

# Introducing EMI at the School of Medicine in Rijeka: Attitudes Expectations and Concerns

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**Introducing EMI at the School of Medicine in Rijeka: Attitudes,  
expectations and concerns**

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Language and Literature at the University of Rijeka

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## **ABSTRACT**

The increasing internationalisation of higher education has left its mark on higher education in Croatia only to some extent as English-medium instruction (EMI) is scarcely offered by Croatian higher education institutions. The School of Medicine in Rijeka (MEDRI) decided to be in line with global trends and offer one of its programmes in English. The present study was conducted among teachers of MEDRI in order to canvass their attitudes towards EMI implementation.

The findings suggest that although the respondents have a positive opinion about the introduction of EMI at MEDRI, they also anticipate some challenges that could stand in the way of a quality-based implementation. In particular, they voiced their concerns regarding the teaching staff's overload, inadequate language and teaching competences, and the challenges posed by integrating English into the clinical level of the programme. In order to meet the challenges presented, the following preconditions should be fulfilled: a) teachers' workload should be modified, b) language assistance and pedagogic training should be provided, c) EMI should be introduced at the pre-clinical level, and d) admission requirements should be set. In addition, given that MEDRI is planning on introducing EMI in the near future, the teachers would like to be more closely involved in the planning process.

**Keywords:** higher education, EMI, EMI challenges, EMI benefits, attitudes, School of Medicine in Rijeka, University of Rijeka

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# 1. INTRODUCTION

Higher education in Europe underwent significant changes in the last two decades as a result of increasing internationalisation driven by the Bologna process (Bologna) (Brenn-White and van Rest 2012). Bologna, presented by its 47 signatories, aimed at creating a borderless European Higher Education Area (EHEA), and placing tertiary education on the global market (Coleman 2006). Furthermore, its implementation of “compatible degree structures, transferable credits, and equal academic qualifications throughout Europe” (Altbach and Knight 2007, 293) encouraged student mobility and foster the use of a common language in the academia – English (Drljača Margić and Vodopija-Krstanović 2015). In view of the fact that English represents a global lingua franca, and that fluency in English is perceived as “an indispensable competency in various fields” (Byun et al. 2010, 432), it is not surprising that English is increasingly used as a medium of instruction in higher education. In order to achieve the previously addressed Bologna goals, English-medium instruction (EMI) has spread in the EHEA concurrently with the implementation of Bologna (Brenn-White and van Rest 2012).

EMI could roughly be defined as “the use of English language to teach academic subjects in countries or jurisdictions where the first language (L1) of the majority of the population is not English” (Dearden 2014, 2). EMI programmes are launched by numerous higher education institutions, primarily at master’s level (Wilkinson 2013). In fact, the Institute of International Education reported that 4,664 master’s programmes were offered in English in 2011, 79% of which were conducted entirely in English. This represents a significant increase when compared to a total of 1,500 English-taught master’s programmes in 2008 (Brenn-White and van Rest 2012). Interestingly, according to the MastersPortal, the demand for medical studies in English at the master’s level is rather low (8%), and only 10% of the programmes in this discipline are offered in English (Brenn-White and van Rest 2012). In comparison to business and economics, whose supply and demand go beyond 20%, it appears that not all programmes have equally adopted EMI. Similarly, it seems that EMI is unequally spread across the continent as northern countries, such as the Netherlands, Germany, Finland and Sweden offer more programmes in English than southern countries, such as Italy, Greece and Spain (Doiz, Lasagabaster, and Sierra 2011). Doiz, Lasagabaster and Sierra (2011) explain that this should come as no surprise since

the presence of English is much greater in the North than the South due to sociolinguistic differences. Besides, the Maastricht University in the Netherlands is one of the first European universities to offer a programme in English (Wilkinson 2013).

The driving forces behind the spread of EMI are the numerous benefits of instruction in English. Attracting international students and staff by offering programmes in English in order to increase the institution's visibility as well as improve its standing on the global scale is a frequently mentioned advantage of EMI (cf. Doiz, Lasagabaster, and Sierra 2011; Hellekjær 2010). Furthermore, through EMI, institutions promote intercultural exchange, mobility and diversity (cf. Wilkinson 2013; Airey 2004). EMI also prepares domestic students for the global market and education abroad (cf. Airey 2004; Ball and Lindsay 2013). Both teachers and students have personal benefits from EMI as they boost their language competence and confidence with everyday preparation and communication in English (cf. Byun et al. 2011; Drljača Margić and Vodopija-Krstanović 2015).

In the Croatian academic context, the adoption of Bologna enabled Croatian universities to be in line with the internalisation trend at other European universities in terms of student and staff mobility, as well as EMI (Drljača Margić and Vodopija-Krstanović 2015). Although mobility at Croatian universities has somewhat improved, according to EHEA's Implementation report (2015), there are still not enough courses offered in English. Consequently, language considerations at both "national and institutional levels through a comprehensive language policy" were suggested (European Commission/EACEA/Eurydice 2015, 253). In contrast to student and staff mobility, EMI has received little attention and higher education in Croatia is almost exclusively conducted in Croatian (Drljača Margić and Žeželić 2015). In fact, Phillipson (2006) reports that bilingual universities are non-existent in eastern and central Europe. This is reflected at the University of Rijeka (UNIRI), where only one study programme is held in English, namely, International Business Programme at the Faculty of Economics, offered alongside the Croatian-taught programme Međunarodno poslovanje (Drljača Margić and Vodopija-Krstanović 2015). Still, UNIRI management is aware that they need to improve the current situation regarding EMI. In fact, in the *Strategy of the University of Rijeka 2014–2020* (Strategija Sveučilišta u Rijeci 2014–2020) one of the goals is to increase the number of master's and post-master's degree programmes taught entirely in a foreign language. It seems that the

School of Medicine in Rijeka (MEDRI) decided to align with the UNIRI's strategy, as well as with the emerging trends in Europe concerning EMI. This provided fertile ground for conducting a study that offers an insight into the attitudes of teachers towards EMI implementation. The study also represents a follow-up to two studies conducted at UNIRI which canvassed the opinion of teachers (Drljača Margić and Vodopija-Krstanović 2015) and students (Drljača Margić and Žeželić 2015) towards EMI implementation at UNIRI. The underlying motivation for investigating teachers' attitudes towards EMI is raising awareness about the challenges this educational innovation poses for stakeholders, and proposing the measures that should be taken in order to successfully respond to these challenges.

The paper is organised as follows. In the next section, the present situation at MEDRI regarding EMI is described. This is followed by the description of the methodology in section 3. The analysis and discussion of the results are dealt with in section 4 and section 5, respectively. Finally, some concluding remarks are offered.

## 2. THE CONTEXT

The context where the research was conducted is UNIRI, the third largest university in Croatia comprising fifteen constituent institutions – nine faculties, four university departments, one school and one academy – with approximately 16,700 students (Sveučilište u Rijeci 2010). UNIRI as a public higher education institution can “independently perform initial accreditation of its study programmes and established constituent units such as faculties and academies” (Education, Audiovisual and Culture Executive Agency 2010: 2), which are legally recognised as separate and independent entities. Faculties and academies are autonomous in determining the content of teaching as well as the teaching methods of their study programmes, which includes managing all aspects of instruction in English (Drljača Margić and Vodopija-Krstanović 2015). One of the constituent institutions of UNIRI is MEDRI, whose work encompasses educational, specialised and research activities. Comprising forty-three sections, MEDRI offers two integrated (Medicine and Dental Medicine) and one separate (Sanitary Engineering) undergraduate and graduate study programmes along with two postgraduate (PhD) programmes and sixteen postgraduate specialist studies (Medicinski fakultet Sveučilišta u Rijeci 2014).

The description of the context is based on the data obtained via the interviews with the Dean, the Vice-dean for teaching and the Vice-dean for development programmes and sanitary engineering conducted in December 2014 and January 2015. Some information; however, were taken from the interviews with the teachers of MEDRI. The interview with the Dean lasted for approximately forty-five minutes, while the interviews with the Vice-deans lasted approximately an hour and a half. The following topics were discussed: planning the introduction of EMI, the organisation of the English-taught programme, English language competence in class, language support, selection criteria and admission requirements, quality control, and EMI benefits and challenges. Since EMI at MEDRI is still at its planning phase, some issues could not be discussed extensively, and attitudes, knowledge and perceptions of the members of the management differ to an extent.

The initiative to implement an English-taught programme at MEDRI was set up by the Dean, who included it into his work programme presentation prior to his appointment. In September 2014 the management contacted an education agency in Germany which was



interested in partaking in the organisation of medical studies in English in collaboration with MEDRI. The Dean would like the programme to be launched in the following academic year (2015/2016); however, he stresses that that depends on the authorities and their permission, i.e. UNIRI, The Agency for Science and Higher Education, and the Ministry of Science, Education and Sports. In addition, prior to its accreditation, a series of administrative and legal issues need to be resolved. It does not thus come as a surprise that one of the Vice-deans doubts the probability of the EMI programme to be established in the near future.

The EMI programme will be a separately accredited programme which will be carried out entirely in English. This programme basically represents an English counterpart of the Croatian integrated undergraduate and graduate medical programme. In other words, the idea is to translate the existing programme. The Croatian-taught programme is approved by the authorities of the European Union (EU) and coordinated with the directive that regulates the questions concerning the education of medical staff, which means that students' degrees are treated as equivalent to those in the rest of the EU. For this reason, the English-taught programme will not differ extensively from the Croatian-taught one. The only possible difference is in the clinical level of the programme (the last three years of the programme), which might not take place in Rijeka, but in hospitals abroad that will assume the role of clinics, and which might be slightly modified according to the context. In that case, teachers from MEDRI who teach the theoretical part of the programme would have to go abroad, while the employees of these clinics, who would be picked by the management, would teach clinical practice.

The introduction of a programme in English is motivated by several reasons, some of which are international visibility and collaboration with other universities in the EU, student and staff mobility and opening up to a broader market. Attracting foreign students and broadening the knowledge of those involved are also mentioned as benefits of EMI. Interestingly, money coming from students' tuition fees is planned to be used for enhancing the quality of the Croatian-taught programme, supporting the research activities and hiring additional teaching staff. It will apparently also be used for financial incentives for those tackling EMI, hiring teaching associates along with administrative and language support staff, and organising language training.

Several issues regarding students' enrolment on the programme have not been discussed yet. For example, the number of students has not been defined; however, it is possible that the quota will amount to a group of fifty to sixty students. The Vice-deans hope that at least 15–30 students will enrol on the programme, and stress that admitting less than fifteen students would be unprofitable. The student body is intended to comprise both citizens of the EU and outside the EU, and all students will be charged tuition fees. It is still not sure whether students on mobility programmes will be integrated into the EMI programme. The foreign education agency will most likely promote the study programme. The management believes that students will be interested in study at MEDRI for a number of reasons, such as high quality of the programme, work in smaller study groups, better work opportunities, and Rijeka's hospitality and geographical position.

As for admission requirements, for now the management believes that they will not pretest students' English language proficiency nor has it been decided whether students will have to enclose a language certificate as an entry requirement. Students will have to take an English for Specific Purposes (ESP) course. The management's general opinion is that students will not have trouble with English in class, and instruction in English will only improve their language abilities. In case it turns out that students face problems with English, the management will have to decide on a minimal level of English proficiency as an entry requirement for future generations.

The recruitment of and selection criteria for teachers will be made in collaboration between the management and the teaching staff. Teachers will be asked whether they are willing and feel capable to teach in English by the Heads of their respective departments or via a survey. The Vice-deans admit that it is still uncertain whether teachers' language competence will be tested prior to their involvement. Another possibility is that teachers will be asked to provide a language certificate or attend a language course in order to receive a certificate. According to the Vice-dean for development programmes and sanitary engineering, teachers' level of proficiency should be above A2 level on the CEFR scale. The Dean is positive that teachers will be willing to teach in English judging from the support his idea received in the Faculty Council meeting. In addition, he explains that they will receive financial incentives for their effort and working above their workload.

As regards teachers' language competence in class, the Dean believes that teachers will have minor troubles with communicating in English and adjusting to this new environment. In fact, he is confident that language should not be a barrier, and that those who volunteer to teach will truly be able to do so properly. Besides, those who accept to teach in English will most likely have to sign some form of contract that will ensure that they appropriately fulfil their obligations. The Vice-dean for teaching claims that with proper preparation there should not be any trouble. The Vice-dean for development programmes and sanitary engineering believes that only half the teachers at MEDRI can properly teach in English, and that they will not be able to partake in discussions, be spontaneous in class, and motivate students. Both Vice-deans, however, hold that pedagogic skills are more important than language skills, and that learning outcomes can be fulfilled with a lower level of English proficiency if the teacher is motivated and possesses adequate pedagogic skills.

The management thinks that continuous language support and language training are necessary, but it is still undefined what form it will take, who will provide it, and who will bear the cost of it. The Dean mentions online education as an option because teachers can use it when they have time or when they feel the need. It is even possible that the management will offer language training as a bonus. In addition to language training, hiring language experts to be at content teachers' disposal and assess their language skills was also mentioned. Class observation conducted by a language expert (or a native speaker) was perceived as a good alternative, but not in the beginning, and only if the selection criteria are based on teachers' self-evaluation. It is likely that quality control will be organised in the same way as it is organised in the Croatian-taught programme, i.e. student feedback via a questionnaire – with language-related questions incorporated. The teachers and students are also welcome to share their concerns in Faculty Council meetings or contacting the Vice-dean for teaching. Finally, without language and content pretesting, the English-taught programme might become a second best alternative for those students who cannot enrol on the Croatian-taught programme.

In spite of positive attitudes, the Vice-deans identify a number of challenges that MEDRI will face prior to and concurrently with the implementation of EMI, such as inadequate language proficiency, lack of time for language training, and staff shortage. Also, the programme might turn out a financial burden as finance coming from students' tuition fees will only partially cover

the expenses of the programme, such as hiring external staff replacing MEDRI teachers who are unwilling to teach in the English-taught programme. The Vice-deans maintain that resolving language-related issues will depend on UNIRI's support and policy, in terms of establishing language criteria, providing language assistance, and translating all relevant materials and tools, such as the online exam registration system ISVU.

### **3. METHODOLOGY**

The data in the study were obtained using the quantitative and the qualitative approach which included two questionnaires and fifteen individual interviews. The questionnaires required both quantitative and qualitative analysis as they comprised closed-ended, open-ended and probing sub-questions. The fifteen individual interviews required a qualitative analysis. The following subsections look at aims, research questions, participants and research methods.

#### **3.1. Aims**

This study aims to explore the teachers' attitudes towards the implementation of EMI at MEDRI. The study inquires into the teachers' impression of EMI in terms of its strengths and weaknesses. Furthermore, it investigates their perspective as to whether the introduction of EMI at MEDRI is feasible. The scope of the study is also to examine the teachers' perception of self-competence to teach in English. A related aim is to explore their willingness to engage in EMI at MEDRI. An additional aim is to gain insight into the teachers' view on the necessary prerequisites for the introduction of EMI at MEDRI. Finally, the study also explores their opinion on how the implementation of EMI will fit into the current local reality.

#### **3.2. Research questions**

The study aims to answer the following research questions:

RQ1: What are the teachers' attitudes towards the implementation of EMI at MEDRI?

RQ2: What do the teachers perceive to be the potential strengths, challenges and implications of the introduction of EMI at MEDRI?

RQ3: What do the teachers identify as the prerequisites for a successful implementation of EMI at MEDRI?

RQ4: What is the teachers' perception on teaching in English?

### 3.3. Participants

The participants in the study will be described in terms of two groups: those involved in the questionnaire-based study and those involved in the individual interviews. However, it can be assumed that some of the participants took part both in the questionnaire-based study and the interviews.

The participants in the questionnaire-based study were 74 teachers employed at MEDRI. The sample comprised both teachers (64), i.e. associate professors, assistant professors, senior assistants and assistants, and teaching assistants (10). In the present study the latter are also referred to as teachers since they have a teaching workload of 600 hours per year (Kolektivni ugovor za znanost i visoko obrazovanje 2010), which includes preparation for and participation in practicals, along with other duties. The majority of the teachers (55) who filled out the questionnaire teach at the pre-clinical level, while a smaller number of teachers (19) teach at the clinical level.

Most teachers (63%) were between 30 and 49 years old, 26% were 50 or above and 11% were 29 or below. Most of the teachers (58%) have had between 6 and 20 years of teaching experience at the tertiary level, while 20% had 21 years or above and 19% had 5 years or below. There were also 3% of the teachers who gave no response to this question. One half of the teaching assistants have had between 6 and 20 years of working experience in higher education and the other half had 21 years or above. The teachers' self-assessment of proficiency in English on the CEFR scale (A1 to C2) showed that the participants had an overall average score of 4.13, which indicates that they are at the B2 level. It should be noted that the receptive skills rated higher than the productive skills – the receptive skills were rated with an average score of 4.32, while the productive skills with an average score of 3.93.

Regarding the teachers' previous experience of teaching in English, 20% have taught in English at the tertiary level, while none of the teaching assistants have ever taught in English in higher education. Three teachers stated that they had had prior experience of teaching in English at the School of Medicine. Even though they did not specify which School of Medicine they were referring to, it can be assumed that they were referring to MEDRI. Two teachers taught in English at MEDRI, one of which specified that the audience had been exchange students. One

teacher taught in English at the School of Medicine in Zagreb and the School of Dental Medicine in Zagreb. Others taught in English outside Croatia, namely at universities in Bosnia and Herzegovina, Romania and Slovakia, but also hospitals (one person specifically mentioned the Royal Melbourne Hospital) and clinics abroad. One of the teachers mentioned that s/he had held courses in advanced life support in English. Another teacher pointed out that s/he had given lectures in English at international congresses.

The participants in the individual interviews were 15 teachers working at MEDRI. The sample comprised five associate professors, six assistant professors, one senior assistant and three assistants. Most of the teachers (11) who participated in the interviews teach at the pre-clinical level and 4 teach at the clinical level.

### **3.4. Research methods**

The data were collected by means of two questionnaires and 15 semi-structured interviews, which will be described more thoroughly in the following subsections. The data collected through the quantitative approach were statistically analyzed using Microsoft Office Excel 2007. Descriptive statistics were produced in order to obtain percentages and average scores. The data compiled through the qualitative approach were transcribed and coded by reading the content in order to identify separate categories for the purpose of analysis and discussion. The categories and text segments were compared, and theoretical ideas from the literature were incorporated. The relations between the categories were identified, which enabled better understanding of this educational innovation.

#### **3.4.1. Questionnaires**

Two anonymous questionnaires were used in this study: one was intended for the teachers (Appendix A) and the other was designated for the teaching assistants (Appendix B). At first, only one questionnaire was designed for the teaching staff. After some consideration, however, the first questionnaire was slightly adapted for the teaching assistants given that they participate solely in practicals and spend a limited amount of time in class. Both questionnaires were originally written in Croatian. They were administered in paper-and-pencil format to a

sample of 80 teachers via a third party who works at MEDRI. As previously described, the questionnaires comprised closed-ended, open-ended and probing sub-questions. Some questions were provided with examples of answers in parenthesis in order to help the teachers with their replies. Space for additional comments was provided at the end of the questionnaires.

The first four questions of the questionnaires inquired into the participants' background information, such as age, years of teaching experience (or working experience in the case of teaching assistants) in higher education and their previous experience of EMI. The participants were also required to assess their productive and receptive skills, i.e. speaking, writing, listening and reading comprehension, in English according to the CEFR scale. The following three questions were related to the plan to implement EMI at MEDRI. The participants were asked: 1) if they were familiar with the plan, 2) if they could give their opinion about the introduction of EMI at MEDRI, and 3) if they thought that the implementation of EMI was possible. Two out of three questions were yes-no questions and one was an open-ended question. In the yes-no question that elicited the perception of the possibility of EMI implementation, the respondents could answer that they were not sure, that they thought it to be currently impossible or that they perceived that not all instruction was currently viable. They were also given additional space to provide an explanation, if applicable. The next two questions, one of which was a Likert-type question and the other was a yes-no question, investigated the extent to which the participants found themselves competent to teach (or participate in the case of teaching assistants) in English and their willingness to teach (or participate in class) in English. In the yes-no question the participants could also respond that they were not sure or they could simply provide another answer that was not listed. Again the participants were given additional space to provide an alternative answer and to offer an explanation on why they were not inclined to teach and participate in class in English. The three succeeding open-ended questions aimed at finding out the participants' attitudes towards: 1) the necessary prerequisites (linguistic and other) that need to be fulfilled at MEDRI in order to adopt EMI, 2) the advantages, disadvantages and challenges of EMI, and 3) the easiest and hardest parts of the teaching process through the medium of English. The two questions that followed were a yes-no question (with an uncertain and 'other' textbox added) and an open-ended question that was connected with the previous question. These questions looked into the participants' need for language support and, more specifically, their ideas on what a useful collaboration with a language expert would entail in terms of language



and form. The last five questions were all open-ended and they inquired into the participants' beliefs on several matters, one of which was quality assurance. The respondents were asked for an opinion on how to ensure quality when it came to EMI. Moreover, they were asked if the learning outcomes and the quality of teaching would be affected by EMI. The participants were also asked for an opinion about English language proficiency in class, i.e. their perception of how proficient the teachers would be in comparison to how proficient they should be. Finally, they were asked to express their thoughts and feelings regarding their potential participation in EMI, and whether they preferred to give instruction to foreign students or local ones.

### **3.4.2. Interviews**

The fifteen individual interviews with the teachers at MEDRI were conducted in the semi-structured format. This format was chosen because it allows the participants to express their attitudes and feelings freely, while at the same time the course of interaction is determined by an interview guide (Appendix C). After the first two interviews were conducted, we realised that some additional questions needed to be answered, and we incorporated them in the interview guide used for other interviews. The interviews were held one-on-one and they were recorded. The duration of the interviews varied – the shortest interview lasted approximately 20 minutes, while the longest one lasted approximately 110 minutes. The interviews were conducted in Croatian.

The questions in the interviews aimed at enriching and supporting the answers obtained via the questionnaires, but they also examined some issues that needed further clarification. A significant number of questions throughout the interview focused on the teachers' interpretation of the results of the questionnaires. They were asked to comment on several discrepancies that appeared in the answers and provide possible solutions to some problems that surfaced from the results of the questionnaire. The questions focused on the teachers' opinions, feelings, knowledge and experiences. In the first part of the interview the teachers were asked to discuss the degree of their familiarity with the plan to introduce EMI at MEDRI, an extent to which the whole idea was discussed, and the general information flow related to the implementation of EMI at MEDRI. They were also asked if they felt competent to teach in English. The following questions inquired into the teachers' stance on language support. Particularly, they were asked to

offer a view on how an English language course should be organised in terms of the content and form. The succeeding questions sought to investigate the teachers' attitudes towards quality assurance, specifically, they were inquired whether they thought that instruction in English required a higher degree of quality control. Several questions investigated the teachers' attitude towards the relationship between the learning outcomes and the teachers' proficiency in English, with a special focus on the importance of accuracy versus fluency. The following part of the interview examined the teachers' ideas concerning the teacher selection criteria for the study programme in English. In particular, they were asked about the method of assessing the teachers' English language competence prior to their involvement. The participants were asked to share their expectations regarding English language competence of students who would enrol on the programme. They were asked whether they thought that the students' language proficiency should be tested prior to their enrolment on the study programme and if so, how it should be carried out. The teachers were also asked to comment on how statements such as 'problems will be solved along the way' could affect the first generation of students enrolling in the programme. The last part of the interview tapped into the teachers' knowledge of and impressions on the organisation of EMI at the School of Medicine in Zagreb.

## 4. RESULTS

### 4.1. The introduction of EMI at MEDRI – information and general opinion

The findings show that the majority of the respondents (66%) were familiar with the plan to introduce EMI at MEDRI. Most of them (47%) were informed by the Dean himself or the Dean's Office via the associated department, while others were informed through the Faculty Council meeting, department meetings or through conversation with the Head of their department or a colleague. The majority (73%) believed to be insufficiently informed and needed more information about: a) when the programme would start, b) how it would be organised, c) the teaching workload and obligations, d) the teacher selection criteria, e) language support, f) the student body, and g) the validity of such a diploma. Some respondents highlighted the need for a better implementation plan. Here is a selection of answers:

#I11 [...] We received some e-mails, comprising questions about the courses that could be held in English, but I do not have enough information when it would start, how much additional teaching workload it would entail. I think I need more information.

#I4 [...] We do not know who will participate in EMI, how the participating teachers will be trained, how their language competence will be tested, and if there are enough teachers to undertake instruction in English. It seems that the only thing that matters at present is the very introduction of the programme, while these issues will be dealt with later.

#I8 No, no. [...] My questions are what the goals of this study are, who the potential students will be, and who will enrol in these studies, whether their diplomas will be valid in Europe or not, whether this will harm Croatian students' job prospects and whether the students who were unable to enrol on the Croatian programme will be given the possibility to enrol on the EMI programme.

#I11 [...] I think that we should have had a presentation on the programme i.e. the project, because this is a project for us, in order to see if we have the capacity, who would participate, what we need, language-related requirements.

#I2 [...] Most of the teachers were told that this would be introduced and period. I mean it is little harsh, but it is like that. This was not discussed within the academic community that will be involved in the instruction. It is quite unorganised. [...] It appears somewhat imposed.

#I10 [...] Only a desire was expressed, but not the way it would be realised. [...] They think that what we teach in Croatian can simply be translated into English.

A fourth of the respondents felt that they were sufficiently informed as they: 1) had had a long conversation with the Dean at the Department, 2) knew how it worked in Zagreb, and 3) thought this was still in the preliminary phase. One respondent was confused with the question, “I do not know the extent to which you think I should be aware?” (I6). Another explained, “Good question. The details are not defined, but this is the way programmes are usually introduced – without a structured plan” (I15). Some respondents (20%) disclosed that they were used to adjusting and operating like this. One teacher responded, “The introduction is transparent in the sense that it was not kept a secret. The question whether it could have been done differently would be a good question. Maybe informing others could have been done more systematically” (I5).

A number of teachers were not aware that a study programme in English was to be implemented in the near future because “the heads of the departments and/or other teachers who are members of the Faculty Council did not convey this information to their assistants” (I3). In other words, the information flow at MEDRI seems to “function poorly” (15). Also, the clinic is detached from the Faculty, and teachers at the pre-clinical level were better informed. It is worth noting that some teachers (13%) were shocked by lack of awareness among their colleagues.

The respondents’ knowledge regarding the implementation of EMI at MEDRI varied. Knowledge of some (62%) did not extend beyond the fact that EMI would be introduced. Some (15%) were familiar with the number and profile of students who would enrol on the programme – there would be two seminar groups, and both domestic and foreign citizens could enrol. One respondent also mentioned that the admission criteria would be the same as for the Croatian-taught programme. A few respondents (15%) had some information about the organisation of the study programme, namely that it would be identical to the study programme in Croatian and that

all the courses would be included. One respondent said that “the tuition fee will be seven or nine thousand Euros per year, or something like that, and participation in EMI will be paid extra, which means that this will not be included in the teaching workload” (I4). The respondents knew little about the organisation of the English-taught programme in Zagreb. They knew that it existed for some time and that the organisation of the EMI programme was handled separately from the Croatian-taught programme. Furthermore, they mentioned that not all teachers were engaged and that those who were involved were satisfied with the programme and received financial compensation. The curriculum was identical to the Croatian-taught one and the student body consisted of both foreign and domestic students. One respondent added that the group comprised twenty to thirty students who were either students who could not successfully enrol on the Croatian-taught programme or former Croatian emigrants. Another respondent suggested that someone from the School of Medicine in Zagreb should come to MEDRI to present the programme and share experiences.

The vast majority of the respondents would like to have access to more information about the organisation of the programme, the curriculum, teaching workload and requirements, the student body, financial incentives, the selection criteria, and the advancement criteria. One respondent commented that “teachers needs to know what is required of them and whether the Faculty will offer some kind of specialization” (I5) and also added “he needs to know whether this will be paid for separately or not” (I5). Another respondent commented: “[...] information about payment, but also information on how this will be evaluated in terms of advancement; for example, if another person has the same number of published papers and I have participated in this from the very beginning” (I14). Here is a selection of the respondents’ answers:

#I11 [...] I would like to know more about the curriculum. I suppose it will be the same as the one in Croatian, but I would like to have this in writing. Also, I would like to know if electives are going to be the same or we have to offer new elective courses.

#I18 I would like to be properly informed regarding my workload, i.e. the number of courses I am supposed to teach.

#I12 Normally, you need to know how this will be realised and when, whether everything will stay the same and who will teach... I mean, we are all overloaded with teaching [...] It is not the same to teach in Croatian and English.

#I11 I am interested in whether participation in EMI will be counted in our current workload, and also whether we will have to work during weekends.

#I6 Well I would like to know the structure of the students – whether they are foreign students or our local students.

#I7 Who is capable of teaching? Am I capable and who will set the criteria on who can, and who cannot?”

A third of the respondents wished to be informed about the language support, i.e. whether they would be offered a language course. This is indicated in the following comments:

#I4 An information whether someone will educate me because even though I speak English normally I do not find myself competent to teach in English. So just the education when it comes to English – some kind of course.

#I13 [...] I would like to know whether teachers need to pass some kind of course and prove their English language competence earlier because I believe that the teachers who teach here do not have the same English language competence.

Most of the respondents (38%) thought that they would get the information they wanted before the study programme was launched. The rest offered one of the following answers respectively: 1) „No“, 2) „I do not know“, 3) „We will have to“, 4) „I hope so“, and 5) „Yes, but as we go along“. The majority of the respondents (74%) had a positive opinion about the introduction of EMI at MEDRI. Most of them briefly stated that they supported the initiative and that they found it to be a positive endeavour, and some provided further elaboration. International visibility and competitiveness, student and staff mobility, collaboration with foreign students and teachers, and attracting foreign students and teachers to Rijeka were some of the listed reasons. Three per cent thought it was necessary because Zagreb and Split offered their study programmes in English. Conversely, one of the respondents explained that introducing a study programme for such a motive would be completely wrong. Despite positive opinion, some

respondents (9%) expected certain preconditions to be fulfilled prior to EMI implementation, such as English training for teachers, thorough preparation of the programme, and EMI implementation feasibility evaluation. Several respondents (5%) had positive attitudes towards the idea, but they also voiced their concerns regarding the enrolment of students, the teaching workload and quality assurance:

#6 I think the idea is good, however the risk is that the students who failed to enrol on the study programme in Croatian will enrol on this study programme. I think that foreigners have better choices when it comes to universities than the one in Rijeka and in my opinion our citizens who would want to study in English would rather opt for a study outside of Croatia.

#17 I find it okay if there is enough interest, but there are too few teachers and the question is how much additional teaching workload this would entail in relation to the existing. We do not only teach, we also work at CHCR. Sometimes we have to work additional hours for which there is barely enough staff.

#62 Everything is nicely conceived, but I fear that only teachers will be rewarded for their work and that we [teaching assistants] will be forgotten, i.e. that we will work more for the same amount of money!!!

A few respondents (5%) simply highlighted what needed to be done, and did not express their opinion about the introduction of EMI at MEDRI. The issues that needed clarification were related to the capacities, human resources, student interest in the programme and assessment of English language competence. Some respondents (12%) had a negative opinion about the introduction of EMI at MEDRI either because they thought it to be unnecessary or because of the perceived problems they listed. The respondents feared that teachers were overloaded and that there was not enough teachers. In addition, they were worried that teachers lacked English language proficiency and that the quality of teaching would be inadequate. Here is a sample such replies:

#66 I disagree with the ad hoc implementation of the study programme in English. First, specialised courses in English should be organised and teachers should receive

certificates. If I were a student planning to enrol in this study, I would want trained teachers to give me lectures.

#I4 It is too early and we do not have enough people to pull this off. With all the teaching workload we do not have time and there is also little time to organise courses.

#44 I hope that we will not jump in this project with both feet. I am worried that problems will be dealt with as we go along.

## **4.2. Strengths, weaknesses and challenges**

The respondents ascribed numerous strengths to instruction in English at MEDRI. According to most (48%), EMI would enhance international visibility, the status and rating of MEDRI, as well as competitiveness. It would also stimulate international collaboration, student and staff mobility. Furthermore, it would improve teachers' and students' English language competence. Some respondents (21%) highlighted holding lectures to foreign students as an advantage because of an opportunity to work in a multicultural environment. Several (13%) perceived that EMI would enhance the faculty's financial resources, but also their personal income. Six per cent also mentioned that it would enable the use of high-quality literature written in English and improve MEDRI's quality (of teaching) in general. It was also suggested that EMI would support work abroad opportunities and attract experts from abroad to give lectures at MEDRI. Here is a selection of answers:

#3 Improving English language, attracting visiting lecturers (experts), enriching academic life, internationalisation opportunities, the mobility of students and teachers.

#71 Further development of MEDRI in accordance with the EU standards, the opportunity for foreign students to study here.

#38 Enhanced competitiveness on the labour market for students.

The most prominent challenge the respondents identified was an additional (teaching) workload and the consequent lower efficiency and motivation on the part of the teachers, resulting in decreased quality of instruction. The respondents also stated that EMI would entail a



“slower progress of instruction” (70) and that “fewer topics would be discussed” (71). One of the perceived downsides of EMI referred to the enrolment of students who had money to pay for the programme, but did not have proper knowledge, and those who failed to enrol on the Croatian-taught programme, so they opted for the one conducted in English. One respondent claimed that this could result in lowering the criteria. Some respondents (6%) stressed that EMI would entail considerable exertion and extensive class preparation, resulting in less time for scientific work. One respondent claimed that “the increasing growth of “scientific” expectations leaves little time for regular class, let alone for additional forms of teaching” (49). The lack of time to properly prepare and give lectures was also mentioned. Instruction in English might lead to “greater brain drain of young people” (34). Inadequate English language proficiency, especially among older staff, posed a significant challenge. In line with this, the respondents suggested the organisation of language courses or pretesting of English language competences. Some even held that some of the teachers should undertake pedagogical training. The respondents also underscored that no necessary preconditions had been fulfilled so far, in terms of capacities, and human and financial resources. The general attitude towards working and teaching was also expressed:

#63 A positively oriented management as well as teachers are needed for the implementation and organisation of the study programme.

#34 Some individuals are disinterested in class (they prefer doing research).

### **4.3. Feasibility of EMI at MEDRI**

The majority of the respondents (52%) considered it possible for EMI to be implemented at MEDRI, and 36% stated that they were not sure. Ten per cent deemed it unachievable at the moment and listed several reasons why they thought so. Insufficient language skills for holding instruction in English were mentioned along with the problems concerning the shortage of staff and space. One per cent thought that the implementation was not feasible at all. Some of their comments are as follows:

#63 Problems at the clinical level – direct contact between students and patients in English.

#1 There is a difference between using a foreign language in a conversation which is informal and using it in a formal environment such as instruction.

There were also some encouraging thoughts such as:

#2 There are no unachievable things, the only question remains whether we are willing to work hard and invest effort.

#30 If it was possible at a large number of other faculties, I believe it can be done at ours as well.

#### **4.4. English language competence**

One third of the respondents (35%) felt moderately competent to teach in English, while the other third (34%) only felt somewhat competent. In addition, only a few respondents (12%) stated that they were extremely competent, while the rest felt either slightly competent (11%) or not competent at all (8%). The respondents provided different explanations as to why the teachers at MEDRI perceived themselves as incompetent to teach in English even though they assessed their English language skills rather high on the CEFR scale. The most common explanation was that the teachers felt that they knew English well because they participated at conferences, and read and wrote scientific papers in English; however, they perceived instruction in English to be a different matter. According to the respondents, teaching was different because it entailed interaction with students and a certain dose of spontaneity. The interviewees offered their personal perspective:

#12 Most of them comprehend what they read in English and with plenty of time at their disposal they begin to think that they speak fluently and accurately in English. However, teaching, especially seminars and practicals, requires prompt reaction and finding the best possible word instantly. And this is problematic, I personally have a problem with that.

#14 [...] Using English to get by and speaking English at a conference is fine because you can prepare yourself as it occurs once a month. Teaching and discussing in English almost on a daily basis is another thing. I do not feel competent.

Besides, everyday English is different from the one teachers use in class – the latter entailing many scientific words and expressions. Another explanation was that the teachers were referring to their knowledge of grammar rather than their ability to express themselves in English: “I believe that the majority of teachers have good grammatical knowledge of English; however, they have problems with pronunciation, organising their train of thought, transferring [...] education is dynamic and teachers need to be skilled” (I15). Similarly, one respondent claimed that the teachers had trouble with speaking, but not reading and writing. An isolated response was that this could be explained that “our mentality is such that everyone has a high, though ill-founded, opinion about themselves, (I5). One respondent claimed that the teachers were not objective when it came to their competences because they have never received (adequate) training in ESP, never actually invested time and energy in their language advancement, and never spent enough time abroad where they would perfect the language. While referring to teachers’ perceived lack of competence to teach in English, some respondents used the opportunity to discuss related issues, such as the criteria selection for teachers who would be teaching in English as well as the need for a good preparation and organisation.

Half of the participants reported being asked the management if they felt ready or competent to teach in English at MEDRI. The rest were asked if they were willing to participate in EMI or they were not asked at all. Those who were not asked commented that they had experience with teaching in English abroad, which implied that they were competent. Another explanation as to why they were not asked was that “they asked only those who have mandatory courses at the pre-clinical level” (5). One person claimed, “I think that it is not important whether I perceive myself as competent. Someone else needs to decide whether I am competent to teach in English or not. By the way, nobody asks us whether we feel competent to teach in Croatian either” (I18). Some respondents (38%) reported that they were also asked about their willingness to engage in language training and whether they had a language certificate. They were mostly asked by the Head of their department or their boss, and some were asked via e-mail which was sent either by the Dean’s Office or two students who were asked to help the Dean to collect the relevant data. One respondent, however, commented, “It was not the administration, but some student sent an e-mail, which I think is not alright. So a lot of us did not answer it” (I12). A few respondents (15%) explained that at their department it was decided that they would give a reply

on behalf of the whole department, and not individually, because this was the only way for people to agree to undertake this educational innovation. One respondent said:

#I4 Nobody feels ready. There are no people at our department who can say that they are ready to go and teach in English. The majority say that the idea is good, that we have to be competitive on the market etc. However, at the moment we are not ready as we have not passed the courses, we have a huge teaching workload and we literally do not know where to put this English-taught programme.

#### **4.5. Willingness to teach in English and thoughts / feelings towards involvement in EMI**

More than half of the respondents (58%) were willing to teach in English at MEDRI. Twelve per cent were unwilling to partake in EMI because they felt their English language proficiency was not adequate, they were already overloaded with class and perceived that they did not have the time to prepare lessons in English. Some respondents (19%) were unsure whether they wanted to teach in English. The rest stated that they were willing to become involved if certain preconditions were met, such as: a) assuring language assistance, b) decreasing their teaching workload, c) informing them about certain details. Here is a selection of answers:

#2 If they ensure foreign language training and professional certification (TOEFL) for me as a teacher and explain how this instruction would be counted into the teaching workload.

#54 Only if certain preconditions are fulfilled: defining the time and place of the instruction, financial incentives, minimum level of English language competence among prospective students...

One respondent reported that they would be willing to teach “only in the first three years and only after an internship longer than a few years” (51).

The respondents’ thoughts and feelings about teaching in English were somewhat polarised. The respondents listed several reasons as to why they were looking forward to

teaching in English, such as: a) improvement of language skills, b) career development, c) high-quality literature in English, and d) student diversity. Ten per cent stated that it would be challenging, motivational and new. Others (5%) simply remarked that they would agree to teach in English and that it would not represent a problem. Here is a selection of replies:

#62 Personally, I am looking forward to this because I love languages: I speak English and Italian and through EMI I see a possibility for language improvement.

#38 I am looking forward to it. The textbooks in English are of high quality and I have already used them for class preparation. Now it will be even easier since I will not have to translate them into Croatian.

#58 A challenge since it is something completely new and the profile of people, with whom we would work, would be different from that of local students.

#7 I would agree to give instruction in English because it is a language that is used daily in the academic community (reading and writing scientific papers, giving talks at conferences...), I would like to improve my fluency and expand my vocabulary.

Some respondents (8%) supported the idea of EMI introduction since it represented progressive thinking as well as a necessity in the future and an opportunity to increase their financial standing. Here are some examples of the replies:

#48 I have a feeling that this is good because reportedly it will be paid by the hour which will help fill in my budget. It is of course a good stimulation for quality preparation and instruction.

#2 It would be nice to finally start thinking about the teaching activities outside this narrow framework in which we are located. Language should not be a barrier in any case.

Some respondents (14%) had positive feelings, but only under a few conditions. For example, organised language support, financial (and educational) stimulation, enough time for preparation and the reduction of teaching workload. The notion that teaching in English would be hard at first, but easier after a certain period of time was also present. One respondent said, “I

absolutely support it. It will come to this in the future and I see no reason why it should not begin right now. The initial period is always hard and it cannot be avoided, but it is the only way to improve things.” (11).

The other half of the respondents expressed fears and listed a number of problems regarding their potential involvement in EMI. One of the issues they were concerned about related to their English language proficiency, since many stated that they felt incompetent or uncomfortable to teach in a foreign language. This is indicated in the following replies:

#40 I would not feel comfortable if the students asked a question to which I could not give a proper answer.

#39 I fear how awful that would sound.

#8 I do not feel competent to hold instruction in English and I would certainly need professional help.

The problems related to the teaching staff's overload were once again mentioned as a cause for the respondents' lack of inclination towards EMI. They expressed worry that they would not have enough time to prepare properly and that they would have trouble balancing their duties between the two programmes. Here is a sample of the respondents' replies:

#25 I do not have time considering the extent of clinical work. When the extent of the clinical work would correspond to the one stated in the contract, then I would have time. Interest is certainly present.

#44 At the moment, my yearly workload is almost a 100% higher than it is required, every minute at the clinic is precious, and students are often ignored even though we form the teaching base. For these reasons, additional workload [...] would not be easily handled.

The respondents also listed other worries and problems, such as: a) work overload combined with all the things one has to do in order to professionally advance, b) extra time that needs to be invested, c) lack of interest, d) students' lack of English language proficiency, and e) lack of financial means.

Several respondents (13%) disclosed both negative and positive thoughts regarding their potential instruction in English. They stated that it would be time-consuming and tiresome, but at the same time useful and challenging. Some reported that they would have problems concerning their English language proficiency, but they also concluded that with the proper preparation the instruction would be held adequately. Some of the respondents' comments also worth noting were:

#57 [...] I doubt whether there will be an organised training for the teaching staff and I fear that everything will come down to the individual teacher, i.e. that I will have to educate myself.

#55 I will be forced to work more, I will spend even more free time and it will not be paid or in any way valued.

#13 I would not engage in it. It is risky. In fact I know it is unsustainable.

#37 I will think about it after I am properly presented with it.

#### **4.6. Preconditions: linguistic and other**

According to the respondents, several linguistic preconditions needed to be fulfilled in order for them to be willing to teach in English. The majority (48%) stated that linguistic courses should be organised. Language training oriented to receiving a language certificate, and a language expert at their disposal were reported as equally important. Some (27%) even specified that a lector or an ESP expert in medical English should be at their disposal. Several teachers (19%) thought that English language competence should be pretested. The least popular method of language support was class observation – one person stated “all of the above except the observation of teaching” (30). A fourth of the respondents (25%) simply replied “all of the above” while a few (7%) provided additional preconditions to the listed ones, such as going on a study visit to an institution or a clinic abroad, holding an inaugural lecture in English, giving trial lectures and English teaching aids and literature. A respondent said that “it is sufficient that the person who wants to give instruction in English holds one class in front of a committee comprising two English language teachers and one expert in the field of medicine“ (48). Only

one person stated that there was no need for any preconditions “as we all write papers in English and go to conferences abroad“ (64).

As for other preconditions, a vast number of respondents mentioned financial compensation (51%). Having advantage in terms of professional advancement and teaching workload modification or hiring additional staff were also perceived to be necessary preconditions. One respondent mentioned that study groups should be smaller. An isolated response regarding the teaching workload was:

#44 In my department every employee exceeds their workload from 100 to 150 hours. A few will soon retire, so it will be hard or even impossible to give instruction in Croatian properly, let alone in English.

#### **4.7. Language support**

A vast majority of respondents (80%) would use language support if offered. Some respondents (11%) were unsure, while only 4% explicitly stated that they would not use language support. The respondents overwhelmingly thought that MEDRI should ensure and finance language support for the teaching staff, and only a few mentioned UNIRI. The participants perceived that both MEDRI and UNIRI would gain financial profit and prestige from a study programme in English, which implied that they had to ensure language support. One respondent even stated that organised language support implied that the management had better control over teachers, and can have higher expectations. Some respondents (20%) explained that language training was not something they had wished for, so they did not see why they would have to pay for it themselves. One participant commented, “Why would I have to pay out of my pocket? We have more than enough teaching workload. These are no cheap courses. Serious courses are not cheap” (I12). In contrast, one respondent admitted that they would pay for language support if asked to, while another pointed out that teachers would pay for it themselves if they were paid properly for their jobs. Half the respondents were positive that MEDRI and/or UNIRI would finance the language support for teachers, while the rest either expressed negative thoughts “considering the current financial situation” (I2) or felt unsure.



The participants perceived that the collaboration with a language expert would be most useful in terms of editing the teaching materials. A large number of participants also opted for language courses (54%) and training abroad (39%), while a comparatively smaller number (15%) mentioned class observation. Many respondents generally stated that it would be useful to have a language expert at their disposal, while some specified that they would need language assistance when it came to class preparation, translation of lectures, teaching materials and tests. Some respondents (17%) simply replied “all of the above“, while a few (4%) added that they would “agree to anything as long as they achieved better learning outcomes“ (61). One respondent suggested, “staying at an institution which offers EMI programmes and giving instruction to native speakers of English“ (2). It was interesting to note that a few respondents wanted to collaborate with a language expert on an individual basis, so that they could maximise their learning.

Half of the respondents reported that they would need conversational exercises in order to improve their communication skills as some of them rarely had the opportunity to speak in a foreign language for a longer period of time. Thirty per cent said that they needed to improve or re-familiarise themselves with English grammar in terms of sentence structure and tenses. Some respondents clarified that upgrading their grammatical knowledge would significantly enrich their language, and others simply perceived it as a necessity since over the years “[...] they forgot specific grammar rules that are applied in conversation” (13). A part of the respondents (22%) stated that they would need language assistance related to vocabulary specific to the domain of medical sciences. Some explained that language training would encourage them to read fiction which would help them expand their vocabulary range, particularly in terms of synonyms and collocations. Some mentioned lack of time and motivation to do it on their own. The rest of the respondents (30%) stated that they needed help in order to improve their academic English and teaching style, but also their pronunciation, spelling and writing skills. It should be noted that many respondents remarked that the teachers at MEDRI had a substantial knowledge of English that only needed improvement in particular areas. Furthermore, they added that teachers were expected to know the specific medical vocabulary as they wrote and read scientific papers in English.

The respondents proposed various ideas on how a language course for teaching staff could be organised. Half of the respondents suggested giving a preliminary test to the teachers, then sorting them into smaller groups according to their English language proficiency with the possibility of progressing into a more advanced group. One respondent commented, “[...] this is how it works abroad – you take a test and have a conversation after which you are sorted into a group where you can make progress” (I13). The respondents also suggested organising a language course in collaboration with a native speaker “ [...] so that through fifteen days of a quality course one gains more than studying alone or through standardised courses for years” (I5) or an ESP teacher as they would be familiar both with medicine and English. The rest proposed enrolling in standardised courses at foreign language centres, taking a Cambridge certificate course, and attending a course offered by a language expert and a content specialist from MEDRI who was proficient in English. One respondent commented that language training should be organised at the Faculty as this would prompt a greater number of teachers to attend it.

Many respondents (47%) argued that an organised language course should be tailored according to the needs of those teaching and doing research in the field of medicine. One respondent stated, “[...] teaching medicine in English entails knowing the terms within the English-speaking domain” (I10). For this reason many (33%) voiced their concerns regarding the feasibility of such a language course. Some (7%) simply stated that an all-inclusive course would be difficult to arrange since “each faculty member will probably want something from their own field of expertise” (I6). Others (27%) perceived that the main problem was that language experts would not be familiar with English for specific purposes. Here is a selection of answers:

#I8 [...] The question is who will teach such a course? [...] It is one thing to offer a course in English for communication purposes and another for specific purposes.

#I12 [...] English language teachers do not know our professional language. They can help me with proofreading, but we have some specific phrases in our profession.

In contrast, one respondent thought that organising such a course should not pose a problem since some people in the medical field specialised in English for medical purposes. The other concerns were related to the lack of time for language training and the teachers' inability to sufficiently learn English before the programme is launched:

#I10 [...] In order to educate the teachers you need a couple of months, but you cannot do your job and attend courses in your free time. [...] Who will replace us at the clinic while we attend courses?

#I8 In my opinion, one cannot attend courses and give lectures at the same time.

#### **4.8. Quality assurance and learning outcomes**

The respondents overwhelmingly thought that the quality of instruction should be assured through student feedback via a questionnaire on the quality of teaching and the delivery of the content, given on a regular basis. One participant stated that teachers should also fill out a questionnaire. Meetings with other teachers, student representatives and the administration, which would be useful for exchanging opinion, experiences and advice, peer review and class observation conducted by language experts were also listed, but to a significantly lesser extent and only in the beginning. One participant said that they should be organised “at the university level with all teachers who participate in EMI” (3). A participant argued against any kind of observation as the teachers were not “mature and ready” (24) for it. The rest (22%) suggested that quality should be assured through consultation with language experts, observation conducted by an independent committee, editing of the teaching materials, organising multidisciplinary teams comprising teachers, language experts and pedagogues, giving feedback structured according to the Pendleton model, securing prior education and preparation for teachers, regularly communicating in English and reviewing students’ pass rates.

When specifically asked about the quality control of the linguistic part of instruction, the respondents mostly opted for class observation conducted by a language expert or in some cases by a native speaker. A third of the respondents suggested distributing surveys to students in combination with class observation. There were those who were opposed to surveys because “[...] student evaluation of our speaking abilities is not relevant especially if they are not from an English speaking country” (4). One respondent reminded that nobody controlled the teachers’ ability to speak Croatian. The rest (36%) proposed peer review, giving a lecture in front of a committee and class observation conducted by native speakers from every medical field, or checking teacher English language proficiency in advance.

A large number of respondents claimed that teaching in English would not jeopardise the quality of instruction (37%) or the fulfilment of the learning outcomes (47%), and listed the following reasons: a) students study from books written in English, b) the literature is the same as for the Croatian-taught programme, c) younger teachers know English well, and d) the teachers publish papers in English. A well-timed quality organisation of the study programme, competent and unburdened teachers with provided language support were listed as preconditions which would prevent the decline in quality of instruction as well as the failure of reaching the learning outcomes. Furthermore, the respondents argued that both would greatly depend on the teachers' motivation, preparation and self-criticism in terms of English language competence, but also students' ability to study in a foreign language. A few respondents (6%) thought that the quality of teaching would increase. One respondent commented, "[...] we cannot expect the quality of teaching to be as at Oxford and Cambridge which is in line with the global rating of our University" (48). A part of the respondents feared that teaching in English would negatively affect the quality of teaching (21%) and fulfilment of the learning outcomes (8%) primarily because of the language barrier, but also due to the shortage of staff. They worried that teachers would focus on the language instead of the content as they lacked the vocabulary and communicational skills in a foreign language. Some highlighted the problems related to the clinic, primarily student-patient exchanges. One respondent argued that they would have difficulty with simultaneously interacting with the student and the patient in two different languages. Here is a selection of answers:

#26 I believe that problems will arise on clinical courses, in communication with patients.

#44 [...] The majority will concentrate on lecturing, and encourage interaction less. Those who will get involved will be younger teachers with better English knowledge, but narrower content knowledge.

The respondents also felt that the learning outcomes should be more narrowly defined, and that some thematic units were too hard even in Croatian. Those holding that the quality of teaching would suffer significantly outnumbered the ones feeling that the learning outcomes would not be fulfilled.

Half of the respondents thought that the learning outcomes could be fulfilled even if the teachers' level of English was poor. They explained that students could use various sources to learn, such as books, scientific papers and audiovisual material or they could simply ask for individual consultations. Furthermore, they added that some classes heavily relied on visual sources and nonverbal demonstration. One respondent remarked that students barely went to classes, while others (13%) said that the effort and interest of both teachers and students could compensate for the lack of English language proficiency. One respondent commented, "Sometimes you listen to people who speak English poorly, but you understand them completely" (I7). Another reported, "[...] It is important that we understand one another even if we have to use so-called broken English" (I8). The other half of the respondents thought that the learning outcomes cannot be fulfilled under such circumstances since improper communication lead to a poor transfer of knowledge. Some added that without fluency and knowledge of the language they could not explain the content or answer any student questions. One respondent offered their view: "A student can always study from a book in English without my help, but that makes teaching absurd. [...] I believe that students can obtain much from teachers through instruction" (I4). Most of the respondents (40%) stated that teachers needed to be proficient in English, irrespective of the fulfilment of the learning outcomes because the reputation of MEDRI would be at stake along with their personal reputation. Thirteen per cent, however, thought that English language proficiency was not important if the learning outcomes were fulfilled.

The majority of the respondents (80%) thought that the quality of teaching on the English-taught programme should not be monitored to a greater extent than the quality of teaching on the Croatian-taught programme. They clarified that it should be controlled equally since otherwise it would mean that they favoured the English-taught programme, which would be unfair. One respondent added, "[...] this would mean that we want to appear better than we actually are in front of the foreigners. Our students equally deserve a high quality" (I5). Several respondents (20%) pointed out that the quality of teaching at MEDRI was insufficiently controlled since the questionnaires were rarely filled out or taken into account, student pass rates were not reliable and class observation was not conducted.

## 4.9. English in the classroom

Half of the respondents perceived that giving lectures would be the easiest part of teaching in English as there was little interaction between teachers and students, and teachers could simply narrate what they had prepared earlier with the help of PowerPoint presentations. Furthermore, some added that barely any questions were asked during lectures and communication was mostly one-way. According to the respondents, the hardest part of teaching in English would be holding seminars and practicals as they entailed extensive interaction with students in English for which better English language competence was required, and cannot be prepared ahead. One respondent remarked, “[...] the practicals included informal conversation for which a person cannot prepare because we never know what might come up in discussion” (I6). Furthermore, teachers spontaneously ask questions, interpret the given answers and explain a particular process, which is sometimes considered to be hard even in Croatian. Some added that seminars lasted for four hours, and they required a thorough preparation for which a teacher needed excellent English proficiency. In contrast, some (22%) thought that practicals were the easiest form of teaching because they focused on exercises which often entailed non-verbal or informal communication. Several (20%) respondents deemed student testing (especially oral examinations), understanding non-native English speaking students, time-management and clinical work as most problematic. A few (4%) stated that there were no easy aspects of teaching, while others (5%) remarked that they would not have difficulties with teaching in English.

The respondents were divided on the issue related to the teachers’ level of English in class in terms of accuracy and fluency. Half of the respondents said that the teachers’ level of English would be satisfactory and generally very good, while the other half thought that it would be inarticulate, incorrect, sluggish and stuttering, and rated it between the A1 and B2 level on the CEFR scale. According to one respondent, this would lead to a poor quality of instruction since there would be less time to cover all the content, and ultimately some information would be left out. A few respondents (6%) remarked that teachers’ accuracy and fluency would be particularly problematic in the beginning; however, half of them added that both would improve in time. A few respondents (5%) argued that accuracy should never be an issue, “In the initial phase fluency could be somewhat worse, but not the accuracy” (11). The rest (18%) were either unsure or claimed that the level of English would be average. A third of the respondents (36%) stated that

teachers' English should be very fluent and accurate. The participants explained that it should also be confident, understandable and professional in order to result in unfettered communication between the teacher and students. One respondent argued that "it should be excellent since we are talking about the education of other people" (66). The majority of the respondents (40%) thought that teachers' level of English should be between the C1 and C2 level on the CEFR scale, while some (13%) mentioned that at least the B2 level was in order. A few respondents (8%) remarked that the level of English should be better; however, nobody expected native-like proficiency. It should be noted that a few respondents (4%) thought that accuracy and fluency would strictly depend on the organised support for teachers, but also on the selection of teachers.

The respondents provided different solutions on how to bridge the gap between teachers' poor and excellent English language proficiency in class: a) additional education, b) timely preparation, c) improvement through communication before and during class, and d) training abroad. One respondent commented, "[...] if it is really poor, than we cannot bridge this gap. If it is poor in an acceptable way, than I suppose we can improve through some kind of course" (I8). The respondents commented that the feasibility of teachers' English improvement would depend on their motivation and attitudes as those who were not willing to learn would probably gain little from the courses. One respondent voiced his/her concern in the following way:

#15 [...] You have poor teachers who are unmotivated and show little progress, but you have no alternative. In this way we will be condemned to mediocrity, just like in other domains.

The respondents overwhelmingly perceived accuracy to be more important than fluency. They explained that it was important to be precise in order to avoid student misinterpretations, which could cause severe problems in the medical practice. One respondent reported, "[...] a sentence in Croatian can be ambiguously interpreted, let alone in a language you do not know" (I4). Some stated that accuracy provided better understanding of what was presented or explained, which led to successful achievement of the learning outcomes. When discussing accuracy, the participants mostly referred to lexical accuracy, i.e. choosing the correct words and expressions in a sentence in order to convey the right meaning. Grammatical accuracy and accuracy in pronunciation were also referred to, but to a lesser extent. A few participants (13%) explained that some aspects of grammar were important, such as constructing sentences and

word order. According to the rest, grammatical accuracy in terms of tense usage and verb formation was less important since much could be interpreted from the context. One respondent stated, “[...] English grammar is not difficult. The students will understand you if you have trouble with tense sequencing – especially if they are also non-native speakers” (I12). Another said that teachers should focus on the content rather than on their grammatical accuracy. With regard to accuracy in pronunciation, one respondent clarified that the teachers who had good pronunciation were better accepted in academia and were generally more understandable. The rest argued that even though it would be nice to pronounce correctly, it was not crucial. One respondent reported that pronunciation was important only with non-native English speaking students while it was less important with native speakers of English since they had better skills in interpreting what you said. Accuracy in translation, i.e. interpreting the literature written in English for class preparation, was also referred to as important.

One respondent, who perceived fluency to be more important than accuracy, elaborated that students could be motivated and learn only if their teachers could properly link their ideas and go into digression. Another stated that fluency enabled better information flow and understanding as the teacher could explain the content without stuttering. A fourth of the respondents agreed that both accuracy and fluency were equally important, “[...] both are necessary. The fluency also has to be adequate because otherwise we go back to our primary problem, i.e. that we have clearly defined semantic expressions, but no transfer” (I15).

#### **4.10. Teacher selection criteria**

The respondents listed various criteria according to which teachers should be selected to participate in the English-taught programme. According to most (31%), the teachers that were positively evaluated by students on the Croatian-taught programme should be selected for this programme as well. Some respondents (23%) thought that personal motivation, willingness and self-perceived ability to teach in a foreign language were also crucial factors. One person suggested organising an interview during which the teachers would be informed about their obligations and evaluated in terms of their motivation. A few (15%) stated that teachers needed to be chosen on the basis of their scientific contribution, while some argued against this selection criteria because “[...] scientific results do not have to mirror one's teaching competences” (I5).



One respondent said that teachers who were internationally recognised should be selected since they could contribute to the general visibility of the study programme.

Many respondents focused on the linguistic criteria, such as: a) enclosing an English language certificate, b) passing a language course, c) pretesting in terms of writing and speaking skills, and d) giving a lecture to students in front of a committee comprising language experts. They explained that setting the linguistic criteria was important as it was questionable how many teachers were actually objective and self-critical relating their English competence. Those who criticised language courses and certificates as means of selecting teachers argued that many teachers did not have language certificates to prove their proficiency since they were not available until recently. Furthermore, they added that a language certificate was not reliable as the teacher could have obtained it many years ago. Language courses were perceived unreliable because one “[...] can pass a course and still know nothing just as students go through a course and know nothing without a final exam” (I4).

One respondent suggested forming a body of experts who could select teachers according to their English language proficiency. A few respondents (15%) thought that teachers who were abroad for a longer period of time or had experience with teaching in English should be selected. One respondent stated that all the teachers could participate if offered proper education, while another asked whether there was actual need for linguistic criteria as teachers were sufficiently exposed to English. A few (15%) respondents stressed the importance of selection criteria because they feared that financial incentives could encourage even those who were not competent to teach in English, “[...] when money is involved, everyone wants a piece of the action” (I9). Similarly, one respondent said: “[...] people greedily want to become involved as this is the only way they could earn more money” (I4).

The problem related to staff shortage was once again addressed, “[...] There will be no criteria. The workload is huge, which means that almost everyone will have to become involved” (I4). One respondent remarked, “[...] As a matter of fact, it is not important what I think because nobody will ask me personally except for you, and whatever I say will not be taken into consideration by decision makers” (I7).

## 4.11. Student body

The respondents overwhelmingly reported that they would like to teach both foreign and domestic students. According to some (6%), there was no difference between the two if the instruction was conducted strictly in English. One respondent said, “It is all the same, but instruction in English should be held in English then” (1). Furthermore, one respondent added that the quality of teaching should be the same for foreign and domestic students. The rest (27%) were divided between the two groups with more respondents in favour of foreign students. Some of the respondents who would prefer to teach foreign students explained that they found it more challenging and interesting. Similarly, the communication would be better and the foreign students would be more tolerant towards their English language competence. One respondent specified that they would prefer foreign students who were non-native speakers of English. Several respondents (10%) argued against teaching domestic students in English as they perceived that the study-programme was intended for foreign students. One respondent commented, “Are they not the reason for the introduction of the study programme in English!?” (66). Furthermore, they stated that there was no need to offer instruction in English to those who could speak Croatian as they could enrol on the Croatian-taught programme:

#62 Foreign students because I do not see the need to speak English with students who can speak Croatian!!!

#55 There is no need to make an already difficult study programme more difficult.

Some of the respondents (4%) who would prefer to teach domestic students elaborated that they could resort to Croatian if they had trouble explaining particular issues – some added “particularly in the beginning” (30). One respondent clarified that domestic students had equal English language competence as the teachers, while another explained that it was easier since they had already taught Croatian students. Some additional responses were “domestic in the beginning until we gain some routine” (58), and “the number of foreign students is too small for the organisation of such a complex study programme” (17).

The respondents expected that the students would have good or even excellent English language competence. They explained that young people were proficient since they were

sufficiently exposed to English through various media from an early age. A few (14%) said that they could not assess as they did not know from where the students would come from. One respondent argued that the students' level of English would vary, and added that it would probably be mediocre. The respondents stated that students should be very proficient and fluent or at least have substantial knowledge of English in order to successfully learn. They explained that students should be able to follow the lecture, understand the teacher and participate in class. One respondent mentioned that students' proficiency should be on the B level or minimally one level below the teachers'. Several teachers explained that students who had poor English language competence would either improve during their studies or they would fail – in both cases it was up to them. One respondent commented, “[...] we cannot do much about it. We can only let them write the test a little longer because that is what we do when our students have problems with a particular question” (I3). Only one respondent suggested that students should be given the possibility to improve their knowledge through an organised course.

Half the respondents stated that students should not be pretested in terms of their English language competence. They argued that students should be able to evaluate their language skills themselves, before enrolling on the programme. The respondents added that medical studies were hard which meant that the students who were not proficient in English would either give up or fail. One respondent commented, “[...] They should be tested if you do not want them to throw away their money, but, on the other hand, it is their responsibility and their money” (I4). Another remarked that the students who enrolled on the Croatian-taught programme were also not tested in terms of their Croatian proficiency. According to one respondent, the number of applicants would determine whether students should be evaluated in terms of language – “if there were many, then there should be some kind of selection criteria, but if there were few, then all should be given an opportunity” (I11). A fourth of the respondents thought that students should be evaluated in terms of their linguistic abilities. A part of the respondents (41%) suggested that students should provide some kind of verification in the form of a certificate or diploma, while others (33%) proposed pretesting either through a separate English language test or an entrance exam written in English. They argued that there had to be some kind of warranty that the students could participate in class. One respondent explained that pretesting secured a better selection of students who would not negatively affect teachers' proficiency and the general quality of instruction, “[...] if you speak with someone whose English is not that good, then your

English suffers as well” (I5). An isolated response was that students should be evaluated if this was the policy abroad.

When asked how the first generation would be affected by the introduction of EMI, given that it was often mentioned that the quality of instruction would improve over time and the problems would be solved along the way, the respondents replied variously. Some (23%) stated that the first year was always experimental and that students would surely be negatively affected by it. They compared it to the introduction of other study programmes in Croatian or the Bologna process, “[...] When Bologna was implemented, we were all clumsy, but now that it is established we find it to be much easier” (I13). Some (23%) thought that the first generation might be less affected than the following generations because teachers would invest more time and effort in the beginning. They clarified that teachers would prepare more thoroughly and even “refresh their presentations” (I11) initially; however, they would eventually become more inert. Many (46%) argued that proper implementation and the quality-based teaching were crucial from the very beginning.

## 5. DISCUSSION

The findings show that more than half of the respondents think that EMI could be introduced and are willing to undertake it, which is in line with their positive attitude towards the introduction of EMI at MEDRI. A significantly smaller number of respondents (1%) think that the implementation is not feasible, while 12% are not willing to engage in EMI. This is probably due to the fact that “feasibility” is related to institutional engagement, while “willingness” entails personal commitment, which might indicate that some respondents will not be inclined towards EMI even if MEDRI fulfils all the necessary preconditions. Interestingly, in both cases a notable number of respondents are not sure whether EMI implementation is feasible (36%) or whether they would want to engage in EMI (19%). Bearing in mind that not all teachers are familiar with the plan to introduce EMI at MEDRI, and that many require to know more information about the implementation of EMI in terms of organisational, financial and linguistic prerequisites, the respondents might be reluctant to express attitudes until they get the necessary information.

The respondents have an overwhelmingly positive attitude towards the introduction of EMI at MEDRI; however, they also voice concerns about a number of problems that need to be dealt with prior to and concurrently with the implementation in order to ensure quality.

The first concern refers to the level of familiarisation with planning and organisation since there is a lot of information that the teachers are not familiar with, and there was no formal presentation of the implementation plan. They are also under the impression that no structured plan exists, and that due to haphazard implementation, problems will be solved along the way, leaving many important issues unsettled. The fact that only 66% of the respondents are aware that MEDRI is planning to introduce EMI, and that only half of the respondents were asked by the management if they feel ready to teach in English, even though the programme is to be implemented in the near future, corroborates this concern. The idea that their opinions and concerns will not be taken into account in the process of the implementation is also present. It might be safe to say that the respondents, as EMI stakeholders, desire a closer involvement in the planning process. The desire to know more about the introduction of EMI, and the teachers’ concerns about how EMI will affect their personal work situation are not surprising – in fact, both relate to the second stage of concerns identified by van den Berg et al. (2000). It is also

worth noting that Klaassen and de Graaff (2001) emphasise that the concerns, experiences and skills of teachers are extremely important for a successful implementation of any educational innovation. In other words, a “dialogue needs to be created among those involved” (Mellion 2008, 225) in order to ascertain the necessary conditions, competencies and commitment.

Another concern refers to the teaching staff’s overload. The respondents fear that the overload will negatively affect the quality of both programmes and prevent any kind of selection, which would basically mean that all the teachers would have to agree to teach in English regardless of their willingness and competence. Increased workload seems to be a negative side effect of EMI implementation regardless of teaching workload prior to involvement (cf. Vinke, Snippe, and Jochems 1998; Tatzl 2011), as preparing for classes in English takes up more time. Doiz, Lasagabaster and Sierra (2011, 352) report that workload reduction is neglected in some departments, and that “the teachers’ additional effort was often undervalued by their colleagues”. Hence, our respondents suggest hiring additional staff or reducing the current workload. Vinke, Snippe and Jochems (1998) also suggest that the lecturers should be temporarily excluded from part of their duties or that they should be coached by an experienced colleague. It is interesting to note that in spite of the fact that the teaching staff’s overload was identified as a major obstacle to EMI implementation, the majority of teachers would still prefer financial compensation to workload modification. Moreover, some respondents warn that offering financial incentives without adequate selection criteria could lead to the involvement of teachers who do not have time or language competences to offer quality-based instruction in English.

In addition to workload issues, the respondents perceive the lack of English language proficiency as a problem. The respondents used various occasions during this study to express worry about the general lack of language competence at MEDRI, but also their personal shortcomings when it comes to teaching in a foreign language. Their self-evaluation shows that the respondents are mostly dispersed between being moderately (35%) and somewhat (34%) competent to teach in English, and a large majority (80%) would use language support if provided. Moreover, the number of positively oriented teachers towards EMI was reduced when they were asked to share their feelings about their potential engagement in EMI. The language difficulties they describe included problems with spontaneous communication, grammar and word retrieval, vocabulary specific to the course content, academic English, pronunciation, spelling and writing. These

problems can be easily compared to those mentioned by teachers in other EMI contexts. For example, Wilkinson (2013) reports that lecturers complain about pronunciation problems, lack of clarity, and the inability to properly elaborate and improvise. Also, Vinke, Snippe and Jochems (1998) notice limitations in the field of vocabulary, and a reduced accuracy of expression. It is worth mentioning that students notice language difficulties their teachers face. Wilkinson (2013) points out that students' attention is often drawn to teachers' lack of fluency. According to Kling and Hjulmand (2008, 195), students frequently “drew a parallel between fluency/proficiency and pronunciation [...], and they expressed dissatisfaction if their teachers' language was accented”. In other words, the lack of language proficiency could divert attention away from the content and inhibit learning.

Our respondents largely agree that holding lectures would be easier than holding seminars and practicals, as they entail less interaction with students. In fact, teaching in an interactive and unpredictable setting in English is expected to cause problems for teachers (Vinke, Snippe, and Jochems 1998). Certain problems should also be anticipated among teachers who have no previous experience with teaching in English. Ball and Lindsay (2013, 47) emphasise that teachers who teach at tertiary level are expected to be “able to interact spontaneously with the students in either a lecture or a smaller seminar context, and also in a more informal discourse situation”.

The participants also fear that the quality of instruction will be affected by the linguistic barrier. Specifically, the teachers state that some will focus on the language instead of the content, resulting in smaller content coverage and certain information left out. It seems that this concern is not unfounded since Kang (2012) reports that instructors are sometimes forced to reduce course content in order to appropriately communicate with their students. Furthermore, a slower speech rate along with prolonged clarifications, repetition and rephrasing are present during instruction in English as opposed to instruction in one's mother tongue (cf. Arkin and Osam 2015; Tatzl 2011). On the one hand, it could be argued that students could benefit from employing such strategies as they lead to better comprehension. On the other hand, the risk is that less ground would be covered, which would mean that students would have to deal with the rest of the content on their own. Vinke, Snippe and Jochems (1998) proposes three measures: a)

deciding the topics that are going to be covered in class, b) increasing the number of contact hours, and c) switching to less teacher-directed instructional formats.

In view of the fact that language issues repeatedly emerge as a cause for concern, it might be useful to examine more thoroughly which linguistic preconditions are identified by the teachers, and corroborated in the literature. Teachers that are willing to become involved in EMI should have adequate English competence, and the selection criteria should be dependent on their language proficiency. Teachers should be pretested in terms of language proficiency with the aim of identifying those who need support (cf. Kling and Hjulmand 2008). Those who do not possess the necessary language competences should improve their language skills prior to instruction through language training and everyday communication in English. After attending language training, teachers should pass an exam in order to prove their proficiency (cf. Mellion 2008). Enclosing a valid English language certificate is also mentioned as an option (cf. Ball and Lindsay 2013). Furthermore, language support for teachers should be offered. This assistance could be actualised through organised language courses, such as intensive courses held by a language expert, native speaker or ESP teacher (cf. Fortanet 2008), and oriented to receiving a language certificate (cf. Mellion 2008). These courses should focus primarily on developing conversational skills; however, they should also work towards developing other skills and resolving the previously mentioned language difficulties (cf. Ball and Lindsay 2013). Besides, they should be adapted for specific purposes. The respondents would also like to be assisted by a language expert who would help them with class preparation, proofread or translate their teaching materials and tests (cf. Wilkinson 2013; Tatzl 2011). The following are also highlighted as important prerequisites: a) class observation (cf. Klaassen and de Graaff 2001; Tatzl 2011), b) tandem teaching between a content expert and a language teaching expert (cf. Cots 2013), c) study visits abroad (cf. Tatzl 2011), d) giving inaugural and trial lectures, and e) ensuring English teaching aids and literature.

It should be noted that in addition to issues concerning language, the teachers' insufficiently developed teaching competences are also highlighted as a problem. The fact that most respondents state that the selection criteria for the English-taught programme should be based on the students' evaluation of teachers in the Croatian-taught programme might indicate that pedagogical skills are deemed equally important as language proficiency. Björkman (2010,



87) notes that teachers who are “highly proficient in English did not necessarily make good teachers”, and that the usage of pragmatic strategies such as repetition, questions, and signalling importance is more important than high language proficiency. Klaassen and de Graaff (2001) list a number of effective classroom behaviours, for example, using conformation checks, applying reminders, using redundant information and structuring material by means of core statement. Vinke, Snippe and Jochems (1998) notice that instruction in a foreign language tends to reduce some of the mentioned pragmatic strategies, which consequently reduces student learning. Furthermore, Cots (2013) remarks that this shift from the L1 to EMI often neglects the need for adapted teaching methodology. Consequently, it seems that teachers at MEDRI should improve their teaching competences through pedagogic training, such as workshops focused on developing particular skills (cf. Klaassen and de Graaff 2001), pre-service courses (cf. Hellekjær 2010), and in-service courses (cf. Ball and Lindsay 2013).

Some of the problems mentioned so far become even more evident at the clinical level. First, the respondents argue that their current teaching workload in addition to work at the clinic makes it impossible for them to take up any additional work. Second, the respondents cannot find the time to attend language courses. Third, the respondents are unsure how the management plans to integrate the clinical level into the English-taught programme since students would either have to interact with the patients in Croatian or teachers would have to act as translators between the patients and students. This problem is also mentioned by Dearden (2014, 25) who asks “how will a doctor who has not experienced clinically-oriented interaction in his/her home language during training perform when talking to patients who may not speak a word of English?”. These problems exemplify how adopting English in higher education represents a bigger challenge for programmes in the fields of medicine or law “where the principles are global but the practical implementation is local” (Coleman 2006, 10). Probably due to similar problems, Li (2013) highlights a case where English was used for lectures, tutorials, reading materials, assignments and examinations, while the first language was used during clinical sessions and individual supervision. One of our respondents suggests that EMI takes place at MEDRI only at the pre-clinical level.

The respondents find the enrolment of domestic students problematic as some teachers might resort to Croatian. Conversely, some welcome the opportunity of resorting to Croatian,

and thus prefer teaching to domestic students. Dearden (2014) reports a case in which teachers mainly used their native language in class instead of English. Consequently, international students complained that this was not in accordance with the programme and drew attention to the teachers' insufficient language proficiency. Domestic students could also be critical of using national language in EMI programmes since enhancing English language proficiency is often listed as one of the most important reasons for enrolling in English-taught programmes (cf. Tatzl 2011; Drljača Margić and Žeželić 2015). In contrast, Tatzl (2011) illustrates a situation where Austrian students, in groups where there were no foreign students, asked their teachers to hold instruction in German. This shows that maintaining English as a medium of instruction can sometimes be challenging for teachers despite their best efforts.

A frequent concern is that student admission will be defined by students' ability to pay the tuition fee, and not their competences, which would enable the entry of students with insufficient knowledge. The respondents fear that they would have to lower their criteria, which would result in a general lack of expertise among future doctors. In order to prevent this, one respondent proposes that all students should pass an entry exam written in English that tests their knowledge of Biology, Chemistry and Physics.

The findings also reveal several significant paradoxes and discrepancies. The first paradox is that in spite of the fact that the respondents express concern and scepticism about the quality of the programme due to various problems, when explicitly asked whether the quality of instruction and the fulfilment of the learning outcomes would be negatively affected by instruction in English, they maintained that they would not be affected. Additionally, more than half of the respondents think that the introduction of EMI at MEDRI is feasible and they are willing to become involved, but at the same time they rate their competence to teach in English averagely and feel unready to interact with students. An explanation offered by the participants is that the teachers are looking forward to EMI as it represents a step forward, and are sometimes likely to neglect possible or evident problems. Enthusiasm and positive attitudes towards EMI introduction, or perhaps simply the awareness of its inevitability, sometimes tend to outweigh the challenges or mask their presence. In addition, one respondent remarks that the learning outcomes in the Croatian-taught programme are fulfilled regardless of the communicative abilities and teaching skills of the teachers. In comparison, Wilkinson (2013) reports that EMI

has a negative impact on teachers' teaching quality, but it does not affect students' learning outcomes.

Another discrepancy is revealed in the fact that the respondents perceive themselves as incompetent to teach in English in spite of assessing their English language skills rather high on the CEFR scale. Within interviews they explain that despite their proficiency in general English, participation in EMI requires developed communicative skills and field-specific vocabulary, which supports their explanation that teaching entails more than just delivering the content, i.e. spontaneous interaction and fast retrieval of scientific expressions. Also, their receptive skills are rated higher than their productive competences.

The third paradox relates to the respondents' view of quality assurance measures. When generally discussing quality assurance, the majority of the respondents opt for student feedback via a questionnaire, and class observation is hardly mentioned. However, when the respondents are specifically asked about the quality control of English competence, class observation is most frequently mentioned. Even though teachers are generally reluctant to observation conducted by outsiders, Kling and Hjulmand (2008) report that the language assessment team at Copenhagen Business School was welcomed as teachers were looking forward to feedback regarding their teaching and linguistic abilities.

In addition to the discrepancies, the findings reveal a few misconceptions regarding EMI in higher education. One is that English-taught programmes are intended exclusively for foreign students (cf. Drljača Margić and Vodopija-Krstanović 2015). For example, at an English-medium university in Turkey the majority of students speak Turkish as their first language (Arkin and Osam 2015). Similarly, in an English-medium academic context in Spain only 0.1 per cent of the students who enrolled in 2008/09 were international students (Doiz, Lasagabaster, and Sierra 2011).

The teachers at MEDRI perceive that students will have good or even excellent English language proficiency, which should enable them to follow lectures, participate in class and acquire knowledge. Yet Wächter and Maiworm (2014) report that the varying levels of content knowledge and language skills among students pose a significant problem to EMI programmes in Europe. In many English-medium contexts students struggle with language difficulties,

primarily in terms of listening comprehension, understanding specialised vocabulary (cf. Evans and Morrison 2011), distinguishing the meaning of words and following the teachers' train of thought (cf. Hellekjær 2010). Furthermore, a study conducted at UNIRI (Drljača Margić and Žeželić 2015) reveals that students feel unready to tackle English in higher education even though they are largely exposed to English through the media and education. The authors point out that the language proficiency the students acquire at school differs from the proficiency required in higher education. Evans and Morrison (2011) also note that students have little experience with academic discourse in English in terms of writing, speaking and listening. The provided data show that the students who enrol on English-taught programmes in spite of their prior exposure to English often lack cognitive academic language proficiency (CALP<sup>1</sup>), which could affect their ability to comprehend lectures and successfully participate in classroom discussion (cf. Arkin and Osam 2015; Doiz, Lasagabaster, and Sierra 2013).

In order to prevent problems stemming from students' insufficient language proficiency, some participants mention that language certificates should be issued or that students' language skills should be pretested. One participant suggests organising language support for the students who want to improve their knowledge of the language. Those respondents who do not support language pretesting among students underscore that the students who struggle with language proficiency will either give up or fail (cf. Wilkinson 2013). Pulcini and Campagna (2015) report that lecturers and policy-makers in scientific areas opt for certificates as a method of evaluating students' linguistic abilities prior to admission, and hold view that language centres should provide tuition for those students who have low proficiency levels. Cho (2012) notices that a number of newspaper articles were criticising the institutions for ignoring students' needs in terms of language support, which led to financial burden on students. In line with this and the fact that students face problems learning the content and engaging in class due to language difficulties, pretesting language competences and language support should be reconsidered in order to ensure satisfaction among students, but also the quality of instruction. Specifically, setting up an intensive English preparation for all incoming students who are not successful in a preliminary language test (cf. Selvi 2011; Arkin and Osam 2015), organising a screening test in order to ensure the entry of English proficient students (cf. Wilkinson 2013), and conducting

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<sup>1</sup> A term introduced by Cummins (1979).

English courses (cf. Evans and Morrison 2011) are most frequently mentioned by the respondents.

The fact that teachers expect students to be proficient in English, and that language training for students is barely mentioned could indicate that teachers perceive English as merely a tool for studying medicine and not a learning outcome. Similarly, Pulcini and Campagna (2015, 74) note that English in scientific areas is perceived as “a medium for accessing knowledge in the specific domain of study,” which implies that achieving language proficiency is not a set target (cf. Saarinen and Nikula 2013). Still, Wilkinson (2013, 16) observes that students expect to learn the content and improve their language competences, even though teachers “rarely see their role as one of developing the students’ language ability”.

A well-timed and thought-out organisation of the programme, as well as teaching staff workload modification, along with the proper language support and setting teacher selection criteria are recognised as the key prerequisites for the quality-based implementation of EMI at MEDRI. Byun et al (2011) argue that a thorough preparation, adequate language proficiency among teachers and appropriate language support are crucial for minimising EMI problems. Considering that the management of MEDRI has already started working towards EMI implementation, the teachers have no alternative but to promptly address the management regarding their concerns, and state preconditions whose fulfilment would prevent the reduction of the quality of instruction. Furthermore, the teachers should carefully consider the challenges before undertaking EMI as reckless involvement in this educational innovation could deepen the existing frustrations and cause new ones.

## 6. CONCLUDING REMARKS

In Croatia, adopting Bologna and integrating higher education into the EHEA prompted the reorganisation of university curricula, and fostered an increase in degree programmes offered in English. However, the number of EMI programmes in Croatia is still scarce. In an attempt to catch up with the global trend, MEDRI decided to undertake this educational innovation, and started planning the introduction of an English-taught programme. In view of the fact that discussion about EMI in Croatia has not received proper attention until recently, this study aimed to provide an insight into the attitudes of teachers towards the introduction of EMI at their institution. Also, it aimed to give a contribution to the overall knowledge of how a global process is perceived in a local context. Hopefully, this study will spark interest in further research into EMI.

The findings reveal that a large number of respondents find the introduction of EMI a positive endeavour, and they recognise its benefits. Moreover, they are willing to engage in EMI, and perceive the implementation feasible. However, the respondents also express some concerns regarding EMI implementation, related to workload, English language proficiency, teaching at the clinical level, and student admission requirements. Resolving these problems coupled with proper planning and the fulfilment of preconditions is perceived crucial for obtaining quality and a successful implementation of EMI. It is worth noting that many of these concerns are similar to those identified in earlier literature, which indicates that teachers in different higher education contexts face identical problems and list similar worries regarding EMI. This study also reveals several significant discrepancies, paradoxes, and misconceptions related to EMI. In addition, several measures are proposed, which should be taken into consideration prior to and concurrently with the implementation of EMI.

Due to the demands of the global market, the introduction of English-taught programmes in higher education has become “a fact of life” (Mauranen 2010: 9). Investigating EMI practices along with teachers’ and students’ attitudes and needs is important in order to shed more light on this educational innovation.

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# APPENDIX A – QUESTIONNAIRE FOR TEACHERS

## UPITNIK ZA NASTAVNIKE MEDICINSKOGA FAKULTETA U RIJECI

U Europi se sve više uvodi engleski kao jezik visokoškolske nastave. Na Sveučilištu u Rijeci nastava se gotovo isključivo izvodi na hrvatskome jeziku. Cilj je ovoga istraživanja ispitati stavove nastavnika prema uvođenju engleskoga kao jezika nastave na Medicinski fakultet u Rijeci (MEDRI), a provodi ga skupina istraživača s Odsjeka za engleski jezik. Upitnik sadrži 19 pitanja i prostor za dodatne komentare.

1. Dob: < 30    30-39    40-49    50-59    60 <

2. Koliko dugo predajete u visokome školstvu? < 5    6-10    11-20    21-30    31 <

3. Ocijenite Vašu englesku jezičnu kompetenciju prema šest razina (A1 najniža - C2 najviša) u četirima vještinama:

A1 - pripremni korisnik

B1 - razvojni korisnik

C1 - napredni korisnik

A2 - temeljni korisnik

B2 - samostalni korisnik

C2 - vrsni korisnik

Jezična kompetencija						
Govorenje	A1	A2	B1	B2	C1	C2
Pisanje	A1	A2	B1	B2	C1	C2
Razumijevanje pročitano	A1	A2	B1	B2	C1	C2
Razumijevanje odslušano	A1	A2	B1	B2	C1	C2

4. Jeste li ikada držali nastavu na engleskome u okviru visokoškolskoga obrazovanja?    Da    Ne

Ako jeste, na kojim institucijama i koliko (otprilike) sati sveukupno?

5. Jeste li upoznati s planom uvođenja studija medicine na engleskome jeziku u Rijeci?    Da    Ne

6. Koje je Vaše mišljenje o uvođenju studija na engleskome jeziku na MEDRI?

**7. Mislite li da je ostvarivo da se na MEDRI-ju pokrene studij na engleskome?**

- Da
- Ne
- Nisam siguran/na
- Trenutno ne i/li ne sva nastava (npr. samo pretklinika) – molimo Vas, precizirajte i objasnite:

**Ako smatrate da (trenutno) nije ostvarivo i/li da nije sva nastava ostvariva, objasnite zašto nije.**

**8. Izrazite u kojoj se mjeri smatrate kompetentnim/om za držanje nastave na engleskome jeziku (1 - uopće se ne smatram, 5 - smatram se u potpunosti). 1 2 3 4 5**

**9. Držao/la bih nastavu na engleskome jeziku na MEDRI-ju.**

- Da
- Ne
- Nisam siguran/na
- Neki drugi odgovor (npr. samo izborne predmete, samo na prve tri godine, samo ako se ispune određeni uvjeti) – molimo Vas, precizirajte i objasnite:

Ako ne biste držali, zašto ne biste?

**10. Prema Vašemu mišljenju, koje je jezične i ostale preduvjete potrebno ispuniti na MEDRI-ju kako bi se nastava mogla održavati na engleskome jeziku?**

Jezični (npr. predtestiranje znanja engleskoga, plaćeni jezični tečajevi, plaćeno polaganje jezika za dobivanje jezičnoga certifikata, jezični stručnjak na raspolaganju, opservacija nastave):

Ostali (npr. povećanje plaće, smanjenje nastavne norme, stručno usavršavanje):

**11. Koje bi, po Vašemu mišljenju, bile prednosti, koje negativne strane/posljedice, a koje prepreke održavanju nastave na engleskome jeziku na MEDRI-ju?**

Prednosti:

Negativne strane/posljedice:

Prepreke:

**12. Koji dijelovi nastavnoga procesa Vam se čine najlakšim, a koji najtežim za izvođenje na engleskome? Molimo Vas, opišite.**

Najlakši:

Najteži:

**13. Biste li koristili jezičnu potporu kada bi Vam ona bila ponuđena?**

- Da
- Ne
- Nisam siguran/na
- Neki drugi odgovor – molimo Vas, precizirajte i opišite:

**14. Ako ste na prethodno pitanje odgovorili potvrdno, opišite u kojim jezičnim aspektima i u kojem obliku bi Vam suradnja s jezičnim stručnjakom bila najkorisnija.**

Jezični aspekti:

Oblik (npr. jezični tečajevi, pregled/ispravak nastavnih materijala, opservacija nastave, usavršavanje vani):

**15. Kako bi se, prema Vašemu mišljenju, trebala osigurati kvaliteta nastave na engleskome jeziku (npr. davanje povratne informacije putem upitnika, redoviti sastanci s drugim nastavnicima/upravom/predstavnicima studenata, opservacija nastave od strane kolega / jezičnih stručnjaka)? Molimo Vas, opišite.**

**16. Smatrate li da će trpiti ostvarivanje ishoda učenja i kvaliteta nastave zbog održavanja nastave na engleskome jeziku? Molimo Vas, objasnite svoj odgovor.**

Ishodi učenja:

Kvaliteta nastave:



**17. Kakav engleski (razina znanja u smislu točnosti i tečnosti) mislite da će biti na nastavi, a kakav mislite da bi trebao biti? Molimo Vas, opišite.**

Bit će:

Trebao bi biti:

**18. Molimo Vas, opišite svoje osjećaje i promišljanja vezane uz Vaše potencijalno držanje nastave na engleskome jeziku.**

**19. Kada biste držali nastavu na engleskome na MEDRI-ju, koga biste radije poučavali, domaće ili strane studente? Molimo Vas, objasnite.**

**Dodatni komentari:**

Ako imate bilo kakvih pitanja ili dodatnih komentara, slobodno nam se obratite ([bdrljaca@ffri.hr](mailto:bdrljaca@ffri.hr), [itulic@ffri.hr](mailto:itulic@ffri.hr)).

Zahvaljujemo na Vašem vremenu i trudu!

## APPENDIX B – QUESTIONNAIRE FOR TEACHING ASSISTANTS

### UPITNIK ZA SURADNIKE U NASTAVI MEDICINSKOGA FAKULTETA U RIJECI

U Europi se sve više uvodi engleski kao jezik visokoškolske nastave. Na Sveučilištu u Rijeci nastava se gotovo isključivo izvodi na hrvatskome jeziku. Cilj je ovoga istraživanja ispitati stavove nastavnika i suradnika u nastavi prema uvođenju engleskoga kao jezika nastave na Medicinski fakultet u Rijeci (MEDRI), a provodi ga skupina istraživača s Odsjeka za engleski jezik. Upitnik sadrži 19 pitanja i prostor za dodatne komentare.

1. Dob: < 30    30-39    40-49    50-59    60 <

2. Koliko dugo radite u visokome školstvu? < 5    6-10    11-20    21-30    31 <

3. Ocijenite Vašu englesku jezičnu kompetenciju prema šest razina (A1 najniža - C2 najviša) u četirima vještinama:

A1 - pripremni korisnik

B1 - razvojni korisnik

C1 - napredni korisnik

A2 - temeljni korisnik

B2 - samostalni korisnik

C2 - vrsni korisnik

Jezična kompetencija						
Govorenje	A1	A2	B1	B2	C1	C2
Pisanje	A1	A2	B1	B2	C1	C2
Razumijevanje pročitano	A1	A2	B1	B2	C1	C2
Razumijevanje odslušano	A1	A2	B1	B2	C1	C2

4. Jeste li ikada sudjelovali u nastavi na engleskome u okviru visokoškolskoga obrazovanja? Da Ne

Ako jeste, na kojim institucijama i koliko (otprilike) sati sveukupno?

5. Jeste li upoznati s planom uvođenja studija medicine na engleskome jeziku u Rijeci? Da Ne

6. Koje je Vaše mišljenje o uvođenju studija na engleskome jeziku na MEDRI?

**7. Mislite li da je ostvarivo da se na MEDRI-ju pokrene studij na engleskome?**

- Da
- Ne
- Nisam siguran/na
- Trenutno ne i/li ne sva nastava (npr. samo pretklinika) – molimo Vas, precizirajte i objasnite:

**Ako smatrate da (trenutno) nije ostvarivo i/li da nije sva nastava ostvariva, objasnite zašto nije.**

**8. Izrazite u kojoj se mjeri smatrate kompetentnim/om za sudjelovanje u nastavi na engleskome jeziku (1 - uopće se ne smatram, 5 - smatram se u potpunosti). 1 2 3 4 5**

**9. Sudjelovao/la bih u nastavi na engleskome jeziku na MEDRI-ju.**

- Da
- Ne
- Nisam siguran/na
- Neki drugi odgovor (npr. samo izborne predmete, samo na prve tri godine, samo ako se ispune određeni uvjeti) – molimo Vas, precizirajte i objasnite:

Ako ne biste sudjelovali, zašto ne biste?

**10. Prema Vašemu mišljenju, koje je jezične i ostale preduvjete potrebno ispuniti na MEDRI-ju kako bi se nastava mogla održavati na engleskome jeziku?**

Jezični (npr. predtestiranje znanja engleskoga, plaćeni jezični tečajevi, plaćeno polaganje jezika za dobivanje jezičnoga certifikata, jezični stručnjak na raspolaganju, opservacija nastave):

Ostali (npr. povećanje plaće, smanjenje nastavne norme, stručno usavršavanje):

**11. Koje bi, po Vašemu mišljenju, bile prednosti, koje negativne strane/posljedice, a koje prepreke održavanju nastave na engleskome jeziku na MEDRI-ju?**

Prednosti:

Negativne strane/posljedice:

Prepreke:

**12. Koji dijelovi nastavnoga procesa Vam se čine najlakšim, a koji najtežim za izvođenje na engleskome? Molimo Vas, opišite.**

Najlakši:

Najteži:

**13. Biste li koristili jezičnu potporu kada bi Vam ona bila ponuđena?**

- Da
- Ne
- Nisam siguran/na
- Neki drugi odgovor – molimo Vas, precizirajte i opišite:

**14. Ako ste na prethodno pitanje odgovorili potvrdno, opišite u kojim jezičnim aspektima i u kojem obliku bi Vam suradnja s jezičnim stručnjakom bila najkorisnija.**

Jezični aspekti:

Oblik (npr. jezični tečajevi, pregled/ispravak nastavnih materijala, opservacija nastave, usavršavanje vani):

**15. Kako bi se, prema Vašemu mišljenju, trebala osigurati kvaliteta nastave na engleskome jeziku (npr. davanje povratne informacije putem upitnika, redoviti sastanci s drugim nastavnicima/upravom/predstavnicima studenata, opservacija nastave od strane kolega / jezičnih stručnjaka)? Molimo Vas, opišite.**

**16. Smatrate li da će trpiti ostvarivanje ishoda učenja i kvaliteta nastave zbog održavanja nastave na engleskome jeziku? Molimo Vas, objasnite svoj odgovor.**

Ishodi učenja:

Kvaliteta nastave:

**17. Kakav engleski (razina znanja u smislu točnosti i tečnosti) mislite da će biti na nastavi, a kakav mislite da bi trebao biti? Molimo Vas, opišite.**

Bit će:

Trebao bi biti:

**18. Molimo Vas, opišite svoje osjećaje i promišljanja vezane uz Vaše potencijalno sudjelovanje u nastavi na engleskome jeziku.**

**19. Kada biste sudjelovali u nastavi na engleskome na MEDRI-ju, s kime biste radije radili, domaćim ili stranim studentima? Molimo Vas, objasnite.**



**Dodatni komentari:**

Ako imate bilo kakvih pitanja ili dodatnih komentara, slobodno nam se obratite ([bdrljaca@ffri.hr](mailto:bdrljaca@ffri.hr), [itulic@ffri.hr](mailto:itulic@ffri.hr)).

Zahvaljujemo na Vašem vremenu i trudu!

## APPENDIX C – INTERVIEW GUIDE FOR TEACHERS

1. Jeste li upoznati s planom uvođenja studija medicine na engleskome jeziku?
2. Na koji ste se način upoznali?
3. Smatrate li da ste dovoljno upoznati?
4. Koliko se o tome, a) službeno (npr. na fakultetskim vijećima, na katedrama) i b) neslužbeno (npr. među kolegama) govori na Fakultetu?
5. Smatrate li da je plan uvođenja studija medicine na engleskome jeziku dovoljno transparentno prezentiran nastavnom osoblju MEDRI-ja?
6. Rezultati upitnika su pokazali da postoji značajan broj nastavnika koji nije upoznat s planom uvođenja studija medicine na engleskome jeziku, a studij se namjerava uvesti u bliskoj budućnosti. Koje je Vaše mišljenje o tome?
7. Koje informacije vezane uz studij medicine na engleskome jeziku su Vam do sada poznate?
8. Koje informacije vezane uz studij medicine na engleskome jeziku biste voljeli znati / dobiti prije uvođenja programa? Smatrate li da ćete ih i dobiti?
9. Jesu li Vas pitali jeste li spremni / smatrate li se kompetentnim/om za izvođenje nastave na engleskome jeziku - tko i na koji način?
10. Koji dio nastavnog procesa bi Vam bilo najlakše, a koji najteže izvoditi na engleskome jeziku? Zašto?
11. Kako bi trebao biti koncipiran tečaj engleskoga za profesore MEDRI-ja, tj. od čega bi se trebao sastojati – što bi od jezika trebalo biti pokriveno? Kako to izvesti?
12. Tko bi, prema Vašemu mišljenju, trebao osigurati i platiti nastavnicima za jezično usavršavanje i jezičnu potporu? Mislite li da će to tako i biti?
13. Prema Vašemu mišljenju, treba li kvaliteta nastave na engleskome jeziku biti bolje / češće / u većoj mjeri kontrolirana nego kvaliteta nastave na hrvatskome jeziku? Npr. opservacija nastave je izostala na studiju medicine na hrvatskome jeziku.
14. Prema Vašemu mišljenju, na koji način bi trebala biti kontrolirana kvaliteta jezičnog dijela nastavnog procesa?
15. Rezultati upitnika su pokazali da postoji veliki broj nastavnika i suradnika u nastavi koji smatraju da održavanje nastave na engleskome jeziku neće utjecati na ishode učenja i

kvalitetu nastave. Također, imaju pozitivan stav prema uvođenju nastave na engleskome jeziku i većinom su voljni u tome sudjelovati. S druge strane, iskazali su zabrinutost u pogledu razine znanja (točnosti i tečnosti) engleskoga jezika na MEDRI-ju i strah od interakcije sa studentima na stranome jeziku. Koji je Vaš stav o tome / Kako objašnjavate taj raskorak u stavu?

16. Mislite li da ishodi učenja mogu biti ispunjeni čak i ako je razina engleskog lošija/loša? Možete li to pojasniti.
17. Ako su ostvareni ishodi učenja, je li uopće važno kakva je razina engleskoga na satu i kako se nastavnik snalazi s engleskim kao medijem obrazovanja? Ako je važna razina, zašto je važna?
18. Što je važno, tečnost ili točnost ili oboje? Zašto? Ako je važna točnost, je li to gramatička točnost, točnost u izgovoru ili leksička točnost? Zašto?
19. Često se spominje da će kvaliteta nastave na engleskome jeziku rasti s vremenom te da će se problemi „u hodu“ rješavati. Prema Vašemu mišljenju, kako će to utjecati na prvu generaciju studenata koji će upisati taj studij?
20. Rezultati upitnika su pokazali da postoji značajan raskorak između percepcije kakav će engleski biti na nastavi i kakav bi engleski trebao biti na nastavi (trebao bi biti puno bolji od onoga kakav misle da će biti). Kako bi se, po Vašemu mišljenju, trebao / mogao riješiti taj problem?
21. Nastavnici visoko ocjenjuju svoje engleske jezične vještine, ali u manjoj se mjeri osjećaju kompetentnima držati nastavu na engleskome. Kako to objašnjavate?
22. Prema Vašemu mišljenju, po kojem kriteriju bi se trebali odabrati nastavnici koji će predavati na studiju medicine na engleskome jeziku? Npr. predtestiranje, jezični certifikat, obavezni tečaj... Zašto?
23. Kakvo znanje engleskoga jezika očekujete kod studenata, a kakvo mislite da bi trebalo biti? Kako bi se, po Vašemu mišljenju, trebao / mogao riješiti problem ako dođe do raskoraka između razine engleskoga koju će studenti imati i one koju bi trebali imati?
24. Prema Vašemu mišljenju, bi li trebalo i, ako da, kako kontrolirati jezične sposobnosti studenata koji upisuju studij medicine na engleskome jeziku? Bi li trebalo predtestirati znanje engleskoga jezika kod studenata? Zašto da / ne?

25. Koliko ste upoznati sa studijem medicine na engleskome jeziku u Zagrebu? Koje informacije su Vam poznate? Kakvi su Vaši dojmovi?
26. Nastavna preopterećenost i rad iznad norme u rezultatima upitnika se kroz nekoliko različitih pitanja ističu kao glavni problemi s kojima se značajan broj nastavnika i suradnika u nastavi susreće na MEDRI-ju. Možete li mi pojasniti kako to da nastavnici i suradnici u nastavi rade iznad norme?

## **APPENDIX D – INTERVIEW GUIDE FOR THE MANAGEMENT**

1. Postoji li inicijativa za pokretanje studija na engleskom jeziku?
2. Kada i kako je krenula inicijativa za pokretanje studija na engleskom jeziku?
3. U kojoj fazi je trenutno uvođenje studija na engleskom jeziku?
4. U kojem vremenskom roku procjenjujete da će se studij aktivirati?
5. Koji su glavni razlozi pokretanja studija medicine na engleskom jeziku?
6. Kakvu vrst potpore očekujete od UNIRI-ja ili Ministarstva?
7. Kako će se promovirati studij?
8. Ukratko opišite kako je zamišljen program studija na engleskom jeziku. Je li zamišljen kao zaseban studij s vlastitim programom, kao modul postojećeg studija ili nešto treće?
9. Hoće li se cijeli studij odvijati na engleskom jeziku ili će samo pojedini predmeti biti ponudeni na engleskom jeziku? Drugim riječima u kojoj mjeri će biti zastupljen engleski jezik?
10. U kojim će se aspektima studij na engleskom jeziku razlikovati od studija na hrvatskom jeziku? Koje su posebnosti studija medicine na engleskom jeziku?
11. Koliko ste upoznati s programima medicine na engleskom jeziku u Zagrebu i Splitu?
12. Što planirate preuzeti iz Zagreba i Splita (primjeri dobre prakse), a što ne biste htjeli preuzeti?
13. Koje će pripremne aktivnosti biti provedene i uvjeti ispunjeni prije uvođenja programa na engleskom jeziku? Hoćete li prevesti relevantne materijale (npr. ISVU, studomat, studentske ankete i dr.)?
14. Hoće li postojeća administracija moći obavljati dio posla na engleskom jeziku?
15. Kako na uvođenje programa na engleskom jeziku gledaju profesori MEDRI-ja?

16. Kako će se pokretanje studija na engleskom jeziku odraziti na rad postojećih profesora na Medicinskom fakultetu? Ovdje se prvenstveno referiram na nastavno opterećenje i sposobnosti održavanja nastave na stranom jeziku.
17. Hoće li, prema Vama, profesori moći držati nastavu na engleskome, odnosno koji postotak?
18. Na nastavi se vodi diskusija, gradivo se elaborira, improvizira se, odgovara se na pitanja itd. Sve navedeno se mora iznijeti na engleskom jeziku. Hoće li to profesori moći? Kako mislite održati kvalitetu s obzirom na jezičnu barijeru? Ako su ostvareni ishodi učenja, je li uopće važno kakva je razina engleskoga na satu i kako se profesor snalazi s engleskim kao medijem obrazovanja? Mislite li da ishodi učenja mogu biti ispunjeni čak i ako je razina engleskog loša?
19. Hoće li profesori manje kvalitetno elaborirati gradivo ili manje postavljati pitanja s obzirom na tu jezičnu barijeru? Hoće li studenti imati problema s komuniciranjem (postavljanjem pitanja, odgovaranjem, diskutiranjem) na nastavi zbog jezične barijere?
20. Namjeravate li pretestirati znanje engleskog jezika među profesorima i studentima? Drugim riječima, koje će kriterije morati zadovoljavati nastavnici da bi predavali na tom programu, samo dati pristanak/složiti se ili će morati priložiti certifikat, proći tečaj i slično?
21. Kako će se riješiti problem kolegija čiji izvoditelji ne žele ili ne osjećaju se kompetentnima držati nastavu na engleskom jeziku?
22. Hoćete li pozivati ljude iz Splita i Zagreba, Slovenije, iskoristiti profesore na raznim stipendijama ili nešto drugo?
23. Hoće li i, ako da, na koje načine profesori biti stimulirani da predaju, ali i za samo predavanje na engleskom jeziku? Ako je u pitanju financijska kompenzacija - od kud dolaze financije?
24. Mislite li provoditi opservaciju nastave / angažirati jezične stručnjake za to? Koji je Vaš stav o tome?

25. Planirate li osigurati kvalitetu kroz upitnike za profesore i studente vezane uz engleski kao jezik visokoškolske nastave na Medicinskom fakultetu?
26. Namjeravate li i, ako da, kako tražiti povratnu informaciju od profesora i studenata vezano uz program na engleskome (npr. poteškoće s kojima se susreću)?
27. Kakav engleski (razina znanja u smislu točnosti i tečnosti) očekujete na predavanjima, a kakav mislite da bi trebao biti? Kakav mislite da će biti?
28. Po Vašem mišljenju, koliko je važna točnost, a koliko tečnost?
29. Planirate li organizirati (kontinuiranu) jezičnu potporu za nastavnike i studente? Ako da u kojem obliku? Koji je Vaš stav o tome?
30. Kako je organizirana jezična potpora u Zagrebu i Splitu na studijima medicine na engleskom jeziku?
31. Hoće li studij biti ponuđen samo inozemnim studentima ili će biti ponuđen svim studentima koji žele upisati Medicinski fakultet u Rijeci? Drugim riječima hoće li studenti iz Hrvatske imati mogućnost odabira?
32. Tko su studenti koji će studirati na engleskome na MEDRI-ju? Kategorije: Hrvati, Hrvati iz inozemstva, građani Europske unije i građani izvan Europske unije. Koliko ih se očekuje iz pojedinih kategorija?
33. Što je to što će privući inozemne studente na ovaj studij? Zašto bi inozemni studenti došli studirati na Medicinski fakultet u Rijeci?
34. Imate li vi preferencije vezane uz podrijetlo studenata?
35. Kolike su upisne kvote u planu, za domaće i strane studente? Koji je minimalni broj studenata za koji ćete pokrenuti program?
36. Koliki odaziv stranih studenata očekujete? Koliki odaziv domaćih studenata očekujete?
37. Koje kriterije (jezične i nejezične) moraju studenti zadovoljiti za upis studija? Npr. matura, predmeti...

38. Kome se naplaćuju školarine?
39. Kako će se u ovaj program integrirati studente na razmjeni? Hoće li se uopće? Hoće li program moći slušati samo stalni studenti ili će moći i studenti na razmjeni?
40. Upisuju li studenti na razmjeni nasumične predmete koje nudi program Medicine na hrvatskom jeziku ili upisuju upravo program na engleskom jeziku?