

Keresztes Csilla – Demeter Éva – Skadra Margit

University of Szeged
Faculty of Medicine
Department for Medical Communication and Translation Studies

**Deep water, not only for swimmers
Learning Hungarian as a foreign language via language
immersion technique**

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Approximately 1000 students study in the English program at the Faculty of Medicine, University of Szeged. Acquiring Medical Hungarian is essential for them: they are required to take medical history from patients and give them instructions during physical examination at the clinics in Hungarian. Furthermore, this is the language mutually used by nurses and the administrative staff helping them. For several years, it has been a difficulty for clinicians that students in the English program are not able or do not wish to communicate with patients in Hungarian; therefore, bedside teaching has not been effective enough. To improve the situation, the Department for Medical Communication and Translation Studies started to conduct language field trips, during which foreign students interview the patients at the clinic in Hungarian under the guidance of their Hungarian teacher. Since 2019, each student should attend 6 language field trips per year. In addition to the field trips, on the recommendation of the Dean of the Faculty, a new pilot program has been launched: the language immersion program. Within the framework of this initiative, a small group of the third-year English program students attend the Introduction to Internal Medicine seminars with the Hungarian students. In the present paper, the results of the first semester pilot program are described with the challenges and expected benefits and difficulties.

Keywords: *history taking, Hungarian as a foreign language, language immersion, medical communication, medical Hungarian*

Introduction

A pilot program started in the Fall Term of 2019/2020 was organized by the Faculty of Medicine, University of Szeged to support the Hungarian language acquisition of foreign medical students. The program is still active; therefore, only the first semester results can be analyzed at this phase. The program was initiated by the leadership of the Faculty of Medicine and supported by the Departments of Internal Medicine and the Department of Medical Communication and Translation Studies.

The main objective of the present study is to find out if the participants of the program could reach more development concerning their language

skills than the students attending the regular program (cf. Fortune, 2010; Graf, 2008; Jónás, 2007; Prabhu, 1978). The results are assessed by both quantitative and qualitative analyses: the students' written and oral test results are presented, compared and evaluated, and interviews with five participants are also assessed. Lastly, a summary of the outcomes of the research is provided.

Language immersion is a widely used method in language teaching. Three types of immersion can be differentiated: (1) total, (2) partial and (3) two-way immersion (Baker – Prys Jones, 1998). In the case of total immersion, the language learners have all the school subjects in the foreign language (L2). In the case of partial immersion, up to 50% of the subjects are taught in L2, and depending on the program, the material is sometimes reinforced in the first language (L1) as well. The two-way method includes the equality of L1 and L2, where a part of the students are native speakers of the L2 immersion language (Baker – Prys Jones, 1998).

Several researchers investigate the immersion method (cf. Medgyes, 2019; Genesee, 1987; Swain – Lapkin, 1982); nonetheless, most of these researchers focus on the different perspectives of immersion at primary and secondary schools. Johnson and Swain (1997) show the development of the immersion and describe several immersion programs from various countries. Language immersion is frequently applied in the USA school system. Several studies examine how mostly Spanish but also other languages are taught in the USA in the classroom with the help of this method (cf. Met – Lorenz, 1997; Walker – Tedick, 2000).

According to LaVan's perceptions, pupils in upper grades more frequently use their L1 and are reluctant to use the L2 in immersion classroom situations, which may hinder the acquisition process (LaVan, 2001). Taroná and Swain (1995) describe similar outcomes and they discuss that children use the L2 as an academic language in the classroom, but they use the L1 among themselves for social interaction in informal situations.

Another way of immersion is when someone completes their studies abroad. It is the most effective method of learning a language and many circumstances may have an impact on it, for example, the age, the environment, the motivation, and the language proficiency of the language learners. (Wilkinson, 1998)

This study is going to investigate a special mixture of immersions. The participants study in Hungary, in a country foreign to them, and they mainly use the English language for communication, not Hungarian. In this case, the immersion focuses only on one university subject, their internal medicine practice class; therefore, it is a case of minor classroom immersion.

Methods

This paper describes a pilot program at the University of Szeged. The aim of the program is to support medical students' acquisition of Hungarian language with the help of the partial immersion method. The research focuses on two aspects: first, it investigates the outcome of the program, and then, the students' perceptions about the program are analyzed. Therefore, the investigation is based on two main hypotheses:

1. There is significant difference between the language acquisition results in the regular program and in the pilot program.
2. The participants' impression about the program is positive considering social aspects, language skills, and motivation.

Gaining the answer to the first question may help us adjudge the success of the program. If the participants have better results in the pilot program than the students in the regular program, it might reveal that the program has served its purpose. If not, it is important to analyze the circumstances that caused the negative outcome of the program. The goal of answering the second question is to investigate the program from the students' perspective: what the students' experience about the program is whether it was a successful initiative or not.

The background of the program

The Faculty of Medicine, University of Szeged has been offering medical studies in English since 1985; in that year the program started with one group of 17 people. This number has increased significantly over the years: in 2019, 906 students studied in 54 groups at the faculty (University of Szeged, 2019).

The students come from various countries all over the world and they study all their subjects in English. The program also includes *Hungarian Language* as a compulsory subject because medical students are supposed to communicate with the patients in Hungarian during their clinical practice from the third year on.

The students have general Hungarian language classes twice a week for two hours in their first and second years, and then they have medical Hungarian classes three hours a week in the third and fourth years. They have written and oral tests in each semester (Semesters 1–8).

The students also visit the clinics (*language field trip*) with their language teacher three times during each semester in the third and fourth

years. During these field trips, they get the chance to practice medical history taking in Hungarian, and these are the first real occasions when they use the Hungarian language in a medical context.

After four years of compulsory medical Hungarian classes, the students also have the opportunity to continue studying *Medical Hungarian* in the form of an elective course in the fifth year. This course is based on simulated doctor–patient conversations in Hungarian. Most of the students, however, do not feel the importance of speaking Hungarian in the first two years of their studies as they live isolated in their own social environment in Szeged. They can communicate with their peers and teachers in English, and they do not encounter with the patients during the first and second years; thus, they usually have low motivation to learn Hungarian in addition to their medical subjects (cf. Csongor et al., 2019).

During the academic year of 2018/2019, the Faculty of Medicine decided to encourage the students' language acquisition with a new concept that is based on the language immersion method. According to this new initiative, the non-Hungarian students are mixed with Hungarian students in the internal medicine practice in their third-year studies. They have already been learning general Hungarian for two years and this partial immersion should encourage them to get more interaction with Hungarian people in a medical context. The program started with thirteen participants as a pilot program in the academic year of 2019/2020.

Participants

Thirteen students were selected for the foreign students' program based on their results in the second year of studying Hungarian at the end of the academic year of 2018/2019. These 13 participants achieved the best results at the end of the second year complex general Hungarian exam, which consisted of both a written and an oral part. These students received a letter from the Dean of the Faculty at the end of the school year, in which the program was explained briefly, and they were invited to participate in this new initiative. Although participation in the pilot program was optional, all of the 13 students accepted the invitation.

They attended the third-year internal medicine seminars together with the Hungarian students in Hungarian. They were offered to get exempted from the internal medicine exam at the end of the term providing that they participated actively in the program.

The third-year English program students, 113 people, were divided in 10 groups and the 13 participants of the program were placed in groups No. 4 and 5. They did not visit the internal practice with their own group as they

joined two Hungarian groups. We are going to focus only on group No. 5 in this study for two reasons. First of all, the written and oral exam results are already available in group No. 5. Secondly, one of the authors was the former Hungarian language teacher of these participants in the first two years, so she already developed rapport with these students; therefore, we had better access to arrange an interview with them.

The five participants came from three different countries: two female students were from Mauritius, two male students from Iran and one female student from Japan. There were four more students (2 male and 2 female ones) in group No. 5, who participated in the research as control students.

Instruments

The research is based on quantitative and qualitative-interpretative methods. The first research question is about the improvement of the participants compared to the control group evaluated with the help of written and oral tests. The second research question is related to the students' impression about the program. An oral interview was conducted in English with the five participants at the end of the semester. They all consented to their participation in the interview in writing and they agreed that these interviews be recorded. The interviews took place one-on-one at our department in December 2019. Open-ended questions were asked about the program and about the participants' experience. The length of the interviews was between 20 and 47 minutes.

Results and discussion

Written and oral test results

The selected students from groups No. 4 and 5 took an entry test in *Medical Hungarian* at the beginning of the semester, on September 9, 2019, and they took the same test as closing test three months later, at the end of the semester, on the December 6, 2019. Table 1 gives an overview of the written test results of the five studied participants and the four control students (see next page).

Table 1. Written test results

	No.1 (8)		No.2 (7)		No.3 (10)		No.4 (15)		No.5 (15)		Total (55)		Differ- ence	Achieve- ment
	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd		
<i>Group 5</i>														
Stud#1	5	6	4	5	8	8.5	6	9.5	4	6	27	35	8	60% →
Stud#2	6	8	4	7	9	10	4	15	11	13	44	55	11	76%
Stud#3	8	6	4	5	8	10	13	12	6	11	39	44	5	
Stud#4	6	6	1	6	7	8.5	1	7	6	7	21	34.5	13.5	+16%
Stud#5	6	7	5	4	7	9	9	10	7	11	34	41	7	
ContS.#1	5	8	2	7	8	6	8	12	5	5	28	38	10	39% →
ContS.#2	4	5	0	4	6	7	1	7	1	5	12	28	16	58%
ContS.#3	6	6	1	1	6	7	4	5	4	4	21	23	2	
ContS.#4	4	5	1	5	9	10	7	10	4	8	25	38	13	+19%

No. 1: basic vocabulary questions about organs, No. 2: use of question words, No. 3: reading exercise, No. 4: doctor's questions based on the given answers, and No. 5: summary of a short English case report in Hungarian. The total scores of the exercises are shown in round brackets under the number of the question.

The written test consisted of 5 tasks. *Task 1* comprised basic vocabulary questions about organs, *Task 2* tested the use of question words, which is essential for a doctor to be able to take a medical history. *Task 3* was a reading exercise, where the students had to answer questions in English about a short Hungarian medical text. In *Task 4*, the students had to formulate the doctor's questions in Hungarian based on the given Hungarian answers. Finally, *Task 5* was the most complex one: a summary of a short English case report had to be written in Hungarian.

In Table 1, the total scores of the exercises are shown in round brackets under the number of the question. It can be seen that the 5 participants achieved better results even on the entry test. The reason is clear: these students were chosen for the pilot program because of their excellent Hungarian knowledge. Three months later, on the closing test, all the students (both study and control ones) achieved higher scores compared to their entry test results; thus, the Medical Hungarian knowledge of all students has improved. The difference between their two test results is very diverse in both groups; some of them reached only 2–5 scores more in the second test, but other students could improve their result by 13–16 scores. The average test result was 60% and 39% on entry for the study group and the control group, respectively. Hence the study group had almost twice as high results as the control one at the beginning of the semester. The averages of the two groups are 76% and 58% for the study group and the control group, respectively, on the closing test; thus, both groups show approximately the same level of improvement. The study group could increase the average by 16%, and the control group, by 19%; therefore, no significant difference can be detected

between the achievements of the two groups. The only major difference can be seen in the scores achieved in *Task 5*. In the case of this very complex task (summary of a Hungarian medical case in English), each student in the study group could increase their result on the closing test, whereas in the control group, two students achieved exactly the same scores on the second time as for the first one, thus not showing any improvement considering the case reporting task.

The students had an oral test as well on the day of the written test. They took a doctor–patient role-play with their Hungarian teacher. The students acted the role of the doctor and the teacher that of the patient. The students had to take the medical history in an internal medical situation. Altogether, the following six skills of the students were assessed: (1) information transfer, (2) the logic of the interview, (3) grammar, (4) vocabulary, (5) expression of empathy, and (6) the use of signposts. The students could reach for each assessed aspect a maximum of 5 scores, that is, altogether the oral performance was assessed on a 30-score scale. The results of both entry and closing oral tests are presented in Table 2.

Table 2. Oral test results

	No.1.		No.2		No.3		No.4		No.5		No.6		Total (30)		Differ- ence	Achieve- ment
	<i>1st</i>	<i>2nd</i>	<i>1st</i>	<i>2nd</i>	<i>1st</i>	<i>2nd</i>	<i>1st</i>	<i>2nd</i>	<i>1st</i>	<i>2nd</i>	<i>1st</i>	<i>2nd</i>	<i>1st</i>	<i>2nd</i>		
Group 5																
Stud#1	1	5	1	5	1	3	1	4	0	2	1	3	5	22	17	
Stud#2	4	5	4	5	2	4	3	4	2	3	3	3	18	24	6	37% →
Stud#3	3	4	2	4	2	5	2	4	1	2	2	3	12	23	11	71%
Stud#4	2	3	3	4	2	3	3	4	0	1	1	1	11	16	5	+34%
Stud#5	2	4	2	4	2	3	2	4	0	3	1	4	9	22	13	
ContS.#1	1	4	2	4	1	3	1	3	0	1	0	1	5	16	11	13% →
ContS.#2	1	3	1	4	0	3	1	4	0	1	0	3	3	18	15	60%
ContS.#3	1	4	1	3	1	3	1	4	0	1	0	1	4	16	12	+47%
ContS.#4	1	5	1	5	0	4	1	4	0	2	1	2	4	22	18	

The five students in the study group achieved better results also on the oral entry test: 37%, whereas the control group achieved only 13%. Nevertheless, the closing oral test results showed differences compared to the written test results. The study group still had better results (71%, 34% improvement), but overall, the control group shows a higher achievement; they could increase their average from 13% to 60%, and therefore, their results are improved by 47% from entry to closing tests, which is 13% higher achievement compared to the study group. If we compare the different aspects/skills separately, it may be revealed that the study group achieved remarkably higher scores in two cases, namely, the expression of empathy and the use of signposts. The control group attained almost similar scores in

the other four skills, but in these two aspects (empathy and signposts), members of the study group still have higher scores at the end of the semester. These two aspects are especially important in a doctor–patient interaction as the doctor’s expression of empathy can help them build a better relationship with the patient, and signposts are important to give the structure of the interview, and they help the patient understand the direction the consultation is going in thereby reducing uncertainty of the patient.

To sum up, the first hypothesis is not proven completely through the investigation. The study group’s outcomes do not show significantly better results than those of the control group. Moreover, the control group got a higher achievement at the closing oral test than the study group. To see the reasons for this outcome, further investigations are needed.

Interview with the participants (study group)

The second hypothesis on the participant’s positive impression about the program was investigated through interviews with them. All the five students were questioned in an interview, which took place in a teacher’s office at the Faculty of Medicine at the end of the semester. The interviews were conducted by their former General Hungarian teacher, which made the interviews a little bit more informal. As she was not involved in the pilot program, students could share their experience with her more openly. The students were anonymised with the same numbers as at their written and oral test results.

Several aspects of the pilot program were covered during the interviews. This research is going to focus on three of them, namely (1) on the students’ communication in Hungarian with other people, i.e., the social benefit of the program, (2) on their improvement in the use of the Hungarian language, i.e., the linguistic benefit, and (3) on their motivation to participate in the program.

The first aspect is the students’ perception about their way of communication with Hungarian people, especially with Hungarian students in the program (cf. Csizér, 2007). Overall, all the five participants had similar impressions. Everyone explained that they felt uncomfortable first in the mixed group with Hungarian students, but then, this feeling had changed (students’ own words):

“One of the good things in the program was that Hungarian students, I remember at the first 4 or 5 sessions, I don’t say that they didn’t like us, but they were like, it was strange for them that we were there, but I remember that at the last session, in the last two weeks, they were very friendly with us, and they helped us understand the teacher.” (student#1);

“At the beginning we, English program students were separated. What I found about the Hungarian students, they are helpful but shy. They don’t hesitate to help us, but we had to ask them. First, we contacted only one person, now he is my friend, but later, we asked the others, too, and then they helped, too.” (student#5).

All of them agreed that one of the greatest advantages of the program was that after spending two years in Hungary, they finally got the chance to get into contact with Hungarian students (Hild et al., 2018), and they were able to make friends as a benefit of the program:

“The program was good because we got the chance to meet Hungarians, what we usually don’t get. Definitely one good thing was to make friends.” (student#2)

“It was a nice experience because I could make some Hungarian friends, and one of my classmates gave a Hungarian paper what summarized internal medicine, she gave it to me. She was really kind.”(student#4)

It is a positive aspect considering the students’ social experience in Szeged, but all in all, it cannot be concluded that this positive fact would strongly affect the students’ Hungarian language acquisition process since they all admitted that they spoke English to them, not in Hungarian:

“I got a close Hungarian friend, but to be honest we speak English with each other.” (student#1)

“We spoke in English, they were also excited to speak English and I couldn’t speak Hungarian well, so we just used English.” (student#4)

“I think their English improved, too. I have one new friend, and she said when I was thanking her for the help, she said no, it was for her good, for improving her English as well.” (student#3)

Even though they only spoke English with their Hungarian friends, these new friendships may have positive increment in the future that they also get in contact with other out-of-class native speakers.

The participants’ communication with the patients failed many times because of the presence of the Hungarian students. It was easier for the participants to let the native speaker students take the medical history in Hungarian, and then, they translated the history into English:

“Actually, during the semester, me and student#5 were together in a group at the internal practice, and we were with a Hungarian student, called András. Every session mostly András was speaking with the patients. It was easier that he speaks. In the first two months, we tried to speak Hungarian with the patients, but gradually we found that it is difficult, and it takes time and finally, just András was speaking and he was translating for us.” (student#1)

“We were observers at the beginning, then we started with small questions, but the main part was done by the Hungarian student.” (student#3)

All the students’ reflected on their use of Hungarian in daily life as well. The program had no effect on it, because they still do not have too many occasions to use the language outside the classroom, and moreover, the material they covered in the classes was medical; therefore, it has no relevance to daily life topics, *“I don’t use Hungarian more, only at the class.”* (student#4); *“No, I don’t use it more, because what we learn here, it is medical”* (student#2). Only one student mentioned that the program had a positive impact on his/her general language knowledge, *“I try to speak more, for example at shopping, maybe they speak English but I try in Hungarian. Earlier somehow maybe I was shy, but now, I speak more in Hungarian”* (student#5).

Another aspect is their self-perception about their improvement in Hungarian. For the question, which skills they think improved due to the program, everyone agreed except for one person that their listening skill improved the most:

“I think my listening in the hospital. I couldn’t understand anything at the first session, but I can say, in the last month, it was good. I can understand maybe 40–50% of that what the teacher said, but still I couldn’t speak.” (student#1)

“My listening improved the most. I got used to listen to Hungarian from native people. Earlier, I had contact in Hungarian only to my Hungarian teacher. My landlord can speak English, too, so this was the first time that I could listen to other Hungarians. I couldn’t understand everything but I used to listen to it. The speaking and grammar were not improved at all.” (student#3).

Besides the listening skill, they mentioned enriching their vocabulary, too, and everyone agreed that their knowledge of grammar deteriorated during the semester, *“The vocab improved for sure because we used more words. We heard them a lot, so we learnt. We heard more words in the Hungarian group than the others in the English group”* (student#2). Only one student had a different opinion about the language skills. Student#5 thinks that the program had higher effect on other skills, *“the speaking and writing improved a lot, but the listening and the grammar not, I forgot a lot of grammar”*.

Overall, it might be concluded that the students’ listening skill improved the most in the program according to their opinion. Then, it might explain why they did not demonstrate higher improvement at the written and oral tests than the control group. Several skills were tested during the semester: grammar, vocabulary, speaking, and reading, but their listening skills were not measured. One student emphasized this potential difference

between them and the control group, *“I can see the difference in the Hungarian classes. I could see the difference between us and the other students in our group; our listening is better.”* (student#1)

As a third aspect, their motivation was investigated, which describes a very solid increase. All the five students could formulate clearly why they participated in the program. It is remarkable that all of them agreed that their major motivation was that the Hungarian language is necessary for their successful medical studies in Hungary, and therefore, it could support their professional development:

“In the future, anyhow, we have to use Hungarian at the clinic; therefore, I think the program is very encouraging.” (student#3)

“I see that it is much better if we know Hungarian, because patients don’t know English or even if they know, it is better to understand them in their own native language, because then they can focus on their problem. We have to know the types of pains and side effects and so on in Hungarian, and not the patients in English. I see, if I want to be a successful student in Hungary, I have to speak more Hungarian. This semester stimulated me to work more on my Hungarian.” (student#5).

It is very reassuring for the future of the program that all of them admitted that they did not regret their participation in the program, and they would continue their participation in the next semester. The program helped them see the importance of the Hungarian language. They talked positively about their participation in the future, even though they all went through negative experience, too. In most cases, these negative impressions are connected to the language or to the lack of language knowledge:

“At the beginning, I was depressed, I didn’t understand, just words. I thought that Hungarian students know more than we, but then later, I saw that they don’t know more, it was just because of the language, later I could answer the professor’s questions, too.” (student#5)

“We were always lost, every time, the class was on Monday, and every week we went home with headache, because of this trying hard to understand what is going on.” (student2#).

Student#5 expressed this negative experience through a metaphor, *“we learnt swimming in the pool in one-meter deep water, and then, they said, ok, you are ready to jump into a river”* (student#5).

Conclusion

To sum up, the present research investigated the outcomes of a pilot program at the Faculty of Medicine at the University of Szeged. The main aim of the

program was to support the students' language acquisition in Hungarian. Thirteen students were selected for the first pilot year, and they were divided into two groups. This research focuses on a group of five students. The students' written and oral exam results were investigated and compared to the four control students' results.

Overall, we could not find highly significant differences between the progress of the pilot and the control groups, either in writing or in oral presentation. The pilot group did not have higher achievement after completing the program. Further investigation is needed to find out the reasons. However, three differences could be identified: students in the pilot program could write more complex case reports at the end of the semester, and they could express empathy towards the patients as well as they were able to use some signposts.

At this point, we have to emphasize that the students' listening skills were not tested, but this skill improved the most in the program according to the students' self-evaluation heard in the interviews. Moreover, as a benefit, they could contact Hungarian native speakers (cf. Fortune – Tedick – Walker, 2008); they could make Hungarian friends, which is an important social aspect of the program, and which could have a beneficial effect on their language acquisition in the future.

The program might be more successful if the Hungarian students were also more informed about the aim of the program. They should be prepared to participate as a member of these kinds of mixed groups, and then they might be more willing to speak Hungarian with the English program students, instead of English. It would also have a positive effect on the doctor–patient situation in the hospital because the Hungarian students were talking mostly according to the interviews. If this attitude changed, it would support the language immersion, too.

The five participants were highly motivated to be part of the pilot program and they want to participate in it in the next semester as well. The pilot program may not have fully achieved its main aim, but the initiative has already had some benefit for the participating students. The students' listening skills have improved, and they could get in contact (interaction) with Hungarian people; therefore, they could get closer to the native speakers and to the Hungarian culture as well.

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