

*Materials of Conferences***MODULE APPROACH EXPERIENC
TO DEVELOP MEDICAL STUDENT
LEARNING STYLE**

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Academic health programs in the age of globalization aim at lifelong career trajectories of the future health care professionals. Innovative technological mechanisms are of great demand to provide an effective support and to facilitate their academic achievements. The logic of lifelong learning suggests that students will become more motivated to learn by knowing more about their own strengths and weaknesses as learners. In turn, if teachers can respond properly to students' barriers, then achievement rates in training programs are likely to rise.

Learning styles have been extensively discussed in the educational psychology literature and specifically in the context of language learning [1]. Studies show that matching teaching styles to learning styles can significantly enhance student professional and cultural competence, specifically in foreign language. What must be done to achieve effective foreign language learning is to balance instructional methods, structuring the class so that all learning styles are simultaneously accommodated.

Module approach is known to be one of the powerful means to provide the students' own pace within the schedule [7]. Russian and foreign pedagogical practice showed the effectiveness of this technological approach [4].

The particular purpose of the work is to present a new approach of students learning styles development. The tasks are: to diagnose students learning styles; to modify learning environment to different range of students according to their learning preferences.

Students: pharmaceutical students (15 persons aged 18–19), post-high school learners, with low advanced language proficiency.

To make learning more effective the integrated communicative-informative approach has been applied.

Settings: state university with tech-friendly environment, where learners are studying English for Specific Purposes 4 hours once a week for 4 semesters, they have to do homework outside of class as well. All students have Internet access in and outside of class.

Study instruments: Learning Styles Questionnaire – AVK [5], Nibelung – Dialogue computer program. The content material of four modules was delivered in four different modes, modules 1–3

were devoted to the diseases of definite body systems, whereas module 4 was integrated.

It has been established that the strongest preference of the group was Auditory Visual Kinesthetic style (AVK) – 64%, the second preference was Visual Kinesthetic Auditory style (VKA) – 27%, and the least favorite preference was Auditory Kinesthetic Visual style (AKV) – 9% of learners. Mean group auditory style preference value was 4,3, mean group visual style preference value was 3,4 and mean group kinesthetic style preference value was 3,0, estimated from 10 scores.

As AVK students are known to learn best by experience, by being totally involved, firstly, in Module 1 a domain style was used. Lessons of the first Module were delivered with more time to read aloud the texts on their professional domain, being corrected by means of Nibelung – Dialogue computer program. This program provides the opportunity for feedback and help in the case of any problems. The written assignments have been accompanied by the thematic video films, preliminary audio tracks. Students have been organized in small groups of 2–4 for pair work and following oral discussion. The pair work included tasks to make a list of essential information, give the examples of the notions, and make a song out of information to be remembered, record and play it back.

Further, in Module 2 exercises for the second visual style have been added: word webs for the units, diagrams, flashcards, concept maps with key points to draw lines between concepts and their definitions for the modules, colour-coding of the tasks so the headings of the written assignments, concerning the definite theme had the same colour.

After that, the instructions at the lessons of the Module 3 were varied and students were provided a lot of kinesthetic activities: to test the understanding of the text structure texts were organized to have gaps, following a list of possible sentences with one or two extra to fill in by “dragging”, students were allowed to role-play to deal with the main concepts of the unit, learners made a task ‘pass a paper to another student’ with the help of Nibelung – Dialogue, to reinforce key concepts field trips, workshops, making models were planned.

Finally, Module 4 presented tasks based on the integrated skills. Students were working on their speaking and writing skills, problem-solving skills and cooperative group work. The module “Medical Education” was the final independent module of 4 ones. Students were expected to take part in discussion on the modern methods of treatment and prophylaxis. At the prior lesson students were collaborating on collecting data on the topic. The part

of the lesson was a group presentation of the pilot draft of the project "Peculiarities of Medical Education in English-speaking countries". Next three hours students were forming a final draft, clarifying the language, adding comments. Students have been divided into groups, have chosen the topic (an English – speaking country), creating a brief initial report for further presentation, applying relevant vocabulary, collocations and linking phrases they have learned through previous writing assignments. Then they worked to assess each other's writing before giving presentations. In this part of lesson they were to write a report, devoted to the chosen country. Towards the end of the class they evaluated their group writing and got peer's feedback. The initial draft was a base for a video presentation, or oral reports, or interviews, or posters, so students could themselves see their progress for the whole year of education. At the beginning of the lesson, students were organized in groups of four, each member of the group having his/her own role for the fourth time and coped with it properly. Then students proceeded to collaborating to make summary on their problem. At the middle of the class the groups were called on and make their initial report by chain. Their peers made comments. At the end of the class students brainstormed the form of activity to present their work next lesson. This writing assignment based on a real-world experience used integrated skills and was beneficial for students, allowing them being presented fully during making their task.

Cooperative classroom management on the base of multimodal module approach is perfect to

enhance student individual peculiarities. Under such circumstances they became more aware of the vocabulary, key phrases, structure and grammar and logical organization of the utterance. Students gained skills of data interpreting, making assumptions, adding comments on second language. Using different group roles for students helped to take into account their both language proficiency levels and personality traits. It could be concluded that module approach modularity basing on the learning styles develops professional and cultural competence of the future health care professionals.

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The work is submitted to the International Scientific Conference «Fundamental and applied research. Education, economy and law», Italy (Rome-Florence), September 6–13, 2016, came to the editorial office on 25.04.2016.