

# Exploring the Suitability of an English for Health Sciences Program: Model and Report of a Self-Evaluation Process

*Explorando la pertinencia de un Programa de Inglés para Ciencias de la Salud: modelo e informe de un proceso de autoevaluación*

*Explorando a pertinência de um Programa de Inglês para Ciências da Saúde: modelo e relatório de um processo de autoavaliação*

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**ABSTRACT.** Program evaluation is a process of carefully collecting information in order to make informed decisions to strengthen specific components of a given program. The type of evaluation an institution decides to undertake depends on the purpose as well as on the information the institution wants to find out about its program. Self-evaluation represents a tool that institutions can rely on to follow up on the quality and pertinence of their programs. This tool can provide important information in relation to the relevance of outcomes, content, methodology, materials, and assessment along with the perceptions of the program from stakeholders such as students, teachers, and administrators. The results of a self-evaluation can guide the decision-making process in an institution to strengthen each of the components of a set curriculum. This paper presents the self-evaluation process conducted by an English for Health Sciences program to determine the suitability of the curriculum in place. It first presents models through which a program can self-evaluate. Then, it elaborates on the model chosen and the steps followed in the self-evaluation process of the English for Health Sciences Program as well as the results obtained from the experience and the subsequent adjustments made to the program. The readers may use this experience as a point of reference to implement a similar process in their own contexts.

**Keywords:** Evaluation; program self-evaluation; self-evaluation models; CBI; curriculum.

**RESUMEN.** La evaluación de programas consiste en un proceso en el cual se recoge cuidadosamente información con el fin de tomar decisiones informadas tendientes a fortalecer componentes específicos de un programa dado. La clase de evaluación que una institución decide llevar a cabo depende tanto del propósito como de la información que la institución desea averiguar sobre su programa. La autoevaluación representa una herramienta en la que pueden confiar las instituciones para determinar la calidad y pertinencia de sus programas. Tal herramienta puede suministrar información importante relacionada con la relevancia de los resultados, el contenido, la metodología, los materiales y la evaluación, junto con las percepciones que sobre el programa tengan las partes interesadas, como estudiantes, profesores y personal administrativo. Los resultados de la autoevaluación pueden orientar el proceso de toma de decisiones en una institución, con el fin de fortalecer cada uno de los componentes de un determinado currículo. Este trabajo presenta el proceso de autoevaluación llevado a cabo por un programa de inglés para ciencias de la salud, tendiente a determinar la pertinencia del currículo en marcha. En primer lugar, presenta modelos por medio de los cuales se puede autoevaluar el programa. Luego, trabaja sobre el modelo escogido y los pasos seguidos en el proceso de autoevaluación del Programa de Inglés para Ciencias de la Salud, así como los resultados de la experiencia y los subsecuentes ajustes hechos al programa. Los lectores pueden utilizar esta experiencia como punto de referencia para implementar un proceso similar en sus propios contextos.

**Palabras clave:** evaluación; autoevaluación de programas; modelos de auto-evaluación; CBI; currículo.

**RESUMO.** A avaliação de programas consiste num processo no qual se coleta cuidadosamente informação com o fim de tomar decisões informadas que visam fortalecer componentes específicos de um dado programa. O tipo de avaliação que uma instituição decide realizar depende tanto do propósito quanto da informação que a instituição deseja averiguar sobre seu programa. A autoavaliação representa uma ferramenta na qual as instituições podem confiar para determinar a qualidade e a pertinência de seus programas. Essa ferramenta pode fornecer informação importante relacionada com a relevância dos resultados, o conteúdo, a metodologia, os materiais e a avaliação, junto com as percepções que as partes interessadas tenham sobre o programa, como estudantes, professores e pessoal administrativo. Os resultados da autoavaliação podem orientar o processo de tomada de decisões numa instituição, com o fim de fortalecer cada um dos componentes de um determinado currículo. Este trabalho apresenta o processo de autoavaliação realizado por um programa de inglês para ciências da saúde que visa determinar a pertinência do currículo que está sendo desenvolvido. Em primeiro lugar, apresenta modelos por meio dos quais o programa pode ser autoavaliado. Depois, trabalha sobre o modelo escolhido e os passos seguidos no processo de autoavaliação do Programa de Inglês para Ciências da Saúde, bem como os resultados da experiência e dos subsecuentes ajustes feitos ao programa. Os leitores podem utilizar essa experiência como ponto de referência para implementar um processo similar em seus próprios contextos.

**Palavras-chave:** autoavaliação de programas; avaliação; CBI; currículo; modelos de autoavaliação.

## Introduction

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The general purpose of program evaluation is to review states or processes of programs and institutions (Hewitt, 1989) and provide an individual or a group of individuals with information to make decisions or judgments about such states or processes (Wigley, 1988). In the particular case of the educational system in the Latin American context, institutions have experienced a growing interest in issues related to the quality of education since the 1980s. This interest has motivated attempts to look beyond mere numbers or statistics related to socioeconomic factors (Fernández, 2003). It has also motivated processes of accreditation, especially at the higher educational level, that have encouraged institutions to review the work they do and to allow for external bodies or peers to review such work as well. To review the quality of the education offered in an evolving context that faces challenges “such as increased accountability and competition, shifting demographics, strained financial resources, maintaining relevant curricula, and changing technology” (Alstete, 2006, p. 1), it is necessary to utilize processes of evaluation that inform stakeholders about strengths and areas for continuous improvement in their programs or institutions. As Wigley argues (in Marsden, 1991) “the purpose of evaluation is to improve the program and facilitate informed decision making (p. 34).” Processes of evaluation are key to study, inquire, analyze, discuss, share, and to make conclusions about the effectiveness or appropriateness of educational systems in place. Along the same lines, Marsden (1991) points out that

Evaluation leads to the synthesis of the data into a report containing a summary of the results and recommendations, with validated rationales, about the program being evaluated... to influence decisions about the program in the future; the need for modifications to the program; and the need to provide cost/benefit data about the program. (p.36)

This paper presents the process of self-evaluation conducted by an undergraduate English for Health Sciences program aiming to review its relevance and appropriateness by involving the perceptions of

target students, faculty, and program heads. The purpose of the paper is to share the self-evaluation experience as a point of reference for other institutions that may have similar interests and may find this information useful.

## Literature Review

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Evaluation is considered “an applied inquiry process for collecting and synthesizing evidence that culminates in conclusions about the state of affairs, value, merit, worth, significance, or quality of a program, product, person, policy, proposal, or plan” (Fournier, in Mertens and Wilson 2012, p. 5). Evaluation is also defined by Stufflebeam and Coryn (2014) as “the systematic process of delineating, obtaining, reporting, and applying descriptive and judgmental information about some object’s merit, worth, probity, feasibility, safety, significance, and/or equity” (p. 14). Both definitions consider evaluation a process in which information is collected and assessed, and conclusions are made in relation to some set(s) of criteria. Furthermore, evaluation is a process that “uses inquiry and judgment methods, including: (1) Determining standards for judging quality and deciding whether those standards should be relative or absolute, (2) collecting relevant information, and (3) applying standards to determine value, quality, utility, effectiveness, or significance” as stated by Fitzpatrick, Sanders, and Worthen (2004, p. 5).

Evaluation is characterized by its systematic and inquisitive nature, and, although it overlaps with research, it is worth highlighting that the concepts are not the same. While research intends to expand knowledge in a given field and contribute to or deepen on theories, evaluation helps members of groups, institutions, or communities who share common interests to determine the quality of the program or process in place. “Research seeks conclusions; evaluation leads to judgments” (Fitzpatrick, Sanders, and Worthen, 2004, p. 6).

Moreover, depending on the agents who participate in an evaluation, this can be referred to as *external evaluation* or *internal / self-evaluation*, as indicated by Stufflebeam and Coryn (2014) and Clarke (1996).

The first type is systematic and organized and is conducted by a body that is not part of what is being evaluated. The second type is “an internal process of self-reflection and assessment ... and should answer the questions: how are we doing? Are we accomplishing what we set out to do? And how can we improve what we are doing?” (Clarke, 1996, p. 1). Program evaluation, according to Spaulding, “examines programs to determine their worth and to make recommendations for programmatic refinement and success” (2014, p. 33). This same author points out that “the proximity of an evaluator to what is being evaluated certainly influences the access to information, the collection of that information, and the reporting and use of that information to promote change” (Spaulding 2014, p. 33).

In her review of the historical development of internal evaluation, Mathison (2011) claims that in the 1960’s “university-based researchers were the primary source of evaluation expertise. Most program evaluation was contracted out” (p. 15).

In the past, program evaluation in educational institutions conducted by external bodies, inspectors, or local or national assessment programs used to be the norm (Nevo, 2001). Nevertheless, “accreditation associations (in their roles of external evaluators) are now serving less as decision-oriented judges and more as catalysts, advisors, and counselors for guiding colleges and universities in their progress” (Alstete 2006, p. 5). That is to say, more relevance has been given to the information that institutions can obtain from their own scrutiny of their own processes, and, therefore, educational institutions are being encouraged to self-evaluate rather than rely heavily on the observations and feedback of external agencies. There is a current interest in reaching a complementary overview provided by the information gathered and conclusions made by external evaluators as well as the information and conclusions made by internal evaluators. As Nevo (2001) highlights, “Parallel to the almost universal phenomenon of external evaluation, many countries have more recently tended to apply newly developed evaluation methods at the school level in the form of internal evaluation or self-evaluation” (p.96). This author further argues that “although internal evaluation... can also enhance accountability, the credibility of its findings might be limited without external

evaluation” (p. 97). Both external and internal (or self) evaluations offer advantages depending on the purpose as shown in Table 1.

**Table 1.** Advantages of External and Self-evaluation

External evaluation	Self-evaluation
» “More objectivity” - the external evaluator is detached from the program under scrutiny	» Better contextual knowledge
» Fresh outside perspective	» More familiarity with stakeholders, which can ease anxiety
» Credibility - especially in controversial environments.	» Continuity - evaluators remain within organizations and can follow up on implementation of recommendations
» More confidence in revealing sensitive information.	» More practical - logistic advantages

Thus far, a conceptualization of program external and internal (or self) evaluation has been given. This paper presents different models for program evaluation as follows. These models will be the basis for the self-evaluation model presented later on.

In order for institutions to conduct internal (or self) evaluations, there are several models at hand that have been developed since the early 1900s, as presented by Guerra-Lopez (2012). One of the most traditional ones is the *objective-based evaluation*, which informs about student achievement of a program’s goals leading to decisions on instructional strategies. A second model of program evaluation is the *consumer-oriented evaluation*, which focuses on “meeting consumer needs and societal ideals more than achieving the developer’s objectives for a given program” (Guerra-Lopez, 2012, p. 40). A third model is the *discrepancy model of evaluation*, which revolves around pre-established objectives and seeks to identify compliance or discrepancies between what is planned and what is actually done. Another model is the *goal-free evaluation* that allows the evaluator to explore and determine the compliance of the program’s goals by closely studying its effects in all areas, regardless of the pre-established objective set by its developer. A fifth model is the *responsive / client-centered* evaluation in which intentions in given processes are constantly changing and, therefore, there is a clear need for continuous communication between evaluator

and stakeholders in order to review, explore, discover, and address important issues. The last model presented by Guerra-López (2012) is the *utilization-focused evaluation* that concentrates on creating evaluations intended to inform decision makers and as Patton indicates this model is implemented “for and with specified intended primary users for specific, intended uses” (Guerra-López, 2012, p. 42).

Rather than focusing on a single model, this paper proposes an eclectic or a multiple approach to program self-evaluation, combining elements from different models. (Bledsoe & Graham, 2015; Fitzpatrick, Sanders, & Worthen, 2004).

As Fitzpatrick, Sanders, and Worthen (2004) point out, when evaluators adopt multiple models, they “can ensure a better fit by snipping and sewing together bits and pieces of the more traditional ready-made approaches and even weaving a bit of homespun, if necessary, rather than by pulling any existing approach off the shelf. Tailoring works” (p. 164). Along these lines, the self-evaluation model proposed in this paper explored the achievement of program objectives by analyzing student achievement at different levels of expected language proficiency. It also focused on the perceptions of stakeholders such as students, heads of department, and teachers, considering that their motivations and the contextual demands are in constant evolution. Additionally, the model reviewed the alignment existing within the different elements of the curriculum with the purpose of identifying possible discrepancies in such alignment. In this sense, the self-evaluation aimed to obtain an overall view of the program by using features from different models. This combination allowed for access to information resulting from the application of different data collection instruments to students, teachers, and program administrators. This information was complemented and/or contrasted with document analysis (curriculum, textbooks) allowing for a look at the program from different perspectives. This self-evaluation process is in line with the one suggested by the Colombian National Council of Accreditation (CNA, 2013), which indicates, “the success and seriousness of a self evaluation process requires that the institution takes leadership of the process and encourages significant participation of the academic community.” (p. 7, own translation).

## Context of the self-evaluation

English for Health Sciences (EHS) is a program designed for undergraduate students of Medicine and Dentistry at a private university on the Caribbean Colombian Coast. It consists of five 80-hour courses and an 80-hour preparatory course that add up to 480 hours of instruction. The average number of students enrolled in the program per academic year is around 800.

Students enrolled in the Health Sciences Program come from different socioeconomic backgrounds. Some of them come from rural areas from the Department of Atlántico and nearby departments on the Colombian Caribbean coast. The rest of the population is from Barranquilla, the city in which the university is located. The School of Health Sciences has a very demanding admissions process in place, which is why, in general, students who enter the programs offered by this school have outstanding academic records of performance. This is true about general areas of knowledge, but not necessarily for English. Around 50% of these students are placed in the A1 or A2 levels of language proficiency according to the Common European Framework of Reference (CEFR), and around 25% of them are exempted from taking English courses. These results are determined by the placement exam that incoming students take at the beginning of their studies in the university. Based on the particular characteristics of those students enrolled in the EHS Program and the amount of exposure to class instruction, the main goal of the program is to help students reach a B1 level of language proficiency.

The English for Health Sciences Program aims to develop students' communicative skills, so they can interact in general situations of everyday life and in specific contexts related to the area of health in which the use of English is required. In order to do so, it uses two different approaches: levels one through three focus on the development of language skills through an integrated approach to language teaching. The upper levels, levels four and five, use content-based instruction and English for Specific Purposes, respectively, and they aim to strengthen language skills through the use of discipline-related content. The program is made up of around 15 language teachers, who are coordinated by two experienced fellow colleagues, one of them an



experienced English language teacher and the other an English teacher with a bachelor's degree in medicine.

The next section outlines the steps followed to carry out the self-evaluation of the EHS program. It starts with the description of the process of planning the self-evaluation; subsequently, it discusses the actions taken to implement the evaluation, and finally, the reporting phase of the self-evaluation process is presented.

### **The self-evaluation model**

As previously stated, an eclectic or a multiple approach to program self-evaluation model was adopted so that it would allow evaluators to take some elements from different approaches to broaden the picture and obtain information from different perspectives. The evaluation process was mainly focused on three stages: planning, conducting, and reporting the findings on the self-evaluation. During the planning phase, evaluators had to make decisions regarding the purpose, design, questions, resources, and procedures. Once decisions were made, the implementation phase started. In this phase, evaluators gathered information from all the sources available to analyze it. Finally, the last phase reported the findings, and generated recommendations for improvement. Figure 1 shows the steps followed in the process.

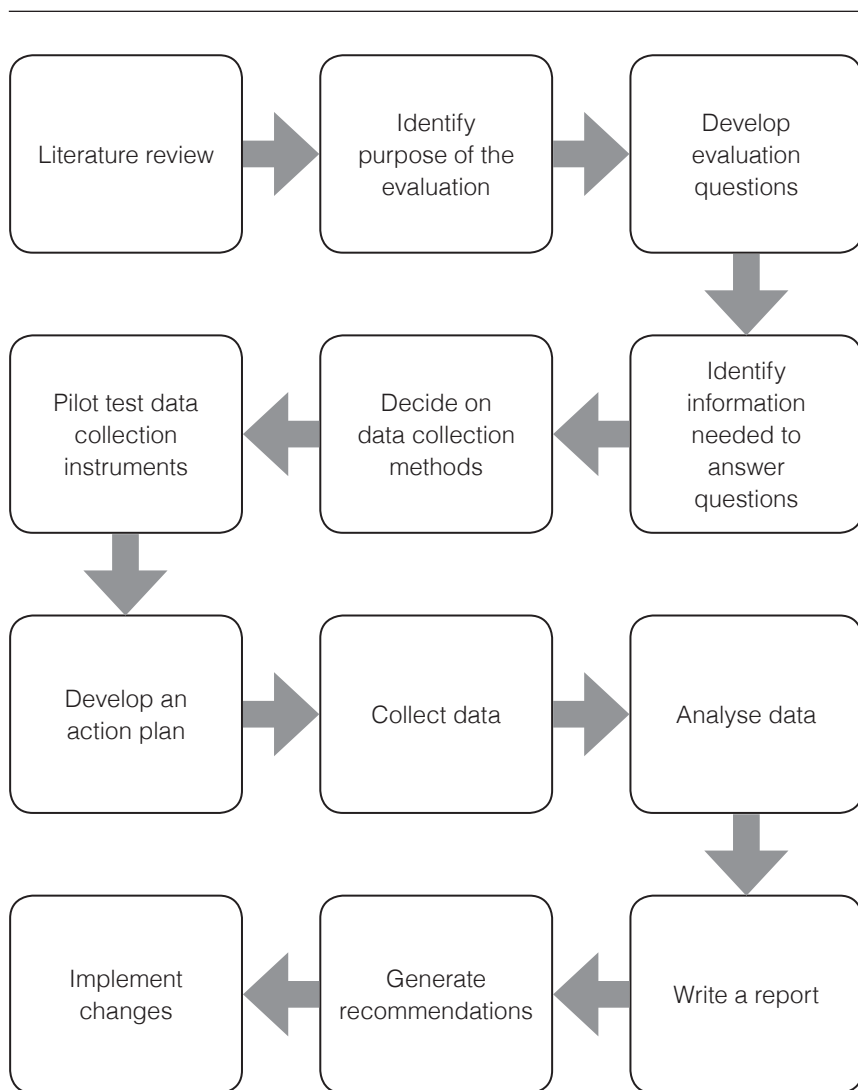
### **The Planning Phase**

The starting point of any self-evaluation process requires reflection on the purpose and the procedures that are going to be followed as well as the preparation of resources that will be needed during the various stages of the evaluation. As it was previously mentioned, some decisions related to purpose, participants, resources, times, and instruments to conduct the experience had to be made when planning the self-evaluation. An important initial decision was to define the leaders of the self-evaluation process and their responsibilities. Therefore, a leading committee, the Self-Evaluation Committee (SEC), was created. The SEC was made up of a team of three faculty members: two experienced teachers in the EHS program, one of them an experienced teacher and the other a teacher-physician, and the academic coordinator of

the program. They had the responsibility of planning, conducting, and reporting on the self-evaluation. Additionally, they were supported by other fellow teachers in the program who helped them formulate the questions for the data collection instruments and analyze some of the data gathered, among other things.

**Figure 1.** The self-evaluation model.

Adapted from “Program Evaluation. Alternative Approaches and Practical Guidelines” by Fitzpatrick, Sanders, and Worthen (2004).



At the beginning of the planning phase, the SEC identified different evaluation models in the field as well as effective evaluation strategies and curricular evaluation frameworks used by institutions and programs in similar contexts. Through this literature review process, the SEC team was able to define and design a suitable evaluation model to follow as well as the questions that would guide the process.

Taking into account that the main purpose of conducting a self-evaluation in the EHS program was to find out whether the program was relevant and appropriate for all the stakeholders, the following guiding questions were defined:

- » How relevant is the EHS program to the current needs of Health Sciences students?
- » Which language needs do students in the Health Sciences Program have?
- » How effective is the English for Health Sciences Program in terms of the fulfillment of objectives and students development of English proficiency?

These questions were aimed to provide the necessary information regarding the relevance and appropriateness of the program in place. After evaluators formulated the guiding questions, it was necessary to determine available data sources and resources in order to be able to answer those questions appropriately. New questions (such as “what information do we need?”, “who knows this information?”, “how, and who can gather that information?”) needed to be answered before the next step was taken. Those answers gave the SEC useful insights related to evaluators, participants, instruments, and procedures.

The final task in planning a self-evaluation study is to describe how it will be carried out (Fitzpatrick, Sanders, and Worthen, 2004) since there are many tasks and resources to take into account during a specific time frame; “a management plan is essential to help in overseeing the project” (p. 275) and to constantly monitor the achievement of tasks and the availability of resources in order to conduct a thorough and systematic program evaluation. In the case of the self-evaluation presented in this paper, this management plan was given the title: *action plan*. The action plan form, shown in appendix 1, included the stages and tasks planned as well as the time frame allocated to each of

the activities. The action plan helped organize the process, as well as keep track of task progress. Once the action plan was confirmed, the implementation stage started.

### The Implementation Phase

For the purpose of this self-evaluation process, the SEC was in charge of the collection and analysis of data. The information gathered was discussed, reviewed, and analyzed in periodic meetings for the purpose of standardizing the process, drawing conclusions, and proposing an action plan for improvement.

There were two main sources of information in the self-evaluation: the institutional documents and the program stakeholders. Therefore, the methods for data collection chosen were document analysis, focus groups (for both teachers and students of the EHS program), surveys to students only, and interviews with the Health Sciences department heads.

The first method, *document analysis*, supplements data collected from other qualitative sources because of its practicality, availability, cost-effectiveness, stability, and exactness (Bowen, 2009). In this particular case, the SEC analyzed the syllabi of the program, students' grades, and the exit proficiency level reports from five consecutive academic terms (2013, 2014 and first semester 2015). The English for Health Sciences program was analyzed to determine the suitability of its goals as well as the alignment of the learning outcomes with those goals, and the appropriateness of the instructional materials, methodology, and assessments. The analysis of students' grades was carried out for the purpose of quantitatively identifying whether the goals of the program had been met or not in terms of pass-fail rate, since passing the course would mean that the corresponding learning goals for the level were achieved. Whereas the pass-fail rate was not the only evidence of students' achievement, it provided a general view of students' achievement in each course. Likewise, the analysis of students' exit level proficiency reports showed complementary information on their achievement once they completed the whole program. For example, the pass-fail rate in 2013 and 2014 (see table 2 and table 3) showed that on average more than 90% of students in the program

met the requirements to pass their English courses, with the exception of second semester in 2014, which showed a lower percentage 87%. This can be interpreted as a successful process since there are low fail rates, which may indicate that most students reached the expected goal for the program.

**Table 2.** Pass-fail Rate EHS 2013

EHS 2013										
Level of the Program	Students Enrolled	1 <sup>st</sup> Semester				2 <sup>nd</sup> Semester				
		Pass Rate	Fail Rate	Students Enrolled	Pass Rate	Fail Rate				
Nivelatorio	19	16	84%	3	16%	3	3	100%	-	0%
1	45	43	96%	2	4%	25	24	96%	1	4%
2	57	55	96%	2	4%	41	97	90%	4	10%
3	56	56	100%	-	0%	66	63	95%	3	5%
4	74	65	88%	9	12%	57	51	89%	6	11%
5	64	54	84%	10	16%	60	56	93%	4	7%
<b>Total</b>	<b>315</b>	<b>289</b>	<b>92%</b>	<b>26</b>	<b>8%</b>	<b>252</b>	<b>233</b>	<b>93%</b>	<b>19</b>	<b>7%</b>

**Table 3.** Pass-fail Rate EHS 2014

EHS 2014										
Level of the Program	Students Enrolled	1 <sup>st</sup> Semester				2 <sup>nd</sup> Semester				
		Pass Rate	Fail Rate	Students Enrolled	Pass Rate	Fail Rate				
Nivelatorio	19	17	89%	2	11%	6	6	100%	0	0%
1	32	31	97%	1	3%	26	23	88%	3	12%
2	44	44	100%	0	0%	31	26	84%	5	16%
3	48	47	98%	1	2%	38	27	71%	11	29%
4	48	44	92%	4	8%	45	44	98%	1	2%
5	50	42	84%	8	16%	32	28	88%	4	12%
<b>Total</b>	<b>241</b>	<b>225</b>	<b>93%</b>	<b>16</b>	<b>7%</b>	<b>178</b>	<b>154</b>	<b>87%</b>	<b>24</b>	<b>13%</b>

However, student achievement requires more careful analysis when compared with students' exit level through the results of an international standardized test that all of them take as a way to monitor their language proficiency once they have completed the program. In the same years, around 75% of students obtained the expected result B1 in this standardized test. Nevertheless, the remaining percentage scored under the expected level. There are important variables that may influence the results students obtain in this standardized exit test such as students' minimum effort or lack of test taking abilities, among other. However, assessments in place as well as the minimum set score for students to pass the different levels in the program are worth continuous review. This review may serve to explore a better alignment among current outcomes, instruction, and assessments.

The other qualitative data collection instruments selected: focus groups, surveys, and interviews, aimed to identify stakeholders' perceptions and expectations of the program. Focus groups have become increasingly popular in the educational field. They are highly recommended in program evaluations since they provide the opportunity to have individuals elaborate on their thoughts or opinions about particular issues of a program. Rennekamp and Nall (2008) argue that focus groups are very useful in program development and evaluation since they can be used to determine program needs, design new programs, improve a program in place, identify customer satisfaction, make and test policies, and evaluate outcomes. In our particular case, focus groups were used to identify students, teachers, and alumni perceptions about the suitability of the English for Health Sciences program in place. As an example, the questions asked in the teachers' focus group are shown in appendix 2.

To ensure objectivity in the collection of information, the focus groups were conducted by an external professional, a psychologist, who was not part of the program. Participants were randomly chosen, and questions were carefully designed and reviewed to make sure they reflected participants' perceptions in terms of learning, methodology, materials, content, and assessments. Focus groups were conducted at a time and place scheduled, and the external professional used the questions designed; however, she would add further questions as needed in order to deepen a point of discussion. After the meeting

with students, the external professional analyzed and contrasted all the comments and wrote a report with the main findings resulting from the focus group. Table 4 illustrates the main points taken from the report given by the external professional:

**Table 4. Students' Focus Group Main Points**

EHS Students' focus group 2015
In terms of students' perception of their own learning process, students in upper levels considered that there was actual progress in their language learning process; however, students in the lower levels thought that the levels were too basic and, rather, seemed to be a review of what they had learned in high school. Something they highlighted though as a strength in levels one through three was their oral skills reinforcement, which most of them did not have the opportunity to develop at high school as expected.
In terms of methodology, students expressed their satisfaction with their teachers' teaching styles. They acknowledged the benefits of the empathetic teacher-student relationship in the classroom and the positive collaboration in the learning context.
In relation to content, the discipline-related component in level four appears to encourage higher levels of motivation in students whereas students in levels one through three find the content repetitive and basic.
Regarding particular language skills development, students in general argued that all skills are important; however, they agreed on a higher need for reading and listening development considering what they are required to do as health sciences students.

While focus groups allow for the participants to elaborate on their opinions and perceptions, surveys allow for coverage since they can be applied to larger populations. In this sense, these instruments are complementary in terms of depth of information and the quantity of the sample. Taylor-Powell and Hermann (2000) recommend the use of surveys when one needs a report of things that are not observable such as people's opinions and beliefs. This information should be provided by the participants themselves. In the self-evaluation presented in this paper, evaluators used an online survey due to its practicality in terms of collecting and analyzing the information gathered. 136 current students took the survey and provided information related to their language learning motivations, needs, and wants (Appendix 3).

Finally, a semi-structured interview with the Health Sciences Academic Director and the Program Coordinator was conducted in order to identify what they expected from the English for Health Sciences program and what they perceived, as students' main language needs. According to Kvale (1996), interviews are conversations aimed to understand the world from the subjects' point of view. The main challenge for the program evaluator is "to provide a framework within which people can respond in a way that represents accurately and thoroughly their point of view about the program" (Patton, 1987). In that sense, the SEC carefully designed a set of six questions to guide the interview with the Health Sciences department heads (Appendix 4). However, the interviewer was free to vary the wording and the order of the questions according to the respondent's answers in order to allow for discussion of any important topic raised during the interview. The interview was recorded and then analyzed by the SEC. Some of the main points made by EHS Academic Director and the Program Coordinator are indicated in table 5.

**Table 5.** Interview with Health Sciences Academic Director and Program Coordinator Main Points

Interview HS Academic Coordinator and Program Coordinator 2015
For about the last four three years, communication between the Health Sciences School and the English for Health Sciences program has improved, which is reflected in a better flow of administrative processes and attention to particular students' cases when needed; e.g., the Head of Department said, "I think things have improved. Administrative issues work better because we have improved our channels of communication between programs." (own translation)
The Heads of the English for Health Sciences School as well as students think that the language skills students need the most are reading and listening, followed by speaking. They do not consider that writing development is essential at this point of students' academic life; e.g., the Head of Department highlighted that students "need all the language skills, however, reading is very important. In the area of medicine, you have to read a lot." (own translation)
They have learned from students that upper levels are more academically demanding; however, they argue that students seem to enjoy upper levels more than they do lower ones; e.g., the Program Coordinator said, "we hear from students that levels IV and V more difficult and consequently, they fail more; however, there is no problem with the content. Students' comments revolve around the level of difficulty. (own translation)



Once all the information was gathered, the SEC held regular meetings in order to analyze and validate the data from the different sources through the process of triangulation. After the cross verification of information, the SEC was able to answer the self-evaluation questions with the information provided by different stakeholders through a variety of sources. Subsequently, the SEC was able to report the findings and structure an action plan for program improvement based on these findings. In the next section, the last stage of the self-evaluation process, the reporting phase, will be described.

### The Reporting Phase

The findings of the self-evaluation process should ideally be shared with program stakeholders in order to promote and facilitate the decision-making process for program improvement. For this to happen, it is highly recommended to write a final evaluation report. The National Center for Chronic Disease Prevention and Health Promotion (2013) defines a final evaluation report as “a written document that describes how you monitored and evaluated your program. The written report allows the evaluators to describe the ‘What’, the ‘How’, and the ‘Why it matters.’” In terms of the “What,” the report should clearly state what the purpose of the self-evaluation was, what the findings were, and what those findings mean for the program. The “How” should be described as how the self-evaluation was conducted (times, activities, instruments, analysis, etc.). Finally, the “Why it matters” should reflect the importance of the findings for the program as well as the adjustments that could be made after the self-evaluation.

The process of writing the report may seem a bit overwhelming due to the amount of information gathered in the previous phase. Therefore, it is recommended to always have the evaluation questions in mind in order to keep the report meaningful and relevant. Furthermore, it is also advisable to present the findings in an organized manner, so that it is easy for the audience to draw conclusions and to create a plan of action for improvement. In our case, the SEC decided to organize the information related to every aspect of the program that was evaluated in terms of strengths and areas of improvement. This way, it was practical to show what features of the English for Health

Sciences program were relevant and effective, what needed minimal adjustment, and what required a complete change. A sample of the reporting charts used in the final report section of the program can be found in Appendix 5.

Based on what has been said about the evaluation report, the most relevant information presented is related to the self-evaluation findings, conclusions and recommendations. Those recommendations or actions for improvement resulted from the self-evaluation process would be the final stage of a process and the starting stage of a new one since program evaluation an ongoing, cyclical process.

In brief, these were the answers to the self-evaluation questions:

- » How relevant is the EHS program to the current needs of Health Sciences students?
  - Both students and academic representatives of the Health Sciences School consider that the upper levels (four and five) of the English for Health Sciences program fulfill their expectations in terms of the content developed through the study of language. Based on students comments in the focus groups (table 4), they seem to be motivated by the content they study in upper levels; however, they do not seem aware of the importance of recycling content in language learning since they find the content in levels one through three repetitive; they also find the latter somewhat basic according to their expectations.
  
- » Which language needs do students in the Health Sciences Program have?
  - Both students and academic representatives of the Health Sciences School agreed on the skills that a medical student needs at the undergraduate level. They consistently referred to reading and oral skills. The first type of skills to consult bibliographies produced in English, and the second to be able to understand spoken texts dealing with topics of their professional interest.
  
- » How effective is the English for Health Sciences Program in terms of the fulfillment of objectives and students development of English proficiency?

- There seems to be a need for a better alignment among outcomes, instruction, and assessments. Student achievement throughout the different levels of the program shows very positive results with low fail rates. However, on completion of the program, over 25% of the student population obtained lower results than expected, according to the standardized English exam applied in level five. This requires a curriculum review, especially the established goal in terms of the language proficiency level for students to reach as well as a review of the exam that is being applied and its coherence with the English program.

Appendix 6 shows some of the actions proposed as an action plan for program improvement as a result of the self-evaluation. The next step is following up on the implementation of those actions and that would be the starting point of a new program evaluation process.

## Discussion

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This paper was aimed to present a self-evaluation process carried out in an English for Health Sciences Program, in the hopes that it can serve as a source of reference for institutions that may have interests in self-evaluating their programs. This self-evaluation was found to be an enriching experience for both the faculty and participants involved for several reasons. First, faculty were actively engaged in exploring models of self-evaluation and in defining which of those models could be best applied in our context. The defining and selection of a model was followed by active teamwork in establishing the areas to be evaluated and the tools to be used to gather information for the program analysis and evaluation. All of these actions allowed for the joint-construction of a structured framework for the evaluation. Second, the program as a whole benefited from its stakeholders' feedback. Academic program heads, teachers, and students were given a space to voice their perceptions of the program for the purpose of improvement. In this way, the English for Health Sciences program was analyzed from various perspectives. Third, the self-evaluation fostered a space for and

encouraged a critical view of the internal work and practices of the program. It was found that adopting a critical approach in the self-evaluation towards all components of the program is difficult at first, but, once it is adopted, it can be very enriching for everyone involved.

From the self-evaluation presented, there are also some challenges worth mentioning for programs to bear in mind when going through similar processes. The first challenge is the allocation of both human and material resources necessary in order to conduct the self-evaluation. Programs need to determine the people who will be leading the process and the conditions under which these processes will be carried out. This may be a challenge when faculty have to take on extra responsibilities related to the self-evaluation while also fulfilling their usual work duties. In terms of material resources, there are expenses that need to be considered including: external professionals to conduct focus groups, photocopies or technological resources for mass surveys, and assistants to help with logistics, among others. According to our experience, planning is crucial to facilitate good management of both kinds of resources. Another challenge to be aware of is the selection of the self-evaluation team. It is necessary to count on individuals who are familiar with the different processes within the program, who are empathetic towards other team members, and who are willing to contribute to the process through a critical point of view. Team members spend significant time planning, designing, analyzing, and reporting. Therefore, a cooperative environment is key to success. A third challenge is related to access to information and target participants during the self-evaluation process. Making appointments and counting on the availability of program heads and student alumni, for example, can be troublesome. Consequently, perseverance is of great importance in keeping with the evaluation timeline and in gathering information from the target sources.

Overall, program self-evaluations have both benefits and challenges for all parties involved in the process. Whatever the context, conducting a program self-evaluation, based on the experience presented, is extremely valuable as it allows for a stronger awareness and better understanding of program processes and practices.

## Conclusion

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The experience of self-evaluating the English for Health Sciences Program presented in this paper offered its faculty an opportunity to develop stronger awareness of the strengths and areas for improvement of the program and a better knowledge of it as a whole. For instance, the open and continuous communication between the English Program and the School of Health Sciences must be maintained and reinforced. Throughout recent years, this is an area that has improved the administrative organization of both programs; however, this communication needs to further improve and establish stronger academic connections between English and the discipline related subjects that students take in their program of study. The self-evaluation provided information related to program goal, objectives, methodology, content, student achievement, and student and program needs that represents valuable input to propose program action plans. The development of this knowledge and awareness and the adoption of self-evaluation as a systematic process can help the program direct its efforts to continuously improve.

Continuous evaluation must be an inherent element to educational programs in order to guarantee the quality of the education offered to students. The more carefully institutions look at their processes, the better prepared they can be to identify and improve their weaknesses. Evaluations should not always be imposed and conducted by outside experts. They should be conducted systematically by members of the institution, who can then use the concept of an external peer to complement or reinforce their own knowledge and views of their program. Self-evaluation is, therefore, a strategy that institutions should adopt in the pursuit of continuous improvement, self-awareness, and growth.

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# Appendix 1

## Action Plan for EHS SELF EVALUATION

Activity, Output and Sub-Activities	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>1. Planning</b>											
1.1. Review of literature on the English language field (curriculum evaluation, CLIL, CEFR)											
Identify successful models in the field as well as effective pedagogical strategies	X										
Define frameworks to curricular review/ evaluation	X										
1.2. Developing a self-study Action Plan											
Draft self-study Action Plan and present it to stakeholders		X									
Finalize self-study Action Plan		X									
Revise self-study Action Plan as required		X									
Present Self-study objectives and action plan to the Director of Instituto de Idiomas		X									
<b>2. Implementation</b>											
2.1. Document Analysis- Reviewing Curriculum											
Identify needs (language and content) established by the HS programs		X									



**Action Plan for EHS SELF EVALUATION**

<b>Activity, Output and Sub-Activities</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
Evaluate the relevance of learning outcomes in the EHS		X	X								
Establish the alignment among the SLOs, assessment, methodology, and materials		X	X								
Analyze statistics related to Alumni determined by their English proficiency					X						
Analyze students' progress on the basis of placement, pass-fail rate, TOEFL results					X						
Identify students' perceptions of the program in general through course evaluation analysis				X							
Determine teachers' profile in the EHS program to identify strengths and areas for improvement				X							
Report on progress				X							

**2.2. Data collection from stakeholders**

**2.2.1. Conducting focus groups**

Identify target needs, learning needs, perception of the program, and expectations of current students			X								
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### Action Plan for EHS SELF EVALUATION

Activity, Output and Sub-Activities	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Identify teachers' perceptions on SLOs, evaluation, materials, methodology, and students' achievement					X						
<b>2.2.2. Applying surveys</b>											
Get/obtain feedback from alumni in terms of the relevance and usefulness of the EHS for their practice						X					
Identify target needs, learning needs, perception of the program, and expectations of current students				X							
<b>2.2.3. Making interviews</b>											
Determine opportunities offered by the university to HS students in which English is a requirement					X						
Identify the HS program expectations in terms of students' English proficiency and use.					X						
Report on progress						X					
<b>3. Reporting</b>											
<b>3.1. Writing the document</b>											
Define sections of the self-study								X			

**Action Plan for EHS SELF EVALUATION**

<b>Activity, Output and Sub-Activities</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
Consolidate information								X	X	X	
Finalize the document										X	X
<b>3.2. Presenting results</b>											
Arrange and conduct meeting with Curricular Committee and the Director of II to present findings											X
Design an action plan to make the necessary adjustments to the program											X

## Appendix 2

### English for Health Sciences Program Teachers Focus Group

Aim: To get feedback from / know the opinion of teachers about the program in order to gather information for the program self-evaluation.

#### I. Learning and Content:

1. Do you feel that your students demonstrate progress in their language learning as they advance through the different levels of the program? Explain.
2. Do you think that the approaches used in the program (general English for levels 1-2-3 and teaching English through Content for Level IV-V) allow students to learn English effectively? Explain.
3. If you could change anything from the English for Health Sciences Program (content, textbook, methodology or evaluation), what would you suggest to change?
4. In terms of skills (speaking, listening, reading, writing), which do you think may be most useful to your medicine students (and now dentistry) in their professional and academic life? Why?
5. What do you think about the learning outcomes of the different levels? Are they clearly stated in the syllabus? Do the learning outcomes allow you to plan and guide your work at the level?

#### II. Assessment:

6. Do you think that the written tests (midterm, final, unit achievement test) account for the real English writing competence of your students? Explain.
7. Do you think that oral assessments (midterm, final, unit achievement test) account for the real language speaking proficiency of your students? Explain.
8. According to your experience teaching courses in the program, what is your opinion about the assessed writing processes (writing assignments)?

#### III. Materials, Methodology:

9. Do you think that the texts used in classes support the teaching-learning process? Explain your answer.
10. What extra materials (other than the textbook) do you think facilitate the teaching-learning process in the classroom? Why?

#### IV. General Aspects:

11. What strengths and areas of improvement do you currently identify in the English for Health Sciences Program?

## Appendix 3

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### English for Health Sciences Program Current Students Survey

*Answer the following questions according to what you have experienced in the program. Your answers are valuable to improve our programs and to offer academic processes that fit your needs.*

#### LEARNERS' NEEDS

1. In your particular case, what is the main reason you are learning English?
  - to do well at school
  - to interact in English-speaking countries (or abroad)
  - to access job opportunities
  - to be able to get more opportunities to study
  - to meet an academic requirement
  - Other. Explain.
2. What emphasis would you like to have for the English Program you are currently learning?
  - English for everyday use (day to day use)
  - English for health sciences
  - No preferences
3. Which of the following skills do you think is the most important for you to develop in English? (Choose one option)
  - reading
  - writing
  - speaking
  - listening
4. What is your strongest ability? (Choose one option)
  - reading
  - writing
  - speaking
  - listening
5. What is your weakest ability? (Choose one option)
  - reading
  - writing
  - speaking
  - listening

6. What skill do you need most often in the academic activities of your field?

- reading
- writing
- speaking
- listening

7. What topics or content do you think you need to learn in English?

### LEARNERS' WANTS

8. What do you like to do most in English? (Rank the following skills in order of preference: 4 you like the most - 1 you like the least)

- reading
- writing
- speaking
- listening

9. How do you like to learn English in class? (Choose three options)

- studying grammar rules
- working on writing exercises
- writing short texts
- reading texts/stories
- listening to audio
- watching videos
- working on oral exercises
- participating in group discussions
- working on projects
- reading out loud
- working with computers
- working on the Internet
- playing
- other: explain \_\_\_\_\_

10. How do you prefer to work in your English classes? (Choose one option)

- alone
- in pairs
- in groups
- as a whole class

11. What material do you like to use in your English class? (Rank the following material in order of preference: 5 you like the most – 1 you like the least)

- Textbook
- In-house material designed to meet the specific needs of the program
- Online material (written and oral)
- Realia (real-life objects taken to the classroom to teach)
- Software

12. What general topic or content would you like to learn in English?

13. What specific health-related topic or content would you like to learn in English?

## Appendix 4

**English for Health Sciences Program Department Heads Interview Questions**

1. What do you expect students to be able to do in English on completion of the English program?
2. What English language goals (if applicable) does the School of Health Sciences have for undergraduate students?
3. What English language requirements does the health sciences program have in its curriculum?
4. What academic activities does a Health Sciences student do in which he/she needs English proficiency? At what level?
5. What subjects of the Health Sciences programs have explicitly established the need for a language component?
6. What opportunities for language use do Health Sciences undergraduates have?

## Appendix 5

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<b>Outcomes Final Report Sample</b>	
Strengths	Room For Improvement
<ul style="list-style-type: none"> <li>» Alignment with the CEF in levels 1-3</li> <li>» Outcomes in all skills throughout the program.</li> <li>» Discipline-related outcomes in levels 4 and 5.</li> </ul>	<ul style="list-style-type: none"> <li>» Unclear / confusing target outcomes in some levels.</li> <li>» No clear evidence of skills progression throughout the program.</li> <li>» No specific description of text / task progression in reading skills.</li> <li>» Alignment with CEFR in levels 4 &amp; 5 needs revision.</li> <li>» Unclear distinction between language and content learning outcomes in levels 4 &amp; 5 for listening and reading</li> <li>» Dentistry program outcomes are not mentioned.</li> </ul>

## Appendix 6

### ACTION PLAN 2016

1. Revise the progression, content, and alignment with the CEFR of the different learning outcomes throughout the program
2. Describe the different tasks and texts students will be exposed to in the different levels.
3. Evaluate the textbooks that are currently used for instruction as well as possibly piloting materials for the first semester 2016.
4. Assess the relevance of writing instruction and assessment throughout the program.
5. Include explicit learning strategy instruction in the program.
6. Offer more emphasis on health-related vocabulary as well as reading material in the first three levels.
7. Make sure the assessment tasks and instruments are aligned with the content and instruction.
8. Work on a health related reading program as supplementary material for the courses.
9. Revise and design new assessment tools for the levels.
10. Look for formative assessment options in the program.