

Faculty of Medicine and Health Sciences

Language Implementation PLAN for 2022 (LIP)

10 September 2021

1) Introduction / Context

The approach to the use of language in teaching, learning and assessment in the Faculty of Medicine and Health Sciences is informed and directed by the university's language policy. To this end, we eagerly await the finalization of the revised Language Policy before the end of this year. It is envisaged that certain small amendments may be necessitated to current planning for 2022. In the interim, the FMHS does not foresee any significant shifts in terms of its LIP given current indicators that suggest general satisfaction with the status quo. Having said that, the ongoing review of feedback (both formal and informal) as received from students and staff, largely via the different undergraduate programme committees, continues to inform renewal. A main point of departure will be to strengthen mechanisms to gather information concerning the use of language in the different programmes.

In 2022, therefore, the existing reporting structures will be retained and extended as needed. This will include consultations at modular, year and programme level. Our student leadership and extensive class representative networks will continue to be a key source of feedback. Specific attempts will be made to encourage better participation by students in the formal student feedback system. Formal written reports will continue to serve at the FMHS Committee for Undergraduate Teaching twice yearly. These reports inform the bi-annual faculty reports provided to university management.

2) Aims of LIP and promotion of multilingualism. Please include examples of how this will be done by also referring to e.g. tutorials, workshops and seminars.

A key feature of the FMHS LIP, specifically with regard to the promotion of multilingualism, is the provision of clinical communication teaching in either isiXhosa or Afrikaans. Such clinical communication teaching occurs across all six undergraduate programmes and is integrated into different modules where appropriate to enhance applicability and relevance. It comprises a key component of the training of future healthcare professionals. This teaching takes place in different years depending on the requirements of the particular profession. The curricula have been developed through the years by way of collaboration between the language facilitators and the lecturers in the programme, resulting in tailor-made profession-specific offerings.

In addition, students are increasingly introduced to clinical contexts where multilingualism is a requirement and encouraged to engage with clients in their own language. The implementation of the renewed curricula in the Human Nutrition, Physiotherapy, and MBChB programmes has provided a unique opportunity to revisit outcomes for this teaching and to explore further options. Of note is the focus that the clinical communication facilitators place on emphasizing the link between language and culture, further extending the conversations around multilingualism. Programme coordinators continue to affirm their gratitude towards the faculty management for the financial support that is provided towards this important initiative. Finally, a deliberate effort is made in some of the programmes to encourage students to adopt research topics (for their undergraduate research projects) that are conducive to providing healthcare within a linguistically diverse society.

3) Language use in Teaching and Learning

A key principle for 2022 is that teaching, learning and assessment practices within the FMHS will continue to adhere to the principles as set out in the current Language Policy in that all relevant year groups should have access to teaching resources and assessment tools, as well as support, in both English and Afrikaans. This should happen within the context of what is realistically practicable. Some exceptions might be necessitated where lecturers are proficient in English only. It should be noted that in programmes such as MBChB, our lecturer profile is dynamic with multiple lecturers being involved in teaching within any given module. It is, therefore, sometimes difficult to indicate where these exceptions might occur and these are typically managed on an ad hoc basis. Furthermore, the language implementation plan can often not be fully implemented during clinical training as it sometimes happens that case discussions by medical staff working at training facilities can only be done in Afrikaans. This is, however, typically at senior level (ie 4-6th years).

The FMHS therefore continues to strive to comply with the requirements of the Language Policy and will continue to utilize the services offered to support where appropriate (e.g., podcast translation to support multilingual online learning offered by the SU Language Centre for first-year modules. An exception is described by the Division of Speech, Language and Hearing Therapy where while they allow students to do as much written work as possible, such as reports and plans that contribute to their marks, in their preferred language (Afrikaans or English), there are sometimes requirements from schools or clients that require clinical documentation in a specific language that our students must then adhere to.

In sum, core lecture notes will continue to be made available in English and Afrikaans, while lecturers will continue to respond to student questions in either Afrikaans or English depending on the language in which the question was posed, this as far as is realistically practicable. As a general rule, all relevant year groups receive tuition in English with key concepts provided in Afrikaans. Some programmes have adopted an approach of asking students to indicate their need for Afrikaans tuition and based on their feedback, the language policy is adhered to (see sections 7.1.4, 7.1.7 and 7.1.8).

4) Language in Administration

All formal faculty documents (ie. Faculty Board documents) are made available in both English and Afrikaans. Formal Communiqués (ie. *Impromptu*) are similarly made available in both language. The FMHS aims to adhere to the Language policy sections 7.2.1 – 7.2.5 and 7.3 to prevent anyone from being excluded from key communications.

5) Feedback mechanisms on implementation (good practice and complaints)

We will endeavour to further strengthen our feedback structures by making use of both the official module feedback mechanisms, as well as a regular survey to create opportunity for feedback. Regular reporting via faculty structures (e.g., the Undergraduate Programme Committee) will continue to be utilized in this regard. The class representative structure provides a pivotal conduit, as does regular meetings with student leadership (TSR, TAAC), in terms of generating feedback and creating a space for complaints. In addition, and as mentioned above, we hope to focus on encouraging the generation of additional feedback through formal module mechanisms, as well as informal conversations with students and colleagues to identify good practice as well as areas of concern or challenge needing attention.

The LIP will be included as a standing item on the agenda for the Committee for Undergraduate Teaching.

6) Conclusion

In conclusion, the FMHS acknowledges that the complexity that surrounds the provision of equitable and inclusive teaching, learning and assessment as far as language is concerned. We continue to strive to adhere to the precepts of the Language Policy, the principles upon which it rests, and the guidelines it provides.

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