (E) has grown popularity especially in American education where the platform serves as an ideal link between teachers, students and parents. Still, there is only one group of Edmodo teachers in Higher Education (including 35 members to date), which classifies our Edmodo EMP piloting (E-EMP) into the categories of pioneering endeavours.
The starting premise for E-EMP was that student engagement and further practice enhances EMP learning outcomes. Second and no less important was the need for communicating with students on a regular basis: if students use social media (Facebook) to communicate informally, turning the Edmodo social media potential to professional use to connect and communicate, let alone in English, is legitimate.

Edmodo Medical English group was created to supplement classroom learning and EMP communication and 119 students engaged in regular, self-paced activities. There was a set number of assignments per semester whose successful completion contributed 33.3% to the final grade (i.e. final evaluation included: mid-term written test, Edmodo projects and oral answer).

3.1 Task customization and skills

Although theoretically any class activity can be transposed to Edmodo, lack of models and customization for medical English remains the major challenge to be faced. We attempted to address all basic productive (speaking and writing) and receptive skills (listening and reading) as well as specific EMP sub-skills: development of survey-based research project, identifying barriers in doctor-patient communication, arguing, thinking critically, debating on ethical issues, writing a research paragraph.

Edmodo-supported (E-supported) task-based and pedagogic communicative activities were customized as follows:

1. **E-Writing** on Local health aspects – This was a meaning-focused, i.e task-based learning activity that aimed at fulfilling the communicative writing task of writing research papers involving real world processes of language use. Each student had to write an article based on a 15-item questionnaire on local health problems, previously administered to patients. Sub-skills included: collecting answers, interpreting results, reporting results, writing a research article. The project represented the students’ first interaction with patients, whether these prospective patients were their sick relatives, neighbours, or other patients, shaping also the development of their soft skills: communication and professional attitude in conducting medical research.

2. **E-Listening and speaking** – Clown care – The Children’s ward – was based on Movie segments (Azevedo, 2013) and reading [https://en.wikipedia.org/wiki/Clown_Care](https://en.wikipedia.org/wiki/Clown_Care). Besides information inference and vocabulary consolidation, students spoke about...
humour-based complementary therapies in terminally-ill pediatric patients. Answers were recorded on mobile phones or on computers (using voice or video) and uploaded on Edmodo.

3. **E-Listening and writing** with *TedTalks*. After listening to medical talks (e.g. a surgeon speaking on the essence of his medical career), students had to write a 200-250 word essay by answering several questions that checked their exact understanding of the topic and include their own opinions.

4. **E-Writing** via *Padlet wall* writing tool - *Introductory discussion* on the doctor’s qualities exploited reflective paragraph writing (http://padlet.com/chirurgiecardio/9k1yma6qbw4w).

5. **Other E-supported activities** such as further debates on topics dealt with in class:
   a. **Ethical debate**: “Reporting or not reporting mental illnesses”, the case of airline pilots’ mental conditions and the stigma they trigger generated long argumentative contributions, the debate coinciding with the tragic events of the Germanwings aircraft crash in the French Alps. Students brought impressive contributions demonstrating critical thinking, which are meant to form their ethical attitudes, e.g. by student Sorana M.:
      “Most people who experience mental health problems recover fully, or are able to live with and manage them, especially if they get help early. But even though so many people are affected, there is a strong social stigma attached to mental ill health, and people with mental health problems can experience discrimination in all aspects of their lives. In my opinion reporting or not reporting this kind of cases, especially when it comes to pilots is a question of privacy, confidentiality and ethics. A number of factors such as a history of depression, substance abuse, or suicidal thoughts should be assessed before disclosing personal information. But according to Dr. Diane Damos, who holds a doctorate in aviation psychology, serious psychological testing is impractical due to the high number of pilots and the subjectivity of the test. In short, pilots must self-report mental health issues, — issues that could mean losing their flight certification - they answer some questions and the doctor should form a general impression about the emotional stability and mental state of the applicant…… (excerpt)


   c. **E-games** for language acquisition and consolidation (Fig.4)

   d. **E-backchannel** for knowing the students’ needs and responding to these needs in almost real time.

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*Fig. 5 Surgery game*
3.2 Benefits of using Edmodo in EMP

The benefits of our exploitation of complementary optional EMP practice and engagement on Edmodo were:

- **Additional asynchronous practice and communication**: Edmodo significantly extended the EMP communication in medical jargon and lay terms in a motivating and stimulating way. Basic language and communication skills, sub-skills (critical thinking, essay and article writing, writing and expressing ideas clearly and concisely, presenting them effectively, analyzing and criticizing them, surveying, collecting answers, interpreting and reporting results, identifying barriers of effective doctor-patient communication), and soft skills (professional interpersonal and social communication, ethical attitudes) were addressed.

- **Student-centered approach**: Each student’s needs were addressed and feedback offered on an individual basis. Students were offered either audio or written feedback, the former creating a feeling of immediacy and direct communication, which is vital in any virtual and asynchronous learning experience.

- **Fluid revision**: Multiple revisions were possible and recorded for teacher observation whereas assignments were student-centered and learning-oriented in that the students responded to the teacher’s continuous monitoring by re-editing and amending their productions until satisfied. Likewise, the teacher could adapt the assignment according to student feedback, which is unlikely to happen in paper-and-pencil tasks where realization of shortcomings and error correction comes usually too late to be capitalized on in real time by the student.

- **Collaboration from a distance**: students collaborated from a distance, which is an essential learning objective for the future doctors.

- **Learner and learning-oriented communication**: lower proficiency students were allowed sufficient time to prepare before submitting (generous deadlines and multiple available resources).

3.3 Edmodo limitations

Some missing features we would have appreciated and could have improved the platform communication are:

- direct streaming (audio file embedding) is not allowed, only downloading.
- links or attachments are possible only in initial posts but not in replies.
- there is no chat feature (real time communication) which was present in earlier versions of Edmodo.

Conclusion

Technology brings novel opportunities but also challenges in language education areas such as EMP, where models are missing. This piloting use of Edmodo in Medical English learning demonstrates that emerging technologies can be harnessed to make students more active, interactive and involved communicators in E-activities that are multimodal, collaborative, student-centred and autonomy-stimulating.

Tasks can be designed to reach and assist every student and customized to address general and specific medical English communication skills, sub- and soft skills. Until further studies assess the students’ level of satisfaction with their E-based learning, we entertain that Edmodo can be a catalyst of learning by fostering motivating activities likely to make students more fluent in communicative competence and digital technology while bridging the gap between class Medical English learning and demands of the real medical world.
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