

THE IMPORTANCE OF ASSESSMENT IN TASK-BASED MEDICAL ENGLISH COURSES FOR THE EVOLUTION OF STUDENTS' PRESENTATION SKILLS

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Abstract

Thorough assessment and evaluation are crucial elements of every successful educational relationship. This delicate interaction has a multi-layered, yet synergistic influence on the process of development of students' presentation skills. The feedback students receive has at the same time a modifying effect on both the evaluator (teacher) and the presenter (student). The former will receive the information on how successful he/she was in terms of transparent explanation and their guiding towards what is being expected from students to deliver, the latter will get the insight into how well and advanced his/her presentation was in terms of guidelines previously introduced. Both of them, therefore, gain impetus for striving for excellence. Since excellence is measured by standards, it should be quite objective, furthermore, students should be familiar with the standards they are supposed to meet to achieve excellence, and the teachers have the opportunity to provide insight into the room for improvement students, beyond doubt, possess. The accent is being put on the continuous process of development and improvement, whereby the students learn to be open to criticism and recognize the potential for growth.

During the course of their Medical English curriculum, comprised of six 20-hour modules equally distributed within each year of the medical study programme, students have the opportunity to evolve in the process of modifying their presentation skills, receiving input after each of their medical topic presentations (5 years – 5 medical topics), reflecting on both successful and less successful elements. This type of immediate assessment provides benefits not only for the presenter, but also for the peer audience, the future presenters.

In the process of personal growth toward a future medical doctor (MD) position, clinician, or researcher, but above all a person ready to present various topics in front of different types of audience, it is of tremendous importance for students to be able to simultaneously develop self-assessment skills, in that way equipping themselves with capacities for lifelong learning.

The purpose of this paper is to discuss the potential benefits of incorporating presentation skill development into English for medical purposes (EMP) curricula, advocating at the same time the necessity of smaller student groups in order to accomplish feasibility of learning outcomes and assessment process (feed-forward) for both students and teachers.

Key words: assessment, English for medical purposes (EMP), medical topics, presentation skills, task-based activities

1. Introduction: presentation skills in the 21st-century education for job market

In the contemporary society in which everything revolves around how to present oneself, people are prompted to develop their skills of presentation as efficiently as possible. In a more or less digitalized surrounding, where time is money, but not vice-versa, there is usually a reasonably big window of opportunity to peek through and introduce one's ideas, innovations, research, or achievement in general, particularly in the professional sphere. A tool to accomplish it is a form of presentation which is to be judged according to various elements, but above all, it has to be effective, interesting and easy to follow. Whether presenting one's course of education, research and ideas on a particular subject, or just reviewing the literature and references on a specific topic, there are rules to adhere to.

Task-based language teaching provides the scaffolding for presentation skill development in a sense that it prompts students to focus on task completion and as a bonus comes the development of research skills, as well as designing and optimizing of the content according to the expectations of the target audience. The final product of this preparation-execution exercise is of course the delivering of the topic speech in front of the audience of peers, followed by teacher's feedback commenting on task performance and language development, simultaneously providing a meaningful feed-forward for future medical topic presentations, which are either to take part in next academic year (new course – new medical topic) or as a form of remediation (redoing the task in the same academic year).

The purpose of this paper is to discuss the potential benefits of incorporating presentation skill development into English for medical purposes (EMP) curricula, advocating at the same time the necessity of smaller student groups in order to accomplish feasibility of learning outcomes and assessment process (feed-forward) for both students and teachers.

2. Task-based language teaching (TBLT) in English for medical purposes (EMP) courses: authentic tasks

Communicative language teaching (CLT), as opposed to memorizing grammatical rules and their exceptions, aims at educating individuals prepared to communicate in the target language. To implement it, a tool was needed which would help learners to acquire the language while being focused on the task and not the language (Nunan & Nunan, 2004, p. 7).

Therefore, the concept of “learning by doing” (also known as experiential learning), studied and explained by Kohonen (1992, p. 37), in which the intrinsically motivated and self-directed learner actively engages in the task, gathering valuable experience, provides a theoretical blueprint for task-based language teaching (TBLT), which further on promotes decentralisation of teacher’s role and students abandoning passive learning (Nunan & Nunan, 2004, p. 15).

In Medical English courses at Osijek Faculty of medicine (Medical English, years 2-6), the end product (task) is the presentation of a medical topic selected from the topics dealt with within the core medical curriculum of the corresponding year of study. Moreover, by engaging in task completion, medical students develop all four language skills: first of all, reading (when searching through references), but not just simple reading: in addition to just going vertically or horizontally through the text, students employ criticism to judge whether the reference is worth reading in detail or use it as a source (reliability). The second skill that is practiced is writing, more precisely creating a presentation script which will further help students organize the slides. Speaking is present both during the preparation period, when students are practicing the presentation in front of their friends, family, mirror, cell phone, etc. and during the execution phase, in front of their peers, who on the other hand, for that period assume the role of listeners (Dubac Nemet & Benčina, 2019, p. 4).

What about the role of the teachers? Van den Branden (2016, p. 169) depicts them as people responsible for mediation of language learning, for motivating the students to achieve higher levels of proficiency, striving towards excellence and independence which will furthermore be an asset when they finish their formal part of education. Consequently, in TBLT the teachers are responsible for providing guidelines and enhancing motivation in pre-task activities, as well as for the compilation of feedback in the form of feed-forward (post-task).

The concept of authentic tasks, together with the development of self- and peer-assessment, (under the umbrella term: assessment literacy), and teacher’s feed-forward skyrockets students’ motivation by literary helping them to conclude that the tasks they are performing as a part of the course will be of value in their professional career. In that way, students assume an active approach, which overgrows simple language learning, moreover, it aims towards proficiency in the target language and development of transferable skills (Van Branden, 2016, p. 169).

3. Assessment – at the heart of learning!

Assessment is inevitably **the heart** of learning. Namely, if the heart fails to deliver the requested amount of blood, our tissues and organs will undergo a process called necrosis (necr/o means death). Similar to that, if the assessment fails to deliver (feedback/feed-forward), it is a matter of time before the entire process of learning and teaching will collapse.

It may seem a bit exaggerated or dramatic per se, but it is for sure something that can be systematically detected in many European countries; as Phil Race (2015, p. 1) mentions in his Assessment Digest: The National Student Survey undertaken annually in the UK reveals that assessment and feedback remain the parts of Higher Education experience with which the students are least satisfied. In their opinion, neither the assessment criteria, nor the grading is fair. Why is that the case?

Two decades ago, the general premise of the assessment was how to most efficiently form grades. A shift from evaluating and grading was made at the beginning of the new century, with cognitive research providing new insights into modalities of learning (VARK = **Visual, Auditory, Reading/Writing, and Kinesthetic**). Furthermore, in our country, the turning point was the launching of the Bologna declaration addressing learning outcomes, new approaches to both teaching and learning, as well as calling upon assessment improvement.

Another important aspect that disturbed the traditional architecture of assessment was the fact that the number of enrolled students has been growing steadily over the past couple of decades (more students more government funding), without teacher numbers following it. According to Gibbs (2006, p. 11 as cited in Bryan & Clegg, 2006), the student-staff ratio has drastically changed when comparing the numbers from the 1980s (8:1) with those at the beginning of the new century (20:1). The imposed class contact hour scheme led to the issue of a decrease in time teachers can invest in their work with a particular student outside the classroom, resulting from the fact that there is a significant difference in workload teachers assume when comparing class sizes. For example, the number of students enrolling in the medical study programme at Osijek Faculty of medicine in the year 2000 was 40, whereas over the last 15 years the number of students has significantly increased (approximately 70-75 students enrolled + students transferring from other faculties of medicine).

The collateral damage of previously mentioned issues becomes assessment, because in large classes the cost of the assessment is larger than that of teaching. Since the discrepancy cannot be sustained for a longer period, and even with the most enthusiastic teachers, the negative consequence reflects itself into the simplification of the process of assessment and use of a form of telegram messaging instead of proper feedback.

3.1. Summative vs Formative Assessment

There are many definitions of assessment applied to different aspects of life. In the educational sector the most desirable effect of it is to advance students' learning.

In addition to that effect, there is also the obligation of grading: multiple-choice tests, for example, tend to be good at assessing content knowledge, whereas performance assessments are inevitable for assessing the application of skills. That brings us to the general division of the assessment. Namely, as it is generally accepted, there are two forms of student assessment: the first one being summative and the second one formative. Summative assessment is also known as assessment of learning or simply – grading. It evaluates student effort against the set of criteria and results in awarding a grade important for the final classification (Maki, 2002, p. 11).

Formative assessment on the other hand encompasses assessment FOR learning. By conducting it, the teacher interprets students' performance helping them to recognize both their strengths and weaknesses as well as providing suggestions on how to improve their performance. Nevertheless, formative feedback does not necessarily have to come from the teacher; it can be generated by one's peers or by students themselves in the form of self-assessment (Maki, 2002, p. 11).

3.2. Desired qualities of assessment

Sally Brown (2004, pp. 81-84) lists some of the most desirable and at the same time necessary qualities of a *fit-for-purpose* assessment. Along with the **timing** of the assessment (opportunities for remediation!), Brown stresses the importance of moving away from measuring the number of facts recalled, but rather focusing on their **practical application** (employability).

Transparency of the assessment criteria provides at the same time a strong link to assessment literacy which is a prerequisite for both peer- and self-assessment and **validity** of the assessment, matching achievement to criteria and doing that in a reliable manner (**reliability**).

Given previously mentioned changes in higher education schemes and student numbers, one of the important qualities of assessment that should not be neglected is certainly **feasibility**: putting the assessment into the context of it being manageable by all stakeholders.

3.3. Feed-forward in EMP teaching

Instead of focusing on current students' performance, feed-forward, as the name suggests, underlines the developmental nature of assessment, aiming at future occasions during the process of learning and self-correction (Guskey, 2003, p. 10).

Feed-forward is a part of the feedback that is tremendously important due to the fact that Osijek Medical English curriculum is made of six 20-hour modules equally distributed within each year of the medical study programme. Because of that, students have the opportunity to evolve in the process of modifying their presentation skills, receiving input after each of their medical topic presentations.

To generate accomplishment, the students must be familiarized with evaluation criteria in advance, their assessment literacy must be fairly developed, so that their assignments are not degraded to the level of a guessing game. Therefore, the feedback they receive must be indeed a feed-forward: not the end of learning, but a corrective instruction providing opportunity/second chance to demonstrate a higher level of achievement.

Assessment, which in the end has the function of grading, should be above all primarily developmental: students must understand where exactly they have performed in a substandard manner and what they need to do to improve.

Whether we are tackling the issue of assessment FOR learning or assessment OF learning, we must be aware of the fact that assessment is also important feedback for teachers. Specifically, it should help us identify what we taught/explained well, and what we need to work on. Indeed, we must strongly agree with Guskey (2003, p. 8) who concluded that if 50% of students fail to meet a particular criterion, then it is not their failure, but a faulty teaching strategy and needs a thorough critical reflection and remediation. In that way, we as instructors, teachers, evaluators can evaluate the effectiveness of our teaching and eventually develop as educators.

According to my personal experience, a well-designed assessment *portfolio* should have a mix of formative and summative assessment items with emphasis given to formative stages.

3.4. Sharing the responsibility: Peer-and self-assessment

As previously mentioned, assessment is the heart of both teaching and learning. If we want it to be both functional and reliable, it is quite important to implement it as a shared responsibility. Having that in mind, it is absolutely necessary to engage in peer-assessment scaffolding in order to escape potential general critique focusing on destructive approach and bias (overly favourable evaluations of their friends or conflict with other students spiced by antagonism). By evaluating the work of their peers and

vice versa, the students are provided with an opportunity to address both the strong and weak sides of the presentation. In order to be able to do it efficiently, assessment rubrics present invaluable aid in explaining the basis of assessment by addressing explicit criteria for performance.

4. Assessment rubrics – a blueprint for assessment literacy

Assessment rubrics are cornerstones of transparency when it comes to determining to which extent the student performance meets the standards. At the same time, they provide a framework for both self-and peer-assessment, engaging students in the process of development towards assessment literate lifelong learners, who will be able to supervise themselves and make informed judgments.

According to Wolf and Stevens (2007, pp. 5-7), there are three fundamental steps when creating an effective rubric:

1. Identifying the performance criteria (which elements will be included in the evaluation: link to learning outcomes)
2. Setting performance levels (how proficient the student was in relation to described standards of performance): unsatisfactory (needs improvement) – satisfactory – proficient
3. Describing performance at each level: unsatisfactory (**must** redo their presentation) – satisfactory (may redo their presentation) – proficient (full competency)

Here is an example of the Assessment Rubric for the oral presentation of a medical topic (Figure 1). As can be observed, it is pretty detailed primarily because at the beginning of the 2nd year of medicine, students are usually for the first time introduced to the concept of oral presentation being departed from the “presentation” that presumes reading the sentences and paragraphs from the slides. Having knowledge of the criteria by receiving the Oral Presentation Assessment Rubric in advance, followed by an introductory lesson on dos and don’ts contributes significantly to easier comprehension of the requested standards as well as to their application during task-based language learning within EMP course.

I. ORAL PRESENTATION ASSESSMENT RUBRIC: adapted from Wolf & Stevens (2007)

	UNSATISFACTORY	SATISFACTORY	PROFICIENT
STRUCTURE AND ORGANISATION	no organisation, confusion in the sequence of ideas; signposting not used at all; manages time poorly (the whole presentation or a part of it is too short or too long); slides (text size too small or too big; cluttered, misaligned, poorly organized)	the structure is somewhat unclear; lacking proper introduction or conclusion, weakly coherent, signposting used not completely correct; generally, manages time well; slides legible to some extent (certain parts – too small); most of the slide content is well organized	consists of an introduction, body, and conclusion; well-structured, clear, coherent; signposting used properly; organizes time successfully; adequate distribution of time to structural parts of presentation; all slides legible; all the slide content is well-organized
CONTENT	the speaker appears not to have mastered the content (e.g. has word-for-word copied and memorized the information from the Internet); content is inaccurate or incomplete, or not relevant to the topic/audience; inadequate references (number, quality, reliability, authenticity, professional level)	content is relevant to the topic and audience; has certain difficulties in expressing in his/her own words; provides somewhat irrelevant pieces of information; references (for the most part adequate, some of them: inadequate professional level)	expresses knowledge of the content and terminology, providing appropriate examples relevant to the topic; maintains professional level adequate to the target audience; adequate references (number, quality, reliability, authenticity, professional level)
DELIVERY	the speaker manages only short, memorized formulations, with too much pausing to search for expressions; vocabulary is basic and limited, not appropriate to audience or topic; speech is difficult to understand (too quiet/ /too fast/too slow/talks to screen or monitor); speaker consistently reads from slides – no eye contact; speaker makes many grammatical and pronunciation mistakes	the speaker delivers a comprehensible speech, even though occasionally pausing for grammatical and lexical recall; vocabulary is for the most part appropriate to the audience and the topic; pronunciation is mostly correct; occasionally mumbles, turns away from the audience; sometimes reads from slides – occasional eye contact; grammar and syntax are mainly correct	the speaker can express himself/herself fluently; pronunciation is clear and correct (both General English and Medical English); has a good command of rhythm and stress; vocabulary is rich – appropriate to the audience; speech is easy to understand (loud and clear); speaks with occasional glances at slides – eye contact: the majority of the time; grammatical and syntactical structures are used correctly

Figure 1. Oral presentation assessment rubric: adapted from Wolf & Stevens (2007, p. 9)

Elements included in the Assessment Rubric are:

STRUCTURE AND ORGANISATION

I. structure and organisation of the presentation (introduction, body, conclusion)

II. slide layout (amount and organisation of the content)

III. time management

CONTENT

IV. content (using appropriate professional terminology, addressing target audience, using an adequate professional level when selecting the pieces of information to include in the presentation)

V. references (linked directly to the content – authority, credibility, accuracy, reliability, currency, objectivity – potential bias)

DELIVERY

VI. delivery (using slide bullet points as a speaking prompt)

VII. vocal aspects of delivery – verbal skills (pacing, articulation, pitch, speed, volume)

VIII. pronunciation (General English and Medical English terms)

IX. language proficiency and fluency

By using assessment rubrics, it is possible to assess students immediately after their performance (timing!). It reduces the likelihood that judgment will be influenced by other disrupting factors (validity & reliability), moreover, when introduced in advance, the students become acquainted with what is expected of them to deliver, at the same time receiving the basis for peer evaluation as well as the framework for self-assessment (assessment literacy).

5. Assessment of oral presentations

Oral presentations, although regarded summative in nature (they lead towards a grade) due to the fact that they are followed by immediate teacher feedback, become at the same time formative in realization.

Both written and verbal guidelines are important for the successful launching of a student's assignment. Potential advantages are of course development of oral communication skills and the mastery of a subject matter, whereby also students with lower English language proficiency have enough time for preparation and rehearsal, which consequently adds up to their motivation and provides a safe zone for them to prepare for the task which involves a giant leap from their comfort zone.

Nevertheless, we must bear in mind that there are potential issues with the organisation. If the group is large, then it could take forever to assess the students and it is quite exhausting to both follow the presentations and *ad hoc* compose notes for moderation.

Therefore, in my large Medical English classes (70+) in order to save time for assessment and feedback, a shift has been made towards a pair presentation, whereby two students co-present their medical topic. In that way, additional time is accumulated for a more comprehensive feed-forward.

Along with organisational issues concerning the teacher, the negative aspects of the oral presentation are of course speech anxiety and monotony created by students' reluctance to engage in a communicative form of presentation rather than reading chunks of text pasted onto slides.

For the sake of accomplishing reasonable challenge and adequate support, Wilson and Brooks (2014, pp. 51-54) argue the necessity of decomposing the presentation process into manageable steps, over a longer period of time. Figure 2 presents manageable steps of the presentation process (adapted from Wilson & Brooks, 2014) carried out in Medical English courses at the Faculty of Medicine in Osijek.

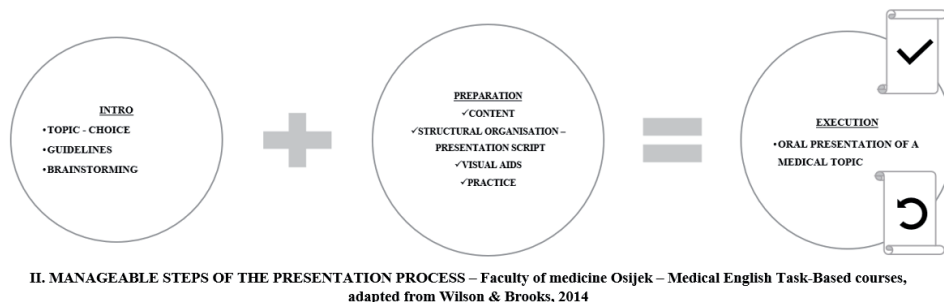


Figure 2. Manageable steps of the presentation process (adapted from Wilson & Brooks, 2014)

Since it is frequently not the case that we have a span of time reaching over a substantial number of weeks, we as teachers must become time-efficient, employing various communication platforms such as MS Teams, Moodle Merlin, Adobe, Zoom. The list of suggested topics, together with the presentation schedule as well as Guidelines and Assessment Rubric are sent via e-mail and published on Moodle, at least a week before the beginning of the course. Students are then allocated a week to select and agree on the topic, to report their choices and do the brainstorming as well as launch the preliminary research.

During the introductory lecture, students are verbally engaged in the interaction with the purpose of clarifying both the Guidelines and Assessment Rubric. They also become familiar with the benefits they will receive upon investing their efforts. Another important part is the MS PowerPoint presentation on dos and don'ts with examples of good practice and frequent student mistakes.

Along with their slides being sent to the teacher's e-mail 48 hours in advance, the students are compiling the presentation script, which helps them materialize their presentation as their peers will hear it. A week before the scheduled presentation, the students are given the opportunity to engage in short Q&A sessions on MS Teams. Those are of course not a part of the course schedule, but an opportunity for students to get help while preparing their assignment.

Oral presentation, although a grading assessment, is at the same time also a formative assessment: students are allowed opportunities for remediation of their shortcomings.

6. Assessment and feedback: maladies and remedies

It is quite important to list some of the most overbearing obstacles language teachers, as well as teachers in general, are facing when it comes to assessment. First of all, the situation in the contemporary higher education sector, stretched to the outer limits when it comes to the number of students enrolled, without a logical increase in the number of teaching staff, has resulted in tutor-student ratios being noticeably unbalanced. Although efforts have been made towards transparency through learning outcomes, assessment criteria, and feedback, all of that hard work cannot fully substitute for that delicate teacher-student interaction.

Consequently, the previously mentioned situation calls upon teachers' *pro bono* time. In order not to tolerate or even worse ignore the confusion of the students about what is expected and lack of potential for scaffolding, teachers invest their free time, eroding eventually their private life and blurring the line between private and professional spheres.

One of the potential solutions which might be implemented with the least administration resistance is recording of student presentations for future detailed analysis, as suggested by Dryden (2003:82), in case of students requesting the mark review or if teachers want to provide feed-forward in more detail. Unfortunately, again TIME is needed to implement it: a concept of *detailed analysis* involves additional sessions which do not fit into the course schedule (contact hours).

In order to address the issue of validity and reliability from the practical standpoint, aiming towards *safety nets* for assessment (four eyes, two ears), the option of two assessors must not be overlooked. This type of co-assessment discussed by Dryden (2003, p. 82), would include compiling notes on how students meet each criterion listed in the Assessment Rubric, furthermore, discussing and agreeing on a final grade or need for remedy sessions. Even though such a form of assessment represents a boosting factor to both reliability and validity, it seems less likely to be implemented, given the previously mentioned teacher-student ratios and staff workload. On the other hand, if students are to be provided with an opportunity to redo their presentation (and they must, otherwise we cannot talk about assessment FOR learning), it means at least 2-3 extra sessions for a 70+ student group, for example at Osijek Faculty of Medicine and Faculty of Dental Medicine and Health, where seven task-based courses are held, it would mean at least 20 remedy sessions (1 session=90 minutes).

With all previously discussed issues in mind, in the end, the most effective solution that should be constantly advocated and lobbied for are smaller student group teaching concepts in which the communicative interaction and authentic activities coupled with timely feed-forward would be feasible for both students and the teacher.

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VAŽNOST VREDNOVANJA ZA RAZVITAK STUDENTSKIH PREZENTACIJSKIH VJEŠTINA TIJEKOM KOLEGIJA MEDICINSKOGA ENGLESKOG JEZIKA U KOJEMU SE POUČAVA NA TEMLJU ZADATAKA

Ključni dijelovi svakoga uspješnog obrazovnog odnosa su detaljno vrednovanje i ocjenjivanje. Ta osjetljiva interakcija ima višeslojan no istovremeno sinergistički utjecaj na proces razvitka studentskih prezentacijskih vještina. Povratna informacija koju studenti dobivaju po završetku prezentacije ima istovremeno modificirajući utjecaj na evaluatora (nastavnika) i izlagača (studenta). Nastavniku se pruža informacija o tome koliko je bio uspješan/uspješna po pitanju jasnoće objašnjenja i uputa o tome što se očekuje od studenata, a studenti dobivaju uvid o tome u kojoj mjeri je prezentacija bila u skladu s nastavničkim uputama. Obje strane dobivaju poticaj za stremljenje prema izvrsnosti. Budući da izvrsnost mjerimo prema zadanim standardima, proces vrednovanja trebao bi biti u najvećoj mjeri objektivan i transparentan, pri čemu je student upoznat sa standardima koje treba dosegnuti, a nastavnici imaju mogućnost pružiti uvid u prostor za napredak. Naglasak je pri tome na kontinuiranom procesu razvitka i poboljšanja, a studenti uče prihvaćati kritiku i prepoznati potencijal za napredak.

Tijekom cjelokupnoga studijskog programa iz kolegija medicinski engleski (6 kolegija po 20 sati nastave), studenti imaju mogućnost razvijati se, poboljšavajući svoje prezentacijske vještine, vođeni nastavničkom evaluacijom po završetku izlaganja, pri čemu dobivaju uvid kako u uspješno realizirane elemente tako i u elemente kod kojih još ima prostora za poboljšanje. Ova vrsta neposrednoga vrednovanja korisna je ne samo izlagaču, nego i ostalim studentima s iste godine studija, koji će tek izlagati.

U procesu osobnoga rasta i razvitka prema budućem zanimanju doktora medicine, odnosno liječnika, kliničara ili znanstvenika, no prije svega osobe koja je u stanju izložiti različite medicinske teme pred različitim tipovima publike, za studente je od neizmjerne važnosti paralelno razvijati i vještine samoprocjene, jer na taj način razvijaju svoje kapacitete za cjeloživotno obrazovanje.

Cilj ovoga rada je analizirati potencijalne prednosti uvrštavanja aktivnosti usmjerenih ka usavršavanju prezentacijskih vještina u kurikulum engleskoga jezika za medicinsku namjenu, zalažući se istovremeno za brojčano manje studentske skupine kako bi se omogućilo adekvatno postizanje ishoda učenja od strane studenata te uspješno provođenje procesa vrednovanja (feed-forward) s pozicije nastavnika.

Ključne riječi: aktivnosti temeljene na pripremi i realizaciji zadatka, Engleski za medicinsku namjenu (EMP), medicinske teme, prezentacijske vještine, vrednovanje