

# A Survey on the Attitudes & Anxiety of the Participants at Morning Report (MR) Sessions Held in English at SBMU Hospitals in Tehran

**Khadem Maboodi AA, PhD<sup>1</sup>; Heydari Y, MD<sup>2</sup>; Hosseini SJ, MD<sup>3</sup>; Hemmatti A, MD<sup>4</sup>; Zojaji H<sup>5</sup>, Rokni R, MD<sup>6</sup>; Salahi Yekta A, MSc<sup>7</sup>**

<sup>1</sup>Faculty member, Department of Biostatistics, Faculty of Paramedical Sciences, SBMU, Tehran, Iran

<sup>2</sup> Faculty member Department of Internal Medicine, Tajrish Hospital, SBMU, Tehran, Iran

<sup>3</sup>Faculty member, Department of Urology, Tajrish Hospital, SBMU, Tehran, Iran

<sup>4</sup>Faculty member, Department of Neurology, Tajrish Hospital, SBMU, Tehran, Iran

<sup>5</sup>Faculty member, Department of Internal Medicine, Taleqani Hospital, SBMU, Tehran, Iran

<sup>6</sup>Resident, Department of Orthopedics, Akhtar Hospital, SBMU, Tehran, Iran

<sup>7</sup>Faculty member, Department of English, Faculty of Paramedical Sciences, Shahid Beheshti University(M.C.)

## Abstract

**Background an purpose:** English as the lingua franca of the third millennium has well opened its way through all aspects of life including medicine. In line with this trend, some hospital wards at Shahid Beheshti Medical University (SBMU) have started to hold their usual morning report(MR) sessions in English. Usually everyday there is an MR session in Farsi, and one day per week it is held in English. Among other factors, participants' attitudes and the stress/or anxiety felt by the participants in these aural/oral sessions may become important and have impacts on patients' future treatment plans decided at the MR sessions. The present study seeks to determine the participants' attitudes and probable anxiety experienced by them.

**Methods:** A total number of 110 participants (61 male, 45 female) attendants at the MR Sessions from three of the SBMU affiliated hospitals in Tehran attended this study. The participants included 13 attending physicians (all SBMU academics), 56 residents (from orthopedics, urology, internal medicine, nephrology, neurology, obstetrics & GYN wards), 24 interns and 12 stager students from the above wards also attended the study. 4 validated questionnaires were filled out by the participants at the MR Sessions along with a form to show their attention to the cases presented and a form on how they had answered the questions. The data collected were analysed by the SPSS16.

Journal of Medicine Education Winter & Spring 2009; 13(1 , 2): 13-28

**Corresponding Author:** Mr Ali Salahi Yekta is a faculty member of Department of English, Faculty of Paramedical Sciences, Shaheed Beheshti University(M.C.)  
Darband St., Tehran, Iran.  
E-Mail: ali\_salahi@yahoo.com  
Tel.: (+98)- 21-2271-5491

### Abstract

**Results:** All participants had filled out the forms except for 4 of them which were discarded due to their inaccuracy. Following correlations, no significant differences were found between male/ female attitude towards holding of the MR Sessions ( $P=0.362$ ). Inter-hospital and inter-ward correlations showed no significant differences ( $p=0.648$  and  $p=0.881$  respectively). There was, however a significant difference between the attending physicians' attitudes and those of the interns ( $p= 0.046$ ). As for the attention paid during the sessions to the cases presented, the results showed a significant difference between the males and females ( $p=0.010$ ). Also, there was a significant difference between the attention paid by the attending physicians and those of the residents, interns and the stager students ( $p=0.002$ ). Another significant difference in this area was found between the interns and the stager students ( $p=0.002$ ).

As for the stress experienced among the participants, no significant differences were found in any areas of the hospitals related to the sex, and academic ranks of the participants.

There was also a fair linear relationship between the onset of stress experienced and the participants' attitude in holding MR Sessions.

**Conclusion:** Based on the obtained results, it became clear that compared to the interns, the attending physicians had higher attitudes towards holding the MR Sessions. The results obtained for the attention paid during the MR Sessions was better among the males than among the females. This should draw the attention of the academic policy makers and curriculum developers towards paying more attention on what courses the students really need while practicing English at the medical universities. Moreover, stress and anxiety, and attitude go hand in hand during these important sessions.

**Keywords:** English; Morning Report Sessions; Classroom Attitude & Anxiety; Medical Education.

### Introduction

The role English plays today as the lingua franca has been variously emphasized in numerous articles (1-4); This is partly because of the powerful socioeconomic status of English (5). This role covers many aspects of all societies, hence, colleges and universities generally benefit from English learning in the form of EFL, or EAP (6). In different countries students are required to undergo English language learning programs from primary school to assist them for future studies (7), while in some countries such as Iran; English language learning is practiced only after primary school. In colleges and universities and especially in medical schools the role of English is called the absolute foundation of appropriate medical care (8). All parts of the English language are practiced in medical schools as well. Studies have also

been conducted to check what the students need to do and how they do it (9). However, speaking is also a major part of the teaching, a skill that is poorly taught at medical and non-medical colleges in Iran. This may be partly because the policy-makers believe that reading and writing are more necessary for the students at college level in Iran. Therefore, when faced with an English-speaking environment, the students may have various feelings, including stress and anxiety, which may hinder them from using in practice what they have learned, this is a fact that has been identified for long (10). Recently, at Shahid Beheshti Medical University (SBMU) in Tehran, some of the hospital ward directors and attending physicians have decided to perform their Morning Report (MR) Sessions in English once a week. The MR is usually held early in the morning before visiting the patients. At the MR, the residents present the in-

patient cases admitted the night before with all the Evidence at hand including the lab results, X-rays, patients' medical history, etc. It seems to be evidence based. MR has been considered to be the intellectual highlight of the day (11), or it might be an integration of the quality improvement issues (12), while for some it is a special time table which is devoted to case presentations and literature review (13). Some researchers consider MR as a vehicle for teaching which is beneficial for residents (14, 15). Newly, the value MR may accept has been reviewed; some regard it as a standard component of residency training where the goal of holding MR is education (16). It is even for some a cornerstone of medical education (17). Whether MR is really fulfilling its goals has been under scrutiny by some (18). However, when there is any kind of change in the MR format, it may result into other changes. There have been numerous researches concerning format change in the MR. Some were not aware which format is most suitable (19), while others have tried to introduce digital library into the MR (20); still others were more interested to find out if didactic formats are better out or not (21). Yet, a format change may bring about signs of dissatisfaction among the participants (22, 23), or whether the residents should act as teachers (24). Introducing a new language of instruction into MR which had for long been a scrambling of French medical terminology and Farsi structural forms, can produce different attitudes among the participants including the attending physicians, residents, interns, and student stagers. On the attitude side, some have tried to investigate MR participants' attitudes (22). It is not only the participants' attitude that may be affected, the psychological conditions for being in a new environment may also cause problems such as stress and anxiety (25), especially when the issue at hand is the oral performance (26), or even the relation between listening for comprehension and anxiety (27); those with a better foreign language

knowledge may feel less stressed and anxious than the others (28). The stressful situation will definitely show itself in the speaking elements of the performance (29). The present study is an attempt to find out the participants' attitude and possible stress and anxiety experienced during an MR Session in the SBMU hospital wards in Tehran which have begun to change the language of instruction in some MR Sessions.

### Methods

**MR Session:** Among the 12 teaching hospitals at SBMU, all with daily-held MR sessions, only a few hold their MR in English. These sessions are held during the early hours of the day (06:30) and they usually last for an hour. The MR in English is held usually one day per week with the presence of the attending physicians, residents, interns, and stager students. As the meeting commences, one of the residents who has admitted his/her patients, presents the problematic cases through a computerized format, one after the other, while the attending physicians, and their possible guests ask questions on the plans for the patient's treatment. The session usually concludes with an treatment plan approved by all the attending academics. The interns and the stager students are usually quiet during the MR and will ask their educational questions after the plan is made. They are not usually asked any questions. In some cases, there might be a need to hold a patient-presence bed-side meeting, depending on the case. The involved residents ask their questions in Farsi in case any misunderstanding occurs after the MR is terminated. The residents are not usually allowed to leave the MR; however, this is not the case for the other participants. The format here in our case is not mostly in a didactic format; it is generally in an interactive format, where everyone can say his/her opinion. The location where MR is held is usually a small conference hall, equipped with a couple

of computers, a video-projector, and a couple of X-ray reading lights. The attending physicians usually occupy the locations farther to the entrance, though in some cases it is difficult to distinguish a young attending physician from the residents. Nothing is served during the MR.

### The Questionnaires:

Following an invitation by the department of orthopedics to manage their MR Sessions in English, it came to our mind that may be the participants are forced to participate in MR Sessions in English and may be they have different attitudes for sitting in such sessions that are not part of the approved curricula. Moreover, it became apparent that some of the participants were not at ease at the MR. Therefore, four questionnaires were developed and were assessed for validity and reliability (practicality, clarity, and relevance) by sending them to attending physicians at SBMU a year before the actual presentation ( $P < 0.005$ ). The first Questionnaire; the one assessing the participants' Attitudes towards holding the MR, consisted of 19 items (Table 1). The second Questionnaire; the questionnaire assessing the participants' feelings of stress they might experience during the MR, consisted of 17 items. In order to assess the categorical formations among the items (the items with similar classification attributes), four classifications were assigned for each of the questionnaires: The questionnaire for the Attitude of the participants for holding the MR included: 1- Weakness in English (including items 4, 13, 14, 15, 17, 18, 19); 2- Negative Attitude (Holding the MR Session & Possible risks on Patients' Treatment Plans) (including items 1, 2, 8, 9, 10, and 11); 3- General Opinion for holding the MR in English (3, 5, 6, 7, 12, and 16); and 4- A positive Attitude towards holding the MR in English (covering all items). The other questionnaire, which covered the concept of experiencing stress

during the MR included four classifications as well: 1- Differences in English language Proficiency (including items 7, and 8); 2- Lack of Motivation & Humane Relationships (9, 10, 11, 12, 12, 14, and 17); 3- Personal Factors (including items 1, and 3); and 4- Factors Related to Location (2, 4, 5, 6, 15, and 16). The participants' demographic information was collected through a separate form. The MR is held in English in only 4 of the SBMU teaching hospitals. Some of the SBMU hospital wards are resistant to holding their MR in English for several reasons including weaker English proficiency on the part of the attending physicians as they had learned medicine basically in French and as French is still playing a dominant role in the medical vocabulary. The wards in these hospitals with English MR include Internal Medicine (Nephrology, Cardiology) Urology, Obstetrics & GYN, Orthopedics, and Neurology. 110 people participate at the MR (13 attending physicians, 56 residents, 24 interns, and 12 stager students). On the day of the MR, the researchers participated, and with the help of the academic physicians (the MR Directors) the project and its goals were fully illustrated to the attendants in Farsi. Oral consents were obtained from all of the participants, who were all happy to be part of the project. As there were 5 forms & questionnaires to be filled out, and for the purposes of anonymity, they were all asked to choose a special code for themselves so they could use them on the top of each of the forms not to be mistaken by the other participants. The forms were then distributed one after the other. After the forms were all collected, the MR would commence, and the residents would present their cases to the audience. To make sure the participants had paid careful attention, by random, one of the cases were selected by the researchers and two other forms were distributed consecutively (Forms 4, and 5). SPSS16 Software was used for data analysis. ANOVA, T-Test were also used. In case no correlation could be made, their equivalent non-parametric tests were used.

## Results

After the data were collected, they were analyzed by SPSS Version 16. The data analysis for the first questionnaire (Table 1) with four classifications showed that for the first classification (holding a positive attitude towards holding the MR in English, 45 (40.9 %) of the attendants had a very positive outlook and supported them. This classification included items 1, 2, 8, 9, 10, and 11. The respondents were emphasizing the holding of MR in English. 55 (50 %) of the attendants were indifferent for holding the MR in English. 10 (9.1 %) of the participants had a generally negative view for holding the MR in English.

The next classification (Negative Attitude towards Holding MR in English) included items 3, 5, 6, 7, 12, and 16. The results revealed that 74 (67.3 %) of the attendants believed that holding MR in English may have negative impacts on the patients' treatment plans. 34 (30.9 %) of the attendants were indifferent for the case.

The third classification under study was related to the weakness in English proficiency as a stumbling block at English MR (items 4, 13, 14, 15, 17, 18, and 19). 86 (78.2 %) of the respondents agreed that this classification may act as a hindrance for holding MR in English. Only one of the attendants did not agree on this classification.

The final classification included all the 19 items (having the general opinion for holding English MR). 61 (55.5 %) of the participants generally support the holding of MR in English, while 49 (44.5 %) were indifferent. There was no one to hold a negative opinion for holding the MR in English. In general, on the attitude side, the Duncan analysis showed that there was a significant difference between the academic staff and the interns (group 1: interns, students, residents,  $P=0.068$  vs group 2: students, residents, faculties,  $p=0.285$ )

The findings showed no significant difference in the attitude between different sexes ( $p=0.362$ ), nei-

ther was there a difference there among the hospital wards or the hospitals ( $p=0.881$ , and  $p=0.881$ , respectively).

As it was noted earlier, there was a second questionnaire (with 17 items) which tried to assess the possible stress experienced by the participants during MR held in English (Table 2). This, in line with the first questionnaire, was also categorized into four classifications including: 1- Differences in English Language Proficiency (items 2, 4, 5, 6, 15, and 16), 2- Lack of Motivation & Humane relationships (items 1, and 3), 3- Personal factors (items 9, 10, 11, 12, 13, 14, and 17), and 4- Factors related to the Location for Holding MR (items 7, and 8). For the first classification, the findings show that 41 (37.3 %) of the attendants agreed that Language proficiency can play an important role in initiating stress among the participants in MR in English, while 54 (49.1 %) were indifferent in this respect, with 15 (13.6 %) disagreeing with it. In the second classification, the data analysis revealed that 29 (26.4 %) of the respondents agreed that it can cause stress in people, while 60 (54.4%) were indifferent, and 21 (19.1 %) disagreed that it can cause stress in people. In the third classification, Most people (84, 76.4 %) were indifferent, while only 8 (7.3 %) agreed with it. In the fourth classification, Factors Related to Location 14 (12.7 %) of the participants agreed that location can play a role in causing stress among people, while 49 (44.5%) of the participants showed indifference, and 47 (42.7%) disagreed that location can have a role in producing stress. For the causes of experiencing stress, the results showed no significant differences between the two sexes ( $p=0.374$ ), neither were there any differences among the hospitals, hospital wards or the academic ranks ( $p=0.866$ ,  $p=0.705$ ,  $0.0374$ , respectively).

In answering to the questions related to the participants' attention to the cases presented, there was a significant difference between males/females. Males had a better performance than fe-

males (Mean Marks 24.74 and 14.29 respectively,  $p=0.010$ ). Based on the Bonferroni the faculties better answered the questions than the interns ( $71.98\pm 10.57$  vs  $64.73\pm 9.25$ ,  $p=0.002$ ) and the resident better answered than the interns ( $70.74\pm 9.41$  vs  $64.73\pm 9.25$ ,  $p=0.002$ ) (table3). Moreover, a significant difference was found between the mean rank of the urology and the cardiology ward ( $30.80$  vs  $15.88$ ,  $p= 0.004$ ).

## Discussion

The Morning Report Sessions play major roles in the hospital wards in that the patients' treatment plans are made through semi-extensive discussions. The presence of the attending physicians, whose experience and expertise help the residents find out where they have gone wrong on their activities, is an invaluable resource for the interns and the student staggers. However, in most studies it is shown that MR is used as a tool to evaluate residents' attitudes, clinical skills, and quality of care (30-34). The change of the language of instruction, with the poor English language teaching conditions at schools may have grave impacts on the residents' evaluation as it may be possible that a resident's performance skills in English are poor compared to the other participants; moreover, it may influence the patients' treatment if the parties in the conversations confuse what has been said. Fortunately, in case of any misunderstanding, the discussions continue in Farsi after the session is terminated. As the results reveal, the strong majority of the participants strongly support the change of the language of instruction as a tool which will benefit them in the future academic lives of the people in clinical treatments. At the SBMU 12 educational hospitals, only a few have decided to undergo such a change. The resistance against the change, though is the subject of another research project, may partly be related to the poor English language proficiency on the part of the academ-

ics. The SBMU office of the Vice-Chancellor in Academic Affairs in collaboration with the SBMU Department of English began English language classes for the academics in 2005. The plan was first welcomed by the majority of the academics, yet it was partly thwarted by some unknown reasons. The new generation of the students who feel in need of English in the new millennium, has made them use the private classes for learning English. Therefore, if the classes for the academic staff go well, there might be very good horizons of better discussions with no feelings of being stressed or anxious at the MR Sessions. However, the indifference that the results show has to be scrutinized to find out why exactly it has been so. The males have responded better than the females in answering the questions related to their listening to a special case which may be partly related to the psycho-social conditions, a subject still quite virgin to study here. If one feels unsecured due to his/her poor English language, regardless of age, sex, or academic rank, he may stay completely silent, as it happened in some of the previously more active participants in our observation.

**Table 1.** Attitudes of the participants at the MR Session for holding MR in English (The Original Version was in Farsi).

	Question	Totally Agree		Agree		Indifferent		Disagree		Totally Disagree		Mean	Standard Deviation	Standard Error	Rank
		N	%	N	%	N	%	N	%	N	%				
15	I believe a good speaking ability in English causes us to be active at the morning report sessions in English. 15	38	36.2	55	52.4	11	10.5	1	1	00	00	80.95	1.64	1.56	1
19	I believe that passing English speaking Courses are necessary for attending the at the morning report sessions in English. 19	50	46.7	37	34.6	13	12.1	4	3.7	3	2.8	79.67	2.42	2.30	2
14	I believe a good listening ability in English causes us to be active at the morning report sessions in English. 14	32	30.2	60	56.6	11	10.4	3	2.8	00	00	78.53	1.74	1.66	3
17	I believe that the number of English courses at university are not sufficient for attending at the morning report sessions in English. 17	43	40.2	42	39.3	17	15.9	4	3.7	1	0.9	78.50	2.18	2.07	4
16	I believe that due to English proficiency weakness, a deep discussion is not conducted on non-prevalent diseases at the morning report sessions in English. 16	46	43.8	36	34.3	14	13.3	6	5.7	3	2.9	77.61	2.50	2.39	5

	Question	Totally Agree		Agree		Indifferent		Disagree		Totally Disagree		Mean	Standard Deviation	Standard Error	Rank
		N	%	N	%	N	%	N	%	N	%				
18	I believe that the English courses at the university are not offered at suitable semesters for attending at the morning report sessions in English. 18	41	38.7	40	37.7	21	19.8	3	2.8	1	0.9	77.59	2.16	2.06	6
12	I believe that at the morning report sessions in English not all questions of the attendants are answered. 12	40	37.7	42	39.6	18	17	5	4.7	1	0.9	77.12	2.22	2.12	7
7	I believe the majority of people at the morning report sessions in English are passive listeners.7	34	31.8	54	50.5	7	6.5	9	8.4	3	2.8	75	2.44	2.32	8
13	I believe there needs to be a coordinator at the morning report sessions in English. 13	29	27.9	46	44.2	24	23.1	5	4.8	00	00	73.79	2.04	1.94	9
5	I believe stress in people causes them not to participate in dialogs at the morning report sessions in English.5	25	23.8	52	49.5	16	15.2	10	9.5	2	1.9	70.95	2.34	2.23	10



	Question	Totally Agree		Agree		Indifferent		Disagree		Totally Disagree		Mean	Standard Deviation	Standard Error	Rank
		N	%	N	%	N	%	N	%	N	%				
4	I believe weakness in English oral communication causes us not to attend the morning report sessions in English. 4	29	27.9	42	40.4	12	11.5	17	16.3	4	3.8	68.02	2.80	2.67	11
9	I believe that the morning report sessions in English are good for people who want to go abroad.9	29	27.4	38	35.8	23	21.7	11	10.4	5	4.7	67.68	2.75	2.62	12
1	I believe attending at the morning report sessions in English is necessary. 1	27	26	39	37.5	14	13.5	16	15.4	8	7.7	64.66	3.02	2.88	13
3	I believe holding the morning report sessions in English causes us to engage in fewer patients. 3	25	23.4	40	37.4	14	13.1	24	22.4	4	3.7	63.55	2.91	2.78	14
2	I believe participating in English discussions at the morning report sessions in English is necessary.2	23	22.1	39	37.5	19	18.3	16	15.4	7	6.7	63.22	2.89	2.75	15

	Question	Totally Agree		Disagree		Indifferent		Disagree		Totally Disagree		Mean	Standard Deviation	Standard Error	Rank
		N	%	N	%	N	%	N	%	N	%				
10	I believe that interest in English motivates us to speak at the morning report sessions in English. 10	10	9.3	45	42.1	27	25.2	22	20.6	3	2.8	58.64	2.46	2.35	16
6	I believe lack of motivation causes us not to speak in at the morning report sessions in English. 6	11	10.4	38	35.8	25	23.6	23	21.7	9	8.5	54.48	2.80	2.678	17
11	I believe motivation in research & science cause us to attend the morning report sessions in English. 11	9	8.4	37	34.6	27	25.2	32	29.9	2	1.9	54.43	2.50	2.39	18
8	I believe the number of the sessions of the morning report sessions in English has to be increased.8	13	12.3	26	24.5	23	21.7	30	28.3	14	13.2	48.58	3.096	2.92	19

**Table 2.** Attitudes of the Participants regarding the onset of stress at MR Session (The Original version was in Farsi).

	Question	Totally Agree		Agree		Indifferent		Disagree		Totally Disagree		Mean	Standard Deviation	Standard Error	Rank
		N	%	N	%	N	%	N	%	N	%				
2	When I do not know the answer to a question at the morning report sessions in English, I feel stressed.	22	20.4	45	41.7	13	12	21	19.4	7	6.5	62.5	2.98	2.84	1
4	When the person asking me a question has a higher level of English proficiency at the morning report sessions in English, I feel stressed.	20	18.9	40	37.7	16	15.1	21	19.8	9	8.5	59.66	3.03	2.89	2
6	I feel I at the morning report sessions in English when I have not studied the text in English.	19	17.8	36	33.6	17	15.9	26	24.3	9	8.4	57	3.08	2.93	3
11	When I feel stressed at the morning report sessions in English, I accept it as I have no other choice.	8	7.5	45	42.5	23	21.7	23	21.7	7	6.6	55.66	2.65	2.52	4
16	Feeling of committing errors in speaking in English at the morning report sessions in English prevents me from participating in discussions.	17	15.9	39	36.4	9	8.4	33	30.8	9	8.4	55.14	3.13	2.98	5

	Question	Totally Agree		Agree		Indifferent		Disagree		Totally Disagree		Mean	Standard Deviation	Standard Error	Rank
		N	%	N	%	N	%	N	%	N	%				
5	The irrelevant questions made as a show-off at the morning report sessions in English provoke stress in me.	20	18.9	27	25.5	22	20.8	28	26.4	9	8.5	54.95	3.09	2.94	6
3	The incorrect relations of the clinical & educational authorities at the morning report sessions in English, provoke stress in me.	10	9.6	39	37.5	23	22.1	25	24	7	6.7	54.8	2.71	2.58	7
12	When I feel stressed at the morning report sessions in English, I do not take it seriously.	9	8.5	33	31.1	20	18.9	38	35.8	6	5.7	52.35	3.32	3.17	8
15	I lose concentration at the morning report sessions in English when I forget a word while talking.	15	14.2	31	29.2	17	16	35	33	8	7.5	52.35	3	2.86	9

	Question	Totally Agree		Agree		Indifferent		Disagree		Totally Disagree		Mean	Standard Deviation	Standard Error	Rank
		N	%	N	%	N	%	N	%	N	%				
1	The presence of too many people at the morning report sessions in English provokes stress in me.	12	11.2	39	36.4	14	13.1	31	29	11	10.3	52.33	3.03	2.89	10
13	As the morning report sessions in English starts, I feel stressed due to the new experience.	9	8.5	32	30.2	22	20.8	35	33	8	7.5	49.76	2.78	2.66	11
10	Presenting several clinical cases the morning report sessions in English provokes stress in me.	8	7.6	25	23.8	25	23.8	38	36.2	9	8.6	46.42	2.71	2.59	12
14	Even if there is no pressure on me, I feel stressed at the morning report sessions in English.	5	4.8	28	26.9	23	22.1	38	36.5	10	9.6	45.19	2.64	2.52	13

	Question	Totally Agree		Agree		Indifferent		Disagree		Totally Disagree		Mean	Standard Deviation	Standard Error	Rank
		N	%	N	%	N	%	N	%	N	%				
7	The audio-visual aid insufficiencies at the morning report sessions in English provoke stress in me.	6	5.6	16	15	35	32.7	36	33.6	14	13.1	41.58	2.62	2.49	14
17	I feel stressed at all moments at the morning report sessions in English	6	5.6	21	19.6	13	12.1	55	51.4	12	11.2	39.25	2.71	2.58	15
9	Indifference & lack of motivation on the part of the attendants at the morning report sessions in English provoke stress in me.	4	3.8	15	14.2	26	24.5	47	44.3	14	13.2	37.73	2.49	2.37	16
8	The unsuitable space (light, location, chair, etc.)at the morning report sessions in English provokes stress in me.	4	3.8	11	10.5	31	29.5	47	44.8	12	11.4	37.61	2.34	2.23	17

**Table 3.** Comparison of the Attitude of MR Participants with Different Ranks

Academic Rank	N	Mean	SD	P=0.046
Attending Physician	13	71.98	10.57	
Resident	56	70.74	9.41	
Intern	24	64.73	9.25	
Student Stager	12	68.45	7.27	

## References

- 1- Proshina ZG. Intermediary translation from English as a lingua franca: *World Englishes* 2005; 24(4): 517-22
- 2- Nielsen PM. English in Argentina: a sociolinguistic profile. *World Englishes* 2003; 22(2),199-209.
- 3- Morse Z, Nakahara S. English Language Education in Japanese Dental Schools. *Europ J Dent Edu* 2001; 5(4): 168-72.
- 4- Schaub M. English in the Arab Republic of Egypt. *World Englishes* 2000; 19(2): 225-38
- 5- Battenburg J. English versus French: Language rivalry in Tunisia. *World Englishes* 1997; 16(2): 281-90
- 6- Thurmer U. EFL and EAP in the New Lander of Germany after 1989. *World Englishes* 1997; 16(1): 87-93.
- 7- Zhaoxiang C. English departments in Chinese universities: purpose and Function. *World Englishes* 2002; 21(2): 257-67
- 8- Hattorne L, Minas H, Singh B. A Case study in globalization of Medical education: assisting overseas-born students at the university of Melbourne. *Med Teach* 2004; 26(2):150
- 9- Salager-Meyer F. Reading medical English abstracts: a genre study of Interaction between structural variables and the Reader's linguistico-conceptual competence(L2): *J Research Read* 1994; 17(2): 120-46
- 10- Heyes K, Feather A, Hall A, Sedgwick P, Wannan G, Wessier-Smith A, Green T, McCro-  
rie P. Anxiety in medical students is preparation for full-time clinical attachments more dependent Upon differences in maturity or on educational Programs for undergraduate and graduate Entry student. *Med Edu* 2004;38:1154-63.
- 11- DeGroot L, Siegler M. The morning-report syndrome and medical search. *N Engl J Med* 1979;301(23):1285-7
- 12- Schiffman FJ. Morning report and work rounds: opportunities for teaching and learning. *Trans Am Clin Climatol Assoc* 1995;107:275- 87
- 13- Bassiri A, Kassen BO, Mancini GBJ. Improving the format of morning report. *Acad Med* 1995;70:342-3
- 14- Pupa, L.; Carpenter, S. Morning Report: a successful format. *Arch Inter Med* 1985; 145:897-9.
- 15- Ullian J, Bland C, Simpson D. Active Learning: An alternative approach to defining the role of the clinical teacher. *Acad Med* 1994; 69(10): 837-8
- 16- Drifmeyer E. Morning Report in Military Family Medicine Residencies. *Militar Med* 2008; 173(8): 765.
- 17- Apker J, Eggly S. Communicating professional identity in medical socialization: Considering the ideological discourse of morning report. *Quali Health Research* 2004;14(3): 411.
- 18- Fassett R G, Bollipo S J. Morning report: an Australian experience. *Med J Austr* 2006;184(4):159.
- 19—Friedman GJ, Barry RC, Carney MJ, Barton LL. An analysis of morning report at a pediatric hospital. *Clin Pediatr* 1997:585-8
- 20-- Banks D E, Shi R, Timm DF, Christopher K A etal. Decreased hospital length of stay associ-

- ated with presentation of cases at morning report with librarian support. *J Med Libr Assoc* 2007; 95 (4): 381-7.
- 21- Houghtalen RP, Olivares T, Greene Y, Booth H, Conwell Y. Resident's morning report in psychiatry training: Description of a model and a survey of resident attitudes. *Acad Psych* 2002; 26(1):8-9
- 22-- Elliott SP, Ellis SC. A Bitter Pill: Attempting Change in a Pediatric Morning Report. *Pediatrics* Feb 2004; 113 (2):243- 5.
- 23- Azam MM, Cyr MG, Tammaro D, Azam U, Poses RM, Moulton AW .
- Are International Medical Graduates as Satisfied as American Graduates with Postgraduate Training in Internal Medicine in the United States. *J. Gen Intern Med.* 2008; 12 (1):86.
- 24- James M T, Mintz M J, McLaughlin K. Evaluation of a multifaceted "resident-as-teacher" educational intervention to improve morning report. *BMC Med Edu* 2006; 6: 20.
- 25- Fimian M J.. Predictors of classroom stress and burnout experienced by gifted and talented students. *Psychology in the Schools.* Volume 25 Issue 4, Pages 392 – 405. Published Online: 14 Feb 2006
- 26- Oya T, Manalo E, Greenwood J. The influence of personality and anxiety on the oral performance of Japanese speakers of English. *Appl Cogn Psych.* 18 (7):841 –55.
- 27- Elkhafaifi, H. Listening Comprehension and Anxiety in the Arabic Language Classroom. *Modern Lang J* 2005; 89(2): 206 – 20.
- 28-- Sparks, R L.; Ganschow, L. Is the Foreign Language Classroom Anxiety Scale Measuring Anxiety or Language Skills? *Foreign Lang Ann* 2007;40 (2): 260-7.
- 29- Yuh-show Cheng, Elaine K. Horwitz & Diane L. Schallert . Language Anxiety: Differentiating Writing and Speaking Components. *Language Learning.* 2002;49(3):417– 46.
- 30- Parrino TA, Villanueva AG. The principles and purposes of morning report. *JAMA.* 1986; 256: 730-3
- 31- Wenger NS, Shpiner RB. An analysis of morning report: implications for medicine education. *Ann Intern Med.* 1993; 119:395-9
- 32- Recht L, Kramer P, Schwartz W. Morning report in computer era: tradition meets technology. *Med Teach.* 1995; 17: 327-31
- 33- Wartman SA. Morning report revisited: a new model reflecting medical practice of the 1990s. *J Gen Intern Med.* 1995; 10:271-2
- 34- Ramratnam B, Kelly G, Mega A, Tilkemeier P, Schiffman FJ. Determinants for case selection at morning report . *J Gen Intern Med.* 1997; 12:263-6