

# *D.R.Congo LMD English Curricula And Syllabus For Medical Schools: A Brake To Develop English For Specific Purposes At ISTM*

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**Résumé** – Cet article scientifique intitulé “D.R.Congo LMD English curricula and syllabus for medical schools: a brake to develop English for Specific Purposes at ISTM” vise à examiner, d’un côté, la politique linguistique relative à l’enseignement de la langue anglaise dans les Institutions Supérieures des Techniques médicales (ISTM) de la République Démocratique du Congo et de l’autre côté, les réalités pédagogiques en ce qui concerne l’acquisition et/ou l’apprentissage d’une langue étrangère ou seconde.

À la lumière des arrêtés ministériels, des instructions académiques, et des notes circulaires signés successivement par le ministre de tutelle en 2004, 2011, 2012, 2021-2024, le cours d’anglais a connu des avancées significatives d’un côté, mais de l’autre côté, des curricula mis en place contraignent que ce cours technique, pour les différentes sections des Instituts Supérieurs des Techniques Médicales, ISTM en sigle, ne soit pas mieux enseigné et enfin que les objectifs assignés par le pays ne soient jamais atteints.

La grande question de recherche serait de savoir si la politique linguistique liée à l’enseignement de cours d’anglais technique médical permet à ce que l’enseignant atteigne les objectifs pédagogiques de l’enseignement d’une langue seconde ou étrangère, à savoir l’apprenant capable de communiquer valablement en anglais avec toutes les compétences, je cite compétence stratégique, compétence grammaticale, compétence de discours et compétence sociolinguistique.

Par ailleurs, il semblerait que les curricula mis en place dans le nouveau système LMD dans des ISTM se contredisent avec les principes pédagogiques quant à ce, et parmi les freins, en premier lieu c’est le temps et la charge horaire d’enseignement accordés au cours d’anglais pour des buts médicaux autrement appelé anglais technique, ce timing semble trop faible et insuffisant, et en deuxième lieu, c’est le nombre surpeuplé d’étudiants dans des salles de classe comme le démontreront les résultats dans cet article.

**Mots clés** – Planification et politiques linguistiques, conception de programmes d’études (mise en œuvre), étudiants en médecine.

**Abstract** – This study entitled “D.R.Congo LMD English curricula and syllabus for medical schools: a brake to develop English for Specific Purposes at ISTM” is examining, on the one hand, language policy related to English language teaching at university and mainly at medical technical colleges called ISTM; and on the other hand, to scrutinize if they fit with teaching and learning of English as second language or as a foreign language with overpopulated classes.

Thanks to different official decrees, academic instructions and circular notes successfully signed by official authorities from 2004, 2011, 2012, 2021 to 2024, English course for medical purposes was sustainably supported by different official texts than today; it is improved so in curricula of LMD new system that constrains it to not being well developed. For this reason, English language teaching objectives could not be attained at medical technical colleges as assigned by the country.

The research question will be to know if the country language planning and policy related to teaching English as a foreign language or English for medical purposes will allow teachers to attain the objectives where the learners are required to communicate in English showing that they are strategically, grammatically, discursively and sociolinguistically competent.

It seems unfortunately that, the present curricula-LMD system-for medical technical colleges allocate short teaching load to the English for medical/nursing purposes. This fact seems to be a true barrier for teachers to attain the language teaching objectives as well as the overpopulated classrooms where English should be developed. These two causes of English language teaching failure will be demonstrated in the results of the present article below.

**Keywords** – Language Planning And Policy, Curriculum Design (Implementation), Medical Students.

## **I. INTRODUCTION**

The Democratic Republic of Congo (DRC) faces immense challenges in offering English courses to its students of the level of college and university education. The main challenges identified are the weaknesses in the planning systems and the mismanagement of official texts versus official curricula offered to English curriculum for medical technical colleges.

As consequence, in all the DRC medical technical colleges, English for medical/nursing purposes courses were offered almost 210 hours for five years in all two cycles (undergraduate and graduate one). It is unfortunately remarked that in today curriculum for LMD system where the students of medical technical colleges, are allocated, unfortunately, less than 100 hours for all cycle teaching. As a matter of fact, it is ascertained that, the former programme was better than the actual. For this reason, teachers, as English language developers, will unfortunately attain the language teaching objectives since their students will shortly be exposed to English language.

### **1.1. PURPOSE OF THE STUDY**

The aim of this study is two folded:

- to figure out the incoherence between official government texts based English language teaching and the curriculum designed indeed.
- to suggest something pedagogically acceptable to the government if they really need to see students listen and speak English as well read and write English in three years of their LMD studies and be able to communicate competently and confidently.

### **1.2. RESEARCH QUESTIONS**

- Do LMD English for medical/nursing purposes curricula fit the official DRC teaching texts? If no, what will be the pedagogical consequence of this incoherence?
- What to do in order to help medical technical student at ISTM to become communicatively competent and confident in general and medical/nursing English?

## **II. REVIEW OF THE LITERATURE ON CURRICULUM DESIGN BASED ENGLISH FOR MEDICAL PURPOSES**

### **2.1. RATIONALE**

The terms curriculum and syllabus are sometimes co-located with the names of language teaching methods like communicative Syllabus, they may not exemplify a one-to-one relationship with the methods they are used with (Sari, 2003 cited by Tshitenge, 2019). So far it is difficult to differentiate between the method and the syllabus as one may guide the other depending on whether a 'methodology first' or a 'syllabus first' stand is taken in course planning (Yalden, 1987:70-77). Generally speaking, methods are closely related to practical applications, techniques, in the learning environment whereas the curriculum and syllabus refer to the planning phase where a more theoretical and idealistic point of view is taken.

It should also be called to mind that, just as different methods may have similar syllabus designs, different designs may be applicable for one particular method (Krashen, 1985; White, 1988; Nunan, 1989; Swan, 1990). For that reason, Sari (2003:34) sustains that, it is tempting to see syllabus design and methodology as discrete points. The syllabus specifies what is to be learnt and the methodology tells how it is to be learned.

It is said above that, the term 'curriculum' has more than one meaning accordingly, it refers to the substance of a study-program of an educational system; that is why, Stenhouse (1975:17) describes it [curriculum] as 'an attempt to communicate the essential properties and features of an educational proposal in such a form that it is open to critical scrutiny and capable of effective translation into practice'.

Nunan, (2000: 6,61) proposes: "... a clear distinction, the curriculum being concerned with planning, implementation, evaluation, management, and administration of education programs, and the syllabus focusing more narrowly on the selection and grading of content".

It most recent meaning, 'curriculum' includes the entire teaching/learning process, including materials, equipment, examinations, and the training of teachers. In this view, curriculum is concerned with what can and should be taught, to whom,

when, and how. Nunan (2000:14) adds to his curriculum those elements that are designated by the term syllabus, along with considerations of methodology and evaluation.

Similarly, White (1988:19) sees curriculum to be concerned with objectives and methods as well as content. Such a definition involves consideration of the philosophical, social and administrative factors of a programme concerning a nation or a specific society. The definition of curriculum is complex since there are so many writers in the field. It can go anywhere along the range from a list of subjects for a course to the perception of the ultimate goal of education as a whole. What is required when referring to the term is “the grasp of the basic notions education involves as well as the structural organization every author states within his definition on the term curriculum” (Moreno, 2000:11).

In Sari (2003:30, 31), the terms curriculum and syllabus are often used interchangeably in various contexts, although, generally, they have major differences in meaning. Curriculum usually refers to overall plan of a whole educational programme. In a language teaching context, stages at which a language learning theory is chosen and a general needs analysis is done are related to curricular issues. Syllabus, on the other hand, refers to a narrower plan of a specific course for a certain group of learners. White (1988) describes curriculum as referring to the overall plan and the objectives of the teaching community related to the teaching subject. It is a general outline of what to teach and what to achieve in the end. Syllabus, on the other hand, is the term used to define the contents and the format of the lesson in a narrower and detailed sense. The syllabus of a course involves all the information about the specific objectives derived from the general objectives defined in the course Curriculum, the materials development, teaching and evaluation strategies, teaching and learning theories, and grading and selection of teaching and supplementary language materials to be used in the course as expressed by Sari (2003:34).

**2.2. PLACE OF CONTENT-BASED INSTRUCTION (CBI) IN EMP SYLLABUS**

English language teaching (ELT) syllabus is a selection and organization of instructional content that includes suggested strategy for presenting content and evaluation (Brown, 1995); it is essentially recommended for English for medical purposes (EMP) teachers to know about the contents and details of syllabus course. There are several distinct types of language teaching syllabi, and each of these different types may be implemented in various teaching situations. The benefits of a well-prepared syllabus lead to an effective syllabus that conveys what the class will be like, what students will do and learn, as well as what they can expect from the English language teacher. It increases the likelihood of student’s success in the class. It guides student learning in accordance with the teacher expectations and demonstrates to students that s/he cares about their learning.

A well-designed syllabus decreases the number of problems which arise in the course. Fewer misunderstandings arise when the rules of the game are explicitly stated in the syllabus. It assists in the language teacher professional development.

Generally speaking, ESP syllabus design should cover the three factors affecting ESP course design: (a) language description, (b) learning theories, and (c) needs analysis as shown in the following figure one below.

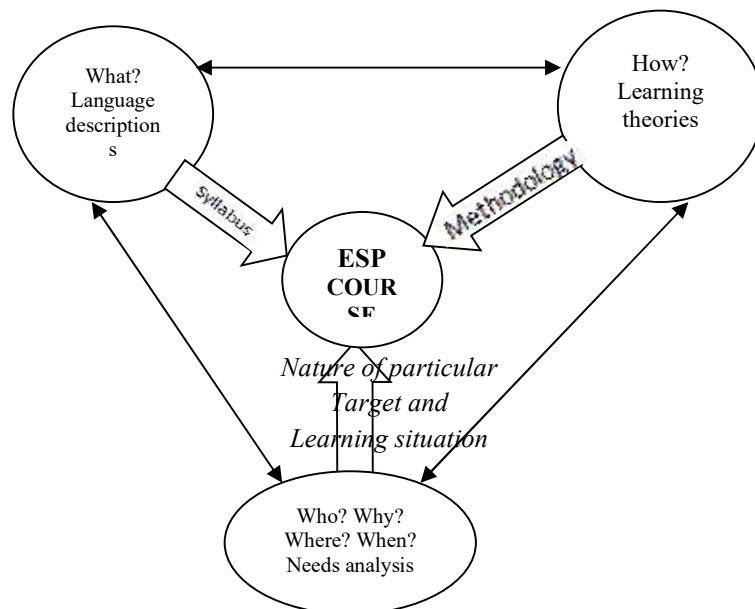


Figure 1: the ESP Wh- questions affecting to design CBI

It is noticed that, in the EMP teaching field, language developers are perhaps more fortunate than teachers in other ESP courses, because whereas some sciences, such as the so-called hard Sciences, are removed from the world of everyday life, medicine is a discipline which is concerned not only with laboratory research and hypothetical reasoning, but also has to do with people; so it is a transversal discipline. It is thus possible to bring the outside world into the classroom and create activities based on authentic situations, using language which doctors and other health practitioners really use and for real purposes (Webber, 1995:62). The following figure 2 presents some possibilities that may help EMP developers and teachers deal with different topics for different language situations:

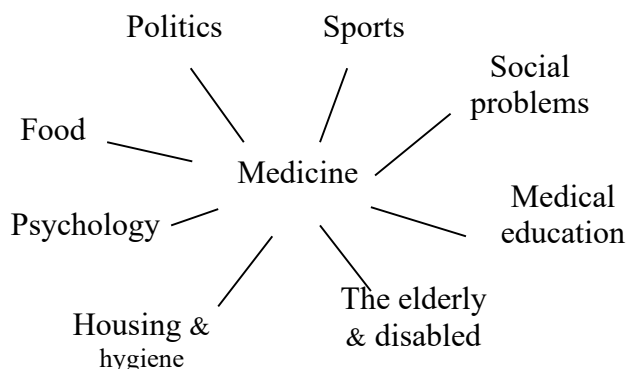


Figure 2: Possibilities of different CBI thanks to EMP

For the above reason, In order for students to be able to participate fully in EMP classes, they need to possess a good knowledge of general English at beginning or at an intermediate level. Without this uniformity of general English knowledge, learning EMP would represent a great problem. In particular, it is important to insist on specific areas of language which are more common in medical English. Lack of English language skills is a major obstacle because students have to master terms used in medicine, to be able to understand formal professional texts and authentic materials, to make professional presentations and participate in discussions on medical issues. Therefore, it is very important for students to be aware not only of their language learning needs but also of difficulties and problems they have concerning the English language. This can be determined by means of diagnostic tests that would focus on problem areas in English language learning and by direct conversations between teachers and students. This study focuses on problematic areas in learning English in a medical academic context.

A good knowledge of general and medical English is a prerequisite for professional improvement and progress. For a medical English course to be successful, it is necessary that students possess an intermediate level of proficiency in general English. However, despite their relatively good knowledge, it is often the case that students of medicine need additional help and instructions concerning specific linguistic areas that present problems even in an academic context. It is the responsibility of the teacher to work with the students in identifying and understanding these problem areas and to try to integrate the findings into a coherent course design in order to achieve the objectives set before them (Short et al 1989; Short, 1991, Short, 1993).

### **2.3. EMP CONTENT-BASED AT MEDICAL TECHNICAL COLLEGES**

Among the several linguistic reasons allowing the EMP developers to focus on content-based language instruction, mention should be made of content as a leader to language even for weak students. Authentic content and authentic skills focus on content that will mean almost total reliance on authentic texts and authentic activities, so that from an early stage professionals will function professionally in a different language. Teaching content-based EMP is possible while simultaneously deferring to and exploiting the expertise of colleague teachers and EMP students. Good ESP teachers grow in their own expertise and will be part of the subject specialist team.

It is pertinently noticed that, the content of EMP classes must be twofold, i.e. it must be professional and linguistic. The first content should be the one in relation with English for medical professionals and the other one concern the English language development in relation to medical field as analysed in the coming two sub-topics as shown in the above figure.

## **2.4. ENGLISH FOR MEDICAL PROFESSIONALS' CONTENT**

Professional English language developers should focus on the following as content materials for the EMP students in order to fulfil the students' linguistic gap: test strategies and practice; advanced grammar and vocabulary; functional and non-technical language suitable, for effective communication with patients/clients; pronunciation and presentation skills; health professional - client role plays; listening to consultations and teachers; critical reading of health related texts; analysis of case notes and writing of referral letters; media health watch.

On the one hand, there must be an emphasis on developing an understanding of the English and local cultural and medical context and spoken communication skills in the key areas of: internal medicine; surgery; obstetrics and gynaecology; paediatrics; psychiatry; general practice; ethics. Within the key areas, practice is provided using case studies and scenarios which involve: history taking, assessment of physical and clinical data, developing treatment plans, counselling and educating patients. Practice activities should include role-plays and question and answer sessions that are designed to simulate students in the real situation learning conditions (Tshitenge and Piripiri, 2023).

## **2.5. EMP WITH COMMUNICATION CONTENT**

Among the Course content needs, English language teachers should adjust the following to meet the commonly EMP students English specific aspirations: diagnosis of their specific areas of need with Pronunciation; strategies to overcome particular difficulties with spoken communication; word stress, sentence stress and rhythm strategies for pronouncing difficult or unfamiliar words and sounds; pausing and intonation patterns; listening to American, British or other varieties thanks to CALL approach. So, ESP textbooks in medicine could be useful and effective in terms of content and needs achievement for reading and writing skills of EMP students. Finally, it should be emphasized that evaluation is a matter of judging, there is no absolute good or bad input and output (Ghalandari and Talebinejad, 2012:20, 27).

Teachers and English language developers can respect all details above if the teaching load is sufficient and pragmatic. But as one can remark it in the following points, the language practitioners, experts and all other categories of persons asked by the minister of education and universities to implement the English curricula for medical technical colleges were not reasonably rationale of the programme, they still grope ups and downs in planning English curricula for medical technical colleges called ISTM.

## **2.6. TEACHING LOAD ALLOTTED TO ESP IN THE PROJECT**

### **2.6.1. PROPOSED TEACHING LOAD**

MINESU (2011) circular note n°1503 and n°1504 ministry notes allocated for the first time in DRC an important teaching load to the ESP courses. This timing schedule, if respected, could of course strengthen DRC students in EGP and ESP; unfortunately, these notes have never been fully implemented, Professor Mashako stated:

- In the first-year undergraduate: 90 hours (30 hours for the theoretical part and 60 hours for tutorials).
- In the second-year undergraduate: 45 hours (15 hours for the theoretical part and 30 hours for tutorials).
- In the third-year undergraduate: 30 hours for English practices.
- In L1: 45 hours (10 hours for the theoretical part and 35 hours for tutorials).
- In L2: 30 hours for tutorials or practices.

### **2.6.2. THE OFFICIAL TEACHING LOAD**

In the decree 342/MINESURS/CAB.MIN/MML/KOB/2011, and in Professor Mashako's successor teaching load allotment, Professor Chelo, through his decree 010/ MINESURS/CABMIN/2012 he completed Professor Mashako project, published the following teaching load for ESP for DRC higher education levels.

As one can imagine it, since the actual minister of university and colleges has started innovate, it is remarkably that, instead of going ahead, English courses, in different levels and domains of research for students, is decreasingly lose its teaching load as required by experts.

It is normally said that, language students can acquire, as well as possible, a new language if their language exposure cost absolutely six hundred hours (600h) for six levels of a hundred hours (100h). Unfortunately, DRC curricula allocate less than this sum of time only ninety (90h) in nowadays LMD system less than what Itangaza (2012) suggests when he assumes that, in terms of amount of time of language instructions, language practitioners suggested that an average of 100 hours of instruction would be sufficient for students to be able to perform functions of a given level of second language development.

**III. DATA PRESENTATION AND SWOT ANALYSIS**

**3.1. DATA PRESENTATION**

Table 1: Proposed and officially DRC allotted ESP teaching load

LEVEL	PROPOSED TEACHING LOAD BY EXPERTS			OFFICIALLY ALLOTTED TEACHING LOAD						
	TOTAL	THEORIES	PRACTICE	From 2011 to 2020			From 2020 to now With LMD System			
				TOTAL	THEORIES	PRACTICE	CMI	TD	TP	TOT
1 <sup>st</sup>	90 H	30 H	60 H	75H	30 H	45 H	15H	10H	5H	<b>30H</b>
2 <sup>nd</sup>	45 H	15 H	30 H	45H	15 H	30 H	25H	-	5H	<b>30H</b>
3 <sup>rd</sup>	30 H	-	30 H	30 H	-	30 H	25H	-	5H	<b>30H</b>
4 <sup>th</sup>	45 H	10 H	35 H	30 H	-	30 H	////	////	////	////
5 <sup>th</sup>	30 H	-	30 H	30 H	-	30 H	////	////	////	////

As shown in the above table, English courses in L<sub>1</sub> and L<sub>2</sub> higher and university education have been objectively completed by MINESU (2012), a continuum helper in the MINESU (2011)’s ESP project in his ministerial decree no 010/MINESURS/CABMIN/2012 signed on august 15<sup>th</sup>, 2012; Chelo, as Mashako’s successor, approved the preceding decree on ESP, and he fortunately and additionally completed the Mashako’s teaching load for 4<sup>th</sup> and 5<sup>th</sup> form ESP courses, which the former minister did not do as it is observed in 342. This additional teaching load has completely contributed to the ELT curriculum in the higher education in DRC.

In the above table 1 divided into two parts, it is practically shown that, on the one hand there is the left part that concerns the MINESU (2011) proposed ELT and ESP teaching loads from the first year up to the 5<sup>th</sup> year in all DRC university education. This table shows the important teaching load attributed to English courses; but on the other right part, the concrete load set by the DRC language policymakers in accordance with some experts confirms the emergence of ESP and EGP.

As seen in the last right side of the above table, the licence level in LMD system has decreased the amount of hours from 210 hours to only ninety (90h). This shorten amount of hours will cause some consequences on the teachers and learners as demonstrated in the following pages.

**3.2. SWOT ANALYSIS**

It is here the question to deal with SWOT analysis in order to discover what are the strengths, weaknesses, opportunities and threats in language planning and language policy related to the development of English as a foreign language in general and particularly English for medical/nursing purposes in the country.

### **3.2.1. Strengths**

The country has produced so many positive texts that support the teaching of English for specific purposes obliging all domains and streams of students to have good command of English competently and confidently, that is to say, the students from DRC universities and colleges must be skilled in receptive (listening, reading and understanding) and productive (speaking, writing, translating and interpreting).

### **3.2.2. Opportunities**

The country possess not only good texts but also many good English language teachers trained in different famous schools and colleges over the world and within the country as the case of universities, ISP and some language centers. All this expertise is made of qualified best teachers that can help the learners acquiring English competently and confidently.

### **3.2.3. Weaknesses**

Even if the country disposes the formal societies where English is to developed by the so mentioned famous lecturers and teachers tanks to the best texts allowing the EFL to be developed as well as possible, the only weaknesses are that, the minister and expert do not care about teaching time exposure of the learners. The short teaching load of less than a hundred hour of exposure cannot allow learners to become fluent in all six language skills mentioned, I mean listening, speaking, reading, writing, interpreting and translating.

### **3.2.4. Threats**

Because of short teaching load allocated to the English for specific/nursing purposes, many if not all students who graduate in medical technical college are not competent in English. They cannot communicate as needed by the government. After their class training, they not be able to read a medical instruction note and they may misuse this product instead that one needed. They may kill instead cure. In conclusion, there will be so many medical accidents instead of healing patients just because not knowing the medical English.

## **IV. FINDINGS AND PEDAGOGICAL IMPLICATION**

### **4.1. FINDINGS**

Considering the country official texts, it is required to schools and colleges to develop English for specific purposes also called technical English in relation with the domain of the students. As shown in appendix unfortunately, the teaching load allocated to (the same) English is insignificant, short, and poor to attain the objectives related to students to communicate competently and confidently in English.

- 1) In the domain of nursing, the curriculum allocates the teaching load with 55h during the three years instead of 100h per semester, and then, students will have a deficit of 545h to complete 600 hours of normal language exposure.
- 2) In the domain of pediatric, the curriculum allocates the teaching load with 75h during the three years instead of 100h per semester, and then, students will have a deficit of 525h to complete 600 hours of normal language exposure.
- 3) In the domain of Teaching and Administration of Health Care (EASI), the curriculum allocates the teaching load with 75h during the three years instead of 100h per semester, and then, students will have a deficit of 525h to complete 600 hours of normal language exposure.
- 4) In the domain of Midwife (Sage-femme) the curriculum allocates the teaching load with only 15h during the three years instead of 100h per semester, and then, students will have a deficit of 585h to complete 600 hours of normal language exposure.
- 5) In the domain of Nutrition and dietary/dietetic, the curriculum allocates the teaching load with only 30h during the three years instead of 100h per semester, and then, students will have a deficit of 570h to complete 600 hours of normal language exposure.
- 6) In the domain of Pharmacy, the curriculum allocates the teaching load with only 30h during the three years instead of 100h per semester, and then, students will have a deficit of 570h to complete 600 hours of normal language exposure.

- 7) In the domain of laboratory, the curriculum allocates the teaching load with more than 105h during the three years instead of 100h per semester, and then, students will have a deficit of 395h to complete 600 hours of normal language exposure.
- 8) In the domain of Health community, the curriculum allocates the teaching load with only 15h during the three years instead of 100h per semester, and then, students will have a deficit of 485h to complete 600 hours of normal language exposure.
- 9) In the domain hygiene, safety at work and environmental management, the curriculum allocates the teaching load with 98h during the three years instead of 100h per semester, and then, students will have a deficit of 402h to complete 600 hours of normal language exposure.
- 10) In the domain of Management of Healthcare Organizations, the curriculum allocates the teaching load with 100h during the three years instead of 100h per semester, and then, students will have a deficit of 400h to complete 600 hours of normal language exposure.,
- 11) Etc.

#### **4.2. PEDAGOGICAL IMPLICATION AND SUGGESTION**

As a matter of fact, it is clearly demonstrated that, instead of 600 hours of English language exposure during the three years of the licence level in LMD system, the DRC students from Medical Technical Colleges (ISTM) will have a deficit of time exposure of more than four hundred hours. For this reason, they cannot listen or speaking English; the same they cannot read or write English. So, at the end of their studies, these students can neither receive nor produce English communicatively because of that deep deficit of teaching English and short time exposure to English. They will still rank low communicatively and will never attain sociolinguistic competent, grammatical competent, discourse competent nor strategic competent.

It can be suggested in this article that, from the first semester of the licence level in LMD to the sixth semester LMD, English course should be developed in a hundred hours of exposure during which the learners will be skilled communicatively competent and confident in English as a foreign language on the one hand, and as in English for specific purposes.

During their exposure, students of Medical technical colleges will be trained to receive English sounds, intonation, rhythm, words orthography, spelling through listening and reading. The same for their productive skills, they will be exposed to pronunciation, interpretation, translation through speaking and writing. Thus, a hundred (100) hours per semester is obligatory until students reach six hundred (600) of exposure during all the three years of their studies at medical technical colleges (ISTM).

#### **V. CONCLUSION**

Through this article entitled “D.R.Congo LMD English curricula and syllabus for medical schools: a brake to develop English for Specific Purposes at ISTM” has given the great lines on what DRC practitioners have planned weakly in what concerned English curricula offered to all DRC medical technical colleges.

Thanks to two important research questions that examined if the licence students in LMD English for medical/nursing purposes curricula fit the official DRC teaching texts and if the answer was negative, what would be the pedagogical consequence of this incoherence. In the end, the last research question was based on what to do in order to help medical technical student at ISTM to become communicatively competent and confident in general and medical/nursing English.

The incoherence between official government texts based English language teaching and the curriculum designed are figured out and some suggestions based pedagogy that seem to be acceptable to the government if they really need to see students receive and produce English as well communicate using all the four language types of competence in English during the three years of their LMD studies.

Among the pedagogical suggestions that could help students from all DRC medical technical colleges to perform and improve the English language communication as needed by the government, mention should be made on good time exposure to English. Then, it was suggested that, as the LMD teaching is planned semesterly, English should be developed and taught for a hundred hours per semester until after three years of licence, students become competent and confident in English speaking,



listening, reading, writing, interpreting and translating using strategic competence, sociolinguistic competence, discourse and grammatical competence.

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**APPENDIX**

**DRC CODIFIED MAQUETTES FOR ENGLISH COURSE AT ISTM**

domains	Code UE	Intitulés des UE	CM I	TD	TP	c r	T H
						EC	
Sciences Infirm.	COP 1121	Anglais technique, Semestre 2	15h	10h	5h	2	55h
	COP 1242	Anglais technique, Semestre 4	25h	0h	5h	2	
	COP1362	Anglais technique, Semestre 6	10h	0h	15h	1	
Pédiatrie	COP 1121	Anglais technique, Semestre 2	15h	10h	5h	2	75h
	COP 1242	Anglais technique, Semestre 4	15h	10h	5h	2	
	COP1362	Anglais technique, Semestre 6	10h	3h	2h	1	
EASI	COP 1121	Anglais technique, Semestre 2	15h	10h	5h	2	75h
	COP 1242	Anglais technique, Semestre 4	10h	0h	5h	1	
	COP1352	Anglais technique, Semestre 6	20h	5h	5h	2	
Sage-femme	Com1111	Anglais technique, Semestre 1	10h	0h	5h	1	15h
	?	Anglais technique,	0h	0h	0h	0	
	?	Anglais technique,	0h	0h	0h	0	
Nutrition	LCN 1111	Anglais technique, Semestre 1	20H	10H	0H	2	30h
	?	Anglais technique,	0h	0h	0h	0	
	?	Anglais technique,	0h	0h	0h	0	
Pharmacie	LAN 1111	Anglais medicopha, Semestre 1	6h	9h	0h	1	30h
	LAN 1212	Anglais medicopha, Semestre	6h	4h	5h	1	

		2					
	?	Anglais technique,	0h	0h	0h	0	
Laborat.	LGU 1111	Anglais 1, Semestre 1	10H	20H	0H	2	105h
	LGU 1232	Anglais II, Semest 3	15h	30h	0h	3	
	LGU 1353	Anglais III, Semestre 5	10h	20h	0h	2	
Santé com.	<b>PCS1111</b>	Anglais technique, Semestre 2	10h	05h	0h	1	15h
	?	Anglais technique,	0h	0h	0h	0	
	?	Anglais technique,	0h	0h	0h	0	
Hygiene ...	PBE1222	Anglais technique, Semestre 3	15h	10h	5h	2	98h
	PSE1351	Anglais technique, Semestre 4	15h	17,5h	5h	2.5	
	MOA1362	Anglais technique, Semestre 6	15h	10h	5h	2	
Gestion	LVE1111	Anglais technique, semester 1	20h	10h	0h	2	100h
	LML1121	Correspondance angl. Sem2	20h	5h	5h	2	
	LAN1121	Anglais technique	30h	15h	15h	4	
Etc.							