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SELF-ASSESSMENT CHECKLISTS IN MEDICAL CLIL

ABSTRACT. This article reports the first preliminary steps in the creation of personal self-assessment checklists for students enrolled in biomedical degrees.

The checklist under construction has to do with awareness raising. Specifically, it is designed to provide a much-needed integration for, and, in part, correction to students' beliefs about the CEFR system, re-orienting them towards GMER and OCSE goals. Except in rare cases, students enrolling in this degree in Italian universities are familiar with CEFR and its A1-C2 scale. Indeed, many of them possess an international CEFR-based certificate attesting their level of competence on this scale. They are, on the contrary, generally unaware that their degree course requires a knowledge and use of English that goes beyond the basic lexicogrammatical framework acquired during their school years and demands a focus on specialised meaning-making practices and highly-contextualised vocational skills. This entails the need to take a further step which often comes as a cultural shock for many students who have a hard time adjusting to a new set of expectations, having assumed, more or less, that what they already knew would suffice with, perhaps, some "touch-ups" in lexis whereas, as a matter of fact, getting to grips with biomedical texts requires much more than this. The process of adjusting to the requirements of discourse in English in such texts presupposes guidance and a set of

support tools that include self- assessment checklists that allow students to monitor their progress for themselves.

Key words: CLIL, Self-assessment, CEFR, GMER

1. A Framework for Medical CLIL

This study thus looks at the development of such checklists whose primary purpose is to spell out to students what is required and to help them face up to the reality that a good score on the CEFR scale as attested by an international certificate (e.g. Trinity and Cambridge Assessment exams) is only the starting point for the next step in the development of their interactional skills in English. The steps towards creating such checklists are based on in-class discussions with first-year students attending a degree course in the field of Occupational Medicine, specifically the three-year first degree course to become a graduate in Workplace Safety and Environmental Protection (TPALL: Tecnico per la Prevenzione Ambientale sui Luoghi di Lavoro). Their training in interactional skills in their mother tongue (Italian) and in English relates to their future work as healthcare professionals who carry out preventive, evaluative and monitoring procedures in environmental health and safety, including, in particular food and drink hygiene. In their careers, these graduates will investigate, identify, and report irregularities, evaluating the need to carry out inquiries and investigations into accidents and occupational diseases. They will check that working environments

meet the required safety standards and ascertain the safety of various products, for example, cosmetics. They will also take part in court investigations into offences against the environment and workplace health and safety conditions and report any irregularities that fall within their remit.

However, given the students' familiarity with the CEFR framework, it seemed appropriate to base the checklist on an adaptation of CEFR can-do statements that meets the specific needs of students and teachers in the biomedical area.

LEVELS	Listening/Speaking	Reading	Writing
B2 Level 3	CAN take and pass on most messages that are likely to require attention during a normal working day.	CAN understand most correspondence, reports and factual product literature he/she is likely to come across.	CAN deal with all routine requests for goods or services.
B1 Level 2	CAN offer advice to clients within own job area on simple matters.	CAN understand the general meaning of non-routine letters and theoretical articles within own work area	CAN make reasonably accurate notes at a meeting or seminar where the subject matter is familiar and predictable.

Table 3-1. Examples of can-do statements in the ALTE Work Typical Abilities Table

Figure 3-1 reproduces a small part of the ALTE Work Typical Abilities Table (http://events.alte.org/cando/work.php), which formed the basis for the author's first can-do statement table, which relates to previous work undertaken for political

science students (Rizzo 2009, p. 74), a part of which is shown in Fig. 3-2. Experience gained with political science students shows that degree-course specific tables are prized by students. Specifically, Table 3-2 reworks the ALTE can-do statements in terms of integrated skills, integrated, that is, in the sense that the specific tasks referred to combine, for example, reading in English with discussions. The table works as a checklist in the following way: the overall tasks are related to specific exercises; after the students have done one or more of the exercises indicated (but naturally omitted here due to their length), they are invited to carry out self-assessment; as well as improving the accuracy of the self- observation, the link between the general description and exercises further validates the table's checklist function in students' eyes. Some of the can- do statements incorporate numerical ratings i.e. a quantification of the amount of knowledge – 25%/50% – they understand, an approach which is in keeping with the goal of CLIL courses to ensure new knowledge is imparted through the medium of a foreign language.

INDEPENDENT USER	
GETTING MY UNDERSTANDING OF TEXTS ACROSS Reading texts & talking about them Exercises 2, 3 & 17	B1: I have little difficulty in reading the texts in Exercises 2, 3 and 17 though some words are not clear to me. I have some difficulty in providing a summary of the content.
	B2: I have no difficulty in understanding the texts in Exercises 2, 3 and 17 and use Internet to find the answers needed when analysing these texts. I have no difficulty in talking to others or in comparing my analysis with theirs.
LECTURE NOTES	B1: I have little difficulty in taking lecture notes or

Writing & listening: note-taking, restructuring & completing partly written texts Exercises 1 & 17	filling in forms and tables, for example, using my portable. 25% of what I hear will get written. I have no difficulty when talking to others or in comparing my analysis with theirs.
	B2: I have no difficulty in taking notes and I can transform them into a table or a coherent summary. My write-up will be simple but there will be very few mistakes. I can write down some 50% of the lecture.
GETTING ENGLISH-LANGUAGE JOBS Writing, reading: Memos, CVs (Europass) Exercise 7	B1: I have little difficulty in completing most of my CV but others will need to revise it for me. I am not entirely independent in this respect.
	B 2: I have no difficulty in completing most of my CV without further revision by others
PRESENTATION Written & spoken skills: Exam-oriented project work e.g. a PowerPoint mini-lecture Exercise 6, 10 & 13	B1: I have some difficulty with PowerPoint presentations usually limited to a slide–by-slide sequence. I cannot describe what comes later or refer to what went before.
	B2: I have no difficulty in giving a PowerPoint presentation (e.g. in an exam) without feeling stressed. For example, I can illustrate tables and diagrams with no difficulty and can refer to what went before and what will come after with ease.

Table 3-2. Examples of the author's can-do statements for Political Science students

The next step was to make a further adaptation of the CEFR levels in relation to the interactional skills for the degree in question. This was based on the official prescribed syllabus. The search engine for Offerta Formativa in the MIUR (Italian Education Ministry website: http://cercauniversita. cineca.it/) provides access to these prescriptions for all degree courses throughout Italy, including the one for the degree course at the University of Messina that leads to the status of Graduate in Healthcare

Prevention Techniques. It includes the following requirement:

> Graduates will have acquired basic and specific communication skills in order to announce dangerous situations to populations and have more advanced skills in the exchange of information and opinions that allows them to interact with other Healthcare Professionals in multidisciplinary groups in order to carry out teamwork. They will be able to communicate ideas and information, solve problems and suggest suitable scientific solutions, both in spoken or written Italian and English, concerning the professional field they will be working in. They will be able to write out reports and prepare presentations by means of ICT devices as well, and will contribute to the training and updating of other personnel.[vi]

This calls for considerable reflection on the nature of information exchange within a teamwork approach with particular reference to the following GMER requirement on prevention:

> 42. knowledge of their role and ability to take appropriate action in disease, injury and accident prevention and protecting, maintaining and promoting the health of individuals, families and community;

As already mentioned previously, CLIL, and, Medical CLIL in particular, (Baldry 2012; Loiacono 2012; Maggi 2012) is an innovation that involves the construction of linguistic and communicative competence while developing and acquiring knowledge and disciplinary skills. A CLIL approach by definition refers to situations where subjects, or parts of subjects, are taught through a foreign language with dual-focused aims, namely the learning content, and the simultaneous learning of a foreign language (Marsh 2002). However, when integrating CLIL into university studies, an approach, based on classroom discourse and peer conversation, would certainly

appear to be appropriate as regards realising this potential, insofar as it ensures that interpersonal communication skills and foreign language proficiency will become part of a student's conceptual framework (Dalton-Puffer 2007; Rizzo 2007). As various authors have pointed out, by focusing on reflective practices, CLIL learning environments, present, or rather should present, authentic tasks by linking them with real information sources that facilitate problem-solving and knowledge construction (Jonassen 1994; Baldry, Kantz and Maggi 2014; Coccetta 2012; Kantz 2012).

When we look at Medical CLIL from this perspective, we can see that there are three general issues: receptive processing (reading/ listening of texts), language production (discussion and presentation of texts) and student autonomy that need to be reflected in the type of orienting checklist being developed. Within CLIL, receptive processing not only means reading texts and understanding content, it also includes working with graphs, tables, maps and charts, etc. as mini-genres (Baldry, Thibault 2006; Coccetta 2012) embedded in specific video genres. In this context, there is a need for specific metatextual processing strategies which help learners to process the information contained in these complex texts. So developing receptive processing skills in the CLIL classroom is an issue which entails multimodal processing, i.e. processing that includes language and visual processing on an equal footing (Kantz 2012; Loiacono 2012; Baldry, Kantz and Maggi 2014). Discourse can be analysed as consisting of two sets of skills. On the one hand, there are the typically basic, scientific functions carried out by language where the student has to learn how

to: identify – classify/define – describe – explain – conclude/argue – evaluate. The other set is much more multimodal and metatextual requiring students to reflect on the organisation of texts as texts, which involves learning how to interpret and write about graphs, diagrams and tables, etc. So an important aspect of Medical CLIL that needs to be encouraged at University, is to make learners more aware of their learning and language learning processes; to do this, we need to develop greater student autonomy and to promote study and learning skills so that learners can work independently inside and outside the classroom.

The conviction was that the productive experiment in the social sciences in reformulating can-do statements illustrated in Fig. 3-2 would be repeated in the healthcare sector. This conviction proved to be correct. Table 3-3 is a prototype checklist developed as a result of classroom discussions with students inspired, in addition to requirement 42 on prevention, by GMER requirements n. 22-28 (Loiacono 2103, Appendix VI):

22. listen attentively to elicit and synthesize relevant information about all problems and understanding of their content;

23. apply communication skills to facilitate understanding with patients and their families and to enable them to undertake decisions as equal partners;

24. communicate effectively with colleagues, faculty, the community, other sectors and the media;

25. interact with other professionals involved in patient care through

effective teamwork;

26. demonstrate basic skills and positive attitudes towards teaching others;

27. demonstrate sensitivity to cultural and personal factors that improve interactions with patients and the community;

28. communicate effectively both orally and in writing;

Customizing can-do statements to students' needs as university students encourages self-assessment and self-awareness. Customizing means critiquing and updating CEFR principles to the realities of university education in the medical field. In many ways, it is completely out of step to write, or rather rewrite, can-do statements as can't do statements and perhaps even more heretical to adopt have difficulty statements as is the case in Table 3-2. Yet, this is a consequence of the focus on the heavily contextualized micro-skills that the GMER principles presuppose. That is, whereas CEFR-style statements relate to macro-skills that apply across the board to all EU citizens, GMER principles introduce a higher degree of reflection on personal and professional identity that young people in their twenties need to engage with. In this sense, tinkering with CEFR-inspired can-do statements is more than justified. Considerable effort has, thus, also been made here to make the traditional distinction between the three user types, Basic User, Independent User and Proficient User, clearer and sharper. Hence, wordings such as "with no difficulty" are typically used for the Independent User category but wordings such as "need no support whatsoever" for the Proficient User category. Instead, the rather vague word

"can", and above all the word "cannot", have been restricted to the Basic User category. With its contrast between Understanding and Interacting with Other Professionals, the table focuses on the distinction between receptive and productive skills. Table 3.3 does not go into any detail about how the can-do statements are linked specifically to requirements and specific course materials as this issue is discussed in detail in Part IV. However, it should be pointed out that thanks to the rise in online multimedia resources and hence the possibilities for the study of multimodal texts, a checklist can now make specific reference to texts that integrate semiotic resources as visual, linguistic and spatial resources such as film and digital genres, something that would have been impossible a generation ago (Baldry and Thibault 2006; Long and Evers 2009; Mansfield 2005; Mansfield and Taylor 2009; Morgan 2009; Prior 2009; Rizzo 2009; Scott- Monkhouse and West 2009).

INDEPENDENT USER		
U N D E R S T A N D I N G	READING WEB PAGES	I have some difficulty in reading though I understand most pages on general environmental protection or specialized texts relating to my degree course. I have considerable difficulty in understanding the attitudinal force of such texts beyond the generic 'for' or 'against'.
	READING TABLES AND CHARTS	I have some difficulty in understanding the texts indicated as some words are not immediately clear and I have to think about them or look them up in a dictionary.
	LISTENING TO INTERNET FILMS ON ENVIRONMENTA	I have some difficulty in listening to soundtracks of films on environmental protection; the main points of these are clear to me, in particular where the discourse is slow and supported by written text. I often need to

	L PROTECTION	listen a second and a third time.
P R O D U C I N G	WRITTEN INTERACTION: WRITING REPORTS	I have little difficulty in writing in a non-scientific way about environmental protection but others will need to revise for me. I am not entirely independent.
	SPOKEN PRODUCTION: SUMMARISING	I have little difficulty in making a prepared statement in which I explain differences and make comparisons between different experiences and views on environmental protection.
	SPOKEN INTERACTION IN A TEAM CONTEXT	I have little difficulty in summarising an environmental protection meeting carried out in English but have considerable difficulty in sharing my thoughts with others especially when I want to express my disagreement with them. The effort is quite a strain.
U N D E R S T A N D I N G	READING WEB PAGES	I have no difficulty when reading websites and the articles and reports they contain concerned with contemporary medical problems such as those relating to environmental protection in which the writers adopt particular attitudes or viewpoints.
	READING TABLES AND CHARTS	I have no difficulty when reading tables, diagrams or charts provided the information they contain is on a familiar topic; I have no difficulty in deploying various resources to solve problems.
	LISTENING TO INTERNET FILMS ON ENVIRONMENTAL PROTECTION	I have no difficulty in understanding complex lines of argumentation in films on environmental protection, provided the specific topic is reasonably familiar (e.g. laboratory hygiene). I can understand these films if in standard varieties of English.
P R O D U	WRITTEN INTERACTION: WRITING REPORTS	I have difficulty in writing in a scientific way about this genre i.e. including comparisons and cause-effect relations.

C I N G	SPOKEN PRODUCTION: SUMMARISING	I have no difficulty in presenting clear, detailed summaries on a wide range of subjects relating to environmental protection. I have no difficulty when it comes to representing different viewpoints on the advantages and disadvantages of various environmental protection options.
	SPOKEN INTERACTION IN A TEAM CONTEXT	I have no difficulty in interacting with a degree of fluency and spontaneity allowing regular interaction with native speakers. Similarly, I have no difficulty in taking an active part in discussion in familiar contexts, accounting for, and sustaining my views.

Table 3-3. Examples of can-do checklist statements for students concerned with Environmental Protection

The careful linkage between the general and the specific, achieved especially by tailoring CEFR objectives and self-assessment procedures to the needs of university students also entails a shift from teacher-led quality control of students' learning to students' own quality control of their learning and the awareness among students that the learning process is based on the study of meaning-making practices rather than on lexicogrammatical structures, a vital shift if CLIL is to work properly.

2. Observations and next steps

New routes for testing skills in English at University have long been sought in Italy as elsewhere. For example, the volume entitled Testing in University Language Centres (Sindoni 2009) questions assumptions about testing, ranging from the introduction of cross-cultural communicative competence assessment (Bilotto 2009) to surveys of teacher attitudes towards academic testing of skills in English (Jimenez and Rizzuti 2009). In this respect, too, the entry test is not the only route that can be

pursued when making contact with students for the first time. The important point to note is that entry tests do not, in themselves, induce critical reflection on the use of language in context. As such, communicative approaches to language have an important but essentially secondary role to play in university text-based studies of English (Whitley 1993). Unlike functional approaches to grammar, and in particular systemic functional linguistics (Halliday 1985), they do not reflect on how language is used as a fundamental resource to build texts. In other words, they do not consider that a text is something more than a set of words, sentences or clauses: to borrow a term from Vygotsky (1978), they do not consider the necessary scaffolding. You cannot consider language without text and vice-versa, even though language and text function on different levels (McCarthy 2001). Checklists of the type described here play an important role in this respect. While some form of placement test might seem appropriate, one of their drawbacks is that there is often, for organisational reasons, no possibility to subdivide students into groups of different linguistic levels, a matter which is theoretically possible within an ESP framework but seems to go against the underlying goals of CLIL. In Italy, and one suspects elsewhere, a CLIL-oriented checklist incorporating specialised can-do statements appropriate to the healthcare sector seems to be more beneficial when encouraging students' co-construction of video- based CLIL courses.

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