

**NEEDS ANALYSIS OF ENGLISH SKILLS FOR MEDICAL
STUDENTS WITH A VIEW TO AEC MOBILITY:
A CASE STUDY OF A UNIVERSITY IN
NORTHEASTERN THAILAND**



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ABSTRACT

This study employed the theory of Needs Analysis to explore medical students' problems, needs, and wants in English skills with a view to AEC mobility by using mixed methods. The subjects included 162 externs during the academic year of 2014, 169 doctors, six administrators, and 11 foreign patients at four hospitals in northeastern Thailand. Questionnaires and semi-structured interviews were used as research tools. The Cronbach alpha reliability coefficient of the questionnaires was .93. Research data was analyzed by descriptive statistics and content analysis. The findings revealed that the medical students and doctors had moderate to high levels of problems and needed overall English skills at high to the highest levels. All respondents considered that listening and speaking were the two skills most needed in line with the problems. English courses of all types were needed for the students. The research findings provide guidance for developing and designing English course content that is relevant to real situations and that promotes better attitudes and motivations in order for students to become more aware of the role of English in the medical field in an AEC context.

KEY WORDS: AEC/ ENGLISH FOR ACADEMIC PURPOSES/ ENGLISH FOR
OCCUPATIONAL PURPOSES/ ENGLISH FOR MEDICAL
PROFESSION/ NEEDS ANALYSIS

168 pages

การศึกษาความต้องการจำเป็นของทักษะภาษาอังกฤษสำหรับนักศึกษาแพทย์เพื่อการประกอบวิชาชีพในประชาคมเศรษฐกิจอาเซียน กรณีศึกษาคณะแพทยศาสตร์ มหาวิทยาลัยแห่งหนึ่งในภาคตะวันออกเฉียงเหนือของประเทศไทย

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บทคัดย่อ

การวิจัยนี้ใช้ทฤษฎีการวิเคราะห์ความต้องการจำเป็นเพื่อให้ทราบปัญหา ความจำเป็น และความต้องการของทักษะภาษาอังกฤษสำหรับนักศึกษาแพทย์เพื่อการประกอบวิชาชีพในประชาคมเศรษฐกิจอาเซียน ซึ่งเป็นการวิจัยแบบผสมทั้งเชิงปริมาณและเชิงคุณภาพ โดยสำรวจข้อมูลจากนักศึกษาแพทย์ชั้นปีสุดท้ายในปีการศึกษา 2557 จำนวน 162 คน แพทย์จำนวน 169 คน ผู้บริหารจำนวน 6 คน และผู้ป่วยชาวต่างชาติจำนวน 11 คน ใน 4 โรงพยาบาลในภาคตะวันออกเฉียงเหนือ เครื่องมือที่ใช้คือแบบสอบถามซึ่งทดสอบค่าความเชื่อมั่นอยู่ที่ระดับ .93 และการสัมภาษณ์กึ่งโครงสร้าง แล้วนำข้อมูลที่ได้มาวิเคราะห์โดยใช้สถิติเชิงพรรณนาและการวิเคราะห์เนื้อหา ผลการวิจัยสรุปว่านักศึกษาแพทย์และแพทย์มีปัญหาทุกทักษะภาษาอังกฤษอยู่ในระดับปานกลางถึงระดับสูง มีความจำเป็นอยู่ในระดับสูงถึงระดับสูงที่สุด กลุ่มตัวอย่างระบุตรงกันว่า การฟัง และการพูดเป็นปัญหาและมีความจำเป็นมากที่สุด นอกจากนี้วิชาภาษาอังกฤษทุกประเภทมีความจำเป็นต่อนักศึกษาแพทย์ ประโยชน์ที่ได้จากงานวิจัยนี้เป็นแนวทางในการพัฒนาและออกแบบเนื้อหาวิชาภาษาอังกฤษที่ตรงกับสถานการณ์ปัจจุบัน เพื่อส่งเสริมทัศนคติที่ดีและเพิ่มแรงจูงใจในการเรียน เพื่อให้ให้นักศึกษาแพทย์ตระหนักถึงบทบาทของภาษาอังกฤษในสายวิชาชีพในบริบทประชาคมเศรษฐกิจอาเซียนมากขึ้น

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CHAPTER I

INTRODUCTION

This chapter provides the introduction of the study including nine sections. The first three sections include the background of the study, rationale of the study, and statement of the problems of the study. The next two sections, which guide the study, are research objectives and research questions. Then the significance of the study, scope of the study, and definitions of terms will be addressed. The last section presents the chapter summary.

1.1 Background of the Study

The medical profession is vital for the health and wellbeing of humans since people cannot avoid sickness and accidents in their daily life. It is aimed at protecting, maintaining or restoring, and mending a person's body or mind with a focus on diagnosing and treating illnesses (Thanerat, n.d.). Furthermore, the communication proficiency of medical staff, especially communication in English between doctors and foreign patients, must be adequate. This is confirmed by the statement of Simpson et al. (1990) that effective communication between doctor and patient is a principle of clinical function. Simpson et al. (1990) make the point that most of the essential diagnosis information is gained from the interview between doctor and patient. Misinterpreting and misunderstanding communication may affect the doctors' diagnosis. Moreover, this can be dangerous for patients or lead to low quality medical services and affect the patient's level of satisfaction. As medical services are significant for health, and English is a vital tool for communication, all medical students and practitioners need to use practical English effectively for study, in their daily lives, and also for their careers. English language skills of medical students and practitioners are essential.

English became the prominent language after the Second World War and the Oil Crisis of the early 1970s as English is for Specific Purposes (ESP). Hutchinson and Waters (1987) point out that increasing scientific, technical and economic activities have led to more people having to learn English for specific reasons. They define ESP as an approach through which all decisions as to a course's content and method are based on the reasons why learners are learning. Basturkmen (2010) said that the focuses of ESP courses are narrower than English teaching in general courses because they centre on an analysis of learners' needs. It is said that ESP views learners in terms of their work or study roles and focuses on work or study related to learners' needs, not personal needs or general interests. English for Medical Purposes (EMP) is a sub-division of ESP.

Based on Hutchinson and Waters (1987), EMP has been divided into two main branches: English for Academic Purposes (EAP) and English for Occupational Purposes (EOP). The difference between EAP and EOP is that EAP studies the language of medicine for academic purposes designed for medical students, and EOP studies the language of medicine for occupational purposes and is designed for practicing doctors (Dudley-Evans & St. John, 1998). The way of learning changes according to the learners' needs and the current situation. Thailand, for instance, became part of the ASEAN Economic Community (AEC) in December 2015. This has led to greater emphasis on English communication of medical practitioners.

According to Department of ASEAN Affairs (2012), the objective of Thailand's commitment to AEC is to form a united industrial standard. AEC also aims to increase the mobility of labor, goods, services, and investment within the ASEAN region. ASEAN Secretariat (2015) notes that AEC's goal is regional economic integration. From the information of National News Bureau of Thailand (2013), the Declaration of ASEAN Concord II (Bali Concord II) approved Mutual Recognition Arrangements (MRA) that pave the way towards the free flow of skilled labor in seven professions, comprising doctors, dentists, nurses, architects, accountants, engineers, and surveyors. Therefore, medical practitioners are of the seven professions that have free mobility to work within ASEAN under MRA. Skilled labor must have qualifications in line with ASEAN standards. Moreover, Charoensuk and Charoensuk

(2011) mention that all of the professions need to develop their working skills and languages skills, i.e. English, Thai, and ASEAN languages.

Seidlhofer (2005) mentioned that the term “English as a lingua franca” (ELF) has emerged to refer to communication in English between speakers with different first languages. ASEAN comprises great cultural and linguistic diversity with more than 1000 languages being spoken within its territory. As pointed out by Kirkpatrick (2009), the ASEAN Charter, which was signed in 2009 promoted English as the lingua franca of ASEAN. In other words, English is the main language of communication among ASEAN countries and is set to play a vital role in the ASEAN community (Charoensuk & Charoensuk, 2011).

English has become the medium language of use in ASEAN. In addition, several countries use English as a medium of instruction in primary schools. English plays an essential role in higher education and careers in ASEAN countries, especially in the field of sciences. Navacharoen (2014) noted that English proficiency in every skill is increasingly important for medical practitioners. Fluency in English is beneficial for doctors and nurses for further education and their future careers. For these reasons, not only EAP and EOP for medical purposes are needed, but also General English is essential in the ASEAN context.

With the initiation of AEC, it is estimated that ASEAN citizens as well as foreign people will enter Thailand for various reasons. They may get sick or have accidents during their stay in Thailand and need treatment from doctors. Furthermore, one factor that affects the rising number of foreign patients is medical tourism and people from all around the world are choosing Thailand for its medical services. Thailand Medical Tourism Cluster (n.d.) mentions that the medical services of Thailand are widely accepted by domestic and international patients because of the quality and affordable prices. In addition, the Thai government has introduced a policy to promote Thailand as a medical hub for medical services since 2004. Suvinijit (2013) provides the statistics of foreign patients who had medical treatment in Thailand and the number has been rising continuously from 2008 to 2012.

Trends in English teaching and learning in the medical field in Thailand are certain to change because of ASEAN. Despite English being important for the medical profession in the ASEAN context, few researchers have conducted a needs

analysis of the English skills required by medical students. This study will be conducted to identify ways in which English courses currently can be designed to conform to students' needs.

1.2 Rationale of the Study

English is accepted as the international language, according to Hutchinson and Waters (1987). English is considered to be the first language taught at all levels of education in Thailand where English is not the mother tongue. Especially in the medical field, English is needed by doctors for keeping up with developments in science, and is needed by all medical students for study using textbooks and journals only available in English (Hutchinson & Waters, 1987). Moreover, English is also needed in the ASEAN context since it is the lingua franca. Therefore, English is an essential skill for medical students and practitioners to master in order to live, study, and work in AEC and elsewhere in the world.

As for General English, doctors and medical students use English in their daily lives. With reference to the academic field of medicine, Naruenatwatana (2001) said that English also plays a very vital role in medical studies because students have to read medical textbooks and professional journals which are mostly written in English. Moreover, medical students need to use English for their studies and for furthering their education, as well as their careers. In the medical field, the quality of medical services is extremely important. English is a vital tool for doctors to communicate with ASEAN and foreign patients. Although medical students are familiar with English, it emphasizes only medical studies because the students have to read medical textbooks and professional journals which are mostly written in English. This issue must be faced by Thai medical students and Pitsuwan (2016) concluded that Thai professionals, including medical practitioners, have a serious problem with English communication. As a result, their poor English communication skills; must be seriously addressed if they hope to advance their careers in an ASEAN context.

Developing their English skills should be undertaken by the medical students because they will be mobile professionals within AEC in the future. The contents of English language courses must be appropriate to real medical situations.

As Hutchinson and Waters (1987) mentioned, any course should be based on an analysis of the learner's need, so as to design English language courses for medical students that serve the medical field in real situations, and one of the necessary factors is to address the needs, problems, and wants of those students in studying English. Teachers must prepare courses suitable for what medical students need to learn to support their studies in the AEC context. In other words, these courses will improve learners' attitudes and motivation towards English learning, and enhance their capacity to communicate in English for further education and career. Moreover, Thepsiri and Pojanapunya (2012) claim that the attitudes and motivation have proved to influence the learner's proficiency and success. Consequently, a needs analysis is one way to assess the needs, problems, and wants of learners to identify the target English language content that learners need during and after the courses.

Therefore, a survey of the expectations and perceptions of learners' needs, problems, and wants is important in determining the efficacy of each English language course.

1.3 Statement of Problem

There has been no research on needs analysis in studying English of medical students who study in a particular university and have medical practice at the four hospitals in the northeast of Thailand with respect to AEC. In order to understand their needs, problems, and wants, regarding General English, English for Academic Purposes (EAP), and English for Occupational Purposes (EOP), a formal needs analysis of the students themselves, instructors/doctors, administration staff, and foreign patients is essential. This study will serve as a guide to improving or expanding existing English courses.

1.4 Research Objectives

The goals of this study are:

1. To explore the problems of medical students regarding English language skills in an AEC context.

2. To explore the needs of medical students regarding English language skills in an AEC context.

3. To explore the wants of medical students regarding English language skills in an AEC context.

1.5 Research Questions

This study aims to investigate the problems, needs, and wants in studying English language with regard to AEC, of the medical students at four hospitals in the northeast of Thailand in order to answer the following research questions:

1. To what extent do medical students have problems regarding English language skills?

2. To what extent do medical students have needs regarding English language skills?

3. To what extent do medical students have wants regarding English language skills?

1.6 Significance of the Study

As this study focuses on the needs, problems, and wants of the medical students at four hospitals in the northeast of Thailand with respect to studying English within AEC, the contributions this study will make are as follows:

1. English language teachers and educators can develop content for English language lessons that conform to the medical students' needs.

2. English Language teachers and educators can develop English language teaching methods which are relevant to the real world.

3. This study will contribute findings or data which support and benefit other research for application in related or other studies.

1.7 Scope of the Study

The present study is a case study that explores the needs, problems, and wants for English language skills of medical students within AEC by focusing on 162 enrolled medical students in a particular university who were externs and had medical practice at four hospitals in the northeast of Thailand during academic year 2014, and 169 doctors who graduated from the same medicine program as the medical students and worked and/or taught at those four hospitals. Furthermore, six administrators who worked at medical schools and medical education centers were included in the sample of the study, as well as 11 foreign patients who had received medical service(s) and were willing and available to be interviewed by the researcher.

Covering all parties and the large number of students and stakeholders is a limitation of the study. All groups of participants were considered as a case study in order to meet the research objectives. The name of the university and hospitals are required to be pseudonyms. This study used mixed methods, both quantitative and qualitative approaches, and data was gathered using questionnaires and semi-structured interviews.

1.8 Definitions of Terms

1. *Needs* refers to the desires of the students in the target situation, which is what medical students need to know to function effectively in the target situation.

2. *Problems* refers to the requirements which the medical students lack. In other words, the students' problems are the gaps between the target proficiency (what they need to know) and their existing proficiency (what they already know).

3. *Wants* refers to the medical students' perceptions of their needs regarding English language courses. The students' perceptions possibly conflict with the perceptions of course designers, sponsors, and teachers.

4. *Categories of English* refers to General English (GE), English for Academic Purposes (EAP), and English for Occupational Purposes (EOP).

5. *General English (GE)* refers to English language teaching which aims to teach general language proficiency (Richard, Platt, & Platt, 1992). For example, English used in daily life, greetings, and travelling aboard.

6. *English for Academic Purposes (EAP)* refers to English language teaching with content and aims designed for academic purposes (Richard, Platt, & Platt, 1992). For example, English is used for education, medical studies, medical presentations, and medical publications.

7. *English for Occupational Purposes (EOP)* refers to English language courses or programs with content and aims set according to the specific needs of a particular group of learners in order to use English for their work or profession (Kennedy & Bolitho, 1984). For example, English for the professional needs of the doctors includes asking about symptoms, and giving instructions and advice to foreign patients.

8. *Students* in this study refers to the medical students in a particular university who were externs and had medical practice at four hospitals in the northeast of Thailand during academic year 2014.

9. *Doctors* in this study refers to the doctors who graduated from the same medicine program as the medical students and worked and/or taught at four hospitals in the northeast of Thailand.

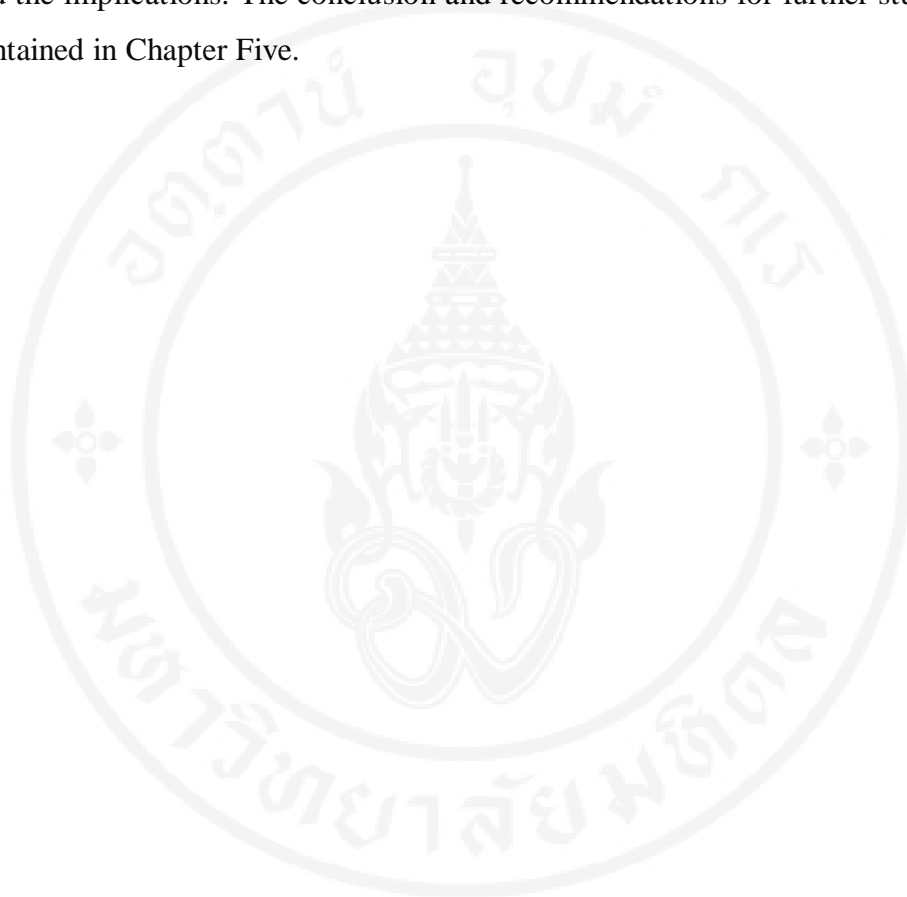
10. *Administrators* in this study refers to the doctors who worked in the administration section of medical schools and medical education centers.

11. *Foreign patients* in this study refers to patients who had received medical service(s) in Thailand.

1.9 Chapter Summary

This study is a case study designed to provide a needs analysis of English language skills of medical students of a university in the northeast of Thailand with reference to the AEC. Moreover, this study intends to explore the needs, problems, and wants regarding their English language skills. The results of a needs analysis of all aspects can serve as a guideline for English languages teachers, educators, and course developers in order to design effective ESP courses for the medical students. This study is presented in five chapters.

This chapter is the introduction of the study. Chapter Two mainly reviews related theories and previous researches. Chapter Three describes the research methodology of the study. Chapter Four sets out the findings of the study. The last chapter discusses the findings in order to answer the research questions of the study, and the implications. The conclusion and recommendations for further studies are also contained in Chapter Five.



CHAPTER II

LITERATURE REVIEW AND RELATED RESEARCH

This chapter presents a review of related literature including eight sections: English for Specific Purposes (ESP), English for Academic Purposes (EAP), English for Occupational Purposes (EOP), English for Medical Purposes (EMP), needs analysis, AEC contexts, previous research, and chapter summary.

2.1 English for Specific Purposes (ESP)

Over years, the teaching of English as a foreign language has developed more rapidly and widely. English language teaching is considered as a trend and English for Specific Purposes (ESP) has been a wealthy term in recent years. The abbreviation ESP can be interpreted as representing either English for Special or Specific Purposes. These terms are international terms and mostly relate to English language for special purposes (Robinson, 1980). English language teaching with specific expertise or ESP has become mainstream such as English for medical purposes.

2.1.1 The origins of ESP

The term of ESP itself has changed its significance. Formerly, ESP stood for English for Special Purposes although an increasing number of scholars, practitioners and institutions now use English for Specific Purposes (Robinson, 1980). The history of the ESP movement has been long. This term can be traced back to economic activities in the 1950s and 1960s.

After the end of World War II in the mid-1940s, English became increasingly more important as a lingua franca with international developments and expansion of technology and commerce, and the economic power of the United States made English an international language. As English is accepted as the international

language of technology and commerce, it created a new generation of learners who had specific reasons for learning English, for example doctors who needed to keep up with developments in science and all medical students who needed to study from textbooks and journals only available in English (Hutchinson & Waters, 1987). Another main reason for the emergence of ESP, also identified by Hutchinson and Waters (1987), is the oil crisis of the early 1970s. English became big business, and its subject became to the wishes, needs and demands of people. English used to communicate with countries in Europe where powerful countries were in that time.

Based on the end of World War II and the oil crisis, English was used as a tool for international communication. ESP is the international terms and has traditionally been divided into two main branches (Dudley-Evans & St. John, 1998).

2.1.2 ESP classifications

Many researchers divided ESP into two main areas that are English for Academic Purposes (EAP) and English for Occupational Purposes (EOP) (Ewer, 1975; Mackay & Mountford, 1979; Kennedy & Bolitho, 1984; Hutchinson & Waters, 1987; Jordan, 1997; Munby, 1997; Dudley-Evans & St. John, 1998). In the tree diagram of Dudley-Evans and St. John (1998) given below, they illustrated ESP classifications which divided EAP and EOP according to discipline or professional area.

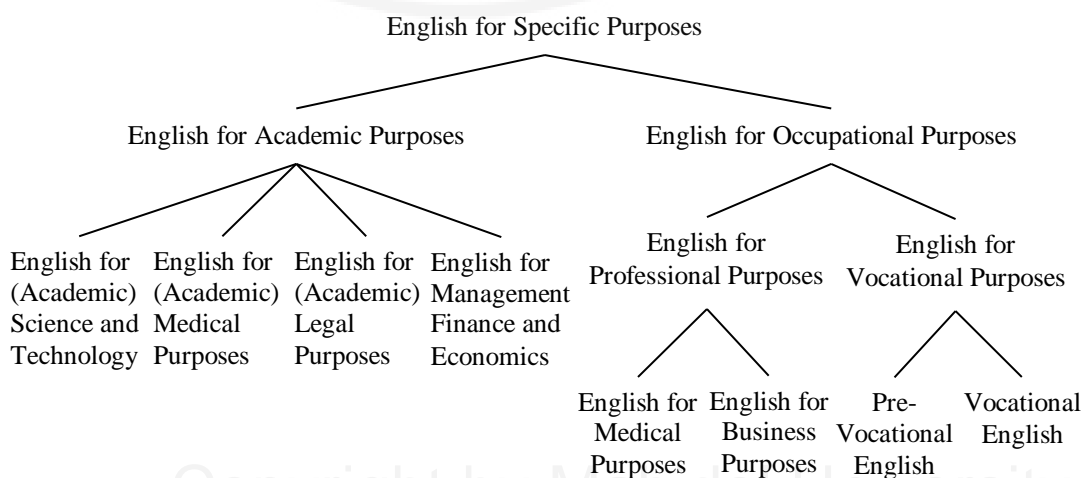


Figure 2.1 ESP classifications by professional area of Dudley-Evans and St. John (1998: 6)

According to the typical tree diagram for ESP of Dudley-Evans and St. John (1998), the academic study of English for Science and Technology (EST) was the main area. English for Medical Purposes (EMP), English for Legal Purposes (ELP), and English for Management Finance and Economics have always had their place, and have become increasingly important. On the other hand, the term EOP means English for Professional Purposes in medicine, administration, law and business, and English for Vocational Purposes for non-professionals in work or pre-work situations.

The principal purpose of an ESP program should be to provide optimal learning opportunities for all language learners by designing the program to suit each individual's unique pattern of learning. An effective Curriculum Development Plan is a systematic and sequenced educational experience which supports the total learning process (Frederickson, 1978). To design effective ESP courses, it is essential to differentiate the language and discourse between academic purposes and occupational purposes. Moreover, it is a fact that both kinds can apply to the same learner (Munby, 1997). The definitions of the two main classifications will be described in the following topic.

2.2 English for Academic Purposes (EAP)

English for Academic Purposes (EAP) is one of branches of ESP that focuses on the specific needs of the learner in academic contents and, as Holme (1996) mentions, EAP was a kind of ESP. Holme (1996) also said that ESP and EAP have developed together. It has been proposed more recently that EAP deals with a wider content area than ESP. EAP has identified particular kinds of skills such as listening and note-taking that the students have to master, not because it enables the understanding of legal and engineering terminologies. As a result, EAP is specialized. Accordingly, an ESP course is given to students who have to specialize in an identifiable area of language or of skills. EAP offers such an area, but the zone of specialization is very wide. In other words, EAP is a wide-angle lens of ESP, but it can be more narrowly focused. Ewer (1975) said that English Teaching Information Center (ETIC) makes a distinction between English for Academic Purposes (EAP) and English for Occupational Purposes (EOP) as the two main branches of ESP. EAP is

concerned with English communication skills, and is taught generally in formal education systems to students needing English for study purposes (Kennedy & Bolitho, 1984). English for Science and Technology (EST) is perhaps the key area within EAP. On the other hand, EOP is concerned with the precise demands of specific occupations such as in medicine, commerce, and technology place upon communicative ability in English.

2.3 English for Occupational Purposes (EOP)

English for Occupational Purposes (EOP) refers to English needs for professional purposes. English for Occupational Purposes (EOP) and English for Professional Purposes (EPP) courses subsume under ESP as EAP does (Holme, 1996). EOP teaching is conducted in a situation in which learners need to use English for their work or profession (Kennedy & Bolitho, 1984). A teacher of an EOP course should be concentrating on one group of language topics, skills, and genres. How the course works specifically depends on the circumstances (Holme, 1996). Mackay and Mountford (1979) described EOP as a mean of efficient performance of a social or working role as a scientist, technologist, and technician etc. It is clear that EOP is for people who are in work or ready to take up employment (Robinson, 1980). Kennedy and Bolitho (1984) offer an instance of EOP students who would be doctors or technicians in servicing equipment. Doctors need English to talk and respond to patients and other staff. Technicians in servicing equipment, on the other hand, need English to read technical manuals. Furthermore, an EOP course for each learner will be different as depending on whether the learner is learning English before, during, or after the time they are being trained for their participle profession. In the next section, English for Medical Purposes (EMP) will be described.

2.4 English for Medical Purposes (EMP)

English for Medical Purposes (EMP) courses should be tailor-made to the learners' purposes and needs like all kinds of English for Specific Purposes (ESP) courses. The term EMP refers to English teaching for doctors, nurses, and other

personnel in the medical field. It is primarily concentrating on who these medical learners are and what their purposes are. The provision of a specific syllabus enhances the communicative effectiveness of an English language course (Maher, 1986). In the ESP classifications diagram of Dudley-Evans and St. John (1998) illustrated in Figure 2.1, EMP is categorized as both EAP and EOP. They distinguish between studying the language and discourse of medicine for academic purposes, which is designed for medical students, and studying for occupational purposes, which is designed for practicing doctors. An example of teaching and learning English for medical doctors in a foreign context can be seen as presented by Basturkmen (2010) in New Zealand. Overseas-trained doctors who wish to work as medical doctors in New Zealand are generally required to pass registration examinations set by the Medical Council. In 2001, the Clinical Training Agency (a governmental organization) established a medical 'bridging program' in conjunction with the two medical training universities in the country. The aim was to provide a course of study that would support a number of overseas-trained medical doctors in their preparations for the registration examinations. The program was set eight times over four years beginning in 2001. The course focused on medical ethics and communication skills including a key event and a patient-centered consultation. In this case, learner needs had been specified formerly since the professional development trainers had noticed an area of language communication difficulties that the doctors in the bridging program had experienced. In other words, there was an identified learner need and it is the concept behind this approach that will be discussed in the next part.

2.5 Needs Analysis

2.5.1 Introduction of needs analysis

Needs analysis was initiated by Michael West in India in the 1920s and he was trying to establish what learners will be required to do with the foreign language in target situations, and how they might best master the target language during their period of training (West, 1994). Michael West was dealing with students in general English which was referred to as TENOR (Teaching English for No Obvious Reason)

(Abbott, 1981). The term needs analysis disappeared for almost 50 years. Then it reappeared for two main reasons: the work of the Council of Europe and early work in ESP (West, 1997). In modern language teaching, the Council of Europe Modern Language Project group firstly made the needs analysis which was intended to promote and offer guidance for effective language learning in Europe (Sangserm, 2012).

The concept of needs analysis or needs assessment has been closely linked to curriculum planning and development in language teaching. It is required before devising effective materials, courses, and language teaching syllabuses because findings can serve as input into course design (Mackay & Mountford, 1979; McDonough, 1984; Richard, 1985; Jordan, 1997; Grave, 2008). Needs analysis is an analysis of information, not only what learners are required to do, but also the way they need to learn. Moreover, it focuses on the learners' present level of proficiency (Richard & Rogers, 1986). Thus, defining needs is a kind of navigation for planning a language curriculum (Holme, 1996) and this curriculum can bridge the gap between what learners already know and what they need to know (Graves, 2000).

Moreover, McCawley (2009) suggested that needs analysis can be used to identify and evaluate needs of language learners. He also mentions needs analysis as a process of describing requirements and problems in learning language, and possible solutions. Hutchinson and Waters (1987) emphasize that a needs analysis is appropriate for any course. Similarly, Nunan (1988b) suggests that needs analysis procedures should take place both in the beginning stages and continuously throughout the courses. When needs analysis is incorporated into teaching methodologies as a continuing process, Graves (2000) notes that this continuing process, that includes three stages; pre-course, initial, and ongoing needs assessment, can help learners to better evaluate their learning process. As a result, the learners have more awareness of their needs, a sense of ownership, and controlling of their own learning process. As English is an auxiliary to academic or professional skills, Mackay (1979) said that teachers and planners are more aware of what learners want to use English for.

2.5.2 Definition of needs analysis

A definition of needs analysis has been proposed by different scholars in various ways and from different viewpoints. Moreover, Richterich (1983: 2) suggests that “The very concept of language needs has never been clearly defined and remains at the best ambiguous.” The following are some examples of the definition of needs analysis:

Mackay (1979) defines ‘needs analysis’ in terms of designing and teaching effective courses. The role of teachers and planners is to explore which language will be input for a particular group of learners, and to determine precisely what these specific needs of learners are.

Hutchinson and Waters (1987) said that the needs analysis in terms of the target situation is a core of asking questions about the target situation, identifying linguistic features, and the attitudes of the various participants in their learning process toward that situation. In addition, needs analysis is not a once and for all activity. It should be continued in which its conclusions can be constantly checked and re-assessed. To gather target needs information, it is necessary to obtain answers from a variety of sources e.g. lecturers and students. Hutchinson and Waters (1987) define ‘needs’ as needs in the language centred approach is the ability to comprehend and/or produce the linguistic features of the target situation.

Richards (1990) defines ‘needs analysis’ in terms of language curriculum development. Needs analysis serves the purposes of: first, to provide an approach for gaining which will be input into the contents, design, and implementation of a language program. In the planning process of the language program needs to involve such people as learners, teachers, administrators, and employers; second, to identify purpose of a language program which be general or specific language purposes; third, to provide data that can use for reviewing and evaluating an existing program.

Jordan (1997) said that needs analysis is the starting point for planning syllabuses, courses, materials and the kind of teaching and learning. The approaches under needs analysis include target-situation analysis, present-situation analysis, deficiency analysis, strategy analysis, means analysis, language audit and constraints. In addition, other terms have been proposed for ‘needs’ including necessities, demands, wants, likes, lacks, deficiencies, goals, aims, purposes, and objectives.

Iwai et al. (1999) said that needs analysis is the activities in collecting data for developing a curriculum that match the needs of a particular group of students.

To sum up, needs analysis is the activities of collecting data which will serve the profile in general or specific language needs as a basis for developing curricula, courses, materials; designing and teaching effective courses; and, reviewing and evaluating an existing program. These will meet the needs of a particular group of language students. In addition, needs analysis should be an ongoing process and necessary to obtain information from a variety of sources.

2.5.3 Types of needs analysis

Many scholars identify needs of various types. The following are some examples of types of needs:

Mackay (1979) identifies needs of students into two types, namely academic needs and job needs. Academic needs refers to the English are needed for furthering academic study; for example, medical students require English in order to understand lectures and read medical textbooks. On the other hand, job needs refers to English is needed for performing a particular practical job; for example, technicians require English in order to work on a project in which English is used.

Hutchinson and Waters (1987) distinguish between needs which can be described as target needs, and actual learning needs:

(1) Target needs involve what the learners need to do in the target situation. This type is related to the target situation in terms of necessities, lacks, and wants.

Necessities are needs determined by the desires of the target situation, which is what learners have to know for effective functions in the target situation.

Lacks are the necessities which learners lack. In other words, the learner's lacks are the gaps between the target proficiency and the existing proficiency.

Wants are the learners' perceptions of their needs. The learners' perceptions possibly conflict with the perceptions of course designers, sponsors, and teachers. Hutchinson and Waters (1987) claim that the learners'

perceived wants can have a great impact on their motivation in the learning process, and cannot be underestimated.

(2) Learning needs involve what the learners need to do in order to learn in the existing learning environment along with their knowledge, skills, and strategies. In other words, the learning need is a route as compare with a journey that start from the starting point (lacks) to the destination (necessities) and there might be some dispute what the destination should be (wants).

Richterich (1983) and Nunan (1988a) state the same types of needs which are objective needs and subjective needs. Learners' necessities in Hutchinson and Water's (1987) theory is similar to the objective needs of two scholars which state that the objective needs are obtained from different kinds of learners' factual information about use of language in real-life communication situation, current level of language proficiency, and difficulties. The subjective need in two scholars' theories is similar to learners' want in Hutchinson and Water's (1987) theory. The subjective needs are learners' cognitive and affective needs or psychological wants of learners in learning situation. Brindley (1989) states that the subjective needs obtained from cognitive information and affective factors such as learners' personality, confidence, attitudes, wants, expectations regarding learning English, cognitive style, and learning strategies.

There are various types of needs and this study is mainly on Hutchinson and Water's (1987) target needs and learning needs. This study investigates the perspectives of medical students, doctors, administrators, and foreign patients in order to find out English usage in the target situation of the medical students and considers necessities, lacks, and wants which are determined by the desires of the medical field in AEC context.

2.5.4 Approaches of needs analysis

There are a number of scholars who have provided new approaches to needs analyses. Two fundamental needs analysis approaches which are generally classified and serve as guidelines for this study, are Target Situation Analysis (TSA) and Present Situation Analysis (PSA). The scope of each approach is as follows:

Target Situation Analysis (TSA)

Needs analysis has gone through many development stages (Songhori, 2007). The most widely known target situation analysis framework was formulated by Munby (1997). Munby (1997) states that situations and functions are set within the frame of needs analysis and introduces Communication Needs Processor (CNP) as the basis of his approach to needs analysis. CNP establishes the profile of needs through the processing of eight parameters (Munby, 1997). These parameters include purposive domain, setting, interactions, instrumentality, dialect, target level, communicative event, and communicative key.

In fact, the term TSA was first coined in Chambers' (1980) article in which he tried to clarify confusing terminology. TSA, in his article, was referred to as "Communication in the target situation" (Chambers, 1980: 29). He states that TSA in needs analysis should be the collection and analysis of data which is concerned primarily with the establishment of communicative needs that actually arise - the functions, forms, and frequencies. Furthermore, TSA provides a basis for selecting long-range aims of the course (Chambers, 1980).

Hutchinson and Waters (1987: 59) maintain that "The analysis of target situation needs is, in essence, a matter of asking questions about the target situation and the attitudes towards that situation of the various participants in the learning process". They provided a comprehensive target situation analysis framework for gathering such information that consists of a list of questions that analysts should find answers to. These include:

(1) Why is the language needed?

– It may be needed for study, work, training, a combination of these, or for some other purposes e.g. status, examinations, and promotion.

(2) How will the language be used?

– It may be used as a medium for communication e.g. speaking, writing; channel e.g. telephone or face to face; particular types of text or discourse e.g. academic text, lectures, catalogues, etc.

(3) What will the content area be?

– This can be categorized in to subject e.g. medicine, biology, commerce; and level e.g. technician, craftsman, postgraduate, etc.

(4) Who will the learner use the language with?

– They may be native or non-native speakers. Furthermore, the level of knowledge of the receiver will vary e.g. expert or student, as may their relationship e.g. colleague and teacher.

(5) Where will the language be used?

– What is the physical setting e.g. office, lecture theatre, library and human context e.g. alone or meetings? Also, the linguistic context e.g. in one's own country or abroad must be determined.

(6) When will the language be used?

– It may be used concurrently with or subsequent to the ESP course, frequently or seldom, in small amounts or in large chunks.

Present Situation Analysis (PSA)

Hutchinson and Water (1987) mention that a PSA, or learning situation analysis, ascertains the students' state of language development at the start of the language course, and also identifies the strengths and weaknesses of the students. Learning needs includes learners' motivation, inspiration, knowledge, experiences, and skills. Similarly, Dudley-Evans and St. John (1998) explained that PSA estimates the strengths and weaknesses in language, skills, learning experiences and Robinson (1980) refers to the assessing of learners' needs depending on their experiences and skilled levels related to their motivation in learning.

The PSA approach places the learners at the center of the system or as it is called 'the learner-centered approach'. Learning needs are essential in the instruction procedure in order to help teachers to specify the course's content which matches with learners' objectives, experiences, and desires. Therefore, a learning-centered approach is needed in the needs analysis process (Hutchinson & Waters, 1987; Robinson, 1980). Moreover, Dudley-Evans and St. John (1998) describe what learners should be taught such as skills that enable them to reach the target. The learning process and learners' motivation should be considered since different learners learn in different ways.

Robinson (1991) and Jordan (1997) point out PSA may be posited as a complement to TSA. If TSA tries to find out what the learners are expected to be at the end of the language course, like a compass pointing to the destination, PSA or learning

situation analysis attempts to identify at the beginning what they like to do and their motivation like a vehicle guiding them along the route to their destination (Hutchinson and Waters, 1987).

Hutchinson and Waters' (1987) definition of wants (subjective needs) resembles their learning needs (Songhori, 2007). Similar to the TSA process, Hutchinson and Waters (1987) suggest a framework for analyzing learning needs which consists of several questions that the analysts should find answers to.

(1) Why are the learners taking the course?

– It may be compulsory or optional, and reasons may be apparent or vague, as to their attitude towards the ESP course, etc.

(2) How do the learners learn?

– This aspect refers to learners' learning background, concept of teaching and learning and methodology which appeals to them, etc.

(3) What resources are available?

– The resources include the number and professional competence of teachers, the attitude of teachers to ESP, materials, aids, etc.

(4) Who are the learners?

– This aspect refers to the learner's background including age, sex, nationality, experience, knowledge, interests, etc.

(5) Where will the ESP course take place?

– Are the surroundings pleasant, dull, noisy, cold or not, etc.

(6) When will the ESP course take place?

– This aspect refers to time and frequency of the course etc.

In the next part, ASEAN Economic Community (AEC) and ASEAN Mutual Recognition Arrangements on Medical Practitioners will be illustrated.

2.6 AEC Contexts

2.6.1 ASEAN Economic Community (AEC)

ASEAN Community is comprised of three pillars, namely the ASEAN Economic Community (AEC), ASEAN Political-Security Community (APSC), and ASEAN Socio-Cultural Community (ASCC). Association of Southeast Asia nations (n.d.) notes that the ASEAN Economic Community (AEC) shall be the goal of regional economic integration by 2015. The following are the key characteristics of AEC: (1) a single market and production base, (2) a highly competitive economic region, (3) a region of equitable economic development, and (4) a region fully integrated into the global economy.

AEC aims to cooperate in the areas of: (1) human resources development and capacity building, (2) recognition of professional qualifications, (3) closer consultation on macroeconomic and financial policies, (4) trade financing measures, (5) enhanced infrastructure and communications connectivity, (6) development of electronic transactions through e-ASEAN, (7) integrating industries across the region to promote regional sourcing, and (8) enhancing private sector involvement for the building of the AEC. In short, AEC will help to transform ASEAN into an ASEAN Socio-Cultural Community.

Moreover, The ASEAN Leaders, namely Indonesia, Malaysia, Philippines, Singapore, and Thailand, adopted the ASEAN Economic Blueprint at the 13th ASEAN Summit on 20 November 2007 in Singapore. The Blueprint serves as a coherent master plan guiding the establishment of the ASEAN Economic Community 2015. About ASEAN cooperation on trade in services, Mutual Recognition Arrangements (MRA) is one of the more recent developments.

2.6.2 ASEAN Mutual Recognition Arrangements on Medical Practitioners

Department of Trade Negotiations (2008) refers to the ASEAN Vision 2020 on Partnership in Dynamic Development, approved on 14 June 1997. The vision charted towards the year 2020 for ASEAN the creation of a stable, prosperous, and highly competitive ASEAN Economic Region which will result in: (1) free flow of

goods, service and investment, (2) equitable economic development, and reduced poverty and socio-economic disparities, and (3) enhanced political, economic and social stability.

In order to serve the ASEAN Vision, Mutual Recognition Arrangements (MRA) are set up to enable the qualifications of professional services suppliers to be mutually recognized by signatory Member States. In other words, this agreement enhances cooperation in services among ASEAN Member States and distribution of services of their services suppliers within and outside ASEAN.

At the Ninth ASEAN Summit held in 2003, the Bali Concord II made a decision calling for the completion of Mutual Recognition Arrangements (MRA) for qualifications in major professional services by 2008.

MRA will facilitate the free movement of professionals/skilled labor/talent in ASEAN. Among the MRA, an MRA for Medical Practitioners will strengthen professional capabilities by promoting three main points providing: (1) the flow of relevant information, (2) exchange of expertise, and (3) experiences and best practices suited to the specific needs of ASEAN Member States.

The objectives of the MRA for Medical Practitioners are to: (1) facilitate mobility of medical practitioners within ASEAN, (2) exchange information and enhance cooperation in respect of mutual recognition of medical practitioners, (3) promote adoption of best practices on standards and qualifications, and (4) provide opportunities for capacity building and training of medical practitioners.

In the following topic, many instances of related researches about needs analysis on ESP courses will be illustrated in order to provide a discussion to the present study.

2.7 Previous Research

Previous researches have addressed the following topics: doctor-patient communication (Simpson et al., 1991), English proficiency and success as an international medical resident in US (Eggly et al., 1999), the academic and professional English needs of medical students in an EFL context in Turkey (Taşçı, 2007), the communicative skills needs of English as a second language learners in the

area of EAP in England (Shin, 2008), pedagogical implications on medical students' linguistic needs in Taiwan (Hwang, 2011), the English skills needs of medical students in an academic context in Iran (Karimkhanlouei, 2012), ESP course problems of medical students in Iran (Boniadi, Ghojazadeh, and Rahmatvand, 2013), needs analysis of English skills needs of medical students for academic English in Thailand (Pleansaisurb, 1984; Naruenatwatana, 2001), the needs and problems in using English and the preferred English course of medical graduate students in Thailand (Wanasiree, 1985), the needs and problems of using English for applied Thai traditional practitioners (Lieungnapar, 2007), and the preparedness and needs of medical students to improve their English skills in an AEC context (Supanatsetakul, 2014).

2.7.1 Previous research abroad

Simpson et al. (1991) explored doctor-patient communications in term of the Toronto Consensus Statement. This statement focused on three issues: (1) the most important facts about doctor-patient communication, (2) the most important things that could be done now to improve the situation, and (3) the most important unanswered questions. They claimed that serious communication problems in clinical practice had been confirmed by studies in many countries. Communication problems in medical practice were both important and common because most of the essential information for diagnosis could be obtained from the interview. The interpersonal skills of doctors, such as active listening to patients' concerns, largely determined the patient's satisfaction and compliance. Other examples of such skills that were important to doctors and affected the quality and quantity of information gathered were appropriate use of open ended questions, frequent summaries, clarification, and negotiation. Furthermore, the quality of clinical communication positively influenced the patient's health outcome. In other words, the level of psychological distress associated with serious illness was less when the patient received adequate information from the doctor. Simpson et al. (1991) said problems about patient anxiety and dissatisfaction related to uncertainty and lack of information, explanation, and feedback from doctors. The language of doctors was often unclear because of the use of jargon and a lack of shared meanings of common terms. Moreover, traditional medical education was an educational issue that generally affected teaching clinical communication since

medical education was a stressful and sometimes abrasive experience. Traditional medical education could produce cynicism and callousness. As to proof of doctors' competence in clinical communication, Simpson et al. (1991) suggested licensing and specialty qualifying authorities.

Eggly et al. (1999) studied the relationship between English language proficiency and three measures of success as a medical resident. English language proficiency was measured by two-well-known proficiency exams namely Test of English for International Communication (TOEIC) and Speaking Proficiency in English Assessment Kit (SPEAK). Success was measured by patient satisfaction questionnaire, faculty and colleague evaluations, and scores on an objective test of medical knowledge. The participants in this study were 20 international medical residents (IMGs) in the Wayne State University Internal Medicine residency training program in the 1995-1996 training year. The results of this study showed a significant relationship between the scores of TOEIC and SPEAK ($P = 0.01$), and there was a significance between patient satisfaction and proficiency in English ($P = 0.004$). No relationship was found between the faculty and colleague evaluations and proficiency in English, and between the in-training exam and proficiency in English. Moreover, 55% of faculty and colleague respondents identified the English language skills of medical residents as the primary weakness. Eggly et al. (1999) recommended assessment and training for IMGs in English for Medical Purposes within the field of English for Specific Purposes.

Taşçı (2007) studied the academic and professional English language needs of medical students in an EFL context from the perspective of the Dean of the Medical Faculty, 173 currently enrolled students, and 58 academicians. This research was conducted at Pamukkale University Medical Faculty, which is a Turkish medium institution. Data were collected via questionnaires and an interview. The results of the study revealed that English reading skills are primarily needed for the medical students in order to do research for their problem-based learning classes. In addition, speaking skills and an interactive way of learning English in groups was very important for them. In addition, this study revealed that there was a need to increase the class hours, provide technological equipment, improve the availability of the technological

materials and train the instructors to use them, and appoint trained instructors for the efficient teaching of medical English.

Shin (2008) studied the needs in terms of communicative skills of English as a Second Language (L2) learner in the area of English for Academic Purposes (EAP). The concept of skills in this study was language skills and study skills. Language skills refers to four skills including listening, speaking, reading and writing, which are used of academic practices, and study skills includes wide-ranging sub-skills, such as, abilities, activities, strategies, techniques and personal efficiency for the academic practices of that particular community. The research was a qualitative study of needs analysis of Korean postgraduate engineering students at Imperial College (IC) in London using semi-structured interviews. It obtained 15 sets of interview data from Korean postgraduate students and five sets of interview data from lecturers. The result was contrary to the researcher's assumption that both groups of participants had a balanced command of all language skills integrated with academic practices of the engineering discipline aimed at real-life communicative tasks and meaningful conversations in the engineering community. To be a qualified engineer in the global community, students need to be equipped with multiple skills, engineering-specific literacy, and general communicative competence.

Hwang (2011) proposed an extended pedagogical implication based on the study of medical students' linguistic needs in Taiwan of Hwang and Lin (2010). This study assessed medical students' English needs by gathering data from 378 medical students of the Department of Medicine at Chung Shan Medical University, and 24 faculty members. These teaching suggestions were related to ESP teaching methods, the role of the ESP teacher, and course and curriculum design. English was perceived by medical students as a very important language for their current studies and future careers. In particular, the participants regarded reading as the most important skill. Regarding the main English language problems, the medical students identified poor speaking skills, limited vocabulary, and poor listening comprehension. Hwang (2011) stated the best pattern for English curriculum design was general English courses offered in the first year focusing on reading, and EMP courses designed for seniors focusing on listening and conversation. Furthermore, a communicative language teaching (CLT) method can be applied to ESP courses integrated with ESP and

general English teaching. The CLT method emphasizes a student-centered approach in the English classroom setting. As for course materials, they should be relevant to the medical field with ESP teachers, performing a role as organizer, course manager, monitor, advisor, or facilitator. In other words, teachers should analyze the needs of their learners and negotiate language learning objectives with them at the beginning of the course.

Karimkhanlouei (2012) set out to find out and analyze the needs of medical students in mastering different English skills in an academic context. A questionnaire was the instrument for gathering the data from 41 medical students who were native Persian speakers at the Faculty of Medicine, Zanzan University. The study focused on four aspects: (1) the importance of learning each of the subjects as related to the four language skills, (2) the most important English skills for success in other subjects in college, (3) the importance of these tasks in English for other subjects, and (4) evaluation of their abilities and knowledge of English. Based on the findings of the study, it was reasonable to place a priority on improving all four English language skills especially listening and speaking. Furthermore, the learners were found to develop mainly academic vocabulary. As for their opinions as to their current English language courses, the medical students thought that the courses did not match their present level and were not satisfactory. Karimkhanlouei (2012) recommended more English courses specially designed and geared to medical students' academic needs.

Another related research is a study of Boniadi, Ghojzadeh, and Rahmatvand (2013). The research investigated the problems of English for specific purposes course for medical students conducted at the medical faculty of Tabriz University of Medical Sciences in Iran. The subjects were 200 third-year medical students, and five teachers. They gathered the data by using questionnaires, semi-structured interview, and observation. The result of observation in ESP classes indicated that the course was held in traditional classes. Moreover, the surroundings were pleasant but these classes were too busy because usually 40-50 students participated in each class. The researcher also mentions that one of the negative effects was the monotonous instruction style which caused students to feel bored with the lesson. Next, the results of interviews indicated that English language teachers are important in medical fields as English is the lingua franca of medical sciences.

Furthermore, the main problems in ESP classes were boring classes, low English proficiency, and overcrowded classes. The two groups of subjects agreed that the current English courses were not relevant to the academic needs of the medical students. In addition, more academically specific English courses were urgently needed, and the teachers should include all the macro skills, especially communication skills, in ESP course.

2.7.2 Previous research in Thailand

Pleansaisurb (1984) studied needs, wants, and problems of the medical students for the use of the four skills of English. The research was conducted at Mahidol University. The information for the research would be used to develop the ESP course in the Foreign Languages Department at Mahidol University. Subjects included 78 first year medical students, 91 third year medical students, 196 lecturers at pre-clinic and clinic levels of the two Faculties of Medicine at Mahidol University, 30 interns and 123 residents from Siriraj and Ramathibodi hospitals, and 16 administrators of the medical schools, Ramathibodi hospital, and Siriraj hospital. The results showed that the most needed skill both in their studies and in their future professions is reading skill. The medical students do not have much need for English especially the writing, listening, and speaking skills. However, the medical students most wanted listening and speaking skills.

Wanasiree (1985) studied needs and problems in using English and the preferred English course of medical graduate students in clinical science. The population consists of 176 residents from all three years of classes who studied at the Faculty of Medicine, Ramathibodi Hospital. The result of the study showed that most residents have needs and problems in using English. The needs of residents are great in reading and writing while their problems are great in listening and speaking. The residents want English classes to be provided in the first year of study with an emphasis on listening and speaking skills. Moreover, the content should cover medical English and general English and the learning mode desired is partly self-study and partly in-class instruction.

Naruenatwatana (2001) studied the needs of medical students in the use of academic English. This research was conducted at Rangsit University. The subjects

were 297 medical students ranging from first to sixth year, seven teachers of English, and ten subject teachers. The aim was to explore the opinions about needs in using the four macro English skills, and what they wanted for English course content and features. In the findings, the three groups of subjects expressed needs for reading skills greater than for other skills, especially reading medical textbooks, professional journals, and medical reports. They wanted all the four macro skills to be included in the course content. However, both the teacher groups considered reading skills to be the most important. Moreover, they all agreed that the current English courses provided were not relevant to the academic needs of the medical students. More academically specific English courses were urgently needed, and needed to include all the macro skills.

Lieungnapar (2007) studied the present needs and problems of using English for applied Thai traditional medicinal practitioners gathering data by a questionnaire from 111 applied Thai traditional practitioners. The data were analyzed based on statistical techniques. Researcher found that the English language was perceived as important for the applied Thai traditional practitioners, especially to communicate with foreign patients. The participants thought that listening and speaking were the skills most used in routine activities. Moreover, these two skills were the main problems which the participants faced. Therefore, based on the results of the study, it was recommended that listening and speaking skills should be focused on the most in English for Thai traditional medicine practitioners courses.

Supanatsetakul (2014) studied the perceived readiness and needs of medical students to improve their English language skills for medical practices within AEC. The study was a cross-sectional survey. The five-level Likert scale informed the research questionnaire used to collect data from 150 medical students in the final year of medical studies at the Faculty of Medicine, Naresuan University during the academic year 2013. Most of the students had ESL skills at basic to intermediate levels (95.3%). One hundred and twenty nine (86.6%) of them had heard about opportunities for them within AEC, and considered that the use of English language in the medical context might increase. Their reading skills were perceived as being at a good level ($M = 3.83$, $SD = 0.669$) in readiness for medical practice, higher than other skills which were identified as being at a moderate level. The students considered that

practice of these skills during their studies was insufficient. Furthermore, they needed to improve all English language skills were still at a high level. English language skills, especially speaking, should be provided to the medical students to reinforce medical instruction.

Drawing on the researches discussed above, it is clear that the medical students in numerous contexts have problems with their English skills, vocabulary, classroom management, non-relevant content, materials, professional instructors, and instruction styles.

English was perceived by the participants in those studies as a very important language for their current studies and future careers as it is the lingua franca of medical sciences. Serious communication problems in clinical practice had been confirmed by studies in many countries (Simpson et al., 1991). The interpersonal skills of doctors determined the patient's satisfaction and compliance. Based on previous studies, most of the participants regarded reading as the most important skill (Pleansaisurb, 1984; Wanasiree, 1985; Naruenatwatana, 2001; Taşçı, 2007; Hwang, 2011) while their problems were mainly in listening and speaking skills (Wanasiree, 1985; Lieungnapar, 2007; Taşçı, 2007). At the beginning of the course, instructors should examine the learners' needs and negotiate language learning objectives with them (Hwang, 2011).

All English skills are important to enhance the potential communication proficiency of language learners. Khamprated (2012) notes that the four English skills are not only important in English learning but also are fundamental parts of human communication. Learners in non-English speaking countries, who learn English as foreign language, must not ignore one or more of the four basic skills. To be a proper global community, Shin (2008) suggested learners need to be equipped with multiple skills, specific literacy, and general communicative competence. As to proof communication competence of medical practitioners, Simpson et al. (1991) suggested licensing and specialty qualifying authorities.

2.8 Chapter Summary

This chapter provided a review of English for Specific Purposes (ESP), English for Academic Purposes (EAP), English for Occupational Purposes (EOP), English for Medical Purposes (EMP), needs analysis, and relevant international and Thai research on this topic. Need analysis has been closely linked to planning and development any language teaching in order to provide effective materials, courses, and syllabuses that match the needs of language learners. Based on the previous research, medical students in Thailand as well as other countries clearly have problems with English communication and their language courses. Thus, needs analysis for developing language courses for medical students is strongly recommended. In the next chapter, the research methodology will be explained.

CHAPTER III

RESEARCH METHODOLOGY

This chapter describes the research methodology and includes six sections. The chapter begins with the research design followed by a description of the population and participants. After that, research instruments, data collection procedures, and data analysis are discussed. The chapter summary is the last section.

3.1 Research Design

This study was a case study of Faculty of Medicine in a university in northeastern Thailand using mixed methods. For gathering both quantitative and qualitative data, questionnaires and interviews were chosen. The questionnaire was used to explore the opinions about their needs, problems, and wants for English skills regarding AEC mobility of the medical students and doctors at four hospitals in the northeast of Thailand. The semi-structured interviews were held with two groups. First, the administrators of the medical school and the medical education centers were interviewed to explore their opinions about their needs, problems, and wants for English skills with a view to AEC mobility. Second, foreign patients were interviewed for their opinions about needs and problems for English skills with a view to AEC mobility of the medical students. In this study the names of the research sites are not disclosed and are identified by pseudonyms. The characteristic of data collection was primary data.

3.2 Population and Participants

This research was conducted at four hospitals in the northeast of Thailand: (1) Hospital A, (2) Hospital B, (3) Hospital C, and (4) Hospital D. The target

population of the present study comprised four stakeholders: (1) medical students, (2) doctors, (3) administrators, and (4) foreign patients.

3.2.1 Quantitative population and participants

Population and sample size

1) The enrolled medical students who were externs at a university during the academic year of 2014 and had medical practice at four hospitals in the northeast of Thailand. For the first participant group, medical students who need English and experience in the learning process were important sources of information about their needs, problems, wants, and their satisfaction with their present situation in the medical field. The externs no longer took English courses. This group included 271 medical students:

Table 3.1 The number of the medical students from the academic affairs of the Faculty of Medicine

Hospitals	Students
1. Hospital A	162
2. Hospital B	49
3. Hospital C	33
4. Hospital D	27
Total	271

Using the table for determining sample size with a 95 percent level of confidence proposed by Krejcie and Morgan (1970), the sample size for a population of 271-280 is 162 students.

2) The doctors included both medical practitioners and medical teachers who were alumni of the Doctor of Medicine Program of a university in the northeast of Thailand and worked and/or taught at the medical school and one of three medical education centers. For the second participant group, the medical practitioners and medical teachers were expected to be more aware of the students' English language

learning needs, problems, and wants which were relevant to the English courses of the Doctor of Medicine Program. Moreover, they had had English language problems themselves during their own professional careers. The number of doctors who were alumni of the Doctor of Medicine Program of a university was not recorded. Thus, Cochran's (1953) sample size formula for an infinite population was used to determine the representative number of respondents:

$$n = \frac{P(1 - P)Z^2}{e^2}$$

n = sample size

P = estimated proportion that is presented in population (0.9 = 90%)

Z = abscissa of the normal curve that cuts off an area α at the tails (1.96 for 95% confidence level)

e = acceptable sampling error (0.05 = 5%)

$$n = \frac{0.9 (1 - 0.9) (1.96)^2}{(0.05)^2}$$

$$n = 138.298 \approx 139$$

Calculating from the formula representative sample for an infinite population, the sample size is 139 doctors.

Sampling method

1) The sampling method for the medical students was convenience or accidental sampling which was a group of non-probability sampling. The rationale behind this was an obstacle to obtaining the subjects because the medical students did not study, had medical practice at the same places, and also they were busy. The questionnaire was used to collect information from the medical students. The researcher distributed 231 questionnaires of which 62 questionnaires were lost, and seven returned questionnaires were not completed. As a result, 162 returned and completed questionnaires were able to be used. The number and percentage of population and returned questionnaires of the medical students were as follows:

Table 3.2 Population and returned questionnaires of the medical students

Hospitals	Population		Returned Questionnaires	
	<i>n</i>	%	<i>n</i>	%
1. Hospital A	162	59.8	98	60.5
2. Hospital B	49	18.1	19	11.7
3. Hospital C	33	12.2	24	14.8
4. Hospital D	27	10.0	21	13.0
Total	271	100.0	162	100.0

As presented in Table 3.2, the questionnaires were distributed to the medical students, of 162 medical students, 60.5% were from Hospital A, 14.8% from Hospital C, 13.0% from Hospital D, while 11.7% from Hospital B.

Table 3.3 Background information of the medical students

Background information	<i>f</i>	%
Gender		
1. Male	92	57.1
2. Female	69	42.9
Total	161	100.0
Number of years which the participants have studied English		
1. 6-10	10	6.2
2. 11-15	45	28.0
3. 16-20	47	29.2
4. 20 up	59	36.6
Total	161	100.0

(*n* = 162)

As summarized in Table 3.3, the results of background information to the medical students indicate that, of 161 medical students, 57.1% were male and 42.9% were female. With regard to the number of years that the participants had studied

English, the majority of the medical students (36.6%) reported that they had been studying English for over 20 years, while 34.2% said that they had been studying English for less than 16 years. Another (29.2%) said that they had been studying English for between 16-20 years.

2) The sampling method for the doctors was the same as for the medical students namely convenience or accidental sampling. It was also difficult to obtain participants for this group because it was made up of doctors who were alumni of the Doctor of Medicine Program at a university which was the research site, and who worked and/or taught at one of four hospitals, namely: (1) Hospital A, (2) Hospital B, (3) Hospital C, and (4) Hospital D. Moreover, their work schedule was extremely busy. The questionnaire was used to collect data from the doctors. Four hundred and nineteen questionnaires were distributed to the subjects of which 218 were lost, and 32 returned questionnaires were not completed. Thus, the researcher received 169 completed questionnaires for use as data. The number and percentage of returned questionnaires of the doctors were as follows:

Table 3.4 Returned questionnaires of the doctors

Hospitals	Returned Questionnaires	
	<i>n</i>	%
1. Hospital B	89	52.7
2. Hospital A	57	33.7
3. Hospital D	16	9.5
4. Hospital C	7	4.1
Total	169	100.0

As presented in Table 3.4, the questionnaires were distributed to the doctors, of 169 doctors, 52.7% were from Hospital B, 33.7% from Hospital A, 9.5% from Hospital D, while 4.1% from Hospital C.

Table 3.5 Background information of the doctors

Background information	<i>f</i>	%
Gender		
1. Female	98	59.4
2. Male	67	40.6
Total	165	100.0
Age		
1. 21-30	104	63.0
2. 31-40	46	27.9
3. 41-50	14	8.5
4. 51-60	1	0.6
Total	165	100.0
Department		
1. Orthopedic surgery	23	14.0
2. Pediatrics	20	12.2
3. Medicine	19	11.6
4. Obstetrics and gynecology	14	8.5
5. Surgery	11	6.7
6. Radiology	9	5.5
7. Rehabilitation medicine	5	3.0
8. Others	63	38.4
Total	164	100.0
Highest education		
1. Bachelor's degree	142	87.7
2. Master's degree	9	5.6
3. Doctor's degree	2	1.2
4. Others	9	5.6
Total	162	100.0

(n = 169)

As summarized in Table 3.5, the results of the background information to the doctors indicate that 59.4% were female and 40.6% were male. More than half of them (63.0%) were between 21-30 years old, 27.9% between 31-40, 8.5% between 41-50, and another 0.6% said that they were between 51-60 years old. Regarding the department in which they worked, most of the participants (38.4%) worked in departments not specified in the questionnaire (other), 14.0% in the orthopedic surgery department, 12.2% in the pediatrics department, 11.6% in the medicine department, 8.5% in obstetrics and gynecology, 6.7% in surgery, 5.5% in radiology, while 3.0% were in the rehabilitation medicine department. Moreover, the majority of the participants, or 87.7%, had obtained a bachelor's degree, 5.6% a master's degree, 5.6% an other degree not specified in the questionnaire (other), and 1.2% had obtained a doctor's degree.

3.2.2 Qualitative population and participants

Population and sample size

1) The administrators worked at the medical school and one of the three medical education centers. For the third participant group, the administrators were relevant directly in conducting and applying the curriculum and overseeing the studies of the medical students.

2) The foreign patients were the last participant group of this study. This group provided their opinions about the needs and problems in English of the doctors because they had had experience receiving medical service(s). The information from the participants of this group would inform the needs and problems of the medical students in studying English language. Indeed, the number of the foreign patients' population was large; therefore, at least five of them were considered for the sample of the study.

Sampling method

1) The sampling method for the administrators was purposive sampling. The criteria for selecting the participant administrators was that they had to work at the medical school and one of the three medical education centers that were directly relevant to managing the studies of the medical students at the Faculty of Medicine in

the university in northeastern Thailand under study. The researchers chose six administrators to be samples. As for the age of the participants, two of the participants were aged, 41-50 years and four participants 51-60 years old. One participant had been working in the medical profession less than 20 years, while the other five participants had been working for between 21-30 years. The participants are described in Table 3.6:

Table 3.6 The participants for the administrator group

Participants
1. The Associate Dean for Academic Affairs of the Faculty of Medicine in a university in the northeast of Thailand, Hospital A
2. The Assistant Dean for Academic Affairs of the Department at pre-clinic level, Faculty of Medicine in a university in the northeast of Thailand, Hospital A
3. The Assistant Dean for Academic Affairs of the Department at clinic level, Faculty of Medicine in a university in the northeast of Thailand, Hospital A
4. The Director of Medical Education Center, Hospital B
5. The Director of Medical Education Center, Hospital C
6. The Director of Medical Education Center, Hospital D

2) The sampling method used for the foreign patients was convenience or accidental sampling. This group comprised eleven foreign patients who were willing and available to the researcher for interview, and who had received medical service(s) at any of the four hospitals, namely: (1) Hospital A, (2) Hospital B, (3) Hospital C, and (4) Hospital D. Five participants were aged 21-40, three participants 41-60, and two participants were over 60 years old. One participant did not divulge their age. The participants had sought medical services in Thailand five times on average.

Since the four groups might have different opinions on the medical students' English language learning needs, problems, and wants, it was necessary to obtain information from various sources.

3.3 Research Instruments

A questionnaire and interviews were the instruments used to gather data regarding the needs, problems, and wants of the medical students' English language learning regarding AEC mobility from medical students, doctors, administrators, and foreign patients at four hospitals in the northeast of Thailand.

3.3.1 Quantitative research instruments

Construction and development of the questionnaires

The construction of the questionnaire used with the medical students and doctors was based on a review of literature on ESP, EAP, EOP, EMP, needs analysis, related researches concerning needs analysis, and the medical students' textbooks. The primary questionnaires were compiled from data gained during the preliminary interviews with the medical students, doctors, and English teachers concerning English use, problems, and wants categorized into three branches of English: (1) General English (2) English for Academic Purposes (EAP) and (3) English for Occupational Purposes (EOP). The preliminary interviews were in Thai in order to avoid problems of ambiguity and word interpretation. Furthermore, some items in the primary questionnaire were adapted from those developed by Naruenatwatana (2001) who studied the needs of medical students in the use of academic English.

Validity and reliability of the questionnaires

Content validity is based on the content of the actual questions used in a survey or questionnaire. This form of validity was established by a professional. To avoid any confusion or misunderstandings, the questionnaire in this study was translated into Thai. The first draft questionnaire was checked and revised by the thesis advisors. To check the content of the draft questionnaire, a current medical student and an alumni of the Doctor of Medicine Program were asked to peer review. After being revised, it was piloted with fifteen medical students and fifteen doctors from a hospital in northern Thailand not included in the research. The researcher asked medical students and a doctor to administer the questionnaires to the participants. It took three days to receive the questionnaires back. The aim was to test the questionnaire as to whether it was of appropriate length, whether the questions were

clear and understandable, and whether the wording was appropriate. The respondents were required to fill out the questionnaire, identify ambiguous words or statements, provide some comments, suggestions, and also their opinions. Additional comments and suggestions were used to develop and adapt the questionnaire into its final version. Cronbach's alpha coefficient method was used to calculate the reliability coefficient of the questionnaire from the pilot study. The result of which was .93. This result confirmed that the questionnaire was valid in terms of content.

The questionnaire

The research instrument used in this study included two questionnaires: one for the medical students and another for the doctors. The content of the two questionnaires was similar in detail except for the background information part. The questionnaires were in Thai for simplicity and efficacy purposes.

1) Questionnaire for the medical students

The questionnaire for the medical students consisted of four parts: (1) background information, (2) the medical student's opinion on their problems and needs regarding English language learning, (3) the medical student's opinions on their wants regarding English language courses, and (4) their opinion on English usage and skills. (See appendix A in English version and appendix B in Thai version.)

Part 1: Background information

This part included two checklists. The background information on the medical students identified their gender and the number of years that they had studied English.

Part 2: Opinions of the medical students' as to their problems and needs regarding English language learning

This part identifies which of the four English language skills the medical students had problems with and needs for, categorized into General English, English for academic purposes, and English for occupational purposes. The 40 items are based on the five-point Likert scale. The five-point Likert scale criteria and the details of the questionnaire are described as follows:

Table 3.7 Criteria for the opinions of the medical students' as to their problems and needs regarding English language learning

Scale	Criteria	Mean Range
5	The highest	4.21 - 5.00
4	High	3.41 - 4.20
3	Moderate	2.61 - 3.40
2	Low	1.81 - 2.60
1	The lowest	1.00 - 1.80

Table 3.8 Details of the questionnaire

English skills	Categories of English
1. Listening skill	
Items 1-4	General English
Items 5-6	English for Academic Purposes
Items 7-8	English for Occupational Purposes
2. Speaking skill	
Items 9-12	General English
Items 13-16	English for Academic Purposes
Items 17-25	English for Occupational Purposes
3. Reading skill	
Items 26-27	General English
Items 28-29	English for Academic Purposes
Items 30-31	English for Occupational Purposes
4. Writing skill	
Items 32	General English
Items 33-36	English for Academic Purposes
Items 37-40	English for Occupational Purposes

Part 3: Opinions of the medical students' as to their wants regarding English language courses

This part required the participants to choose or rate their opinion on English language courses.

Item 1 asked the participants to rate the purpose for which the English that they needed the most was used, including for study, further education, or work. The participants needed to rank the most = 1 to the least = 3.

Item 2 asked the participants to choose which continents they would like to study or work aboard in including Europe, North America, South America, Africa, Asia, and Australia/Oceania. They could choose more than one item.

Item 3 asked the participants to rate the kinds of English course that they would prefer to study including General English, English for Academic Purposes, and English for Occupational Purposes. They needed to rank the most = 1 to the least = 3.

Item 4 asked the participants to specify the reason why they chose the kind of English that they selected as 1 = “the most” in item 3. They could choose only one item.

Item 5 asked the participants to choose the teaching and learning mode they preferred including in-class, self-study, and both in-class and self-study. They could choose only one item.

Item 6 asked the participants to choose what kind of instructor they would prefer to teach the English class including Thai teacher, native English-speaker teacher, or both Thai and native teachers. They could choose only one item.

Item 7 asked the participants to choose the year level that they wanted the English course to be taught at including first year, second year, third year, fourth year, fifth year, and sixth year. They could choose more than one item.

Item 8 asked the participants to choose the period of time that they wanted the English course to be taught for including once a week (3 hours per session), twice a week (1.5 hours per session), three times a week (1 hours per session), and others. They could choose only one item.

Item 9 asked the participants to choose the size of class that they wanted including 25-30, 31-35, 36-40, 41-45, and others. They could choose only one item.

Item 10 asked the participants to choose the form of monitoring they preferred for self-study including self-monitoring or monitoring by teacher. They could choose only one item.

Part 4: Opinions on English usage and skills

This part required the participants to choose or rank their opinions on English usage and skills.

Items 1-6 asked the participants to rank their opinion on English language usage categorizing General English, English for Academic Purposes, and English for Occupational Purposes. Items 1-2 represent General English. Item 3 and 5 represents English for Academic Purposes. Item 4 and 6 represents English for Occupational Purposes. It used the five-point Likert scale as shown below:

Table 3.9 Criteria for respondents' opinions on English language usage in study and work

Scale	Criteria	Mean Range
5	Strongly agree	4.21 - 5.00
4	Agree	3.41 - 4.20
3	Uncertain	2.61 - 3.40
2	Disagree	1.81 - 2.60
1	Strongly disagree	1.00 - 1.80

Item 7 asked the participants to rank their English proficiency. It used the five-point Likert scale as below:

Table 3.10 Criteria for the opinions of the respondents on English proficiency

Scale	Criteria	Mean Range
5	Fluent	4.21 - 5.00
4	Good	3.41 - 4.20
3	Fair	2.61 - 3.40
2	Weak	1.81 - 2.60
1	Very weak	1.00 - 1.80

Item 8 asked the participants to rank the four English skills (listening, speaking, reading, and writing) they needed the most. They needed to rank the most = 1 to the least = 4.

Item 9 asked the participants to rank the four English skills that they would like to improve. They needed to rank the most = 1 to the least = 4.

Item 10 asked the participants to choose the frequency of using English for general topics in their daily life (except in their medical studies and work) including “never” (0%), “rarely” (1-20%), “sometimes” (21-50%), “often” (51-80%), and “always” (81-100%). The participants could choose only one item.

Item 11 asked the participants to choose the frequency of using English in your medical study including “never” (0%), “rarely” (1-20%), “sometimes” (21-50%), “often” (51-80%), and “always” (81-100%). The participants could choose only one item.

Item 12 asked the participants to choose the frequency of using English in their medical work including “never” (0%), “rarely” (1-20%), “sometimes” (21-50%), “often” (51-80%), and “always” (81-100%). The participants could choose only one item.

Item 13 asked the participants to give other suggestions.

2) Questionnaire for the doctors

The content of the questionnaire for the doctors was similar to the medical students' questionnaire in parts 2-4. (See appendix C in English version and appendix D in Thai version.)

Part 1: Background information

This part included five items. Regarding the background information of the doctors, they needed to identify their gender, age, and department in which they worked, their highest level of education, and the university that they graduated from.

3.3.2 Qualitative research instruments

Construction and development of the interviews

An interview is one of the four data collection procedures in qualitative research described by Creswell (1994). This data collection procedure is useful when

participants cannot be directly observed. It allows the researcher to control the line of questioning. This study used semi-structured interviews that were one-on-one. The aim of these interviews was to obtain a deeper insight into information regarding the participant's attitude towards English language learning with a view to AEC mobility. The questions were constructed based on the information from the questionnaire of the medical students and doctors and the preliminary interviews with the medical students, doctors, and English teacher concerning English use, problems, and wants in English classes. It was expected that the interviews with the administrators would provide in-depth details about their opinions on English language learning needs, problems, and wants according to different categories of English: (1) General English (2) English for Academic Purposes (EAP) and (3) English for Occupational Purposes (EOP). The interview was in the Thai language because the L1 of all the sample was Thai. Also, it was expected that the interviews with the foreign patients would provide beneficial information about their experience receiving medical service(s). The information would refer to the English language learning needs and problems of the medical students. The interview was conducted orally, in English.

Validity and reliability of the interviews

After formulating the questions, the researcher revised and had the questions approved of content validity by thesis advisors as to: whether the questions were appropriate to the questionnaire for the medical students and to the doctors; whether the Thai translation was an accurate reflection of the English version, and; whether the questions were clear and understandable. Moreover, a current medical student, and an alumni of the Doctor of Medicine Program were asked to do a peer review in order to check the content of the questions. The interviews with the administrators were in Thai in order to avoid any confusion or misunderstandings. The interviews with the foreign patients were conducted in English. The researcher conducted the interviews herself and used simple language that was easy to understand. Moreover, the researcher used a conversational tone to indicate empathy in order to encourage elaboration of subtle and valid data. The participants' responses to the questions were both recorded by note taking and audio recorder. The means by which to mechanical record qualitative data were to increase validity and obtain

accurate data. Then the tape-recording was transcribed word-for-word. Tape recording was used for reliability checks, indeed, the researcher could go back and review the interviews as to notice similarities or discrepancies that ensured maximum reliability of the data.

The interview

As for the qualitative research instrument, the semi-structured interview was used for gathering the data provided by the administrators and foreign patients.

1) Questions for semi-structured interviews with the administrators

The questions for the semi-structured interviews with the administrators were composed of two main themes: (1) background information to the interviewees and (2) needs, problems, and wants regarding English language learning of the medical students with a view to AEC mobility. Items that described the needs, problems, and wants regarding English language learning were presented in parts 2-4 of both questionnaires. Details of the semi-structured interviews are described below. (See appendix E in English version and appendix F in Thai version.)

Part 1: Background information of the administrators

This part included the name, position, and number of years of work experience.

Part 2: The administrator's opinion as to the needs, problems, and wants regarding English language learning of the medical students with a view to AEC mobility.

This part required the participants to clarify their opinion about needs, problems, and wants regarding English language learning of the medical students with a view to AEC mobility. There were 16 questions.

2) Questions for semi-structured interviews with the foreign patients

The semi-structured interview questions for the foreign patients were composed of two main themes: (1) background information to the interviewees and (2) needs and problems regarding English language learning of the medical students with a view to AEC mobility. Items that described the needs and problems regarding English language learning were presented in parts 2-4 of both questionnaires. Details of the semi-structured interviews are described below. (See appendix G.)

Part 1: Background information to the foreign patients

This part included name, age, and how often they had received medical services in Thailand.

Part 2: The foreign patient's opinion regarding needs and problems with respect to English language learning of the medical students within AEC.

This part required the participants to give their opinion about the needs and problems related to medical service(s). The information from these interviews referred to English language learning of medical students with a view to the AEC. There were three questions.

3.4 Data Collection Procedures

This research employed both quantitative and qualitative instruments. The quantitative instruments comprised a questionnaire for the medical students and a questionnaire for the doctors. The qualitative instruments consisted of semi-structured interviews with administrators and foreign patients. After research proposal was approved by of the Committee for Research Ethics (Social Sciences) of Mahidol University on the November 25, 2014, the researcher sought permission to gather data for the study from the four research sites. The data collection started on January 11, 2015 and continued up to March 23, 2015, a period of 72 days. Procedures for the collection of data are presented next.

3.4.1 Quantitative data collection procedures

- 1) The researcher sent documents seeking permission from the four research sites on December 2, 2014. The documents included (1) a letter asking permission to gather data (2) the research proposal (3) research instruments and (4) the documentary evidence of approval of the Committee for Research Ethics (Social Sciences) of Mahidol University.

- 2) Hospital B and Hospital D required submission of the research proposal for approval by the Committees for Research Ethics of those hospitals. The documents

for this purpose were attached to the documents mentioned in 1) above sent on December 2, 2014.

3) After receiving permission to gather data and the approval of the Research Ethics Committees of the two hospitals on February 11, 2015, the researcher contacted officers of Medical Education Centers and Medical Staff Organizations at the four hospitals in order to distribute the questionnaires to the participants. The questionnaire package contained (1) Participant Information Sheet for the Questionnaire (2) An Informed and Voluntary Consent to Participate in the Research (3) The questionnaire (For medical student see appendix B, and appendix D for doctors).

4) At Hospital A, which had the largest population, the researcher had staff-administered along with self-administered in order to ensure that the research would get full sample cases and because of limited time of data collection. Before asking the respondents to take the questionnaire, the researcher introduced herself, explained the purpose and importance of the study, and asked the participant to complete the consent form to confirm their willingness and availability to participate. After they completed and returned the questionnaire, the researcher checked and asked them to answer any missing items.

5) The researcher sent out 231 questionnaires to medical students of which 62 were lost, and seven returned incomplete. As a result, a total of 162 were valid questionnaires. As for the doctors' questionnaires, 419 questionnaires were distributed, 218 questionnaires were lost, and 32 returned incomplete. Thus, the researcher received back 169 valid questionnaires. The 331 questionnaires were then statistically calculated.

3.4.2 Qualitative data collection procedures

1) The procedure seeking permission was the same as discussed in 3.4.1 above. Moreover, the secretary of the Director of Medical Education Center at Hospital D suggested sending a letter to arrange an interview appointment directly to the Director because of delays in the circular letter process at Hospital D. The researcher followed the advice and sent the letter to the Director on December 26, 2014.

2) After receiving permission and the approval of the Committees for Research Ethics at Hospital B and Hospital D, the researcher contacted the secretary of the four Medical Schools to arrange interviews with the six administrators.

3) The researcher used convenience or accidental sampling method to select for interview the eleven foreign patients who were willing and available and had received medical service(s) at any of the four hospitals.

4) At the beginning of the semi-structured interviews, the researcher introduced herself, explained the research objectives, asked the person to complete the consent form, and conducted the interview. The questions for the administrators are illustrated in appendix E in the English version and appendix F in the Thai version. The questions posed for the foreign patients are in appendix G.

5) The participants' responses to the questions were both recorded in note form and on tape. The tape-recording was transcribed later. Thus, the researcher had 17 cases to analyse.

3.5 Data Analysis

3.5.1 Quantitative data analysis

Once the respondents had completed the questionnaires, the researcher took them all back for analysis using descriptive statistics to explain demographic information, needs, problems, and wants of studying English language.

1) Percentage and frequency distribution was used in the analysis of responses concerning: (1) background information including gender, age, department, highest education, and number of years that the medical students had studied English (2) opportunities to study or work aboard (3) features of English language courses and (4) frequency of English usage.

2) The five point Likert Scale was used to score the levels of the opinions of needs, and problems, English language usage for study and work and English proficiency.

3) Arithmetic mean and standard deviation were used to evaluate the averages of needs and problems of English language learning. The arithmetic mean provided average level of the data.

4) Weighted scores were used to rank the respondents' opinions concerning their purpose for using English, kinds of English course that they preferred, and English skills that they needed and wished to improve (top rank = "the most", and bottom rank = "the least")

3.5.2 Qualitative data analysis

The qualitative data analysis that was used to analyse information from interviews was content analysis in order to identify core consistencies and meanings of the data. After note-taking and tape-recording, the data from the interviews with the administrators were transcribed. Then the data from the interviews with six administrators and eleven foreign patients were encoded, grouped into categories, ordered the categories, to enable patterns to emerge. These activities also provided an analysis of the data from the questionnaire that comprised opened-questions: part 3 item 4 (reason why they chose their preferred English course) and part 4 item 13 (other suggestions).

3.6 Chapter Summary

This chapter explained how the research methodology was chosen to interpret quantitative and qualitative data. Details of research design, population, participants, research instruments, data collection procedures, and data analysis were presented. The next chapter will reveal the findings of this study including quantitative and qualitative data. Moreover, all findings were found to be able to answer the three research questions of the study regarding problems, needs, and wants in English language skills of Thai medical students with a view to AEC mobility.

CHAPTER IV

FINDINGS

In this chapter, an English language needs analysis for university medical students was examined with the aim of ASEAN Economic Community (AEC) mobility. The findings from the questionnaires collected from the medical students and doctors, and the semi-structured interviews collected from administrators and foreign patients are reported in order to answer the three research questions: (1) to what extent do medical students have problems in English skills; (2) to what extent do medical students have needs for English skills; and (3) to what extent do medical students have wants for English skills. This chapter contains three sections including questionnaire findings, interview findings, and chapter summary.

4.1 Questionnaire Findings

4.1.1 Questionnaire findings on the issue of problems in English skills

This section presents the results regarding problems in English skills. The results were obtained from the 331 medical students and doctors who completed and returned the questionnaires. The questions were divided into the four language skills namely: listening, speaking, reading, and writing. Each of these skills was categorized under three subtitles: General English (GE), English for Academic Purposes (EAP), and English for Occupational Purposes (EOP).

The five-point Likert Scale was used to grade the opinions as to problems concerning the four skills vis-à-vis in the three kinds of English. The specific scale, as can be seen in Table 3.3, was assigned for each specific criteria. Moreover, the results of this part are presented in the form of Arithmetic Mean (*M*), Standard Deviation (*SD*), and the significance of level of each response.

❖ **Listening skill****Table 4.1** Listening skill problems

Listening skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
General English (GE)						
1. Listening to conversations concerning general topics	3.30	1.04	M	3.34	1.06	M
2. Listening to ASEAN English media e.g. audio, television	3.20	1.10	M	3.33	1.06	M
3. Listening and watching movies/television in English	3.16	1.09	M	3.30	1.04	M
4. Listening to the radio/music in English	3.10	1.04	M	3.26	1.02	M
Total	3.20	0.94	M	3.31	0.96	M
English for Academic Purposes (EAP)						
5. Listening to medical lectures/seminars	3.39	1.13	M	3.49	0.95	H
6. Listening to medical presentations in class	3.04	1.19	M	3.33	1.08	M
Total	3.22	1.05	M	3.41	0.95	H
English for Occupational Purposes (EOP)						
7. Listening to foreign patient explaining concerns/asking questions	3.41	1.15	H	3.39	1.05	M
8. Listening to foreign patients describe their symptoms	3.35	1.16	M	3.34	1.02	M
Total	3.38	1.11	M	3.37	1.01	M

Medical Students ($n = 162$) Doctors ($n = 169$) M = Moderate H = High

As can be seen from Table 4.1, the results for the GE listening skill show that the biggest problem for medical students and doctors was listening to conversations concerning general topics – for medical students it was determined at a moderate level ($M = 3.30$, $SD = 1.04$), and for doctors also at a moderate level ($M = 3.34$, $SD = 1.06$).

Regarding EAP listening, the primary problem for both medical students and doctors was listening to medical lectures/seminars – for medical students this was determined at a moderate level ($M = 3.39$, $SD = 1.13$), and for doctors at a high level ($M = 3.49$, $SD = 0.95$).

Finally, the medical students and doctors rated listening to foreign patients explaining concerns/asking questions as the biggest EOP listening problem – for medical students this was determined at a high level ($M = 3.41$, $SD = 1.15$), and for doctors at a moderate level ($M = 3.39$, $SD = 1.05$).

With regard to other English listening sub-skills, the participants had problems in GE at a moderate level: listening to the radio/music, listening and watching movies/television, and listening to ASEAN English language media. In EAP, the problem was listening to medical presentations in class, and in EOP, listening to foreign patients describe their symptoms.

❖ **Speaking skill****Table 4.2** Speaking skill problems

Speaking skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
General English (GE)						
9. Speaking with non-native speakers concerning general topics (ASEAN speakers such as Burmese, Singaporean, and Filipino etc.)	3.55	1.15	H	3.49	1.02	H
10. Pronunciation	3.43	1.16	H	3.36	1.12	M
11. Speaking with native speakers concerning general topics (British, American, and Australian etc.)	3.33	1.16	M	3.34	1.07	M
12. Speaking with people when you travel	3.17	1.12	M	3.28	1.09	M
Total	3.36	0.91	M	3.37	0.94	M
English for Academic Purposes (EAP)						
13. Presenting professional research papers	3.63	1.10	H	3.56	0.98	H
14. Academic discussions	3.62	1.07	H	3.55	1.03	H
15. Asking and answering questions at medical seminars	3.60	1.14	H	3.49	0.96	H
16. Asking and answering questions in class	3.30	1.07	M	3.37	0.94	M
Total	3.54	0.97	H	3.49	0.89	H

Table 4.2 Speaking skill problems (cont.)

Speaking skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
English for Occupational Purposes (EOP)						
17. Breaking/communicating bad news e.g. using sentences that sound less threatening	3.83	1.09	H	3.60	0.99	H
18. Giving advices about condition fails to improve/worsens	3.56	1.04	H	3.47	1.00	H
19. Precautions to be taken	3.43	1.05	H	3.42	1.00	H
20. Explaining side effects of medication or treatment	3.39	1.05	M	3.40	1.05	M
21. Asking about patients' symptoms and history e.g. chief complaint, history of present condition, and family history	3.37	1.09	M	3.33	1.07	M
22. Using open-ended questions instead of leading questions	3.34	1.13	M	3.36	1.06	M
23. Requesting/explaining procedures for physical examination	3.34	1.06	M	3.39	1.05	M
24. Making small talk with foreign patients	3.05	1.19	M	3.21	1.18	M
25. Vocabulary usage for diagnosis	2.99	1.22	M	3.28	1.10	M
Total	3.37	0.87	M	3.38	0.94	M

Medical Students (*n* = 162) Doctors (*n* = 169) M = Moderate H = High

As can be seen from Table 4.2, the most significant problem for medical students and doctors regarding GE speaking was speaking with non-native speakers concerning general topics – for medical students it was determined at a high level ($M = 3.55$, $SD = 1.15$), and for doctors also at a high level ($M = 3.49$, $SD = 1.02$).

With regard to EAP speaking, the main problem for both medical students and doctors was presenting professional research papers – for medical students was determined at a high level ($M = 3.63$, $SD = 1.10$), and for doctors also at a high level ($M = 3.56$, $SD = 0.98$).

Finally, the participants had majority problem concerning EOP speaking which was breaking/communicating bad news – for medical students was determined at a high level ($M = 3.83$, $SD = 1.09$), and for doctors also at a high level ($M = 3.60$, $SD = 0.99$).

Regarding other English speaking sub-skills, the participants had problems in GE at a moderate level: speaking with native speakers concerning general topics, and speaking with people when travelling. In EAP, problems with asking and answering questions in class were at a moderate level. As for EOP, a variety of situations posed problems such as: making small talk with foreign patients, asking about patients' symptoms and history, using open-ended questions instead of leading questions, requesting/explaining procedures for physical examination, vocabulary usage for diagnosis, and explaining side effects of medication or treatment. Moreover, the participants rated EAP problems at a high level including: academic discussions, asking and answering questions at medical seminars, and for EOP, it was advising precautions to be taken and giving advice when condition fails to improve/worsens. However, the participants rated pronunciation problems in GE differently – the medical students determined this at a high level, but the doctors determined it at a moderate level.

❖ **Reading skill****Table 4.3** Reading skill problems

Reading skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
General English (GE)						
26. Reading English for information e.g. advertisements and newspapers	2.86	1.05	M	3.17	1.02	M
27. Reading English for entertainment e.g. comics, stories, novels, literatures, and magazines	2.69	1.08	M	3.12	1.05	M
Total	2.77	1.00	M	3.15	0.99	M
English for Academic Purposes (EAP)						
28. Reading professional research journals	2.90	1.20	M	3.28	1.12	M
29. Reading medical textbooks	2.81	1.25	M	3.12	1.15	M
Total	2.85	1.18	M	3.20	1.07	M
English for Occupational Purposes (EOP)						
30. Scanning case histories	2.94	1.19	M	3.29	1.12	M
31. Reading medical reports	2.66	1.22	M	3.08	1.17	M
Total	2.80	1.13	M	3.19	1.09	M

Medical Students ($n = 162$) Doctors ($n = 169$) M = Moderate

According to Table 4.3, the biggest problem for both medical students and doctors regarding GE reading was reading for information. This problem was at a moderate problem for medical students ($M = 2.86$, $SD = 1.05$), and also for doctors ($M = 3.17$, $SD = 1.02$).

The principle problem for medical students and doctors regarding EAP reading was reading professional research journals – determined at a moderate level for the medical students ($M = 2.90$, $SD = 1.20$), and at a moderate level for doctors ($M = 3.28$, $SD = 1.12$).

Finally, both medical students and doctors rated the biggest problem of EOP reading as being scanning case histories, recorded at moderate levels ($M = 2.94$, $SD = 1.19$) and ($M = 3.29$, $SD = 1.12$) respectively.

With regard to other English reading sub-skills, the participants had moderate level problems with GE namely reading English for entertainment, and in EAP it was reading medical textbooks. For EOP, reading medical reports was a moderate level problem.

❖ **Writing skill****Table 4.4** Writing skill problems

Writing skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
General English (GE)						
32. Social writing e.g. emails, diary, and social media	3.10	1.14	M	3.30	1.04	M
Total	3.10	1.14	M	3.30	1.04	M
English for Academic Purposes (EAP)						
33. Formats and styles for writing articles in medical journals	3.52	1.08	H	3.59	1.07	H
34. Vocabulary usage for writing articles in medical journals	3.41	1.10	H	3.59	1.02	H
35. Writing an examination/term paper in English	3.35	1.13	M	3.46	1.03	H
36. Taking notes from medical textbooks/medical lectures	3.04	1.14	M	3.28	1.04	M
Total	3.33	0.95	M	3.48	0.92	H
English for Occupational Purposes (EOP)						
37. Writing advices to foreign patients	3.54	1.09	H	3.43	1.10	H
38. Using passive voice to write referral letters	3.33	1.12	M	3.37	1.08	M

Table 4.4 Writing skill problems (cont.)

Writing skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
39. Writing case histories/medical reports	3.23	1.13	M	3.39	1.05	M
40. Writing medical prescriptions/medical orders	2.94	1.25	M	3.15	1.25	M
Total	3.26	0.96	M	3.34	1.02	M

Medical Students ($n = 162$) Doctors ($n = 169$) M = Moderate H = High

According to Table 4.4, the problem for medical students and doctors regarding GE writing was: writing English for social writing – for both medical students and doctors this was determined at a moderate level ($M = 3.10$, $SD = 1.14$), and ($M = 3.30$, $SD = 1.04$) respectively.

The main problem for medical students and doctors regarding EAP writing was format and style for writing articles in medical journals. This problem was recorded at a high level ($M = 3.52$, $SD = 1.08$) for medical students, and also at a high level ($M = 3.59$, $SD = 1.07$) for doctors. Moreover, another major problem for doctors regarding EAP writing was vocabulary usage for writing articles in medical journals which was determined at a high level ($M = 3.59$, $SD = 1.02$).

Finally, the participants rated the primary problem for both medical students and doctors concerning EOP writing as writing medical advices for foreign patients. This problem for medical students was at a high level ($M = 3.54$, $SD = 1.09$), and for doctors it also at a high level ($M = 3.43$, $SD = 1.10$).

As for English writing sub-skills, the participants had moderate level problems in EAP such as taking notes from medical textbooks/medical lectures, and in EOP: writing case histories/medical reports, writing medical prescriptions/medical orders, and use of passive voice for referral letters. Moreover, the medical students rated EAP writing; in particular vocabulary usage for writing articles in medical journals, at a high level. Another problem in EAP writing involved writing in English for examinations/term paper which the medical students determined at a moderate level, and the doctors determined as being at a high level.

❖ **Summary of English skills problems****Table 4.5** Summary of English skills problems and English categories problems

English skills	Medical Students				Doctors			
	<i>M</i>	<i>SD</i>	Level	Rank	<i>M</i>	<i>SD</i>	Level	Rank
Listening								
1. EOP	3.38	1.11	M	1	3.37	1.01	M	2
2. EAP	3.22	1.05	M	3	3.41	0.95	H	3
3. General English	3.20	0.94	M	2	3.31	0.96	M	2
Speaking								
1. EAP	3.54	0.97	H	1	3.49	0.89	H	1
2. EOP	3.37	0.87	M	2	3.38	0.94	M	1
3. General English	3.36	0.91	M	1	3.37	0.94	M	1
Reading								
1. EAP	2.85	1.18	M	4	3.20	1.07	M	4
2. EOP	2.80	1.13	M	4	3.19	1.09	M	4
3. General English	2.77	1.00	M	4	3.15	0.99	M	4
Writing								
1. EAP	3.33	0.95	M	2	3.48	0.92	H	2
2. EOP	3.26	0.96	M	3	3.34	1.02	M	3
3. General English	3.10	1.14	M	3	3.30	1.04	M	3

Medical Students ($n = 162$) Doctors ($n = 169$) M = Moderate H = High

With regard to the problems of English skills presented in Table 4.5, the medical students and doctors had a moderate level of problems with overall English skills. However, they had a high level of EAP speaking problems. EAP listening and writing problems were at a high level for doctor, the majority of whom sought to improve both their speaking and listening skills.

❖ **English skills that needed to be improved**

Table 4.6 Rank of English skills which the participants needed most in order to improve

Rank of English skills which the participants needed most in order to improve	Medical Students		Doctors	
	<i>f</i>	%	<i>f</i>	%
1. Speaking	62	38.3	74	43.8
2. Listening	53	32.7	52	30.8
3. Writing	35	21.6	27	16.0
4. Reading	12	7.4	16	9.4
Total	162	100.0	169	100.0
	(n = 162)		(n = 169)	

From Table 4.6, it can be seen that the majority of participants sought to improve their speaking (38.3% - 43.8%) and listening (30.8% - 32.7%) skills. Moreover, they tended to neglect their writing (16.0% - 21.6%) and reading (7.4% - 9.4%) skills.

4.1.2 Questionnaire findings on the issue of needs for English skills

This section presents the results of the inquiry as to the needs for English skills. The results were obtained from the 331 medical students and doctors who completed and returned the questionnaires. The questions were divided into the four skills: listening, speaking, reading, and writing. Each of these skills was categorized under three subtitles: General English (GE), English for Academic Purposes (EAP), and English for Occupational Purposes (EOP).

The five-point Likert Scale was used to grade the opinions as to needs concerning the four English skills for each kind of English. A specific scale as can be seen in Table 3.3 was assigned for each specific criteria. Moreover, the results of this part are presented in the form of Arithmetic Mean (*M*), Standard Deviation (*SD*), and the meaning of level of each response.

❖ **Listening skill****Table 4.7** Listening skill needs

Listening skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
General English (GE)						
1. Listening to conversations concerning general topics	4.56	0.71	TH	4.67	0.67	TH
2. Listening to ASEAN English media e.g. audio, television	4.27	0.95	TH	4.45	0.85	TH
3. Listening and watching movies/television in English	4.15	0.95	H	4.45	0.83	TH
4. Listening to the radio/music in English	4.07	1.01	H	4.42	0.87	TH
Total	4.26	0.77	TH	4.50	0.72	TH
English for Academic Purposes (EAP)						
5. Listening to medical lectures/seminars	4.56	0.83	TH	4.61	0.70	TH
6. Listening to medical presentations in class	4.36	0.92	TH	4.57	0.76	TH
Total	4.46	0.81	TH	4.59	0.69	TH
English for Occupational Purposes (EOP)						
7. Listening to foreign patient explaining concerns/asking questions	4.57	0.78	TH	4.60	0.73	TH
8. Listening to foreign patients describe their symptoms	4.56	0.76	TH	4.59	0.78	TH
Total	4.56	0.74	TH	4.60	0.75	TH

Medical Students ($n = 162$) Doctors ($n = 169$) H = High TH = The highest

As can be seen from Table 4.7, the results for GE listening show that the biggest need for medical students and doctors was listening to conversations concerning general topics – for medical students it was determined at the highest level ($M = 4.56$, $SD = 0.71$), and for doctors also at the highest level ($M = 4.67$, $SD = 0.67$).

Regarding EAP listening, the primary need for both medical students and doctors was listening to medical lectures/seminars – for medical students this was determined at the highest level ($M = 4.56$, $SD = 0.83$), and for doctors at the highest level ($M = 4.61$, $SD = 0.70$).

Finally, the medical students and doctors rated listening to foreign patients explaining concerns/asking questions as the biggest need for EOP listening – for medical students this was determined at the highest level ($M = 4.57$, $SD = 0.78$), and for doctors at the highest level ($M = 4.60$, $SD = 0.73$).

With regard to other English listening sub-skills, the participants had needs in GE at the highest level: listening to ASEAN English media. In EAP, the need was listening to medical presentations in class, and in EOP, listening to foreign patients describe their symptoms. However, the participants rated differently needs in GE: listening to the radio/music, and listening and watching movies/television – for medical students these were determined at a high level, but for doctors at the highest level.

❖ **Speaking skill**

Table 4.8 Speaking skill needs

Speaking skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
General English (GE)						
9. Speaking with native speakers concerning general topics (British, American, and Australian etc.)	4.55	0.86	TH	4.56	0.79	TH
10. Speaking with non-native speakers concerning general topics (ASEAN speakers such as Burmese, Singaporean, and Filipino etc.)	4.32	0.89	TH	4.43	0.80	TH
11. Pronunciation	4.30	0.91	TH	4.46	0.85	TH
12. Speaking with people when you travel	4.28	0.92	TH	4.48	0.79	TH
Total	4.36	0.72	TH	4.48	0.73	TH
English for Academic Purposes (EAP)						
13. Presenting professional research papers	4.52	0.76	TH	4.57	0.75	TH
14. Asking and answering questions at medical seminars	4.48	0.80	TH	4.51	0.83	TH
15. Academic discussions	4.46	0.79	TH	4.56	0.76	TH
16. Asking and answering questions in class	4.34	0.84	TH	4.46	0.83	TH
Total	4.45	0.72	TH	4.53	0.75	TH

Table 4.8 Speaking skill needs (cont.)

Speaking skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
English for Occupational Purposes (EOP)						
17. Breaking/communicating bad news e.g. using sentences that sound less threatening	4.56	0.79	TH	4.51	0.80	TH
18. Asking about patients' symptoms and history e.g. chief complaint, history of present condition, and family history	4.54	0.77	TH	4.54	0.77	TH
19. Giving advices about condition fails to improve/worsens	4.52	0.80	TH	4.50	0.83	TH
20. Explaining side effects of medication or treatment	4.50	0.79	TH	4.45	0.88	TH
21. Precautions to be taken	4.49	0.79	TH	4.48	0.85	TH
22. Requesting/explaining procedures for physical examination	4.45	0.86	TH	4.47	0.82	TH
23. Using open-ended questions instead of leading questions	4.38	0.83	TH	4.41	0.83	TH
24. Making small talk with foreign patients	4.30	0.98	TH	4.49	0.83	TH
25. Vocabulary usage for diagnosis	4.29	1.03	TH	4.43	0.92	TH
Total	4.45	0.70	TH	4.48	0.77	TH

Medical Students ($n = 162$) Doctors ($n = 169$) TH = The highest

As can be seen from Table 4.8, the most significant need for medical students and doctors regarding GE speaking was speaking with native speakers concerning general topics – for medical students it was determined at the highest level ($M = 4.55$, $SD = 0.86$), and for doctors also at the highest level ($M = 4.56$, $SD = 0.79$).

With regard to EAP speaking, the main need for both medical students and doctors was presenting professional research papers – for medical students was determined at the highest level ($M = 4.52$, $SD = 0.76$), and for doctors also at the highest level ($M = 4.57$, $SD = 0.75$).

Finally, the participants had differently majority needs in EOP speaking. The major need of medical students was breaking/communicating bad news which was determined at the highest level ($M = 4.56$, $SD = 0.79$). The major need of doctors was asking about patients' symptoms and history which was determined at the highest level ($M = 4.54$, $SD = 0.77$).

Regarding other English speaking sub-skills, the participants had needs in GE at the highest level: speaking with non-native speakers concerning general topics, speaking with people when they travel, and pronunciation. In EAP, academic discussions, asking and answering questions in class, and asking and answering questions at medical seminars were at the highest level. Finally EOP, a variety of situations posed needs such as: making small talk with foreign patients, using open-ended questions instead of leading questions, requesting/explaining procedures for physical examination, vocabulary usage for diagnosis, explaining side effects of medication or treatment, precautions to be taken, and giving advice when condition fails to improve or worsens.

❖ **Reading skill****Table 4.9** Reading skill needs

Reading skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
General English (GE)						
26. Reading English for information e.g. advertisements and newspapers	4.15	1.00	H	4.40	0.87	TH
27. Reading English for entertainment e.g. comics, stories, novels, literatures, and magazines	3.98	1.12	H	4.26	0.97	TH
Total	4.07	1.01	H	4.33	0.87	TH
English for Academic Purposes (EAP)						
28. Reading medical textbooks	4.41	0.97	TH	4.51	0.86	TH
29. Reading professional research journals	4.39	0.97	TH	4.45	0.91	TH
Total	4.40	0.95	TH	4.48	0.85	TH
English for Occupational Purposes (EOP)						
30. Scanning case histories	4.44	1.01	TH	4.50	0.87	TH
31. Reading medical reports	4.35	1.09	TH	4.43	0.94	TH
Total	4.39	1.02	TH	4.47	0.87	TH

Medical Students ($n = 162$) Doctors ($n = 169$) H = High TH = The highest

According to Table 4.9, the biggest need for both medical students and doctors regarding GE reading was reading for information. This need was a high need for medical students ($M = 4.15$, $SD = 1.00$) whereas was the highest need for doctors ($M = 4.40$, $SD = 0.87$).

The principle need for medical students and doctors regarding EAP reading was reading medical textbooks – determined at the highest level for the medical students ($M = 4.41$, $SD = 0.97$), and at the highest level for doctors ($M = 4.51$, $SD = 0.86$).

Finally, both medical students and doctors rated scanning case histories as the biggest need of EOP reading – recorded at the highest level ($M = 4.44$, $SD = 1.01$) and ($M = 4.50$, $SD = 0.87$) respectively.

With regard to other English reading sub-skills, the participants had the highest level needs with EAP namely reading professional research journals, and in EOP it was reading medical reports. Furthermore, the participants rated reading English for entertainment needs in GE differently – the medical students determined this at a high level, but the doctors determined it at the highest level.

❖ **Writing skill****Table 4.10** Writing skill needs

Writing skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
General English (GE)						
32. Social writing e.g. emails, diary, and social media	4.22	0.95	TH	4.38	0.85	TH
Total	4.22	0.95	TH	4.38	0.85	TH
English for Academic Purposes (EAP)						
33. Formats and styles for writing articles in medical journals	4.47	0.77	TH	4.49	0.80	TH
34. Writing an examination/term paper in English	4.46	0.81	TH	4.50	0.73	TH
35. Vocabulary usage for writing articles in medical journals	4.46	0.76	TH	4.51	0.77	TH
36. Taking notes from medical textbooks/medical lectures	4.29	0.97	TH	4.45	0.80	TH
Total	4.42	0.75	TH	4.49	0.70	TH
English for Occupational Purposes (EOP)						
37. Writing advices to foreign patients	4.51	0.75	TH	4.53	0.80	TH
38. Using passive voice to write referral letters	4.44	0.80	TH	4.49	0.81	TH

Table 4.10 Writing skill needs (cont.)

Writing skills	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
39. Writing case histories/medical reports	4.41	0.88	TH	4.56	0.75	TH
40. Writing medical prescriptions/medical orders	4.36	0.98	TH	4.44	0.94	TH
Total	4.43	0.74	TH	4.50	0.76	TH

Medical Students ($n = 162$) Doctors ($n = 169$) TH = The highest

According to Table 4.10, the principle need for medical students and doctors regarding GE writing was; writing English for social writing – for both medical students and doctor was determined at the highest level ($M = 4.22$, $SD = 0.95$), and ($M = 4.38$, $SD = 0.85$) respectively.

The participants had differently main needs in EAP writing. The main need for medical students was format and style for writing articles in medical journals which was determined at the highest level ($M = 4.47$, $SD = 0.77$). The main need for doctors was vocabulary usage for writing articles in medical journals which was determined at the highest level ($M = 4.51$, $SD = 0.77$).

Finally, the participants rated primary EOP writing needs differently. The primary need for medical students was writing advices to foreign patients which was determined at the highest level ($M = 4.51$, $SD = 0.75$). The primary need of doctors was writing case histories/medical reports which was determined at the highest level ($M = 4.56$, $SD = 0.75$).

As for other English writing sub-skills, the participants had the highest level needs in EAP such as taking notes from medical textbooks/medical lectures, writing an examination/term paper in English, and in EOP: writing medical prescriptions/medical orders, and using passive voice to write referral letters.

❖ **Summary of English skills needs****Table 4.11** Summary of English skills needs and English categories needs

English skills	Medical Students				Doctors			
	<i>M</i>	<i>SD</i>	Level	Rank	<i>M</i>	<i>SD</i>	Level	Rank
Listening								
1. EOP	4.56	0.74	TH	1	4.60	0.75	TH	1
2. EAP	4.46	0.81	TH	1	4.59	0.69	TH	1
3. General English	4.26	0.77	TH	2	4.50	0.72	TH	1
Speaking								
1. EAP	4.45	0.72	TH	2	4.53	0.75	TH	2
2. EOP	4.45	0.70	TH	2	4.48	0.77	TH	3
3. General English	4.36	0.72	TH	1	4.48	0.73	TH	2
Reading								
1. EAP	4.40	0.95	TH	4	4.48	0.85	TH	4
2. EOP	4.39	1.02	TH	4	4.47	0.87	TH	4
3. General English	4.07	1.01	H	4	4.33	0.87	TH	4
Writing								
1. EOP	4.43	0.74	TH	3	4.50	0.76	TH	2
2. EAP	4.42	0.75	TH	3	4.49	0.70	TH	3
3. General English	4.22	0.95	TH	3	4.38	0.85	TH	3

Medical Students ($n = 162$) Doctors ($n = 169$) H = High TH = The highest

According to the English skills needs presented in Table 4.11, both medical students and doctors had significant needs overall with respect to English skills. The medical students had high level needs for GE reading. As for the particular skills, the majority of medical students and doctors needed speaking and listening.

❖ **Purpose for using English and English skills**

Table 4.12 Rank of purpose for using English and English skills which the participants needed most

Subjects	Medical Students		Doctors	
	<i>f</i>	%	<i>f</i>	%
Rank of purpose for using English which the participants needed most				
1. Study	69	42.6	36	21.3
2. Work	56	34.6	101	59.8
3. Further education	37	22.8	32	18.9
Total	162	100.0	169	100.0
Rank of English skills which the participants needed most				
1. Listening	66	40.7	56	33.1
2. Speaking	59	36.4	61	36.1
3. Reading	29	18.0	35	20.7
4. Writing	8	4.9	17	10.1
Total	162	100.0	169	100.0
	<i>(n = 162)</i>		<i>(n = 169)</i>	

From Table 4.12, it can be seen that the majority of medical students (42.6%) needed to use English for their study, but doctors (59.8%) needed to use English for their work. Using English for further education was needed the least (18.9% - 22.8%). As for the English skills, the majority of participants needed speaking (36.1% - 36.4%) and listening (33.1% - 40.7%) skills. Moreover, they tended to neglect reading (18.0% - 20.7%) and writing (4.9% - 10.1%) skills.

4.1.3 Questionnaire findings on the issue of wants for English skills

This section presents the results about the wants for English skills. The results obtained from the 331 medical students and doctors who completed and returned the questionnaires are presented in the form of percentages (%) and frequency distribution (*f*).

❖ Continents preferred to study or work abroad

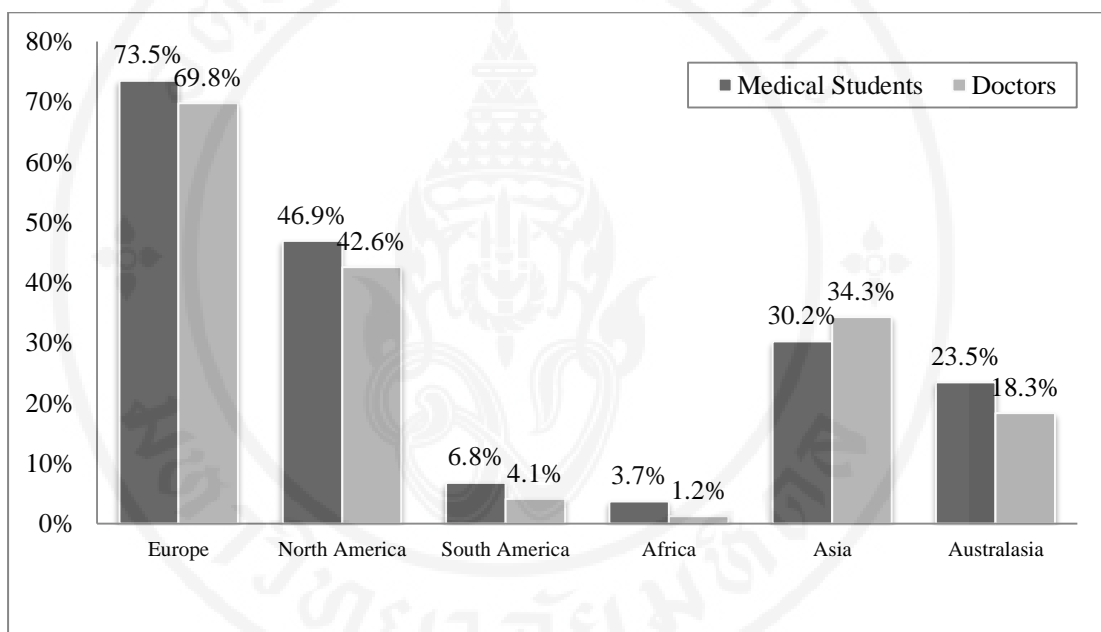


Figure 4.1 Continents in which the respondents preferred to study or work abroad

Regarding Figure 4.1, more than half of the medical students (73.5%) and doctors (69.8%) said that they wanted to study or work in Europe. They ranked the other continents, in the following order: North America, Asia, Australasia, South America, and Africa.

❖ **English language courses****Table 4.13** Opinions on the participants' wants regarding English language courses

Subjects	Medical Students		Doctors	
	<i>f</i>	%	<i>f</i>	%
Rank of kinds of English course which participants needed most				
1. GE (English used in daily life e.g. greeting, watching English movies, travelling abroad.)	74	45.7	56	33.1
2. EOP (English used for specific needs of the doctors e.g. asking about symptoms.)	52	32.1	50	29.6
3. EAP (English used for education e.g. medical study, medical presentation, and medical publication.)	36	22.2	63	37.3
Total	162	100.0	169	100.0
Teaching and learning mode				
1. Both in-class and self-study	115	71.0	84	49.7
2. Self-study	35	21.6	69	40.8
3. In-class	12	7.4	16	9.5
Total	162	100.0	169	100.0
Instructor				
1. Both Thai and native teachers	72	58.5	43	43.0
2. Native teacher	49	39.8	53	53.0
3. Thai teacher	2	1.6	4	4.0
Total	123	100.0	100	100.0

Table 4.13 Opinions on the participants' wants regarding English language courses (cont.)

Subjects	Medical Students		Doctors	
	<i>f</i>	%	<i>f</i>	%
Class frequency				
1. Twice a week (1.5 hours per session)	64	52.0	49	49.0
2. Three times a week (1 hour per session)	30	24.4	32	32.0
3. Once a week (3 hours per session)	24	19.5	15	15.0
4. Others	5	4.1	4	4.0
Total	123	100.0	100	100.0
Class size				
1. 25-30	77	62.6	73	73.0
2. 31-35	8	6.5	5	5.0
3. 36-40	6	4.9	2	2.0
4. Others	32	26.0	20	20.0
Total	123	100.0	100	100.0
Form of monitoring				
1. Self-monitoring	22	62.9	42	60.9
2. Monitoring by teacher e.g. regular tests	13	37.1	27	39.1
Total	35	100.0	69	100.0
	(<i>n</i> = 162)		(<i>n</i> = 169)	

With regard to the English language courses in Table 4.13, the medical students wanted to study GE (45.7%), EOP (32.1%), and EAP (22.2%), in that order. On the other hand, the doctors wished to study EAP (37.3%), GE (33.1%), and EOP (29.6%).

Then, the respondents who chose just in-class or both in-class and self-study were asked to detail their preferences with respect to: instructor, class frequency,

class size, and year level of course (Figure 4.2). For the respondents who chose self-study, they were required to identify their preferred form of monitoring. It can be noted that the majority of the respondents chose both in-class and self-study for teaching and learning mode – medical students (71.0%) and doctors (49.7%).

Next, more than half of the medical students (58.5%) required both Thai and native teachers, while more than half of the doctors (53.0%) required native teachers. The preferred class frequency was twice a week (1.5 hours per session) – medical students (52.0%) and doctors (49.0%). Most of the respondents said that the size of class should be about 25-30 students – medical students (62.6%) and doctors (73.0%). Lastly, the respondents who chose only self-study preferred self-monitoring the most – medical students (62.9%) and doctors (60.9%).

Apart from the findings in Table 4.11, the respondents who answered the open-ended questions expressed their opinion as to why they chose that particular kind of English course as follows:

Opinions of medical students

As for GE, the medical students said that it was essential in their daily lives and even in their work. This kind of English was most commonly used. It was seen as a tool to communicate with foreigners and especially foreign patients in order to establish a good relationship and common understanding. Regarding GE for work purposes, it was important to be able to explain technical terms which their foreign patients were unfamiliar with. Thus, GE facilitated to overcome the language barrier. Moreover, GE was useful for talking about entertainment and travel and served as fundamental language that can also be applied in EAP and EOP. Lastly, they claimed about increasing number of foreign patients because of AEC.

As for EAP, the medical students claimed that they needed to use EAP in their daily lives in order to study, conduct academic researches, write articles, and present professional research papers. Because EAP patterns are different from GE, they wish to use it correctly. And, they used EAP for their learning, developing academic skills, and further education. In addition, they claimed that EAP can be applied for their future career.

As for EOP, the medical students said that it was more likely to be used in their future career because they needed to communicate with foreign colleagues and patients, diagnose, and offer remedies. With regard to the AEC, they assumed that the number of foreigners coming to Thailand for medical treatment would increase. Hence, EOP was essential.

Opinions of doctors

As for the GE, the doctors used GE in their daily lives and more often used this kind of English. It was the most important and useful. It was used for basic communication with other people and foreigners for any occasion; such as, travel and entertainment. They said that they would like to be fluent, have a good accent. Other respondents said that GE was used less; however, they also wanted to learn this kind of English. Moreover, GE can be adapted for use in work with foreign patients; for example, making small talk for improving the patient and doctor relationship.

As for the EAP, the doctors said that they needed to participate in academic presentations at international conferences and conduct academic research. Examples of EAP skills were; listening and speaking for conversation and discussion, and reading for updating new knowledge in the medical field. In addition, EAP patterns, especially for speaking and writing were more formal. If they cannot communicate well, it would affect communication and consideration. Also, EAP was the most difficult. Moreover, they emphasized the value of EAP in the international domain and for self-development knowledge acquisition as well as adaptability for future career prospects. With regard to education, they said that EAP was vital.

As for the EOP, the doctors said that they needed to use EOP in their job and it was more often used in their daily lives; for example, to communicate with foreign people and foreign patients. With regard to AEC, it was assumed that the number of foreign patients would increase. Thus, EOP would be highly beneficial in the medical field. Furthermore, EOP is the biggest problem.

❖ **The year level**

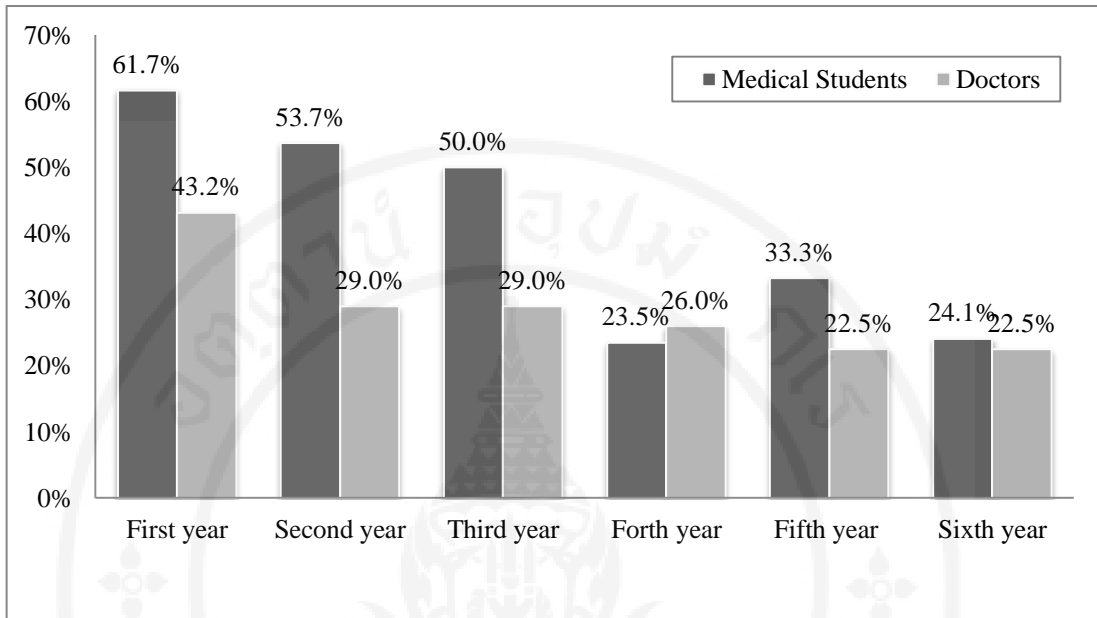


Figure 4.2 The year level of English course which should be taught

Figure 4.2 shows the three levels by year, those participants felt they needed to study at they were: first year (43.2% - 61.7%), second year (29.0% - 53.7%), and third year (29.0% - 50.0%). Fourth, fifth, and sixth years were in significantly less demand.

4.1.4 Opinions on English use for studying and working

Table 4.14 Opinions of the respondents on English use for studying and working

Opinions on English use for studying and working	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
General English (GE)						
1. English is the medium language to communicate with foreign people.	4.50	0.75	SA	4.57	0.64	SA
2. English is more important for you because of AEC.	4.44	0.80	SA	4.34	0.66	SA
English for Academic Purposes (EAP)						
3. English is important for your study.	4.56	0.65	SA	4.44	0.65	SA
4. English is highly beneficial for your study in ASEAN countries.	4.52	0.69	SA	4.46	0.67	SA
English for Occupational Purposes (EOP)						
5. English is important for your future career.	4.56	0.65	SA	4.47	0.59	SA
6. English is highly beneficial to your future career in ASEAN countries.	4.60	0.65	SA	4.52	0.63	SA

Medical Students ($n = 162$) Doctors ($n = 169$) SA = Strongly agree

Regarding Table 4.14, the five-point Likert Scale was used to grade opinions as to respondents' English language usage in studying and working. A specific scale, as can be seen in Table 3.5 was assigned for each specific criteria. The participants strongly agreed that all categories of English are important. Comparing each category of English, it is interesting that the mean scores of the participants regarding the importance of EOP was higher in an ASEAN setter (opinion 5 and 6) – the mean scores of medical students varied from 4.56 to 4.60, and the mean scores of doctors varied from 4.47 to 4.52. Moreover, the mean scores of the doctors regarding the importance of EAP was higher in an ASEAN setter (opinion 3 and 4) from 4.44 to 4.46.

4.1.5 Opinions on English proficiency

Table 4.15 Opinions of the respondents on English proficiency

Opinions on English proficiency	Medical Students			Doctors		
	<i>M</i>	<i>SD</i>	Level	<i>M</i>	<i>SD</i>	Level
1. Reading	3.80	0.81	G	3.89	0.82	G
2. Listening	3.20	0.96	F	3.64	0.98	G
3. Writing	3.09	1.02	F	3.52	1.06	G
4. Speaking	3.02	1.02	F	3.49	1.06	G

Medical Students ($n = 162$) Doctors ($n = 169$) F = Fair G = Good

Regarding Table 4.15, a five-point Likert Scale was used to grade each respondent's opinion as to their English proficiency. A specific scale, as can be seen in Table 3.6, was assigned for each specific criteria. The doctor respondents graded their English proficiency, including listening, speaking, reading, and writing as being at a good level. By contrast, the English proficiency of the medical students in listening, speaking, and writing was considered as only fair and good with regard to reading.

4.1.6 Opinion on frequency of English use

Table 4.16 Respondents' frequency of English use according to context

Subjects	Medical Students		Doctors	
	<i>f</i>	%	<i>f</i>	%
(a) Frequency of using English for general topics in daily life				
1. Never (0%)	4	2.5	3	1.8
2. Rarely (1-20%)	52	32.1	46	27.2
3. Sometimes (21-50%)	72	44.4	57	33.7
4. Often (51-80%)	25	15.4	35	20.7
5. Always (81-100%)	9	5.6	28	16.6
Total	162	100.0	169	100.0
(b) Frequency of using English for medical studies				
1. Never (0%)	0	0.0	2	1.2
2. Rarely (1-20%)	19	11.7	21	12.4
3. Sometimes (21-50%)	53	32.7	52	30.8
4. Often (51-80%)	56	34.6	62	36.7
5. Always (81-100%)	34	21.0	32	18.9
Total	162	100.0	169	100.0
(c) Frequency of using English for medical work				
1. Never (0%)	2	1.2	2	1.2
2. Rarely (1-20%)	32	19.8	34	20.1
3. Sometimes (21-50%)	55	34.0	53	31.4
4. Often (51-80%)	42	25.9	55	32.5
5. Always (81-100%)	31	19.1	25	14.8
Total	162	100.0	169	100.0
	(<i>n</i> = 162)		(<i>n</i> = 169)	

As summarized in Table 4.16, the respondents sometimes used English for general topics in their daily life – 44.4% of medical students and 33.7% of doctors. Respondents who often used English for medical studies were 34.6% of medical students and 36.7% of doctors. Furthermore, 34.0% of medical students sometimes used English for medical work whereas 32.5% of doctors often used English for medical work.

In addition, for other suggestions, the medical students and doctors said that English was essential in both their daily lives and for their work. Therefore, they felt a strong need to study English but claimed that English courses at university could not help them in their work. As for the English courses themselves, they suggested that speaking, listening, writing, were priorities with conversations and discussions in small groups. The courses should be taught at all year levels, and they further suggested practicing English in daily life as well as short courses for study abroad. Interestingly, they noted that other languages namely Chinese, Thai, and other ASEAN languages were also important.

4.2 Interview Findings

4.2.1 Interview findings as to problems in English skills

This section presents the results vis-à-vis the problems of English skills. The results were obtained from the six administrators and 11 foreign patients who participated in the semi-structured interviews as follows:

4.2.1.1 Findings of administrators

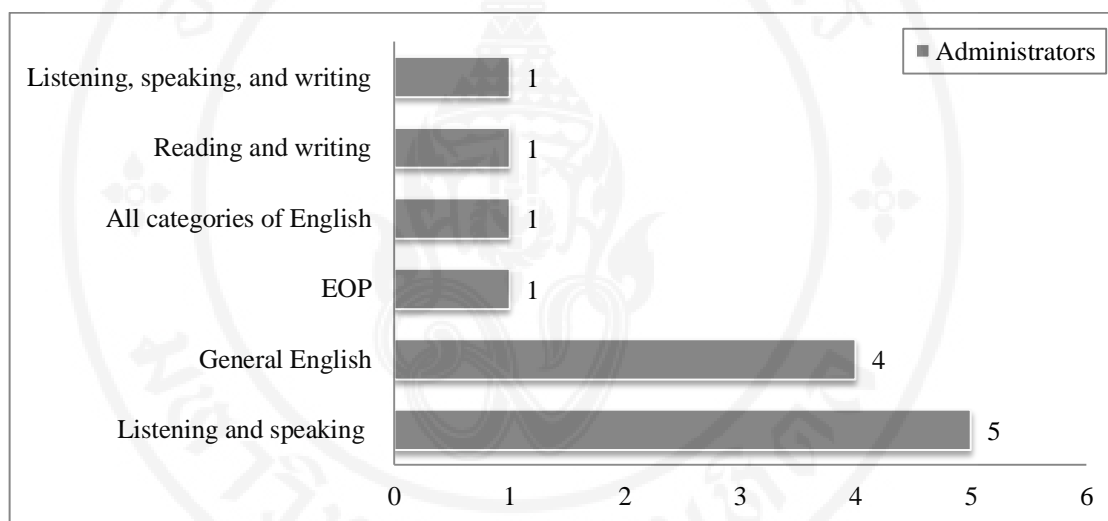


Figure 4.3 Administrators' opinions on medical students' problems in English skills

Regarding Figure 4.3, the administrators considered that the medical students had problems with all English skills but especially listening and speaking. One administrator explained that the medical students lacked opportunities for speaking and listening with foreigners (see Extract 2). Moreover, nearly all medical students needed to improve their English skills significantly. As for specific categories of English, most of the administrators agreed that the medical students had significant problems with GE as required for AEC purposes because they hardly ever used GE and this category of English was especially needed for use with foreign patients. The categories of English, namely EAP and EOP, were also problematic. The perspectives of the administrators were as follows:

Extract 1

Education in Thailand nowadays supports writing and reading skills. However, it does not support speaking and listening. If we can improve weaknesses in speaking and listening, the English skills of Thai students will be better. (Administrator 2)

Extract 2

The medical students have problems with listening and speaking skills more than reading and writing because medical studies force them to read and write. But they lack opportunities to use their speaking and listening skills with foreigners. (Administrator 4)

Extract 3

During medical studies, medical students have problems with reading and writing skills. However, they will have speaking and listening skill problems when they are doctors. (Administrator 5)

Extract 4

...The medical students can understand English sometimes. But they are not fluent in speaking English like other people. When they need to speak English, they sometimes forget the vocabulary. The problem of medical students is speaking. (Administrator 6)

Extract 5

All English skills are essential for medical students. Most medical students need to improve their English skills, especially speaking, writing, and listening. But reading is fine because medical studies emphasize reading skill. (Administrator 3)

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Most of the administrators identified the medical students and doctors as having major problems with GE because they hardly ever used it (see Extract 6).

Extract 6

The medical students have problems in GE because they do not use GE every day. So, they lack proficiency in this category of English. (Administrator 1)

Extract 7

GE, EAP, and EOP are essential and need to be improved. GE can be used to ask for foreign patients’ information. EAP can be used for self-development. And, EOP can be used for career advancement. (Administrator 3)

4.2.1.2 Findings of foreign patients

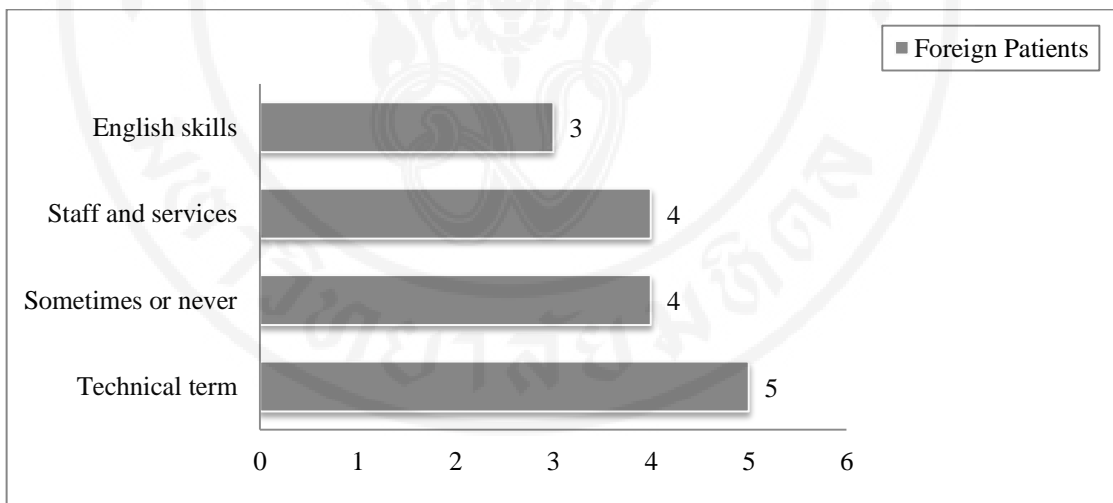


Figure 4.4 Foreign patients’ opinions on English communication problems

According to Figure 4.4, foreign patients “sometimes” or “never” had difficulties to communicate with Thai medical practitioners in English. Speaking skills were lacking and needed considerable improvement. Listening also needed to improve and this was a problem with other Asian countries too because the tendency of Asians is that when they fail to understand, they remain silent. Furthermore, they had concerns about technical terms that they did not understand because ignorance of such vocabulary was unprofessional. Although many had Thai

friends to help them, they were unable to understand technical terms either. What is more, the doctors spoke too quickly so they could not get an accurate or simple English explanation. GE or English in daily life was another weakness. Additionally, they mentioned that the English proficiency of nurses and staff was usually very poor. If they improved their English, it would be ideal. Regarding resolution of communication problems, patients often brought their Thai friends or relatives as interpreters, used body language or gestures and even invited other doctors. Sometimes they spoke Thai, although their Thai was usually not good. The perspectives of the foreign patients were as follows:

The foreign patients said that they sometimes had difficulties to communicate in English with Thai medical practitioners (see Extract 8).

Extract 8

Sometime I have problem. But, actually one of the least that come to this hospital we deal with the professor...He said that he study from London. So, his English is perfect. But, the others when I go to another hospital, it has been difficult...I could have been to use finger or body language. (Foreign Patient 1)

Other foreign patients claimed about technical terms that it was too professionally (see Extract 9, 10, and 11).

Extract 9

Not exactly. When I talk about my symptom, they are some kind of terminology. I need to search in dictionary because it is too professionally. But it is ok no problem for me to communicate. I have a problem just technical term because it is the vocabulary that we never use it. (Foreign Patient 5)

Extract 10

I cannot understand technical term. The doctors in this hospital are ok, but they speak so fast. (Foreign Patient 8)

Extract 11

...Sometimes the doctor uses technical terms and I cannot understand. So, my wife helps me and explains in normal words. The doctors' English is sometimes good. Sometimes it is so-so. (Foreign Patient 9)

Other foreign patients claimed that the doctors could not get accurate normal English for explanations. Therefore, the doctors were quite weak at GE or English in daily life. And, they also had difficult to communicate with nurses and staff (see Extract 12 and 13).

Extract 12

Some doctors can speak English a little bit. Sometime they use medical vocabulary but the patients do not understand. They are not accurate in explaining in normal English. If I ask for help, other people don't know the medical vocabulary either. For example, my wife also cannot understand the technical vocabulary of the doctor. They cannot explain in normal English e.g. if you have cancer of the liver, they use the technical term which I don't know...The doctor's English is normally ok but the staff and nurse is 0% English. (Foreign Patient 7)

Extract 13

Of course, the staff cannot provide information in English. It's difficult for me to communicate. I need to have a help from my friend to come to the hospital because it's difficult to me to communicate (Foreign Patient 8).

4.2.2 Interview findings as to needs for English skills

This section presents the results vis-à-vis the needs of English skills. The results were obtained from the six administrators and 11 foreign patients who participated in the semi-structured interviews as follows:

4.2.2.1 Findings of administrators

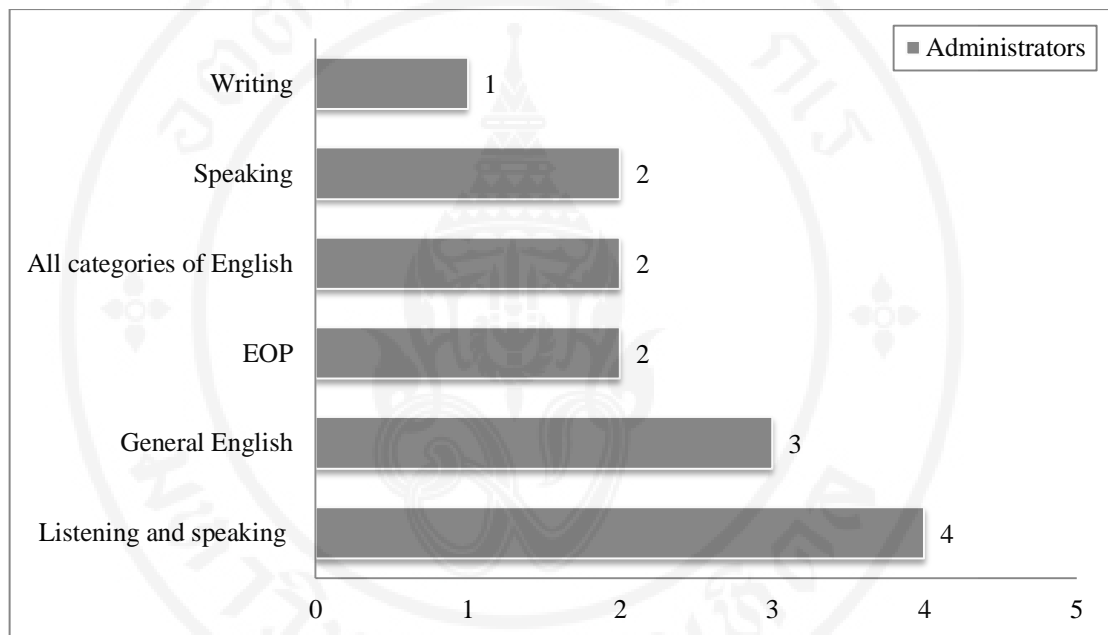


Figure 4.5 Administrators' opinions on medical students' needs for English skills

As can be seen in Figure 4.5, all English skills needed improvement, especially listening and speaking. Regarding categories of English, the administrators mentioned that all categories of English were important for the medical students in an AEC context especially GE but all three categories needed to be developed. The perspectives of administrators were as follows:

Extract 14

As for English skills, all English skills are crucial, especially speaking and writing. (Administrator 3)

Extract 15

English skills that are needed most for the medical students are listening and speaking skills. The medical students have practiced reading and writing skills since were children. (Administrator 5)

One of the administrators suggested practicing listening, speaking, and expanding vocabulary for communication in the medical profession via online smart devices (see Extract 16).

Extract 16

Listening and speaking skills are needed for medical students because if you listen but you do not understand, it will affect your speaking...These days, there are smart devices on which you can watch videos online for example Youtube and TED Talks. Moreover, they need to expand their vocabulary for communication in the medical profession. If they study English but never use it, they will forget. (Administrator 6)

Moreover, administrator said that GE was needed for use with foreign patients (see Extract 17 and 18).

Extract 17

The medical students are not fluent in GE and this affects communication with foreign patients e.g. asking about the patient's history, requesting, and explaining procedures for physical examination. (Administrator 3)

Extract 18

Usually, we can understand the medical context ever when we use GE. So, we need to highlight GE. If the doctors use a lot of technical terms, the patients do not understand. (Administrator 4)

Extract 19

The medical students study EAP and EOP the most in medical studies. However, they lack GE that is the most important. GE can be used to communicate with ASEAN people. And, GE will be more often to use if AEC is open. (Administrator 1)

The administrator mentioned that all categories of English were most important for the medical students in AEC (see Extract 20).

Extract 20

All types of English are beneficial for the medical students. (Administrator 2)

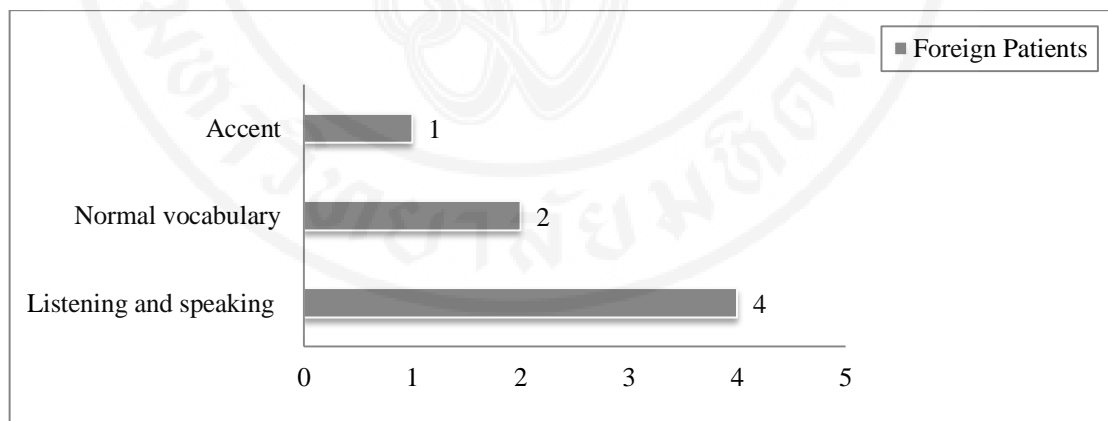
4.2.2.2 Findings of foreign patients

Figure 4.6 Foreign patients' opinions on needs for English communication

With regard to Figure 4.6, the foreign patients thought that the English skills most needed by Thai medical practitioners in an AEC context were speaking, listening, and familiarity with common English words for communicating with foreign patients. Moreover, the foreign patient mentioned accent as being an issue as well. Doctors needed to develop their listening skills in order to be familiar with the different accents in AEC countries. As for speaking, they should wider their range of explanations for patients in terms of vocabulary, and they needed to speak English

were clearly. Additionally, they suggested making handouts in both Thai and English, having pill bag descriptions in English, and an English department or international center. The perspectives of foreign patients were as follows:

Extract 21

I think speaking and listening. They would be the basics because doctors need most with the patients. If the hospitals in Thailand do not hire foreign doctors, I think it is necessary to learn English. (Foreign Patient 2)

Extract 22

The most needed English skill, not only for Thais, but also for other Asian countries, is the listening skill. Listening is very important because normally, in Asia, when we do not understand, we do not ask again and that is a problem. Every time they say yes yes, that is a problem. Listening is the skill that Thai people need to improve for medical services. (Foreign Patient 6)

Furthermore, the foreign patients claimed that familiarity with normal English words and accents was also needed for doctors in order to communicate with foreign patients. They suggested that the doctor needed to practice in order to be familiar with accents at least for AEC countries. The foreign patients said that doctors' GE was quite weak (see Extract 25).

Extract 23

I have problems with technical terms. They explain things that I really do not understand. I have to ask again and again what they meant. They cannot find similar words in English to explain. Sometimes they explain to me in Thai. They should add ways to explain to patients in terms of the vocabulary. Sometime we do not understand the medical terms. (Foreign Patient 6)

Extract 24

I find that many doctors can write well but the vocabulary, when speaking, is very poor. Their speaking needs to improve. (Foreign Patient 1)

Extract 25

Working knowledge, I mean speaking, listening, and accent because there are different accents like Thais speak English with a Thai accent. Myanmarse speak English with a Burmese accent. Vietnamese speak with a Vietnamese accent. The doctor needs to practice to become familiar with the accents at least for AEC countries. English for the medical profession they know, but for GE or English in daily life (every day English) they are quite weak. (Foreign Patient 4)

4.2.3 Interview findings as to wants for English skills

This section presents the results of the wants of English skills obtained from the six administrators who participated in the semi-structured interviews.

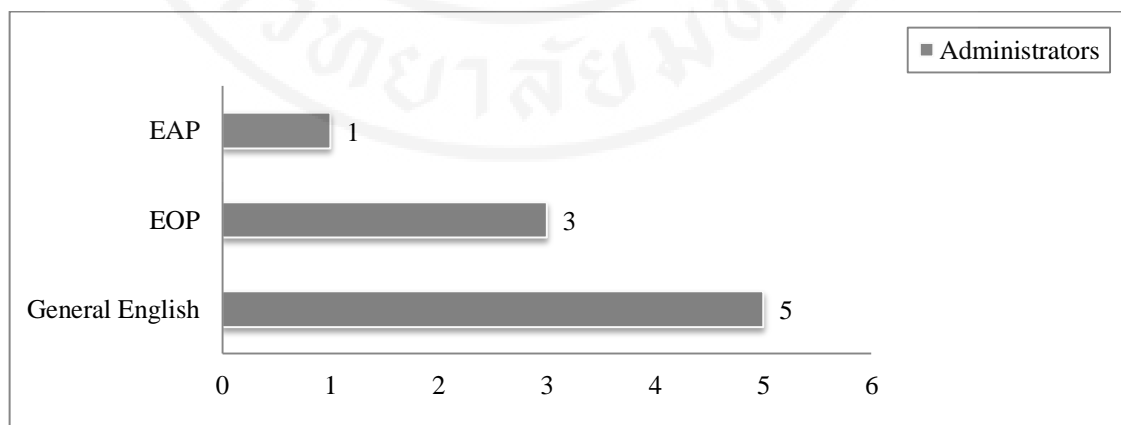
❖ **English language courses**

Figure 4.7 Opinions on English language courses of medical students

For English language courses, Figure 4.7 presents most of the administrators agreed that the medical students needed to add GE classes because it was the basis for EAP and EOP. Furthermore, current English language courses

needed to be developed and classes should incorporate opportunities for two-way communication. The perspectives of administrators were as follows:

Extract 26

Additional GE classes are needed for medical students because EAP and EOP are already provided. (Administrator 1)

Extract 27

I think we need to add GE class because GE is the basis for EAP and ESP. (Administrator 4)

Extract 28

GE class should be added because it can be used in daily life. (Administrator 5)

Extract 29

I think we need to add EOP and GE that is used to communicate with foreign patients and for diagnosis. Normal words used in general situations are essential e.g. sometimes the foreign patients use the word “throw up” instead of “vomit”. If the doctors use technical terms, the patients sometimes do not understand. (Administrator 3)

Another administrator commented that medical students had to study four EOP classes in all and it would be better if the faculty responsible for those courses could use information from this study to develop new and relevant English courses (see Extract 30).

Extract 30

In the case of English classes, the medical students have to study twelve credits (four classes of ESP) and the Faculty of Humanities and Social Sciences is responsible for these classes. I think that if the faculty can get the results of this research, it would be good for improving English

classes. With regard to the extra-classroom activities, it would be better if we set those an elective subject. (Administrator 3)

❖ **Teaching and learning mode**

All administrators said that the teaching and learning modes for the medical students should include both in-class and self-study. The perspectives of administrators were as follows:

Extract 31

Both in-class and self-study are needed because each medical student has a different English background. For example, medical students who have good English skills maybe add up just speaking skill. (Administrator 1)

Extract 32

I think the medical students should have in-class and outside classes. As for studying English in-class in these days, medical students have more limited of time. Moreover, the medical students need to use English bilingually. By that I mean if you use Thai, you need to think in Thai. In other words, you need to think in English if you use English. Do not speak mixed Thai and English. (Administrator 5)

Moreover, the administrator expressed that medical students should be active in practicing their English skills in their daily lives, both with Thai and foreigner and both inside and outside the classroom (see Extract 33 and 34).

Extract 33

They need to practice English in their daily lives both with Thai people and foreigners. The curriculum should support their English learning both in the classroom and outside the classroom. (Administrator 1)

Extract 34

English learning for medical students should be both in class and outside the class. It is important to set up an environment that supports practicing listening and speaking skills both inside and outside the classroom in order to develop their English skills. (Administrator 4)

❖ **Instructor**

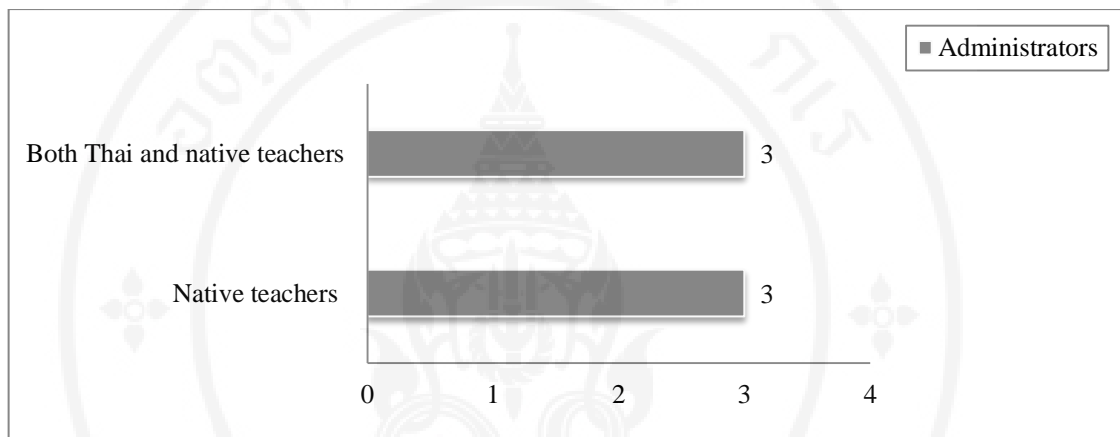


Figure 4.8 Opinions on instructor of English language courses

As presented in Figure 4.8, three administrators also mentioned that instructors should be both Thai and native teachers. Others mentioned that instructors should be only native teachers who could help better with speaking, pronunciation, and motivation. The perspectives of administrators were as follows:

Extract 35

In my opinion, both Thai and foreign teachers are fine. However, I think foreign teachers can help with pronunciation and speaking more than Thai teachers. (Administrator 1)

Extract 36

In my opinion, English teachers should be both Thai and foreign. Foreign teachers can create motivation more than Thai teachers in terms of accent. (Administrator 5)

Extract 37

Regarding English subject teachers, I think they should be foreign because they can motivate the students' interest and this is an addition factor. (Administrator 4)

Extract 38

I think foreign teachers should be the main teachers and Thai teachers should be co-teachers because Thai teachers have a language gap. If I had to choose, I would choose foreign teachers. (Administrator 2)

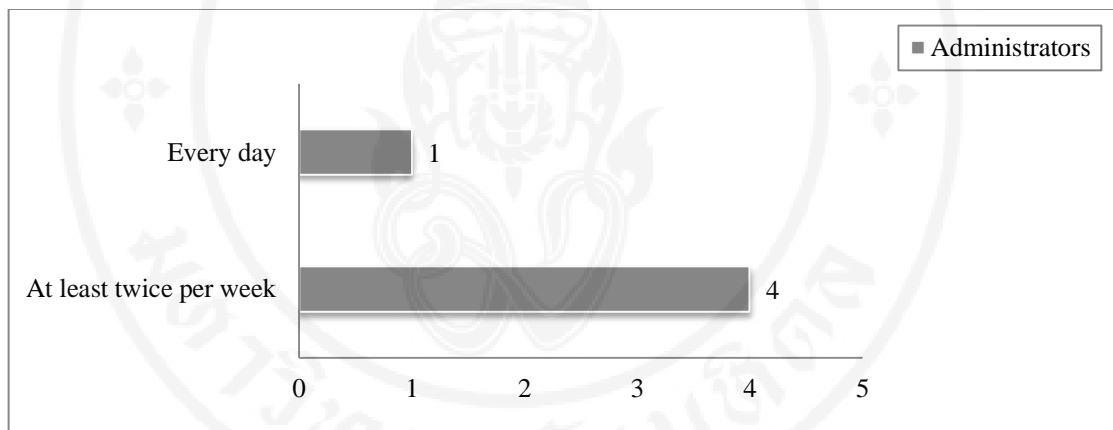
❖ **Class frequency**

Figure 4.9 Opinions on class frequency of English language courses

Based on Figure 4.9, most of the respondents said that classes should be at least twice per week and at least two hours each. Furthermore, they suggested that English practice should be not only in class, but also on the job. The perspectives of administrators were as follows:

Extract 39

The English classes should be not less than two hours per week. (Administrator 1)

Extract 40

English classes should focus on listening and speaking more than grammar. The classes should be twice or three times per week. The medical students should regularly practice English outside classes. (Administrator 2)

Extract 41

There is more content for medical studies, so English study should be at least twice per week. (Administrator 4)

❖ **Size of class**

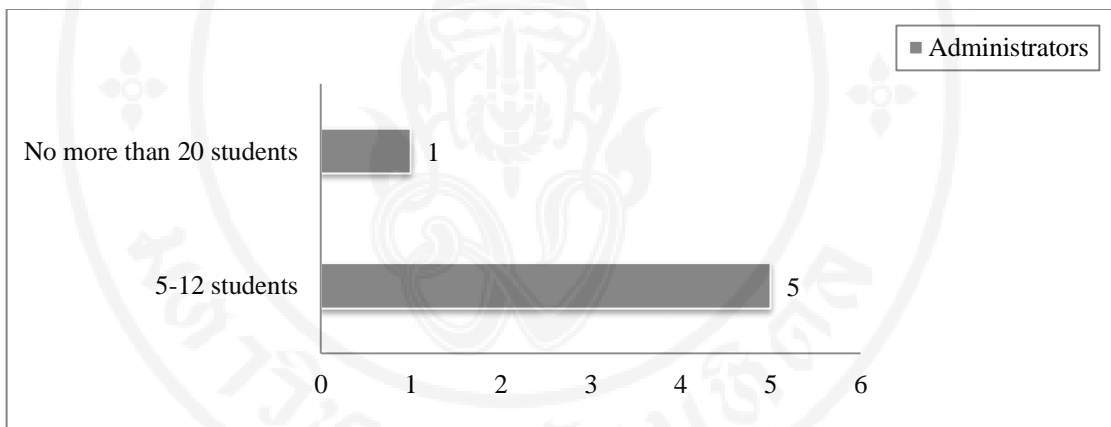


Figure 4.10 Opinions on class size of English language courses

With regard to Figure 4.10, most of the administrators said that the size of classes should be no more than twelve students notwithstanding the limited human resources and the number of medical students. The perspectives of administrators were as follows:

Extract 42

Classes should be in small groups about five to six students; otherwise, the students cannot practice speaking. (Administrator 1)

Nevertheless, the administrators in Extracts 43 and 44 mentioned that there were many medical students and limited resources.

Extract 43

There should not be more than ten students in a class. But, ten is ideal because there are lots of medical students. English classes at the moment are too big class and they do not get much benefit. (Administrator 2)

Extract 44

English classes should be in small groups, but this is limited by human resources. (Administrator 3)

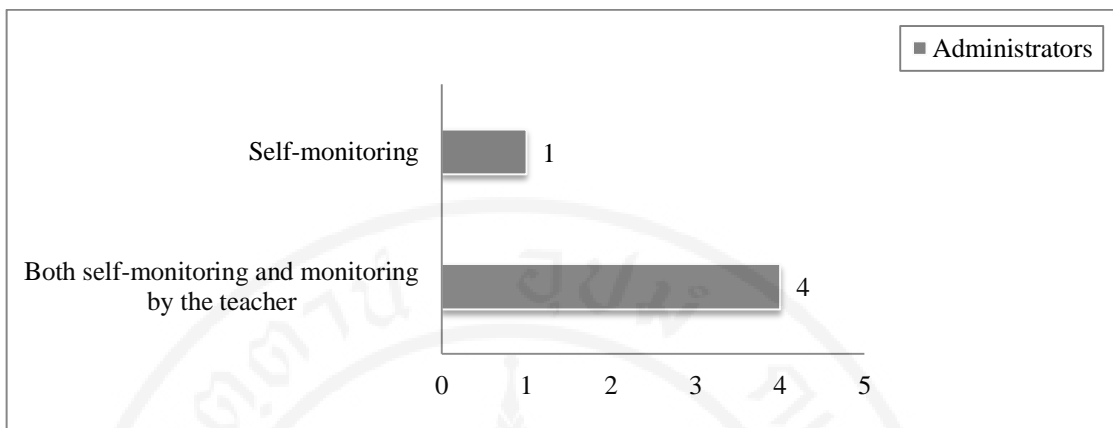
Furthermore, the administrator in Extract 45 said that the big classes for speaking and listening did not provide much benefit for the medical students. The administrator in Extract 46 noted that mostly big classes were ok for theoretical study and the medical students could learn theory by themselves.

Extract 45

Not more than ten students so the students can participate in English communication. Speaking and listening classes in the moment are theoretical and with big classes, so there is not much opportunity to practice. (Administrator 4)

Extract 46

Eight to twelve students per group is preferable because although crowded classes are ok for theory, students cannot practice listening and speaking. The medical students can learn theory by themselves. (Administrator 6)

❖ Form of monitoring**Figure 4.11** Opinions on form of monitoring for self-study

Regarding Figure 4.11, most of the administrators thought that monitoring for self-study should be both self-monitoring and monitoring by the teacher. The perspectives of administrators were as follows:

Extract 47

I think the monitoring for self-study should be both self-monitoring and monitoring by teacher because it is more systematic and maybe the medical students will lose their information. (Administrator 1)

Extract 48

We need both self-monitoring and monitoring by teacher because some medical students are mature and some are less mature. (Administrator 4)

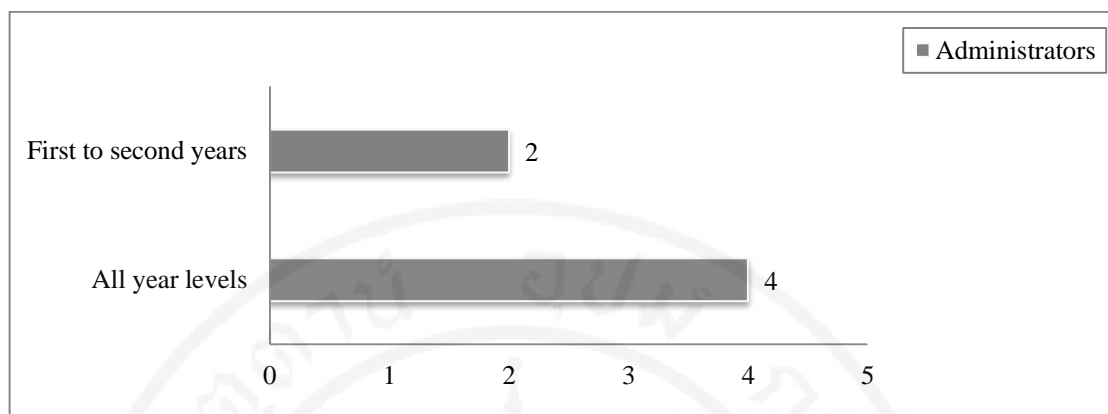
❖ **The year level of English course**

Figure 4.12 Opinions on the year level of English course

Lastly, Figure 4.12 shows that English courses should be taught at all year levels with first to third years being in-class and forth to sixth year levels including outside class activities or short courses. The administrators in Extracts 49, 50, and 51 mentioned that the current curriculum had limited time for English classes at the upper year level. The perspectives of administrators were as follows:

Extract 49

English classes should start at the first year and continue to the sixth year. They should not specify just in any year. However, now they are offered just at the pre-clinic level (first to third year levels) not at the clinic level (forth to sixth year levels). (Administrator 6)

Extract 50

English courses should start at first to third year levels. If the medical students can become fluent in English, we may set up outside class activities at forth to sixth year levels because of the limited of time. And, the forth to sixth year level students need to have medical practices at hospitals. (Administrator 5)

Extract 51

The English courses should be taught at all year levels, but the current curriculum has no time for English courses at upper year levels. So, we have to arrange them for first year. (Administrator 2)

4.2.4 Importance of English for medical professions

Apart from the findings of the questionnaire, the six administrators and 11 foreign patients who participated in the semi-structured interviews expressed their opinion regarding importance of English for medical professions with the advent of AEC.

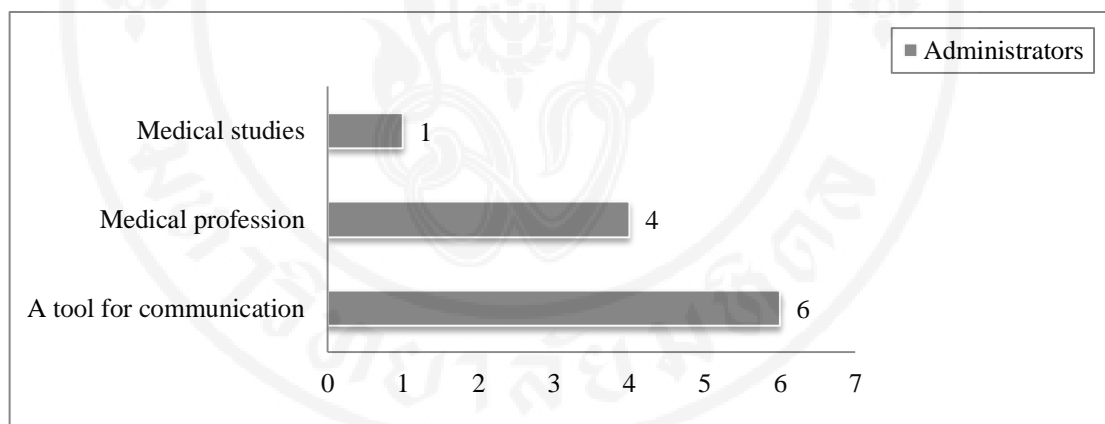
4.2.4.1 Findings of administrators

Figure 4.13 Administrators' opinions on importance of English for medical professions

As presented in Figure 4.13, all administrators agreed that English was highly beneficial as a tool for communication between ASEAN citizens. Regarding medical studies, the administrators said that English language textbooks were used for all students (see Extract 53). As for the medical profession, four administrators thought that doctors who had better English skills would be in a position of advantage in the AEC context. English is used to communicate with foreign patients, not only ASEAN citizens but also people from other countries (see Extract 53). The perspectives of administrators were as follows:

Extract 52

English is needed as the main language to communicate. (Administrator 1)

Extract 53

English is beneficial because medical study these days uses English language textbooks. Medical students who have good English skills can take advantage by understanding, and taking care of foreign patients better, and being more competitive. The foreign patients are not only ASEAN citizens but also for other countries such as USA and Australia. (Administrator 2)

Extract 54

English is very valuable for communication. English is useful for working in their target workplace and caring for their patients. (Administrator 4)

4.2.4.2 Findings of foreign patients

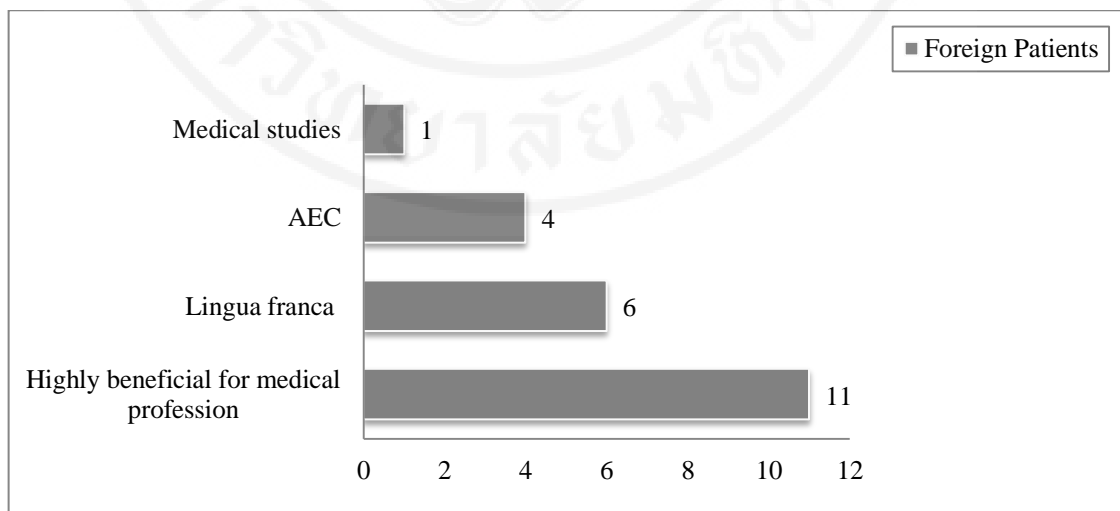


Figure 4.14 Foreign patients' opinions on importance of English for medical professions

Based on Figure 4.14, all foreign patients agreed that English was highly beneficial for the medical profession in an AEC context. English is the

international language and universally acknowledge as such in all fields. As ASEAN comprises a variety of languages, six foreign patients noted that English was the lingua franca bridging communication gaps. Thailand, as a hub for medical services, attracts increasing numbers of foreigners and investors. Thus, communication between doctors and foreign patients requires more than just basic exchanges, not only for their work but also for their study. One foreign patient claimed English was very helpful for keeping up with developments in the medical fields and according to the foreign patients questioned, it is also important for their daily lives. The perspectives of foreign patients were as follows:

Extract 55

Yes because English is the international language. (Foreign Patient 11)

Extract 56

Definitely, since AEC will be established. More foreigners and investors will come to the region. If they need some kind of medical service, they need to use English. Asian is multilingual. They use different languages. English is the common one. We can communicate with each other. (Foreign Patient 5)

Extract 57

Yes, of course. As I am a foreigner, I think English is very important to communicate with patients...I think it is important to learn English to keep up with advancements of the medical field such as new diseases from other countries...And definitely English is also important in daily life. (Foreign Patient 2)

As from having medical services experience of foreign patients, he noted that people in the public hospitals who could not communicate in English made things difficult for him (see Extract 58).

Extract 58

Of course, the staff cannot provide information in English. It is difficult for me to communicate. I need help from my friend to come to the hospital because it is difficult to me for communicate...If we classify the level of hospitals like private and public, in normal hospitals people cannot communicate and exchange information in English. So, I think English is very important, in my view. (Foreign Patient 6)

Hence, English was very important and everyone needed to study English (see Extract 59).

Extract 59

In big hospitals English is important. When you talk with the doctors, you need to speak English with him or her. But, I think just use of common level and low level is enough to communicate with them or just some simple words...We can speak English and English is the universal language. So, I think that English is extremely beneficial. So, we need to study English because at the end of the year the AEC will officially begin. (Foreign Patient 3)

The foreign patients stressed the advantages of having English skills in the AEC, for better communication, and for Thailand as a hub for medical services in AEC (see Extract 60 and 61).

Extract 60

Sure!!! I think so because of the start of AEC. It is expected that more people will come to Thailand. So, it will be very beneficial for the health profession and other professional services to have English skills for the better communication. (Foreign Patient 4)

Extract 61

...Thailand will promote itself as a hub for medical services in the AEC. To do so, they need to improve their English skills, especially in the medical profession to attract people. (Foreign Patient 1)

4.2.5 Developing the English skills of the medical students and doctors

This section is the opinions of the six administrators and 11 foreign patients who participated in the semi-structured interviews regarding developing the English skills of the medical students and doctors as follows:

4.2.5.1 Findings of administrators

Most of administrators expressed their opinion on how the medical students should develop their language skills in preparation for AEC, explaining that students should be active in practicing in their daily lives, especially listening and speaking skills, and try to communicate as much as possible with Thai and foreign people both inside and outside the classroom. The perspectives of administrators were as follows:

Extract 62

The medical students should practice English in everyday life and try to communicate with Thai and foreign people both inside and outside the classroom. (Administrators 1)

Extract 63

The medical students should increase their opportunities to use English in their daily routines. (Administrators 2)

Moreover, one of the administrators claimed about the current curriculum as follows:

Extract 64

The speaking skill of the medical students at the first admission interview was judged to be poor. Regarding the current curriculum, another faculty was responsible for English language courses for medical student; however, the faculty of medicine supported increased use of English in teaching, learning, and testing. The way to include more English in the test should be in accord with medical practice license testing. (Administrators 3)

With regard to Thai education curriculum, another administrator suggested that English teaching and learning should be quality-based at the beginning as follows:

Extract 65

English teaching and learning in Thailand should be quality-based at the beginning. At university level, writing and reading skills are relied on over listening and speaking skills. It would be better if the last two skills were supported more. (Administrators 2)

4.2.5.2 Findings of foreign patients

As for doctors' English proficiency, foreign patients noted that it depended on the doctors – some were good at English and others not. They said that the doctors sometimes had problems with listening and speaking. Although they could not communicate fluently, they tried nevertheless to speak English and explain the patients. Despite this, the quality of doctors was on the whole very good. Moreover, they suggested that doctors needed to improve their English skills for better communication, especially if Thailand really aimed to become a hub for medical services in AEC. The perspectives of foreign patients were as follows:

Extract 66

...But another guy we also have to talk with his English efficient. It's depend on doctors someone can use English well, someone not. (Foreign Patient 1)

Extract 67

So, it will be very beneficial for the health profession and any services profession to have the English skill for the best communication...The doctors' English is ok. Before, the doctor's English was pretty good. Some doctors that I saw earlier in the year, they knew but couldn't speak very fluently. They explain word by word. Sometimes I cannot fully understand what they say. Sometimes it is difficult to explain my sickness because their listening and speaking skills are not at all great. So, I find it difficult to explain. (Foreign Patient 4)

4.2.6 Effect on the medical profession regarding AEC

The six administrators who participated in the semi-structured interviews also revealed their opinion regarding effect of AEC integration on the medical profession as follows:

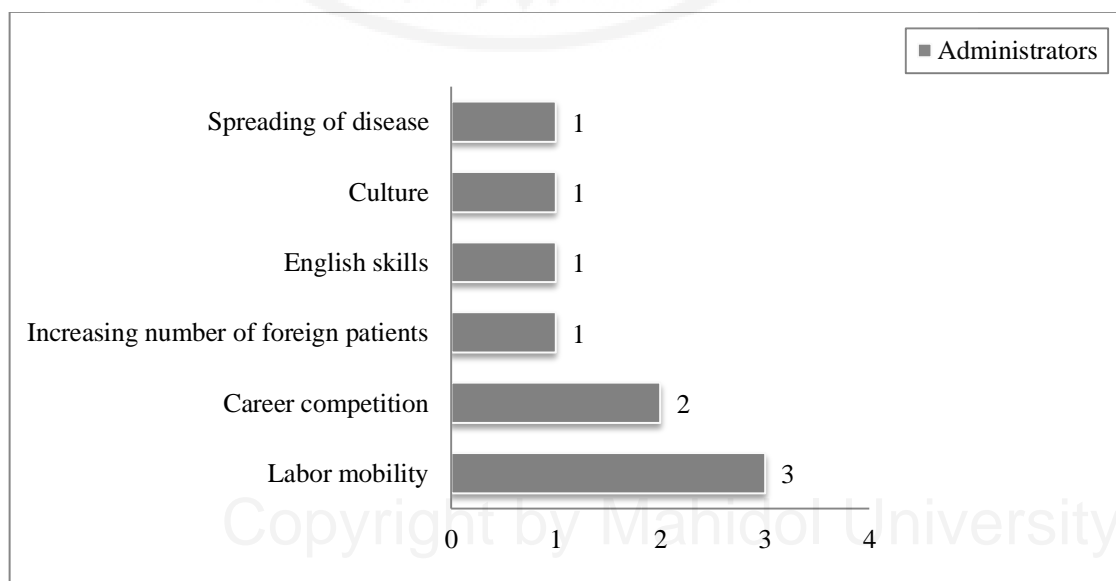


Figure 4.15 Opinions on effect on the medical profession regarding AEC

As can be seen in Figure 4.15, three administrators concerned about labor mobility. Furthermore, the administrators said about another effect because of the AEC i.e. career competition, increasing number of foreign patients, English skills, culture, and spreading of disease. The perspectives of administrators were as follows:

Extract 68

Thai medical practitioners may work abroad e.g. Thai doctors move to Singapore. Other ASEAN doctors will move to work in Thailand. Labors will move to the countries where support more compensation. (Administrators 1)

Extract 69

As for mobility within ASEAN, doctors who are fluent in English take more advantage and I think it was no effect about brain drain because Thailand has produced doctors to treat Thai people. (Administrators 2)

In addition, all administrators claimed that the quality of the Thai medical profession was superior to that of Singapore and Malaysia among ASEAN countries. As for English skills, most of the administrators said that Thai medical students were under the fifth compared in ASEAN countries.

4.3 Chapter Summary

This chapter reported the findings of the needs analysis of English skills for medical students with a view to AEC mobility in order to answer the research questions. The findings from the questionnaires and the semi-structured interviews were given in three main parts. The findings outlined here will be discussed in the following chapter.

CHAPTER V

DISCUSSION AND CONCLUSIONS

This chapter discusses the findings expressed in the previous chapter and previous researches in order to meet the needs of all parties. The answers from the medical students, doctors, administrators, and foreign patients were provided to discuss a needs analysis of English skills for medical students in university with a view to the ASEAN Economic Community (AEC) under three research questions. This chapter comprises four sections as follows: discussions of research findings, pedagogical implications of English courses for medical students, as well as recommendations for further studies, and conclusion.

5.1 Discussions of Research Findings

5.1.1 Discussion of the extent to which medical students have problems in English skills in an AEC context (Finding One)

This part discusses the findings of the first research question: “To what extent do medical students have problems in English skills in an AEC context?” The findings obtained from the respondents’ answers to the questionnaires and semi-structured interviews are discussed below. The English skills problems in an AEC context of the medical students and doctors were as follows:

The medical students and doctors had a moderate level of problems with English skills overall and a high level of problem with EAP speaking. Furthermore, the EAP listening problems and writing problems of the doctors were at a high level. In addition, every medical student needed to study the English content provided in the curriculum. As for the three categories of English specifically, the result above did not agree with the findings from the administrators and foreign patients. Most of them identified GE of the medical students and doctors as major problems because of lack

opportunities for communication, and GE was needed for use with foreign patients. The foreign patients sometimes had difficulties to communicate in English with Thai medical practitioners, and the technical terms that the doctors used were too technical.

Of the four English skills, listening and speaking were considered to be the two most problematic for medical students and doctors that they wished to improve. This correlates with the results of their opinions on English proficiency in which they described their speaking proficiency as being their poorest skill. This was despite the fact that most of the medical students had studied English for more than sixteen years. As for specialized English skills, the findings from the administrators and foreign patients agreed with the findings of the medical students and doctors in that they had problems especially in listening and speaking and needed to improve their English skills.

These present results of English skills problems agree with previous researches. The revealed English skills problems concur with findings from Thai medical graduate students, applied Thai traditional practitioners, medical students in Taiwan, medical students in Iran, and Thai medical students. Wanasiree (1985) found that the problems of the medical graduate students were significant for listening and speaking. Lieungnapar (2007) found that applied Thai traditional practitioners felt that listening and speaking skills were the biggest problems that they faced. The medical students in Hwang and Lin's (2010) study were poor in speaking, listening, and had limited vocabulary. Karimkhanlouei (2012) determined that Persian medical students needed to improve all four English skills especially listening and speaking. Moreover, Boniadi, Ghojzadeh, and Rahmatvand (2013) confirmed that medical students in Iran had problems with every English skill, and found that communicative activities and authentic communication in English in real life for medical students in Iran were neglected. Similarly, the findings of Supanatsetakul (2014) showed the medical students needed to improve all English skills. Simpson et al. (1991) identified the serious doctor-patient communication problems in clinical practice which had been confirmed by studies in many countries. The doctors in those studies used jargon that was confusing for patients. It could be seen that the medical students and doctors had to use English to communicate with foreign patients in order to diagnosis and provide

medical services. The medical students and doctors' GE was quite weak as a result of lack opportunities for communication in their daily lives.

This section has discussed the extent of English language study problems for medical students. The extent that the medical students have needs for English skills in an AEC context will be discussed in the next section.

5.1.2 Discussion of the extent to which medical students have needs for English skills in an AEC context (Finding Two)

This part discusses the findings of the second research question: "To what extent do medical students have needs for English skills in an AEC context"? The findings were obtained from the respondents' answers to the questionnaires and semi-structured interviews. The English skills needs in an AEC context of the medical students and doctors were as follows:

The medical students and doctors had the highest level of needs with English skills overall. However, the medical students had a high level need for GE reading. With regard to the three categories of English specifically, the medical students and doctors needed EOP and EAP, and they tended to need GE less. Interestingly, the GE speaking need of doctors was determined as being as important as their EOP speaking need.

The result above was concordant with the results of their opinions on their purpose for using English in that most of the medical students needed to use English for study, and most of the doctors needed to use English for work. As for the three categories of English in particular, the result above did not agree with the views of the administrators. The administrators mentioned that all categories of English were most important for the medical students in AEC, especially GE. Also, all categories of English needed to be developed. As with the administrators, the foreign patients said that doctors' GE was quite weak. These results agree with Lieungnapar's (2007) result which indicated that applied Thai traditional practitioners needed to use English for their work.

In this study, listening and speaking skills were considered to be the two most needed skills of the medical students and doctors. Regarding English skills, the administrators and foreign patients thought that all English skills were needed the most

for Thai medical practitioners in the AEC context, especially listening and speaking. One administrator said that writing was also crucial. Moreover, the foreign patients claimed that normal English words and accents, at least for AEC countries, were also needed for doctors for the purpose of communication with foreign patients.

The findings in this study are in accord with the results of Lieungnapar (2007) in that the applied Thai traditional practitioners needed to use listening and speaking skills. However, the present research does not agree with the findings of Pleansaisurb (1984), Wanasiree (1985), Naruenatwatana (2001), Taşçı (2007), and Hwang and Lin (2010). Pleansaisurb (1984) explored the most needed skill both for medical students' studies and future career and found it was the reading skill. Wanasiree (1985) found that the needs of medical graduate students were mainly for reading and writing skills. Naruenatwatana (2001) said that the medical students, teachers of English, and teachers of their subjects expressed needs for the reading skill over other skills. Taşçı (2007) explained that English reading skill was primarily needed for the medical students in Turkish-medium context in order to do research for problem-based learning classes. Lastly, Hwang and Lin (2010) reported that Taiwanese medical students considered reading as the most important skill. It could be concluded that there were an increasing number of foreigners and foreign patients. Listening and speaking skills could be used to communicate with foreign patients and foreign colleagues. Apart from that, the medical students and doctors could use these skills for their academic purposes.

In the next part, the extent to which medical students have wants for English skills in an AEC context will be discussed and this includes the participants' desires with respect to English courses.

5.1.3 Discussion of the extent to which medical students have wants for English skills in an AEC context (Finding Three)

This part discusses the findings of the third research question: "To what extent do medical students have wants for English skills in an AEC context?" The findings were obtained from the respondents' answers to the questionnaires and semi-structured interviews. The participants expressed their various desires with respect to English course content, teaching and learning mode, form of monitoring, instructor,

class frequency, size of class, and the year level of English course which should be taught as follows:

❖ **English course content**

With regard to the English language courses, the medical students would like to study GE the most whereas the doctors would like to study EAP the most. Interestingly, the EAP skills that the doctors mentioned were concordant with the findings of their problems in studying English, of which EAP was the most problematic in every skill. The opinions of most administrators agreed with the views of medical students in that GE classes should be added for medical students because GE is the basis for EAP and EOP and serves as a tool for communication with foreign patients.

The following are the reasons that the medical students and doctors mentioned in an open-ended question as to why they chose those particular categories of English.

As for the reasons given by medical students, they said that they wanted GE because GE was more often used and essential in their daily lives as well as in their work. They claimed an increasing number of foreigners and foreign patients were coming to Thailand because of AEC. GE was as a tool with which to communicate in order to make a good relationship, common understanding, and for clarifying technical terms. Thus, GE can eliminate any language barrier. Moreover, they also used GE for entertainment and travel. GE was a basic need that can be applied with EAP and EOP as well.

As for the reasons given by the doctors, they said that they wanted EAP because EAP was the hardest. They needed to use EAP in the international academic context: to participate in academic presentations at international conferences, conduct academic researches, advance their career, develop themselves to become more informed, and further education - in the medical field: and adaptation for their career. Regarding EAP patterns, the doctors said that EAP speaking and writing was formal. Other EAP skills were listening and speaking for conversation and discussion, and reading for gaining new knowledge in the medical field.

These results of wants regarding English courses both agreed and disagreed with previous researches. The present research findings concurred with the findings of Wanasiree (1985) in that the content of English courses should cover medical English and GE. And, Karimkhanlouei (2012) recommended more English courses for medical students especially English for Academic Purposes. However, the present research does not agree with the findings of assessment and training of Eggly et al. (1999) in that English for Specific Purposes by professionals was recommended for assessment and training. Regarding English course content of Naruenatwatana (2001), the medical students wanted to concentrate on English for the medical profession and medical terminology. This is similar to the results of Taşçı (2007) who found that the medical students thought learning ESP was more important than GE. By contrast, the medical students agreed that ESP and GE instruction should be given in the preparatory class.

Moreover, the participants claimed that English courses at their university could not help them for their work. As for English skills, they suggested speaking, listening, writing, and conversation and discussion in small groups. The findings on English courses correlate with Naruenatwatana (2001), Karimkhanlouei (2012), Boniadi, Ghojazadeh, and Rahmatvand (2013), and Supanatsetakul (2014). Naruenatwatana (2001) explored the English courses provided and found that were not relevant to the academic needs of the medical students. Karimkhanlouei (2012) stated the current English language courses of the medical students did not match their present level and were not satisfactory. Boniadi, Ghojazadeh, and Rahmatvand (2013) revealed that some of the instructors did not agree with the current methods of teaching in ESP classes at the faculty of medicine in Tabriz University of Medical Sciences. Lastly, Supanatsetakul (2014) claimed that English skills practice during the medical program was insufficient. It could be indicated that the current English language courses of the medical students did not match their needs. Moreover, the medical students and doctors could not have many advantages from these courses.

As for specific English skills, Naruenatwatana (2001) identified that the medical students and other groups of participants wanted the four macro skills to be included in the course content. Nevertheless, Pleansaisurb (1984) and Wanasiree (1985) said that the medical students and medical graduate students wanted listening

and speaking skills the most. Likewise, Supanatsetakul (2014) argued that additional medical teaching and learning for the medical students should be provided, especially speaking skill.

Concerning developing English course content, previous studies had offered the following suggestions. Naruenatwatana (2001) argued that the content of existing courses needed to be revised and improved for medical students to practice more communicative skills. Similarly, Boniadi, Ghojazadeh, and Rahmatvand (2013), found that experimenting with new methods of English teaching based on communicative language teaching would influence the methods used for teaching in universities in Iran; the teacher should try to avoid using traditional methods of teaching such as grammar and translation. The findings of Taşçı (2007) also revealed that the speaking skill and interactive means of learning English in groups were very important.

❖ **Teaching and learning mode, form of monitoring, and instructor**

The majority of the medical students and doctors chose both in-class and self-study. As for extra-classroom activities, they suggested regular practicing of English in daily life and short courses for study abroad. These findings were supported by all the administrators in that teaching and learning modes for the medical students should offer both in-class and self-study. The present findings were in accord with the findings of Wanasiree (1985) who showed that medical graduate students desired part self-study and part in-class instruction. It seemed to suggest that some medical students were mature and some were less mature. The medical students at fourth to sixth year levels had to have medical practices in the hospitals, therefore, self-study was more appropriate for them.

Moreover, the administrators highlighted the fact that the environment did not support the medical students' practice of listening and speaking skills and this was in-line with previous researches. Naruenatwatana (2001) said that the medical students at RU did not have much opportunity to use English in their daily lives. The situation in Thailand did not support their English learning. Similarly, Boniadi, Ghojazadeh, and Rahmatvand (2013) noted that the situation in Iran did not support medical students using their English skills in their daily lives.

One administrator mentioned the limited time for studying English in class and the need for medical students to use English bilingually. The medical students had to study four EOP classes in all and it would be better if the faculty responsible for those courses developed new and suitable English courses using the information gained from this study.

As for the form of monitoring self-study, the majority of the medical students and doctors chose self-monitoring only which was not supported the views of the administrators. The administrators said that monitoring for self-study should be a combination of both self-monitoring and monitoring by teacher.

As for wishes with respect to instructor, the majority of medical students wanted both Thai and native teachers, but the majority of doctors required only native teachers. Furthermore, half of administrators thought that the instructors should be both Thai and native teachers and the last group required only native teachers.

In the next part, opinions on English class frequency and size of English class will be discussed which are important to arrange suitable and effective English classes for the medical students.

❖ **Class frequency and size of class**

The majority of the medical students and doctors chose two classes a week which agreed with most of the administrators in those classes should be at least twice per week and at least two hours per week. The results of class frequency in this study correlated with previous research by Naruenatwatana (2001) who found that participants wanted the classes to be twice a week.

More than half of the medical students and doctors chose the size of class to be about 25-30 students. This agreed with the preferred class size in the previous research by Naruenatwatana (2001) who determined that these should no more than 30 students per class. Furthermore, more than 20% of the medical students and doctors who chose the choice 'others' suggested about 1-20 students per class. These findings were not inaccord with the opinions of the administrators who noted that classes should be arranged in small groups of not more than twelve students. Regarding the advantages of a small class, Naruenatwatana (2001) and Boniadi, Ghojazadeh, and Rahmatvand (2013) stressed that students in small classes had more opportunities to

practice various skills or tasks in the classroom. Also, teachers can handle small classes more effectively.

Nonetheless, the administrators revealed that there were a large number of medical students, and limited resources. These made problems in arranging the size of the class. The opinions of the administrators supported Boniadi, Ghojazadeh, and Rahmatvand (2013) in that most of the instructors believed size of classes was one of the most important problems. Furthermore, the administrator said that the big classes were an obstacle to practice speaking and listening. Mostly big classes were suitable for theoretical study; however, the medical students could learn theory by themselves. It was noticed that size of class was another factor affected effectiveness of the study of medical students.

❖ **The year level of English course which should be taught**

The medical students and doctors thought that English courses should be taught for all year levels. Also, the three levels by year that they wanted to study English were: first year, second year, and third year. These findings were relevant to the opinions of the administrators in so far as the English courses should be taught for all year levels. First to third year levels should be taught in-class and forth to sixth year levels should be extra-class activities or short courses. The present results of the level by year for English courses did not agree with previous researches. Wanasiree (1985) and Naruenatwatana (2001) found that most of the participants wanted English classes to be provided for first year of study. In addition, Hwang (2011) stated the best English course pattern was general English courses offered in the first year emphasizing reading, and EMP courses designed for seniors integrated ESP and general English teaching which focused on listening and conversation. This suggests that the participants more considered the importance of English. Every medical student could not ignore learning and practicing English.

The reasons provided for this research regarding the limited time of medical students concerned with the reasons found by Naruenatwatana (2001) and Tasçı (2007). The medical students in Naruenatwatana's (2001) research had difficulty finding time to study English. The participants in Tasçı's (2007) research claimed that they had to work very hard for their medical studies and had difficulty in continuing

English classes. In addition, the externs had to work long hours at the hospitals, and they found it inconvenient to attend English classes.

5.1.4 Discussion of opinions on English usage and skills

This part discusses the findings with regard to participants' opinions on English usage and skills.

The first thing to be considered is their opinions on English usage studying and working. All participants agreed that all categories of English; GE, EAP, and EOP, were highly beneficial for the medical profession and the medical students and doctors perceived it at a "strongly agree" level. The qualitative data from participants confirmed that English was seen as the main international language and the common language (*lingua franca*) used as a tool for communication between ASEAN citizens of different countries.

Moreover, the administrators and foreign patients said that medical students needed to use English in their studies and also in their work place. English can be used to communicate with foreign patients in ASEAN countries and around the world. These opinions on English usage for study and work were in agreement with results on the importance of English of Naruenatwatana (2001), Lieungnapar (2007), Hwang and Lin (2010), and Supanatsetakul (2014). Naruenatwatana (2001) who pointed out that English was very useful to the studies and profession of medical students. Lieungnapar (2007) revealed that the English language was perceived as important for the applied Thai traditional medicine practitioners because they needed to communicate effectively with foreign patients. Hwang and Lin (2010) mentioned that medical students perceived English as a very important language for their current studies and future careers. This is similar to Supanatsetakul (2014) who said that the majority of the medical students had heard about the AEC and thought that the use of English regarding the medical context might increase.

With regard to medical studies, another foreign patient said that English was used to keep up with developments in the medical field. This point concurs with Boniadi, Ghojzadeh, and Rahmatvand (2013). They stressed that instructors regarded English as important in the medical field because English is the *lingua franca* of medical sciences, a field that is changing and developing rapidly. The foreign patients

also stressed the advantages of having English skills in the AEC as to better communication and Thailand as a hub for medical services. English was very important and consequently everyone needed to study English.

The results from medical students and doctors show that the mean scores regarding the importance of EOP were higher for AEC reasons. Also, the mean scores of the doctors regarding the importance of EAP in ASEAN countries increased as well. This suggests that medical students and doctors were more aware of the role of English in the medical field in an AEC context, and doctors had direct experiences from their work. However, the results of medical students and doctors shows that the mean scores regarding the importance of GE for AEC reasons didn't increase. This is because they sometimes used GE topics in their daily life.

As far as English proficiency is considered, doctors regarded their English proficiency - including listening, speaking, reading, and writing - as being at a good level. By contrast, the medical students considered their English proficiency in listening, speaking, and writing as being at only a fair level and good with regard to reading. It could be seen that the medical students and doctors relied more on their English proficiency receptive skills (listening and reading) than productive skills (speaking and writing). The findings of the administrators were in accord with the findings above that listening and speaking skills needed to improve. The administrators explained that the medical students lacked opportunities to speak and listen with foreigners and suggested they practice English skills especially listening and speaking in their daily lives both with Thais and foreigners and both inside and outside the classroom. They also needed to expand their vocabulary for communication in the medical profession via online smart devices. These findings of English proficiency are in accord with Eggly et al. (1999) and Supanatsetakul (2014). Eggly et al. (1999) said that the respondents identified the English skills of medical residents as their primary weakness. Supanatsetakul (2014) found that the medical students perceived their reading skill as being at a good level for their readiness in medical practice, unlike the other skills identified which were at a moderate level.

Finally, the questionnaire findings from the opinions of the respondents on frequency of using specific categories of English show that the majority of medical students and doctors "sometimes" used English for general topics in their daily life. As

for using English for medical studies, the majority of medical students and doctors “often” used English for medical studies. Also, the majority of medical students “sometimes” used English for medical work compared to the majority of doctors who “often” used it. This is apparent in the findings above whereby all categories of English were considered important for them.

5.2 Pedagogical Implications of English Courses for Medical Students

This study employed a need analysis of English skills for medical students at university with a view to the ASEAN Economic Community (AEC) in terms of problems, needs, and wants. The results garnered from two instruments were taken into consideration to offer suggestions that might be useful for designing and improving English courses for medical students. Such courses would achieve the needs of all relevant parties: medical students, doctors, administrators, and foreign patients. Details are explained below:

With regard to English language courses, instructors should design courses based on the problems, needs and, wants for English skills of medical students and all relevant parties. Based on the results of this study, GE, EOP, and EAP courses strongly needed be offered to medical students.

GE and EOP courses

According to the results of this study, EOP courses are currently offered to medical students. However, the medical students wanted to study GE because GE was more often used and essential in their daily lives, and even in their work. GE serves as a tool to communicate with foreign patients and clarify technical terms. Therefore, teachers must increase the amount of GE content which can be used in a medical context e.g. common English words for explaining, and accent familiarization to enhance medical students’ English communication capacity. Regarding English skills, all four were needed the most by Thai medical practitioners in an AEC context especially, listening and speaking skills. Based on the results of this study as shown in Table 4.11, the doctors said that GE speaking was as important as EOP speaking. Furthermore, of the three categories of English under study, medical students had the

biggest problem with EOP listening. As a result, teachers should emphasize listening and speaking skills e.g. conversation and discussion in small group.

EAP courses

With regard to the results of this study in Table 4.5, all skills for EAP were the most problematic for both medical students and doctors except EAP listening for the medical students. Moreover, the doctors wanted to study EAP because it was the hardest. The doctors needed to use EAP in the international academic context e.g. participating in academic presentations in international conferences and conducting academic researches, as well as for advancing their medical career. Regarding EAP style, the doctors said that EAP speaking and writing was formal. Other EAP skills were listening and speaking for conversation and discussion, and reading for gaining new knowledge in the medical field. Thus, teachers should increase the number of EAP courses available to medical students with an emphasis on all skills for EAP.

Regarding the mode for teaching and learning, both in-class and self-study are preferable. The medical students needed to practice English in their daily life, and not only in class but also on the job. As for the best form of monitoring for self-study, the medical students and doctors chose self-monitoring in contrast to the administrators. With regard to being more systematic, these should be both by self-monitoring and monitoring by teacher. The medical students and administrators expected instructors to be both Thai and native teachers whereas the doctors and another group of administrators required only native teachers. For achieving the needs of all parties and raising up students' motivation, the instructors should be both Thai and native teachers.

Finally, the administrators recommended English classes should be on-going and at least twice per week for a minimum of two hours per week. Those participants who sought to focus on listening and speaking thought group sizes should be small – no more than 20 students. However, human resources support small for classes was a problem for this faculty and if it were not possible to arrange regular classes due to medical students having limited time and the problem of human resources, their some learning content and activities could take place via e-learning or on-the-job training. Furthermore, from the wants expressed by medical students,

doctors, and administrators, the English courses should be taught continuously for all year levels. The first to third years should be in class and the fourth to sixth years should include outside class activities e.g. e-learning, on-the-job training, or short courses. Lastly, based on the previous researches, there has been no defining standard qualification on English communication competence for the Thai medical profession. As to proof of doctors' competence in English communications licences and specialty qualifications are essential for the medical profession.

5.3 Recommendations for Further Studies

Following the results of this present study, it is recommended that further studies should be carried out to provide a more detailed understanding of English language requirements of medical profession. This is because of limitations for this study in the following respects:

1) It was carried out in only one faculty of medicine while there are many other general and specialist medical faculties and institutes in Thailand. Thus, it would be interesting to gather data from all Thai universities and institutions which offer a Doctor of Medicine Program.

2) Data collection was limited to two instruments in this case. Hence, future research could consider alternative methods to explore and better understand the problems, needs, and wants of the target population. Other data collection methods might be employed based on the nature of data needed and target population such as observation, more in-depth interviews, and focus-group analysis.

3) The present study collected data from four groups of participants: medical students, doctors, administrators, and foreign patients. It would be interesting to survey the views of a wider range of stakeholders such as English teachers, nurses, or relatives of foreign patients.

4) The expectations, needs and desires of medical students are myriad with respect to English courses. It would be interesting to study different strategies in designing English courses such as activities, materials and tasks that would best serve the interests and requirements of the target group.

5.4 Conclusion

This study employed a Needs Analysis theory. It investigated medical students' problems, needs, and wants in English skills at university with a view to the AEC. This study used mixed methods, both quantitative and qualitative approaches, through collecting data from the medical students, doctors, administrators, and foreign patients in order to determine the views of all parties as to the English language of medical students in Thailand.

The findings from questionnaires and semi-structured interviews provide guidance that might be useful in designing and developing content for English courses for medical students. English courses that are relevant to the needs of medical students will help them become more aware of the role of English in the medical field in AEC. Moreover, such courses would achieve the needs of all relevant parties, be relevant to real situations, and promote better attitudes and motivation among students in English classes.

According to this study, all four skills of the three categories of English under study namely GE, EAP, and EOP were essential for the medical profession in Thailand. The medical students and medical practitioners needed to use English for their studies and in the work place. Regarding study problems, the medical students and doctors had moderate to high levels of problems with English skills overall. All participants considered that listening and speaking were the two most problematic skills that needed to improve. With regard to needs for English skills, the medical students and doctors had high to the highest levels of needs with English skills overall. Listening and speaking skills were considered by all participants to be the two skills most needed in line with the problems they identified. As for wants, courses in all types (EAP, EOP, and GE) were needed for the medical students.

Therefore, according to this study, the content of English courses for medical students needs to emphasize all three types (EAP, EOP, and GE) in every skill in order to enhance medical students' English communication capabilities. This is because every skill is essential for the medical students in for all three categories of English in Thailand in their daily life as well as in education and for their careers. Furthermore, they are particularly important to successfully take advantage of career opportunities available in the medical sector of the AEC.

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APPENDICES

APPENDIX A
QUESTIONNAIRES FOR THE
MEDICAL STUDENTS (ENGLISH)

QUESTIONNAIRE FOR THE MEDICAL STUDENTS

Title Needs analysis of English skills for medical students with a view to AEC mobility: a case study of a university in northeastern Thailand

Instruction The questionnaire is designed to survey the needs, problems, and wants of the medical students regarding English language learning under AEC framework. The collected data will be analyzed, and the results are expected to improve English language teaching and learning for the medical students. Importantly, the information from the questionnaire will not be revealed, and will be used only for academic purposes. Please be sure that the responses to this questionnaire have no effect on you.

Please answer all parts and all items accurately

Thank you in advance for your cooperation and for taking the time

This questionnaire is divided in four parts:

Part 1 Background information

Part 2 Opinions regarding the medical students' problems and needs with respect to English language learning

Part 3 Opinions on the medical students' wants regarding English language courses

Part 4 Opinions on English usage and skills

****Remarks**

1. General English refers to English used in daily life e.g. greeting, watching English movies, and travelling aboard.
2. English for Academic Purposes (EAP) refers to English used for education e.g. medical study, medical presentation, and medical publication.
3. English for Occupational Purposes (EOP) refers to English used for specific needs of the doctors for their work or profession e.g. asking about symptoms.

Part 1 Background information**Instruction** Please put ✓ in of each item that matches your profile data.

1. Gender: Male Female
2. Number of years that you have studied English:
- 6-10 11-15 16-20 20 up
-

Part 2 Opinions regarding the medical students' problems and needs with respect to English language learning**Instruction** Please put ✓ in ⑤ - ① for each item that corresponds to your needs and problems with respect to English language skills under AEC framework.

- The criteria are**
- ⑤ = The highest
- ④ = High
- ③ = Moderate
- ② = Low
- ① = The lowest

▪ Listening skills	Present Problems	Future Needs
1. Listening to conversations concerning general topics	⑤④③②①	⑤④③②①
2. Listening to the radio/music in English	⑤④③②①	⑤④③②①
3. Listening and watching movies/television in English	⑤④③②①	⑤④③②①
4. Listening to ASEAN English media e.g. audio, television	⑤④③②①	⑤④③②①
5. Listening to medical presentations in class	⑤④③②①	⑤④③②①
6. Listening to medical lectures/seminars	⑤④③②①	⑤④③②①
7. Listening to foreign patients describe their symptoms	⑤④③②①	⑤④③②①
8. Listening to foreign patient explaining concerns/asking questions	⑤④③②①	⑤④③②①

▪ Speaking skills	Present Problems	Future Needs
9. Speaking with native speakers concerning general topics (British, American, and Australian etc.)	⑤④③②①	⑤④③②①
10. Speaking with non-native speakers concerning general topics (ASEAN speakers such as Burmese, Singaporean, and Filipino etc.)	⑤④③②①	⑤④③②①

11. Speaking with people when you travel	⑤④③②①	⑤④③②①
12. Pronunciation	⑤④③②①	⑤④③②①
13. Academic discussions	⑤④③②①	⑤④③②①
14. Presenting professional research papers	⑤④③②①	⑤④③②①
15. Asking and answering questions in class	⑤④③②①	⑤④③②①
16. Asking and answering questions at medical seminars	⑤④③②①	⑤④③②①
17. Making small talk with foreign patients	⑤④③②①	⑤④③②①
18. Asking about patients' symptoms and history e.g. chief complaint, history of present condition, and family history	⑤④③②①	⑤④③②①
19. Using open-ended questions instead of leading questions	⑤④③②①	⑤④③②①
20. Requesting/explaining procedures for physical examination	⑤④③②①	⑤④③②①
21. Vocabulary usage for diagnosis	⑤④③②①	⑤④③②①
22. Explaining side effects of medication or treatment	⑤④③②①	⑤④③②①
23. Precautions to be taken	⑤④③②①	⑤④③②①
24. Giving advices about condition fails to improve/worsens	⑤④③②①	⑤④③②①
25. Breaking/communicating bad news e.g. using sentences that sound less threatening	⑤④③②①	⑤④③②①

▪ Reading skills	Present Problems	Future Needs
26. Reading English for entertainment e.g. comics, stories, novels, literatures, and magazines	⑤④③②①	⑤④③②①
27. Reading English for information e.g. advertisements and newspapers	⑤④③②①	⑤④③②①
28. Reading medical textbooks	⑤④③②①	⑤④③②①
29. Reading professional research journals	⑤④③②①	⑤④③②①
30. Reading medical reports	⑤④③②①	⑤④③②①
31. Scanning case histories	⑤④③②①	⑤④③②①

▪ Writing skills	Present Problems	Future Needs
32. Social writing e.g. emails, diary, and social media	⑤④③②①	⑤④③②①
33. Taking notes from medical textbooks/medical lectures	⑤④③②①	⑤④③②①
34. Writing an examination/term paper in English	⑤④③②①	⑤④③②①
35. Formats and styles for writing articles in medical journals	⑤④③②①	⑤④③②①
36. Vocabulary usage for writing articles in medical journals	⑤④③②①	⑤④③②①
37. Writing case histories/medical reports	⑤④③②①	⑤④③②①
38. Writing medical prescriptions/medical orders	⑤④③②①	⑤④③②①
39. Using passive voice to write referral letters	⑤④③②①	⑤④③②①
40. Writing advices to patients	⑤④③②①	⑤④③②①

Part 3 Opinions on the medical students' wants regarding English language courses

1. What purpose do you need to use English the most? Please rank the most (=1) to the least (=3).

___ Study ___ Further education ___ Work

2. If you have an opportunity to study or work aboard, which continents would you like to go to? You can choose more than one.

Europe North America South America Africa
 Asia Australasia

3. What kinds of English course would you prefer the most? Please rank the most (=1) to the least (=3).

___ General English ___ English for Academic ___ English for Occupational
 (English used in daily life Purposes (English used for Purposes (English used for
 e.g. greeting, watching education e.g. medical study, specific needs of the doctors
 English movies, travelling medical presentation, and for their work or profession
 abroad.) medical publication.) e.g. asking about symptoms.)

4. From the item 3, please say why you ranked the choice above as most (=1).

5. Which teaching and learning mode do you prefer? Please choose only one.

- a. In-class (if you choose a. please skip item 10) b. Self-study (if you choose b. please skip items 6-9) c. Both in-class and self-study (if you choose c. please skip item 10)

6. What kind of instructor do you prefer to teach the English class? Please choose only one.

- Thai teacher Native teacher Both Thai and native teachers

7. The course should be taught to which level students (you can choose more than one item.):

- First year Second year Third year
 Forth year Fifth year Sixth year

8. Classes should be taught (Please choose only one.):

- Once a week (3 hours per session) Twice a week (1.5 hours per session)
 Three times a week (1 hour per session) Others, please specify _____

9. The size of class should be (Please choose only one.):

- 25-30 31-35 36-40
 41-45 Others, please specify _____

10. What form of monitoring do prefer for self-study? Please choose only one.

- Self-monitoring Monitoring by teacher e.g. regular tests

Part 4

Opinions on English usage and skills

Instruction

Please put ✓ in ⑤ - ① of each item to identify your opinions on English language usage studying and working.

The criteria are

- ⑤ = Strongly agree
 ④ = Agree
 ③ = Uncertain
 ② = Disagree
 ① = Strongly disagree

▪ Statement	
1. English is the medium language to communicate with foreign people.	⑤④③②①
2. English is more important for you because of AEC.	⑤④③②①
3. English is important for your study.	⑤④③②①
4. English is important for your future career.	⑤④③②①
5. English is highly beneficial for your study in ASEAN countries.	⑤④③②①
6. English is highly beneficial to your future career in ASEAN countries.	⑤④③②①

7. Please put ✓ in ⑤ - ① of each item to identify your English proficiency

The criteria are

⑤ = Fluent

④ = Good

③ = Fair

② = Weak

① = Very weak

▪ English skills	
7.1 Listening	⑤④③②①
7.2 Speaking	⑤④③②①
7.3 Reading	⑤④③②①
7.4 Writing	⑤④③②①

8. What English skills do you need? Please rank the most (=1) to the least (=4).

___ Listening ___ Speaking ___ Reading ___ Writing

9. What English skills would you like to improve? Please rank the most (=1) to the least (=4).

___ Listening ___ Speaking ___ Reading ___ Writing

10. How often do you use English for general topics in your daily life (except in your medical study and work)? Please choose only one.

Never (0%)

Rarely (1-20%)

Sometimes (21-50%)

Often (51-80%)

Always (81-100%)

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11. How often do you use English for your medical studies? Please choose only one.

- Never (0%) Rarely (1-20%) Sometimes (21-50%)
 Often (51-80%) Always (81-100%)

12. How often do you use English in your medical work? Please choose only one.

- Never (0%) Rarely (1-20%) Sometimes (21-50%)
 Often (51-80%) Always (81-100%)

13. Other suggestions

Thank you very much for your cooperation

APPENDIX B

QUESTIONNAIRES FOR THE MEDICAL STUDENTS (THAI)

แบบสอบถามสำหรับนักศึกษาแพทย์

เรื่อง การศึกษาความต้องการจำเป็นของทักษะภาษาอังกฤษสำหรับนักศึกษาแพทย์เพื่อการประกอบวิชาชีพในประชาคมเศรษฐกิจอาเซียน: กรณีศึกษาคณะแพทยศาสตร์ มหาวิทยาลัยแห่งหนึ่งในภาคตะวันออกเฉียงเหนือของประเทศไทย

คำชี้แจง แบบสอบถามนี้สร้างขึ้นมาเพื่อสำรวจความคิดเห็นเกี่ยวกับความจำเป็น ปัญหา และความต้องการ ในการเรียนวิชาภาษาอังกฤษของนักศึกษาแพทย์ เพื่อการเข้าสู่ประชาคมเศรษฐกิจอาเซียน ข้อมูลที่ได้รับจากท่านจะเป็นประโยชน์อย่างยิ่งในการนำมาวิเคราะห์ เพื่อเป็นแนวทางในการจัดเตรียม พัฒนา และปรับปรุงการเรียนการสอนวิชาภาษาอังกฤษเพื่อวัตถุประสงค์เฉพาะทางด้านสายวิชาชีพแพทย์ ให้สอดคล้องกับความต้องการและความจำเป็นของนักศึกษาแพทย์

อนึ่ง การให้ข้อมูลตามความเป็นจริงและตอบคำถามที่ตรงกับความคิดเห็นของท่าน จะเป็นประโยชน์อย่างยิ่งในการวิจัยครั้งนี้ ขอรับรองว่าคำตอบจากท่านจะถือเป็นความลับและไม่มีผลกระทบใดๆ ต่อตัวท่าน

การนำเสนอข้อมูลจะนำเสนอโดยรวม จึงขอความกรุณากรอบบแบบสอบถามทุกข้อ

และขอขอบคุณในความร่วมมือและการเสียสละเวลาของท่านมา ณ โอกาสนี้

แบบสอบถามนี้แบ่งออกเป็น 4 ตอน คือ

ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม

ตอนที่ 2 ความคิดเห็นเกี่ยวกับปัญหาและความจำเป็นในการเรียนวิชาภาษาอังกฤษ

ตอนที่ 3 ความต้องการในเรื่องลักษณะของการเรียนการสอนภาษาอังกฤษ

ตอนที่ 4 ความคิดเห็นเกี่ยวกับการใช้งานและทักษะภาษาอังกฤษ

- **หมายเหตุ**
1. ภาษาอังกฤษทั่วไป หมายถึง ภาษาอังกฤษที่ใช้ในชีวิตประจำวันโดยทั่วไป เช่น การทักทาย การชมภาพยนตร์ภาษาอังกฤษ การเดินทางท่องเที่ยวต่างประเทศ เป็นต้น
 2. ภาษาอังกฤษเพื่อวัตถุประสงค์เชิงวิชาการ หมายถึง ภาษาอังกฤษเพื่อการศึกษา เช่น การเรียนวิชาแพทย์ การนำเสนอผลงานทางการแพทย์ การตีพิมพ์ผลงานทางการแพทย์ เป็นต้น
 3. ภาษาอังกฤษเพื่อวัตถุประสงค์ในสายอาชีพ หมายถึง ภาษาอังกฤษเพื่อวัตถุประสงค์ในวิชาชีพแพทย์ เช่น การสอบถามอาการผู้ป่วยชาวต่างชาติ เป็นต้น

ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม

คำชี้แจง โปรดใส่เครื่องหมาย ลงในช่อง หน้าข้อความที่ตรงกับความเป็นจริงของท่าน

1. เพศ: ชาย หญิง

2. จำนวนปีที่ท่านได้ศึกษาวิชาภาษาอังกฤษ:

6-10 ปี 11-15 ปี 16-20 ปี มากกว่า 20 ปี

ตอนที่ 2 ความคิดเห็นเกี่ยวกับปัญหาและความจำเป็นในการเรียนวิชาภาษาอังกฤษ

คำชี้แจง โปรดใส่เครื่องหมาย ลงในช่อง ⑤ - ① หน้าข้อความที่ตรงกับความเป็นจริงของท่าน เพื่อระบุความจำเป็นและปัญหาในการเรียนวิชาภาษาอังกฤษเพื่อการเข้าสู่ประชาคมเศรษฐกิจอาเซียน

⑤ = มากที่สุด

④ = มาก

③ = ปานกลาง

② = น้อย

① = น้อยที่สุด

■ ทักษะการฟัง	ปัญหาในปัจจุบัน	ความจำเป็นในอนาคต
1. การฟังบทสนทนาในเรื่องทั่วไป	⑤ ④ ③ ② ①	⑤ ④ ③ ② ①
2. การฟังวิทยุ/เพลงภาษาอังกฤษ	⑤ ④ ③ ② ①	⑤ ④ ③ ② ①
3. การฟังและการชมภาพยนตร์/โทรทัศน์เป็นภาษาอังกฤษ	⑤ ④ ③ ② ①	⑤ ④ ③ ② ①
4. การฟังสื่อต่างๆ เช่น เพลง วิทยุ และโทรทัศน์ เป็นภาษาอังกฤษที่ใช้โดย	⑤ ④ ③ ② ①	⑤ ④ ③ ② ①

ชาวอาเซียน เป็นต้น		
5. การฟังการนำเสนอรายงานในชั้นเรียน	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
6. การฟังการบรรยายทางการแพทย์/สัมมนาทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
7. การฟังผู้ป่วยชาวต่างชาติเล่าถึงอาการป่วย	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
8. การฟังผู้ป่วยชาวต่างชาติเกี่ยวกับข้อสงสัยและการซักถามต่างๆ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑

■ ทักษะการพูด	ปัญหาในปัจจุบัน	ความจำเป็นในอนาคต
9. การสนทนากับเจ้าของภาษาในเรื่องทั่วไป (ชาวอังกฤษ ชาวอเมริกัน และชาวออสเตรเลีย เป็นต้น)	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
10. การสนทนากับผู้ที่ไม่ใช่เจ้าของภาษาในเรื่องทั่วไป (ชาวอาเซียน เช่น ชาวพม่า ชาวสิงคโปร์ และชาวฟิลิปปินส์ เป็นต้น)	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
11. การสนทนากับบุคคลอื่นๆ เมื่อคุณไปท่องเที่ยว	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
12. การออกเสียง	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
13. การอภิปรายทางวิชาการ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
14. การนำเสนอบทความทางวิชาการ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
15. การถามและตอบคำถามในชั้นเรียน	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
16. การถามและตอบคำถามในงานสัมมนาทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
17. การทักทาย (making small talk) กับผู้ป่วยชาวต่างชาติ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
18. การซักถามอาการและประวัติของผู้ป่วยชาวต่างชาติ เช่น อาการนำ รายละเอียดของอาการนำ และประวัติครอบครัว เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
19. การใช้คำถามปลายเปิดแทนคำถามชี้แนะ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
20. การร้องขอ/อธิบายกระบวนการต่างๆ ในการตรวจร่างกาย	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
21. คำศัพท์ที่ใช้สำหรับการวินิจฉัยโรค	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
22. การอธิบายถึงผลข้างเคียงจากการใช้ยาหรือการรักษา	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
23. ข้อควรระวัง	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
24. คำแนะนำหากเกิดภาวะที่ไม่พึงประสงค์จากการรักษา	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑

25. การแจ้ง/บอกข่าวร้าย เช่น การใช้ประโยคที่ไม่ขู่เชิญผู้ป่วย เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
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■ ทักษะการอ่าน	ปัญหาในปัจจุบัน	ความจำเป็นในอนาคต
26. การอ่านเพื่อให้ความเพลิดเพลิน เช่น การ์ตูน เรื่อง นิยาย วรรณกรรม และนิตยสารภาษาอังกฤษ เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
27. การอ่านเพื่อให้ข้อมูลและความรู้ เช่น โฆษณาและหนังสือพิมพ์ ภาษาอังกฤษ เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
28. การอ่านตำราทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
29. การอ่านวารสารทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
30. การอ่านรายงานผลการตรวจรักษา	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
31. การอ่านอย่างรวดเร็วเพื่อดูประวัติการรักษาของผู้ป่วย	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑

■ ทักษะการเขียน	ปัญหาในปัจจุบัน	ความจำเป็นในอนาคต
32. การเขียนในเรื่องทั่วไปเพื่อการเข้าสังคม เช่น อีเมลล์ สมุดบันทึกประจำวัน และสื่อสังคมออนไลน์ เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
33. การจดบันทึกจากการอ่านตำรา/การฟังบรรยายทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
34. การเขียนตอบข้อสอบ/การเขียนรายงานประกอบการเรียนเป็นภาษาอังกฤษ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
35. รูปแบบและวิธีการเขียนบทความสำหรับตีพิมพ์ในวารสารทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
36. คำศัพท์ที่ใช้การเขียนบทความสำหรับตีพิมพ์ในวารสารทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
37. การเขียนประวัติการรักษา/รายงานผลการตรวจรักษา	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
38. การเขียนใบสั่งยา/คำสั่งแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
39. การใช้ประโยคกรรมวาจก (passive voice) เพื่อเขียนใบส่งต่อผู้ป่วย	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
40. การเขียนคำแนะนำสำหรับผู้ป่วยชาวต่างชาติ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑

ตอนที่ 3 ความต้องการในเรื่องลักษณะของการเรียนการสอนภาษาอังกฤษ

1. คุณมีความจำเป็นต้องใช้ภาษาอังกฤษเพื่อวัตถุประสงค์ใดมากที่สุด (โปรดระบุ มากที่สุด (=1) ไปจนถึงน้อยที่สุด (=3))

___ การเรียน ___ การศึกษาต่อ ___ การทำงาน

2. ถ้าคุณมีโอกาสไปศึกษาต่อหรือทำงานในต่างประเทศ คุณต้องการไปทวีปใด (สามารถเลือกได้มากกว่า 1 ข้อ)

ยุโรป อเมริกาเหนือ อเมริกาใต้ แอฟริกา
 เอเชีย ออสเตรเลีย/โอเชียเนีย

3. คุณต้องการเรียนวิชาภาษาอังกฤษแบบใดมากที่สุด (โปรดระบุ มากที่สุด (=1) ไปจนถึงน้อยที่สุด (=3))

___ ภาษาอังกฤษทั่วไป (ภาษาอังกฤษที่ใช้ในชีวิตประจำวันโดยทั่วไป เช่น การทักทาย การชมภาพยนตร์ภาษาอังกฤษ การเดินทางท่องเที่ยวต่างประเทศ เป็นต้น) ___ ภาษาอังกฤษเพื่อวัตถุประสงค์เชิงวิชาการ (ภาษาอังกฤษเพื่อการเรียนการสอน การเรียนวิชาแพทย์ การนำเสนอผลงานทางการแพทย์ การตีพิมพ์ผลงานทางการแพทย์ เป็นต้น) ___ ภาษาอังกฤษเพื่อวัตถุประสงค์ในสายอาชีพ (ภาษาอังกฤษเพื่อการสอบถามอาการผู้ป่วยชาวต่างชาติ เป็นต้น)

4. จากข้อ 3 โปรดระบุเหตุผลที่คุณเลือกการเรียนวิชาภาษาอังกฤษแบบที่ต้องการมากที่สุด (=1)

5. คุณมีความต้องการการเรียนการสอนแบบใด (โปรดเลือกเพียง 1 ข้อ)

ก. แบบเรียนในห้อง ข. แบบเรียนด้วยตนเอง ค. ทั้งแบบเรียนในห้องและเรียนด้วยตนเอง
(หากคุณตอบข้อ ก. โปรดยกเว้นข้อ 10) (หากคุณตอบข้อ ข. โปรดยกเว้นข้อ 6-9) (หากคุณตอบข้อ ค. โปรดยกเว้นข้อ 10)

6. คุณมีความต้องการครูผู้สอนภาษาอังกฤษแบบใด (โปรดเลือกเพียง 1 ข้อ)

ครูชาวไทย ครูชาวต่างชาติ ค. ทั้งครูชาวไทยและชาวต่างชาติ

7. ตรวจสอบภาษาอังกฤษแก่นักศึกษาแพทย์ชั้นปีใด (สามารถเลือกได้มากกว่า 1 ข้อ)

- ปี 1 ปี 2 ปี 3
 ปี 4 ปี 5 ปี 6

8. เวลาที่ใช้ในการเรียนการสอนควรเป็นดังนี้ (โปรดเลือกเพียง 1 ข้อ)

- สัปดาห์ละครั้งๆ ละ 3 ชั่วโมง สัปดาห์ละสองครั้งๆ ละ 1.5 ชั่วโมง
 สัปดาห์ละสามครั้งๆ ละ 1 ชั่วโมง อื่นๆ โปรดระบุ: _____

9. ขนาดของชั้นเรียนควรเป็นดังนี้ (โปรดเลือกเพียง 1 ข้อ)

- 25-30 คน 31-35 คน 36-40 คน
 41-45 คน อื่นๆ โปรดระบุ: _____

10. คุณมีความต้องการติดตามผลการเรียนสำหรับการเรียนด้วยตนเองแบบใด (โปรดเลือกเพียง 1 ข้อ)

- แบบติดตามเอง แบบมีครูคอยติดตาม เช่น ทดสอบเป็นระยะ

ตอนที่ 4

ความคิดเห็นเกี่ยวกับการใช้งานและทักษะภาษาอังกฤษ

คำชี้แจง

โปรดใส่เครื่องหมาย ✓ ลงในช่อง ⑤ - ① หน้าข้อความที่ตรงกับความเป็นจริงของท่านเกี่ยวกับใช้ภาษาอังกฤษเพื่อการเรียนและการทำงาน

- ⑤ = มากที่สุด
 ④ = มาก
 ③ = ปานกลาง
 ② = น้อย
 ① = น้อยที่สุด

■ รายการ	
1. ภาษาอังกฤษเป็นสื่อที่ใช้ในการสื่อสารกับชาวต่างชาติ	⑤ ④ ③ ② ①
2. ภาษาอังกฤษมีความสำคัญมากขึ้นเนื่องจากประชาคมเศรษฐกิจอาเซียน	⑤ ④ ③ ② ①
3. ภาษาอังกฤษมีความสำคัญในการเรียนของคุณ	⑤ ④ ③ ② ①
4. ภาษาอังกฤษมีความสำคัญในสายอาชีพของคุณ	⑤ ④ ③ ② ①
5. ภาษาอังกฤษมีความสำคัญมากขึ้นในการเรียนของคุณในประเทศอาเซียน	⑤ ④ ③ ② ①
6. ภาษาอังกฤษมีความสำคัญมากขึ้นในสายอาชีพของคุณเพื่อการทำงานในประเทศอาเซียน	⑤ ④ ③ ② ①

7. โปรดใส่เครื่องหมาย ✓ ลงในช่อง ⑤ - ① หน้าข้อความที่ตรงกับความเป็นจริงของท่าน เพื่อระบุประสิทธิภาพการใช้

ภาษาอังกฤษของท่าน

⑤ = ดีเยี่ยม

④ = ดี

③ = พอใช้

② = อ่อน

① = อ่อนมาก

■ ทักษะภาษาอังกฤษ	
7.1 การฟัง	⑤ ④ ③ ② ①
7.2 การพูด	⑤ ④ ③ ② ①
7.3 การอ่าน	⑤ ④ ③ ② ①
7.4 การเขียน	⑤ ④ ③ ② ①

8. ทักษะภาษาอังกฤษใดที่มีความจำเป็น โปรดระบุ มากที่สุด (=1) ไปจนถึงน้อยที่สุด (=4)

___ การฟัง ___ การพูด ___ การอ่าน ___ การเขียน

9. ทักษะภาษาอังกฤษใดที่ต้องการปรับปรุง โปรดระบุ มากที่สุด (=1) ไปจนถึงน้อยที่สุด (=4)

___ การฟัง ___ การพูด ___ การอ่าน ___ การเขียน

10. คุณใช้ภาษาอังกฤษในเรื่องทั่วไปนอกจากการใช้ในห้องเรียนและการทำงานบ่อยแค่ไหน (โปรดเลือกเพียง 1 ข้อ)

ไม่เคย (0%)

แทบจะไม่ (1-20%)

บางครั้ง (21-50%)

เป็นประจำ (51-80%)

ตลอดเวลา (81-100%)

APPENDIX C
QUESTIONNAIRES
FOR THE DOCTORS (ENGLISH)

QUESTIONNAIRE FOR THE DOCTORS

Title Needs analysis of English skills for medical students with a view to AEC mobility: a case study of a university in northeastern Thailand

Instruction The questionnaire is designed to survey the needs, problems, and wants of the medical students regarding English language learning under AEC framework. The collected data will be analyzed, and the results are expected to improve English language teaching and learning for the medical students. Importantly, the information from the questionnaire will not be revealed, and will be used only for academic purposes. Please be sure that the responses to this questionnaire have no effect on you.

Please answer all parts and all items precisely

Thank you in advance for your cooperation and for taking the time

This questionnaire is divided in four parts:

Part 1 Background information

Part 2 Opinions regarding the medical students' problems and needs with respect to English language learning

Part 3 Opinions on the medical students' wants regarding English language courses

Part 4 Opinions on English usage and skills

****Remarks**

1. General English refers to English used in daily life e.g. greeting, watching English movies, and travelling aboard.
2. English for Academic Purposes (EAP) refers to English used for education e.g. medical study, medical presentation, and medical publication.
3. English for Occupational Purposes (EOP) refers to English used for specific needs of the doctors for their work or profession e.g. asking about symptoms.

Part 1 Background information

Instruction Please put ✓ in of each item that matches your profile data or write in the following blanks.

1. Gender: Male Female
2. Age: 21-30 31-40 41-50 51-60 60 up
3. Department: Medicine Surgery Pediatrics Radiology Rehabilitation medicine
 Orthopedic surgery Obstetrics and gynecology Others, please specify _____
4. Highest education: Bachelor's degree Master's degree Doctor's degree Others, please specify _____
5. University that you graduated from in the highest education: Please specify _____

Part 2 Opinions regarding the medical students' problems and needs with respect to English language learning

Instruction Please put ✓ in ⑤ - ① for each item that corresponds to your needs and problems with respect to English language skills under AEC framework.

- The criteria are**
- ⑤ = The highest
 - ④ = High
 - ③ = Moderate
 - ② = Low
 - ① = The lowest

▪ Listening skills	Present Problems	Future Needs
1. Listening to conversations concerning general topics	⑤④③②①	⑤④③②①
2. Listening to the radio/music in English	⑤④③②①	⑤④③②①
3. Listening and watching movies/television in English	⑤④③②①	⑤④③②①
4. Listening to ASEAN English media e.g. audio, television	⑤④③②①	⑤④③②①
5. Listening to medical presentations in class	⑤④③②①	⑤④③②①
6. Listening to medical lectures/seminars	⑤④③②①	⑤④③②①
7. Listening to foreign patients describe their symptoms	⑤④③②①	⑤④③②①
8. Listening to foreign patient explaining concerns/asking questions	⑤④③②①	⑤④③②①

▪ Speaking skills	Present Problems	Future Needs
9. Speaking with native speakers concerning general topics (British, American, and Australian etc.)	⑤④③②①	⑤④③②①
10. Speaking with non-native speakers concerning general topics (ASEAN speakers such as Burmese, Singaporean, and Filipino etc.)	⑤④③②①	⑤④③②①
11. Speaking with people when you travel	⑤④③②①	⑤④③②①
12. Pronunciation	⑤④③②①	⑤④③②①
13. Academic discussions	⑤④③②①	⑤④③②①
14. Presenting professional research papers	⑤④③②①	⑤④③②①
15. Asking and answering questions in class	⑤④③②①	⑤④③②①
16. Asking and answering questions at medical seminars	⑤④③②①	⑤④③②①
17. Making small talk with foreign patients	⑤④③②①	⑤④③②①
18. Asking about patients' symptoms and history e.g. chief complaint, history of present condition, and family history	⑤④③②①	⑤④③②①
19. Using open-ended questions instead of leading questions	⑤④③②①	⑤④③②①
20. Requesting/explaining procedures for physical examination	⑤④③②①	⑤④③②①
21. Vocabulary usage for diagnosis	⑤④③②①	⑤④③②①
22. Explaining side effects of medication or treatment	⑤④③②①	⑤④③②①
23. Precautions to be taken	⑤④③②①	⑤④③②①
24. Giving advices about condition fails to improve/worsens	⑤④③②①	⑤④③②①
25. Breaking/communicating bad news e.g. using sentences that sound less threatening	⑤④③②①	⑤④③②①

▪ Reading skills	Present Problems	Future Needs
26. Reading English for entertainment e.g. comics, stories, novels, literatures, and magazines	⑤④③②①	⑤④③②①
27. Reading English for information e.g. advertisements and newspapers	⑤④③②①	⑤④③②①
28. Reading medical textbooks	⑤④③②①	⑤④③②①
29. Reading professional research journals	⑤④③②①	⑤④③②①

30. Reading medical reports	⑤④③②①	⑤④③②①
31. Scanning case histories	⑤④③②①	⑤④③②①

▪ Writing skills	Present Problems	Future Needs
32. Social writing e.g. emails, diary, and social media	⑤④③②①	⑤④③②①
33. Taking notes from medical textbooks/medical lectures	⑤④③②①	⑤④③②①
34. Writing an examination/term paper in English	⑤④③②①	⑤④③②①
35. Formats and styles for writing articles in medical journals	⑤④③②①	⑤④③②①
36. Vocabulary usage for writing articles in medical journals	⑤④③②①	⑤④③②①
37. Writing case histories/medical reports	⑤④③②①	⑤④③②①
38. Writing medical prescriptions/medical orders	⑤④③②①	⑤④③②①
39. Using passive voice to write referral letters	⑤④③②①	⑤④③②①
40. Writing advices to patients	⑤④③②①	⑤④③②①

Part 3 Opinions on the medical students' wants regarding English language courses

1. What purpose do you need to use English the most? Please rank the most (=1) to the least (=3).

___ Study ___ Further education ___ Work

2. If you have an opportunity to study or work aboard, which continents would you like to go to? You can choose more than one.

- Europe North America South America Africa
 Asia Australasia

3. What kinds of English course would you prefer the most? Please rank the most (=1) to the least (=3).

- ___ General English (English used in daily life e.g. greeting, watching English movies, travelling abroad.)
 ___ English for Academic Purposes (English used for education e.g. medical study, medical presentation, and medical publication.)
 ___ English for Occupational Purposes (English used for specific needs of the doctors for their work or profession e.g. asking about symptoms.)

4. From the item 3, please say why you ranked the choice above as most (=1).

5. Which teaching and learning mode do you prefer? Please choose only one.

- a. In-class (if you choose a. please skip item 10) b. Self-study (if you choose b. please skip items 6-9) c. Both in-class and self-study (if you choose c. please skip item 10)

6. What kind of instructor do you prefer to teach the English class? Please choose only one.

- Thai teacher Native teacher Both Thai and native teachers

7. The course should be taught to which level students (you can choose more than one item.):

- First year Second year Third year
 Forth year Fifth year Sixth year

8. Classes should be taught (Please choose only one.):

- Once a week (3 hours per session) Twice a week (1.5 hours per session)
 Three times a week (1 hour per session) Others, please specify _____

9. The size of class should be (Please choose only one.):

- 25-30 31-35 36-40
 41-45 Others, please specify _____

10. What form of monitoring do prefer for self-study? Please choose only one.

- Self-monitoring Monitoring by teacher e.g. regular tests

Part 4

Opinions on English usage and skills

Instruction

Please put ✓ in ⑤ - ① of each item to identify your opinions on English language usage studying and working.

The criteria are

- ⑤ = Strongly agree
 ④ = Agree
 ③ = Uncertain
 ② = Disagree
 ① = Strongly disagree

▪ Statement	
1. English is the medium language to communicate with foreign people.	⑤④③②①
2. English is more important for you because of AEC.	⑤④③②①
3. English is important for your study.	⑤④③②①
4. English is important for your future career.	⑤④③②①
5. English is highly beneficial for your study in ASEAN countries.	⑤④③②①
6. English is highly beneficial to your future career in ASEAN countries.	⑤④③②①

7. Please put ✓ in ⑤ - ① of each item to identify your English proficiency

The criteria are

⑤ = Fluent

④ = Good

③ = Fair

② = Weak

① = Very weak

▪ English skills	
7.1 Listening	⑤④③②①
7.2 Speaking	⑤④③②①
7.3 Reading	⑤④③②①
7.4 Writing	⑤④③②①

8. What English skills do you need? Please rank the most (=1) to the least (=4).

___ Listening ___ Speaking ___ Reading ___ Writing

9. What English skills would you like to improve? Please rank the most (=1) to the least (=4).

___ Listening ___ Speaking ___ Reading ___ Writing

10. How often do you use English for general topics in your daily life (except in your medical study and work)? Please choose only one.

Never (0%)

Rarely (1-20%)

Sometimes (21-50%)

Often (51-80%)

Always (81-100%)

11. How often do you use English for your medical studies? Please choose only one.

- Never (0%) Rarely (1-20%) Sometimes (21-50%)
 Often (51-80%) Always (81-100%)

12. How often do you use English in your medical work? Please choose only one.

- Never (0%) Rarely (1-20%) Sometimes (21-50%)
 Often (51-80%) Always (81-100%)

13. Other suggestions

Thank you very much for your cooperation

APPENDIX D
QUESTIONNAIRES
FOR THE DOCTORS (THAI)

แบบสอบถามสำหรับแพทย์

เรื่อง การศึกษาความต้องการจำเป็นของทักษะภาษาอังกฤษสำหรับนักศึกษาแพทย์เพื่อการประกอบวิชาชีพในประชาคมเศรษฐกิจอาเซียน: กรณีศึกษาคณะแพทยศาสตร์ มหาวิทยาลัยแห่งหนึ่งในภาคตะวันออกเฉียงเหนือของประเทศไทย

คำชี้แจง แบบสอบถามนี้สร้างขึ้นมาเพื่อสำรวจความคิดเห็นเกี่ยวกับความจำเป็น ปัญหา และความต้องการ ในการเรียนวิชาภาษาอังกฤษของนักศึกษาแพทย์ เพื่อการเข้าสู่ประชาคมเศรษฐกิจอาเซียน ข้อมูลที่ได้รับจากท่านจะเป็นประโยชน์อย่างยิ่งในการนำมาวิเคราะห์ เพื่อเป็นแนวทางในการจัดเตรียม พัฒนา และปรับปรุงการเรียนการสอนวิชาภาษาอังกฤษเพื่อวัตถุประสงค์เฉพาะทางด้านสายวิชาชีพแพทย์ ให้สอดคล้องกับความต้องการและความจำเป็นของนักศึกษาแพทย์

อนึ่ง การให้ข้อมูลตามความเป็นจริงและตอบคำถามที่ตรงกับความคิดเห็นของท่าน จะเป็นประโยชน์อย่างยิ่งในการวิจัยครั้งนี้ ขอรับรองว่าคำตอบจากท่านจะถือเป็นความลับและไม่มีผลกระทบใดๆ ต่อตัวท่าน

การนำเสนอข้อมูลจะนำเสนอโดยรวม จึงขอความกรุณากรอบบแบบสอบถามทุกข้อ

และขอขอบคุณในความร่วมมือและการเสียสละเวลาของท่านมา ณ โอกาสนี้

แบบสอบถามนี้แบ่งออกเป็น 4 ตอน คือ

ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม

ตอนที่ 2 ความคิดเห็นเกี่ยวกับปัญหาและความจำเป็นในการเรียนวิชาภาษาอังกฤษ

ตอนที่ 3 ความต้องการในเรื่องลักษณะของการเรียนการสอนภาษาอังกฤษ

ตอนที่ 4 ความคิดเห็นเกี่ยวกับการใช้งานและทักษะภาษาอังกฤษ

- **หมายเหตุ**
1. ภาษาอังกฤษทั่วไป หมายถึง ภาษาอังกฤษที่ใช้ในชีวิตประจำวันโดยทั่วไป เช่น การทักทาย การชมภาพยนตร์ภาษาอังกฤษ การเดินทางท่องเที่ยวต่างประเทศ เป็นต้น
 2. ภาษาอังกฤษเพื่อวัตถุประสงค์เชิงวิชาการ หมายถึง ภาษาอังกฤษเพื่อการเรียน เช่น การเรียนวิชาแพทย์ การนำเสนอผลงานทางการแพทย์ การตีพิมพ์ผลงานทางการแพทย์ เป็นต้น
 3. ภาษาอังกฤษเพื่อวัตถุประสงค์ในสายอาชีพ หมายถึง ภาษาอังกฤษเพื่อวัตถุประสงค์ในวิชาชีพแพทย์ เช่น การสอบถามอาการผู้ป่วยชาวต่างชาติ เป็นต้น

ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม**คำชี้แจง**โปรดใส่เครื่องหมาย ✓ ลงในช่อง หน้าข้อความที่ตรงกับความเป็นจริงของท่าน

1. เพศ: ชาย หญิง
2. อายุ: 21-30 ปี 31-40 ปี 41-50 ปี 51-60 ปี มากกว่า 60 ปี
3. แผนก: อายุรกรรม ศัลยกรรม รังสีวิทยา เวชศาสตร์ฟื้นฟู
 สูติ-นรีเวชกรรม กุมารเวชกรรม ศัลยกรรมกระดูกและข้อ
 อื่นๆ โปรดระบุ: _____
4. วุฒิการศึกษาสูงสุด: ปริญญาตรี ปริญญาโท ปริญญาเอก อื่นๆ โปรดระบุ: _____
5. สถานที่ศึกษาที่จบในวุฒิการศึกษาสูงสุด โปรดระบุ: _____

ตอนที่ 2 ความคิดเห็นเกี่ยวกับปัญหาและความจำเป็นในการเรียนวิชาภาษาอังกฤษ**คำชี้แจง**

โปรดใส่เครื่องหมาย ✓ ลงในช่อง ⑤ - ① หน้าข้อความที่ตรงกับความเป็นจริงของท่าน เพื่อระบุความจำเป็นและปัญหาในการเรียนวิชาภาษาอังกฤษเพื่อการเข้าสู่ประชาคมเศรษฐกิจอาเซียน

⑤ = มากที่สุด

④ = มาก

③ = ปานกลาง

② = น้อย

① = น้อยที่สุด

■ ทักษะการฟัง	ปัญหาในปัจจุบัน	ความจำเป็นในอนาคต
1. การฟังบทสนทนาในเรื่องทั่วไป	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
2. การฟังวิทยุ/เพลงภาษาอังกฤษ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
3. การฟังและการชมภาพยนตร์/โทรทัศน์เป็นภาษาอังกฤษ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
4. การฟังสื่อต่างๆ เช่น เพลง วิทยุ และโทรทัศน์ เป็นภาษาอังกฤษที่ใช้โดยชาวอาเซียน เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
5. การฟังการนำเสนอรายงานในชั้นเรียน	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
6. การฟังการบรรยายทางการแพทย์/สัมมนาทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
7. การฟังผู้ป่วยชาวต่างชาติเล่าถึงอาการป่วย	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
8. การฟังผู้ป่วยชาวต่างชาติเกี่ยวกับข้อสงสัยและการซักถามต่างๆ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑

■ ทักษะการพูด	ปัญหาในปัจจุบัน	ความจำเป็นในอนาคต
9. การสนทนากับเจ้าของภาษาในเรื่องทั่วไป (ชาวอังกฤษ ชาวอเมริกัน และชาวออสเตรเลีย เป็นต้น)	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
10. การสนทนากับผู้ที่ไม่ใช่เจ้าของภาษาในเรื่องทั่วไป (ชาวอาเซียน เช่น ชาวพม่า ชาวสิงคโปร์ และชาวฟิลิปปินส์ เป็นต้น)	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
11. การสนทนากับบุคคลอื่นๆ เมื่อคุณไปท่องเที่ยว	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
12. การออกเสียง	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
13. การอภิปรายทางวิชาการ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
14. การนำเสนอบทความทางวิชาการ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
15. การถามและตอบคำถามในชั้นเรียน	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
16. การถามและตอบคำถามในงานสัมมนาทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
17. การทักทาย (making small talk) กับผู้ป่วยชาวต่างชาติ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
18. การซักถามอาการและประวัติของผู้ป่วยชาวต่างชาติ เช่น อาการนำรายละเอียดของอาการนำ และประวัติครอบครัว เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
19. การใช้คำถามปลายเปิดแทนคำถามชี้แนะ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑

20. การร้องขอ/อธิบายกระบวนการต่างๆ ในการตรวจร่างกาย	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
21. คำศัพท์ที่ใช้สำหรับการวินิจฉัยโรค	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
22. การอธิบายถึงผลข้างเคียงจากการใช้ยาหรือการรักษา	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
23. ชื่อควรระวัง	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
24. คำแนะนำหากเกิดภาวะที่ไม่พึงประสงค์จากการรักษา	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
25. การแจ้ง/บอกข่าวร้าย เช่น การใช้ประโยชน์ที่ไม่ใช่ของผู้ป่วย เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑

■ ทักษะการอ่าน	ปัญหาในปัจจุบัน	ความจำเป็นในอนาคต
26. การอ่านเพื่อให้ความเพลิดเพลิน เช่น การ์ตูน เรื่อง นิยาย วรรณกรรม และนิตยสารภาษาอังกฤษ เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
27. การอ่านเพื่อให้อ้างอิงและความรู้ เช่น โฆษณาและหนังสือพิมพ์ ภาษาอังกฤษ เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
28. การอ่านตำราทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
29. การอ่านวารสารทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
30. การอ่านรายงานผลการตรวจรักษา	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
31. การอ่านอย่างรวดเร็วเพื่อดูประวัติการรักษาของผู้ป่วย	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑

■ ทักษะการเขียน	ปัญหาในปัจจุบัน	ความจำเป็นในอนาคต
32. การเขียนในเรื่องทั่วไปเพื่อการเข้าสังคม เช่น อีเมลล์ สมุดบันทึกประจำวัน และสื่อสังคมออนไลน์ เป็นต้น	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
33. การจดบันทึกจากการอ่านตำรา/การฟังบรรยายทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
34. การเขียนตอบข้อสอบ/การเขียนรายงานประกอบการเรียนเป็นภาษาอังกฤษ	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
35. รูปแบบและวิธีการเขียนบทความสำหรับตีพิมพ์ในวารสารทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
36. คำศัพท์ที่ใช้การเขียนบทความสำหรับตีพิมพ์ในวารสารทางการแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
37. การเขียนประวัติการรักษา/รายงานผลการตรวจรักษา	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑
38. การเขียนใบสั่งยา/คำสั่งแพทย์	๕ ๔ ๓ ๒ ๑	๕ ๔ ๓ ๒ ๑

39. การใช้ประโยคกรรมวาจก (passive voice) เพื่อเขียนใบส่งต่อผู้ป่วย	⑤ ④ ③ ② ①	⑤ ④ ③ ② ①
40. การเขียนคำแนะนำสำหรับผู้ป่วยชาวต่างชาติ	⑤ ④ ③ ② ①	⑤ ④ ③ ② ①

ตอนที่ 3 ความต้องการในเรื่องลักษณะของการเรียนการสอนภาษาอังกฤษ

1. คุณมีความจำเป็นต้องใช้ภาษาอังกฤษเพื่อวัตถุประสงค์ใดมากที่สุด (โปรดระบุ มากที่สุด (=1) ไปจนถึงน้อยที่สุด (=3))

___ การเรียน ___ การศึกษาต่อ ___ การทำงาน

2. ถ้าคุณมีโอกาสไปศึกษาต่อหรือทำงานในต่างประเทศ คุณต้องการไปทวีปใด (สามารถเลือกได้มากกว่า 1 ข้อ)

- ยุโรป อเมริกาเหนือ อเมริกาใต้ แอฟริกา
 เอเชีย ออสเตรเลีย/โอเชียเนีย

3. คุณต้องการเรียนวิชาภาษาอังกฤษแบบใดมากที่สุด (โปรดระบุ มากที่สุด (=1) ไปจนถึงน้อยที่สุด (=3))

___ ภาษาอังกฤษทั่วไป (ภาษาอังกฤษที่ใช้ในชีวิตประจำวันโดยทั่วไป เช่น การทักทาย การชมภาพยนตร์ภาษาอังกฤษ เดินทางท่องเที่ยวต่างประเทศ เป็นต้น) ___ ภาษาอังกฤษเพื่อวัตถุประสงค์เชิงวิชาการ (ภาษาอังกฤษเพื่อการเรียนการสอน วิชาการ เช่น การเรียนวิชาแพทย์ การนำเสนอผลงานทางการแพทย์ เป็นต้น) ___ ภาษาอังกฤษเพื่อวัตถุประสงค์ในสายอาชีพ (ภาษาอังกฤษเพื่อวัตถุประสงค์ในวิชาชีพแพทย์ เช่น การสอบถามอาการผู้ป่วยชาวต่างชาติ เป็นต้น)

4. จากข้อ 3 โปรดระบุเหตุผลที่คุณเลือกการเรียนวิชาภาษาอังกฤษแบบที่ต้องการมากที่สุด (=1)

5. คุณมีความต้องการการเรียนการสอนแบบใด (โปรดเลือกเพียง 1 ข้อ)

- ก. แบบเรียนในห้อง ข. แบบเรียนด้วยตนเอง ค. ทั้งแบบเรียนในห้องและเรียนด้วยตนเอง
 (หากคุณตอบข้อ ก. โปรดยกเว้นข้อ 10) (หากคุณตอบข้อ ข. โปรดยกเว้นข้อ 6-9) (หากคุณตอบข้อ ค. โปรดยกเว้นข้อ 10)

6. คุณมีความต้องการครูผู้สอนภาษาอังกฤษแบบใด (โปรดเลือกเพียง 1 ข้อ)

- ครูชาวไทย ครูชาวต่างชาติ ค. ทั้งครูชาวไทยและชาวต่างชาติ

7. ตรวจสอบภาษาอังกฤษแก่นักศึกษาแพทย์ชั้นปีใด (สามารถเลือกได้มากกว่า 1 ข้อ)

- ปี 1 ปี 2 ปี 3
 ปี 4 ปี 5 ปี 6

8. เวลาที่ใช้ในการเรียนการสอนควรเป็นดังนี้ (โปรดเลือกเพียง 1 ข้อ)

- สัปดาห์ละครั้งๆ ละ 3 ชั่วโมง สัปดาห์ละสองครั้งๆ ละ 1.5 ชั่วโมง
 สัปดาห์ละสามครั้งๆ ละ 1 ชั่วโมง อื่นๆ โปรดระบุ: _____

9. ขนาดของชั้นเรียนควรเป็นดังนี้ (โปรดเลือกเพียง 1 ข้อ)

- 25-30 คน 31-35 คน 36-40 คน
 41-45 คน อื่นๆ โปรดระบุ: _____

10. คุณมีความต้องการติดตามผลการเรียนสำหรับการเรียนด้วยตนเองแบบใด (โปรดเลือกเพียง 1 ข้อ)

- แบบติดตามเอง แบบมีครูคอยติดตาม เช่น ทดสอบเป็นระยะ

ตอนที่ 4

ความคิดเห็นเกี่ยวกับการใช้งานและทักษะภาษาอังกฤษ

คำชี้แจง

โปรดใส่เครื่องหมาย ✓ ลงในช่อง ⑤ - ① หน้าข้อความที่ตรงกับความเป็นจริงของท่านเกี่ยวกับใช้ภาษาอังกฤษเพื่อการเรียนและการทำงาน

⑤ = มากที่สุด

④ = มาก

③ = ปานกลาง

② = น้อย

① = น้อยที่สุด

■ รายการ	
1. ภาษาอังกฤษเป็นสื่อที่ใช้ในการสื่อสารกับชาวต่างชาติ	⑤ ④ ③ ② ①
2. ภาษาอังกฤษมีความสำคัญมากขึ้นเนื่องจากประชาคมเศรษฐกิจอาเซียน	⑤ ④ ③ ② ①
3. ภาษาอังกฤษมีความสำคัญในการเรียนของคุณ	⑤ ④ ③ ② ①
4. ภาษาอังกฤษมีความสำคัญในสายอาชีพของคุณ	⑤ ④ ③ ② ①
5. ภาษาอังกฤษมีความสำคัญมากขึ้นในการเรียนของคุณในประเทศอาเซียน	⑤ ④ ③ ② ①
6. ภาษาอังกฤษมีความสำคัญมากขึ้นในสายอาชีพของคุณเพื่อการทำงานในประเทศอาเซียน	⑤ ④ ③ ② ①

7. โปรดใส่เครื่องหมาย ✓ ลงในช่อง ⑤ - ① หน้าข้อความที่ตรงกับความเป็นจริงของท่าน เพื่อระบุประสิทธิภาพการใช้ภาษาอังกฤษของท่าน

- ⑤ = ดีเยี่ยม
- ④ = ดี
- ③ = พอใช้
- ② = อ่อน
- ① = อ่อนมาก

■ ทักษะภาษาอังกฤษ	
7.1 การฟัง	⑤ ④ ③ ② ①
7.2 การพูด	⑤ ④ ③ ② ①
7.3 การอ่าน	⑤ ④ ③ ② ①
7.4 การเขียน	⑤ ④ ③ ② ①

8. ทักษะภาษาอังกฤษใดที่มีความจำเป็น โปรดระบุ มากที่สุด (=1) ไปจนถึงน้อยที่สุด (=4)

___ การฟัง ___ การพูด ___ การอ่าน ___ การเขียน

9. ทักษะภาษาอังกฤษใดที่ต้องการปรับปรุง โปรดระบุ มากที่สุด (=1) ไปจนถึงน้อยที่สุด (=4)

___ การฟัง ___ การพูด ___ การอ่าน ___ การเขียน

APPENDIX E

QUESTIONS FOR SEMI-STRUCTURED INTERVIEWS FOR THE ADMINISTRATORS (ENGLISH)

The semi-structured interview questions are shown as follows:

Part 1: Background information of the administrators

1. Please introduce yourself.
2. What is your position?
3. How long have you been working in medical profession?

Part 2: The administrators' opinion toward needs, problems, and wants regarding English language learning of the medical students under AEC.

1. Do you think English is highly beneficial because of opening AEC? Also please, give examples of situations.
2. If AEC opens, how does it affect to the medical profession? Also please, give examples of situations.
3. If AEC opens, which kinds of English (General English, English for Academic Purposes, or English for Occupational Purposes) that it is the most important for the medical students? Also please, explain your answer.
4. Which kinds of English (General English, English for Academic Purposes, or English for Occupational Purposes) that the medical students have problems the most in current? Also please, give examples of situations.
5. Which English language skills that the medical students need in AEC context? Also please, give examples of situations.
6. Which English language skills that the medical students have problems in current? Also please, give examples of situations.
7. What do you think about how the medical students should to prepare their language skills in term of opening AEC? Also please, explain your answer.

8. Which kind of English courses (General English course, English for Academic Purposes course, or English for Occupational Purposes course) that would offer the most for the medical students? Also please, explain your answer.

9. Which teaching and learning mode (in-class, self-study, or both of them) that would offer for the medical students? Also please, explain your answer.

10. How instructors (Thai teacher, native teacher, or both of them) that would offer in English class? Also please, explain your answer.

11. Which year level that the English courses for the medical students should be taught? Also please, explain your answer.

12. Which period of time that English courses for the medical students should be taught? Also please, explain your answer.

13. Which size of English class should be? Also please, explain your answer.

14. How monitoring (self-monitoring or monitoring by teacher) that would offer for self-study? Also please, explain your answer.

15. What do you think about Thai medical treatments comparing with other AEC countries? Also please, explain your answer.

16. What do you think about English skills of Thai medical students comparing with other AEC countries? Also please, explain your answer.

APPENDIX F
QUESTIONS FOR SEMI-STRUCTURED INTERVIEWS FOR
THE ADMINISTRATORS (THAI)

ส่วนที่ 1: ข้อมูลทั่วไปของผู้ให้สัมภาษณ์

1. โปรดแนะนำตนเอง
2. ตำแหน่งหน้าที่การงานของท่านคือ
3. ท่านทำงานในสายวิชาชีพแพทย์เป็นเวลากี่ปี

ส่วนที่ 2: ความคิดเห็นของผู้ให้สัมภาษณ์ต่อความจำเป็นในอนาคต ปัญหาในปัจจุบัน และความต้องการ เกี่ยวกับการเรียนภาษาอังกฤษของนักศึกษาคณะแพทยศาสตร์เพื่อการเข้าสู่ประชาคมเศรษฐกิจอาเซียน

1. ท่านคิดว่าภาษาอังกฤษมีประโยชน์เพิ่มมากขึ้นเนื่องจากการเปิดประชาคมเศรษฐกิจอาเซียนหรือไม่ โปรดยกตัวอย่างประกอบ
2. หากเปิดประชาคมเศรษฐกิจอาเซียน ท่านคิดว่าจะมีผลกระทบต่อสายวิชาชีพแพทย์อย่างไร โปรดยกตัวอย่างประกอบ
3. หากเปิดประชาคมเศรษฐกิจอาเซียน ท่านคิดว่าภาษาอังกฤษประเภทใด (ภาษาอังกฤษทั่วไป ภาษาอังกฤษเพื่อวัตถุประสงค์เชิงวิชาการ หรือภาษาอังกฤษเพื่อวัตถุประสงค์ในสายวิชาชีพ) ที่มีความสำคัญมากที่สุดต่อนักศึกษาคณะแพทยศาสตร์ โปรดอธิบาย
4. ท่านคิดว่าภาษาอังกฤษประเภทใด (ภาษาอังกฤษทั่วไป ภาษาอังกฤษเพื่อวัตถุประสงค์เชิงวิชาการ หรือภาษาอังกฤษเพื่อวัตถุประสงค์ในสายวิชาชีพ) ที่นักศึกษาคณะแพทยศาสตร์ประสบปัญหาามากที่สุดในปัจจุบัน โปรดยกตัวอย่างประกอบ
5. ท่านคิดว่าทักษะภาษาอังกฤษใดที่มีความจำเป็นต่อนักศึกษาคณะแพทยศาสตร์ในบริบทประชาคมเศรษฐกิจอาเซียน โปรดยกตัวอย่างประกอบ
6. ท่านคิดว่าทักษะภาษาอังกฤษใดที่นักศึกษาคณะแพทยศาสตร์ประสบปัญหาในปัจจุบัน โปรดยกตัวอย่างประกอบ
7. ท่านคิดว่านักศึกษาคณะแพทยศาสตร์ควรเตรียมพร้อมเรื่องทักษะทางภาษาเพื่อการเข้าสู่ประชาคมเศรษฐกิจอาเซียนอย่างไร โปรดอธิบาย

8. ท่านคิดว่าวิชาภาษาอังกฤษประเภทใด (วิชาภาษาอังกฤษทั่วไป วิชาภาษาอังกฤษเพื่อวัตถุประสงค์เชิงวิชาการ หรือวิชาภาษาอังกฤษเพื่อวัตถุประสงค์ในสายวิชาชีพ) ที่ควรจัดให้นักศึกษาคณะแพทยศาสตร์มากที่สุด โปรดอธิบาย
9. ท่านคิดว่าการเรียนการสอนแบบใด (แบบเรียนในห้อง แบบเรียนด้วยตนเอง หรือทั้งสองแบบ) ที่ควรจัดให้นักศึกษาคณะแพทยศาสตร์ โปรดอธิบาย
10. ท่านคิดว่าควรจัดครูผู้สอนภาษาอังกฤษแบบใด (ครูชาวไทย ครูชาวต่างชาติ หรือทั้งสองแบบ) ให้นักศึกษาคณะแพทยศาสตร์ โปรดอธิบาย
11. ท่านคิดว่าควรสอนภาษาอังกฤษให้นักศึกษาคณะแพทยศาสตร์ในชั้นปีใด โปรดอธิบาย
12. ท่านคิดว่าเวลาที่ใช้ในการเรียนการสอนภาษาอังกฤษสำหรับนักศึกษาคณะแพทยศาสตร์ควรเป็นแบบใด โปรดอธิบาย
13. ท่านคิดว่าขนาดของชั้นเรียนภาษาอังกฤษควรเป็นแบบใด โปรดอธิบาย
14. ท่านคิดว่าการติดตามผลการเรียน (แบบติดตามเอง หรือแบบมีครูคอยติดตาม) สำหรับการเรียนด้วยตนเองควรเป็นแบบใด โปรดอธิบาย
15. ท่านคิดว่าการแพทย์ของไทยอยู่ในอันดับที่เท่าไร เมื่อเทียบกับประเทศอาเซียนทั้งหมด
16. ท่านคิดว่าทักษะภาษาอังกฤษของนักศึกษา (แพทย์) ไทยอยู่ในอันดับที่เท่าไร เมื่อเทียบกับประเทศอาเซียนทั้งหมด

APPENDIX G
QUESTIONS FOR SEMI-STRUCTURED INTERVIEWS FOR
THE FOREIGN PATIENTS (ENGLISH)

The semi-structured interview questions are shown as follows:

Part 1: Background information of the foreign patients

1. Please introduce yourself.
2. What is your age?
3. How often have you sought medical services in Thailand?

Part 2: The foreign patients' opinion regarding needs and problems with respect to English language learning of medical students under AEC framework.

1. Do you think English will be highly beneficial for the medical profession with the advent of AEC? If so, in what way? Please give examples of situations.
2. Do you have any problems about communication in English with Thai medical practitioners when seeking have medical service(s)? If so, in what way? Please give examples of situations.
3. Which English language skills do you think Thai medical practitioners need most in AEC context? Please give examples.

BIOGRAPHY

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