



Lexical Analysis on Writing Interference of Medical Students

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Abstract

One of the impacts that can be observed on language differences during learning English is interference. Indonesian medical students have problem with writing; what they said did not reflect what they meant to. This descriptive analysis study identified the interference on medical students while doing writing activity in the class. Four students were chosen randomly as the subjects to give their written diagnosis. The analysis was done on basis of lexical interference after categorizing formal error on their writing. The result showed that error distributions were omissions, coinage, claque, misselection, borrowing, misordering and overinclusion, where the most prominent was omission. This problem may happen due to first language, language learning process and the English words themselves. The strategy of writing instruction can be started from vocabulary understanding to minimize writing errors.

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INTRODUCTION

Mastery of a language can be measured by the use of the language. Writing is the final stage of language acquisition which is mastered after listening, speaking and reading and assumed as the most difficult skill (Tuan, 2010). In English for Specific Purposes (ESP) learning, writing ability becomes one of indicators of English achievement. Preceding the assumption, Malahayati University of Lampung, through Language Laboratory, trains medical students to be able to communicate in English through written expression. They are obligated to follow English for Medical Purposes (EMP) in two levels after finishing General English

classes (GE) for four semesters.

As elaborated above, writing is students' problem in the university. It is in line with Nia Pujiawati (2018) that technically students lack of knowledge dealing with basic writing skills, e.g. grammar. She has found a variety of language errors in grading the students' works. It is supported by Wigati (in Pujiawati, 2018) that students faced the lack of vocabulary and the lack of capability in operating the English grammar. Razumiejczyk, Girardi, Crivello, Fioramonti, Machbeth, & Marmolejo-Ramos (2017) indicate that written data can cause bigger possibilities for interference than spoken data. During writing the students need to look up their dictionary to find desired vocabulary. However, the limited form of word presented at the dictionary which is used by students can initiate lexical problem by choosing improper word. The students tend to translate word by word which is sometimes not intelligible to English.

However, even though the students at the university has passed some English teaching learning programs for certain periods, the outcome of their writing does not entertain evaluation process. It is also shown by Febriyanti and Sundari (2016), one of serious problems observed on students' writing is lexical error. Students tend to create lexical errors that ruin their writing. They made readers, especially teachers, are difficult to understand their message. In line with this situation, Hemchua and Schmitt (2006) summarize that in written English, lexical errors are the most commonly occurring category. They significantly affect the quality of writing because they may be difficult to understand. Moreover, lexical errors may be less accepted outside classrooms than errors in grammatical.

Written diagnosis requires good and correct diction. A doctor needs to choose proper words in telling sickness condition of patient because in some cases words are very sensitive for patients' stress and emotion (Glendinning and Holmstrom, 2011). Even, utilizing good and proper words belong to ethic codes of health practitioners. Some medical terms or common words in English have multiple meaning that needs careful consideration to use. For example the word *extremity*, can be meant as limb and severity. Students with low lexical understanding ability will choose improper word for the context.

Even though writing trainings have been done at the EMP class, word problems still exist frequently. These errors must be caused by some factors such as language transfer. Thus, the objective of this study is to identify and describe

language transfer that occurred among medical students during giving written diagnosis.

THEORETICAL FRAMEWORK

Lexical in Writing

Regarding the complicated process, generating a good writing is not easy. According to Brown (2000: 335),

writing pedagogy focuses on how to create ideas, to put in order, to employ discourse markers and rhetorical conventions, to modify text for intelligibility, to check over text for grammar appropriateness, and to construct a finishing text. Writing is complex process because the writers must be careful on higher level skills; planning and organizing as well as lower level skills; spelling, punctuation, word choice, and so on. Thus, writing places the final stages of language acquisition because there are many aspects to think.

Lexical error may occur in the process of producing the second language (L2). The errors occur due to the interference that comes from the first language (L1). Since in the process of producing written form language containing more complex considerations, there is also a chance to make many lexical errors in language production. The language error itself can be analyzed by using error taxonomy. James (1998) proposes the surface taxonomy which cover up two kinds of lexical errors; formal and semantic error. The specification of the taxonomy is described as follows:

Table 1: Taxonomy of Formal Error (James 1998) in (Hemchua and Schmitt, 2006) with minor change on examples.

No	Formal Error Types	Sub Types	Examples
1	Misselection	suffix prefix vowel-based consonant-based false friends	<i>competition/competitiveness</i> <i>consumption/resumption/assumption</i> <i>seat /set</i> <i>save/safe</i> <i>serious = stressed</i>
2	Misformations	Borrowing Coinage Calque	<i>I met him at taman</i> <taman (Indonesian) means park <i>I met him at mol</i> <mol is originally mall (English) <i>I met him at house sick</i> <house sick is lexically meant <i>rumah sakit</i> which in English is <i>hospital</i>
3	Distortions	Omission Overinclusion Misselection Misordering Blending	<i>intresting</i> < <i>interesting</i> > <i>dinning room</i> < <i>dining room</i> > <i>delitouse</i> < <i>delicious</i> > <i>littel</i> < <i>little</i> > <i>travell</i> < <i>travel + travelled</i> >

The misselection errors may happen on suffix, prefix, vowel-based,

consonant-based and false friends. Suffix error as on competition vs. competitiveness occurs when a learner was confused with derivational form of *competes* functioned as noun like in the sentence *We must have global competitiveness*. The student chose *competition* instead of *competitiveness* because lack of understanding to distinguish both words. *Competition* refers to the activity or condition of competing against others while *competitiveness* denotes strong desire to be more successful than others. In this case, a student must be careful to choose a word.

The other samples of word choice, misselection, are using improper prefix such as on words *consumption*, *resumption* and *assumption*. Even though those three words have similar bases, the different prefixes can cause different result in meaning. Sound based problem may occur on *seat* and *set* because without realization that adding or missing one vowel a word in English can be different in meaning. The consonant-based problem such as in *save* and *safe* might be written by students because they are close related words yet different in part of speech.

The last sample of misselection is false friend. This error type is caused by the overlap of word meaning after borrowing process. For example word *serious* is used to indicate careful consideration but in the practice word *serious* is meant as *stressed* because serious is related to thinking process and a burden. Therefore, the student use *serious* to represent *stressed* condition while in English they have different meaning.

The second category is misformation which contains of borrowing, coinage and claque. Borrowing happens when a student got a difficulty to express a word in L2, he used L1 word without changing it. For instance, a student who did not know the English word for *park*, he uttered *taman* without modifying the word to sound more English. Coinage is creating a new word from L1 for example a student wrote a *mol* rather than *mall*. The word *mol* does not belong to either English or Indonesian. The last, claque can be found when a student translated the word or phrase from L1 literally from dictionary such as *rumah sakit* which is translated into *house sick* instead of *hospital*.

The distortion error is divided into five types, they are omission, overinclusion, misselection, misordering and blending. One thing that should remind related to distortion error is that, the word produced by the student did not exist in L2 or target language. Therefore, this category will not confuse misselection on the

previous one. For example, *intresting*, *dinning*, *delituse*, *littel*, and *travell* which should be *interesting*, *dining*, *delicious*, *little* and *travel*, consecutively.

The taxonomy eases coding process to identify whether a student made an error or not. In the present study, the above taxonomy was adopted for coding process in order to investigate language transfer i.e. interference.

Interference

English is used as Foreign Language (FL) in Indonesia. However, the process of teaching learning is done massively. Indonesian students are obligated to learn English since elementary to senior high school. When they are accepted as students in Malahayati University, they must take English class for four semesters; in particular Medical students must enroll two additional levels of EMP.

Even though students have passed long time process for learning English, they still tend to create errors during learning activity. It is because when a student of foreign language (L2) learns the new language, he applies existing knowledge gotten from his mother tongue (Corder, 1993). His grammatical, form, structure and phonological production are influenced by his first language (L1). The L1 knowledge that affects L2 process in second language acquisition (SLA) is known as linguistic transfer.

As explained by Krashen (1995) that linguistic transfer may occur due to habit of L1 people especially when they do not have native command of L2. Indonesian language has differences with English in the form of lexical, grammatical, structure, and pronunciation. Particularly in writing, lexical in Indonesian language and English has a wide range of differences. Spelling and intrinsic aspects of words are the samples of differences in both English and Indonesian language.

Schachter (1993) explains that what is called transfer is simply the set of restraints that one's prior knowledge intrudes on the realms from which to select premises about the new records one is present at. It is apparent that transfer is what language a learner has in their mind and then they try to implement their knowledge into the target language.

In linguistics, interference belongs to language transfer. It refers to the transfer of language features from L1 to L2 during production process of L2. The transfer of language feature is caused by the limitation of L1 speaker about native level command of target language. Translating the word into target language is

the most common for instance *Aloe Vera* which is in Indonesian language called 'Lidah Buaya'. The word 'Lidah Buaya' is lexically translated into English becoming 'Crocodile Tongue'. A case like this happens in English learning process in Indonesia because learners do not have sufficient native level command (Corder, 1993).

Language transfer is divided into two types, they are positive and negative. Positive transfer happens when a learner knows his L1 and the knowledge of his L1 can be applicable in L2. Positive transfer can help learners easily understand the target language. For instance, in Indonesian formal language the structure of sentence should consist of subject and predicate. When learning about English, the learners will get similar structure of sentence in English; subject and predicate. Background knowledge of subject and predicate form in Indonesian can ease them apply his knowledge about subject and predicate formation in English.

In contrast, negative transfer refers to knowledge of L1 which complicates learning process of L2 and causes error production. This negative transfer is mostly called interference. The example of interference as mentioned above is *Lidah Buaya* which is translated into *Crocodile Tongue*. Selinker (2009) states that learning difficulties, especially interference, happen when L1 and L2 have significant distance. The more distance between those languages the more chance for interference. Such phenomena occur between Indonesian language and English which features are different widely.

Ard and Homburg (1993) support Selinker (2009) to say that similarities between lexical items of a target language and an L1 which are greater than the similarities between lexical items of the target language and a different L1 *always* lead to significantly different developmentally based response curves (by speakers of the two native languages). Further, Ellis (2015) argues that linguistic interference as the attempt of L1 learners to put forth rules of their mother tongue in the learning process of L2. He believes that forcing L1 rules to L2 learning process tends to create errors. This argument shows that interference is a learner effort to be understandable during using language target despite it causes production flaw.

Furthermore, Berthold et.al. (1991) classify interference into four categories; they are grammatical, lexical, orthographic and phonological interferences. If an L1 influence L2 in terms: determiners and pronoun uses, word order, mood and tenses, the interference belongs to grammatical category. Lexical interference

can be seen as process of borrowing words from L1 and changing them to sound natural in L2. The third category happens when L1 spelling changes L2 spelling. The last one is identified when sound including rhyme and intonation from L1 influence L2 sound.

As addition, the influence of L1 brought into L2 not merely happens only on FL learner, bilingual speakers whose mother tongues are two languages may have this problem too (Matthews, 2007). Assuming bilingual person who lives in two languages still produce errors during production process, it is acceptable for FL learners to create errors during their learning process.

With a more positive attitude, Corder (1993) explains that language interference is part of linguistic development which is influenced by affective factors such as attitude or motivation or, more importantly, existing knowledge of languages, notably the mother tongue. In line with Corder, Schachter (1993) argues that learners process language by formulating and testing hypotheses against target language. It can be said that interference indicates learner's ability to precede target language that involves their own prediction about target language.

Language learning is seen as a cumulative process, Corder (1993) says that "There is a clear relation between speed of acquisition and so-called language distance. The more distant linguistically from the mother tongue the longer a language takes to learn." A learner will find difficulties because significant difference on L2 and L1 features. Probably, it is one of the reasons why students in Indonesia still produce error no matter how long they have studied English. Needless to say, Indonesian language becomes the factor.

In the phenomena of borrowing in language transfer, Tarone (1977) sees it as communication strategy. It indicates that learners want to deliver their message to achieve communication goal but they have limited vocabulary. This situation causes them to borrow to build communication. Corder (1993) adds that what is happening is that the learner is simply retaining his mother tongue syntax and using target language lexicon. Borrowability is a feature of the perception of the relationship between L1 and L2. Obviously, as knowledge of the L2 increases the need to borrow will decrease and the proportion of errors will decrease as well. Raimes (in Hemchua and Schmitt, 2006) suggests that misspellings may result of unskilled L2 writers 'concentration on the attempt of finding the right words and

sentences to articulate their intention instead of correction. Although the falsehoods may not confound readers they do create a bad impression.

In their research, Hemchua and Schmitt (2006) state that background of learners contributes lexical error. As addition, they summarize that language interference can be caused by target words related to their form, meaning and usage or known as intrinsic word difficulty. In this case, the learners' L1 is not interference factor alone, the L2 word itself may bring confusion among the learners. They predict that the intrinsic features of the English words (abstractness, specificity and register restriction, multiplicity of meaning, similarity of lexical forms, sound-script incongruence, inflectional and derivational complexity, long words, and low-frequency words occurring in textbooks) that vetoed the L2 learners from organizing the words properly and resulted in the lexical errors. This condition can become a major difficulty to acquire and to use L2. It is applicable to Indonesian learners who find English words are very difficult to be used.

Sonaiya (1991) points out that learners usually know the expected target words, even when they created the error ones. This is because of overgeneralisation and not successful in distinguishing consciousness. She therefore suggests exercises to differentiate words by teaching the learners in context with meaning structure instead of as particular, lonely words.

In their research, Sarfraz et.al (2016) state grammatical interference may cause creation of new words. They emphasize that exposure of technology and internet becomes a prominent factor. Further in his prediction, converting L1 features may bring appearance of new language. Arnett and Wagers (2017) see interference as a dispensation of linguistic difficulty. It is a way how an L1 learner solve his problem while having L2 dependencies.

To summarize, the second language learning is bound with process as previously explained that it may involve both positive transfer and interference. Lexical errors created by language learners indicated that they processed language in their mind. This process is known as communication strategy which represented how deep their knowledge about L1 and L2. The less knowledge they have about the target language, the more possible for them to create errors.

RESEARCH METHODOLOGY

This is a descriptive study which aimed to elaborate and describe language transfers that occur in writing of medical students. Setting of research is at Language Center of Malahayati University Lampung Province, in second semester of 2016. The place was chosen because it has run EMP program for years. Before entering EMP class, students must complete General English program (GE) for four semesters.

The program was done in two levels: in the first level, students were taught to identify patients' history while in the second level students were taught to deliver diagnosis both in spoken and written. First level was taken by fifth semester students. After completing level 1 of Medical English, they could take Level 2 Medical English. During the learning process, both in level 1 and 2, the students were required to have good competences in four skills: listening, speaking, reading and writing.

The teaching procedures in the two levels were concentrated more on training and practice. The guidance book for teaching learning is English in Medicine (Glendinning and Holmstrom, 2011). The book provides activities and tasks that suitable for communicative practices. As additional material, the language center used Case Files Family Medicine book second edition (Toy, Briscoe, Britton, and Heidelburgh, 2012) published by McGraw Hill Medical. This book focuses on medical diseases and cases that functions as supplementary material. The book can be used as media to enact medical discussion to solve medical problems. Those books are suitable to make better learning process in the class.

The participants of the study were four students chosen purposively from a class consisting of 25 students. They were taken because the errors they made met data saturation since their writings were the longest, compared with the rest. The other twenty one students made little error because they wrote short sentences. As indicated by Corder (1993) that error should be seen on its system that can be identified through the length of written product. The longer the writing the more error consistency could be.

As addition, they were in their sixth semester of undergraduate program. The students' learning level supposed to be beneficial for them. Most of medical terms had been taught by their lecturers before entering Medical English class. In short,

they had quite enough background knowledge to support Medical English class activity. As consequence, they might transfer their knowledge purely in English learning.

Data collection was done after class activity. The students were administered to write a paragraph on a paper consisting of their diagnosis information. Each student was given a medical case that must be solved. They needed to guess the disease and gave explanation about the diagnosis. After that, they handed in the writing task to the lecturer.

In general, the present study adopted research procedures done by Febriyanti and Sundari (2016) starting collection of learner language samples to error evaluation. The students' errors are categorized based on formal error taxonomy from James (in Hemchua and Schmitt, 2006). The classification was done to see what error belongs to which category. After identifying the errors, language transfer or interference could be analyzed. The analysis was based on existing theories. During data processing, a simple estimation was done to find what kind of language transfer that dominated students' work; through percentage calculation.

The data triangulation was based on inter-rater, expert judgment and theories. The three researchers individually coded the students' work. After coding process, they checked the result together. The coding and classification done by the three researchers agreed one another. A linguistic expert, an Indonesian, who has completed his doctoral degree in United Kingdom checked the coding and classification result. The consultation with theories was under the same supervisor from the linguistic expert.

FINDINGS AND DISCUSSIONS

Findings

After data collection and analysis, it was found that the total words produced by four students were 407. Student A wrote 114 words, student B wrote 66 words, student C for 109 words and student D wrote 118 words. The following is a little part of students' composition:

Table 2: Excerpt of Students' Writing on Giving Diagnosis Practice

Students	Writing Samples
A	Age is 62 years. Suffered from foregfullness since two month ago. When patient also often repeat frustration. . . .
B	My name is B. Mr. X 24 years old of coming to the hospital UGD Bintang Amin. Headache complain. . . .
C	Hello my name is C. I want to tell you my diagnosis. After our interview Mr.Putri. . . .
D	Hello Mr. I am D. And now I want to tell you about my diagnosis. After our conversation. Mrs.Regyta complain. . . .

From the above data, it can be seen that students B, C, and D introduced their name, meanwhile student A forgot to introduce her name. In the case of this study, it is not a problem whether they introduce their name or not, unfortunately introducing her own name as a doctor is important. In the work ethic of a doctor, each patient should know identity of the doctor.

Further analysis goes to calculation of errors and categories. The total error is 29 as can be seen on Table 3.

Table 3: Data Distribution

Students	Error	Type of Error	Correction	Total
A	Month Crustation Difficulty speaking Understand Obstained Members move right Detail again	Omission Coinage Calque Omission Misselection Claque Claque	Months - Speaking difficulty understands obtained right extremities further investigation	7
B	UGD Disiness Saction Disease hypertension	Borrowing Misselection Coinage Claque	Emergency Dizziness - Hypertensive disease	4
C	Mr. Putri Complain Pain bone Ridle High decrease Osteporosis Aslo Telopaty Osteocalcium	Misselection Omission Calque Omission Calque Omission Misordering Coinage Borrowing	Mrs. Putri Complains Bone pain Riddle Extremely decreased Osteoporosis Also - Osteo-calcium	9
D	Complain Mrs.Regyta Mrs.Regyta Deisease Aedesagepty	Omission Omission Omission Overinclusion Borrowing	Complains Mrs.Regyta's Mrs.Regyta's Disease Aedesaegypti	9

	Thrombocyte Test Retikolosit Trombosit	Borrowing Omission Borrowing Borrowing	Thrombocyte Tests Reticulocyte Thrombocyte	
Total				29

According to the data collected above, it can be described that there are total 29 lexical errors found in the diagnosis written by medical students. The errors are including 9 omissions, 3 coinages, 6 calques, 3 misselections, 6 borrowings, 1 missordering and 1 overinclusion. From the four samples, the most errors occurred in the diagnosis writings of C and D. Both of them made 9 lexical errors in their writing, while A made 7 errors, and B made 4 errors.

In the case of lexical transfer of this study, there are only seven out of thirteen formal error types, they are borrowing, claque, coinage, misordering, misselection, omission and overinclusion. The most dominant error is omission with nine samples. Borrowing and claque place the second position with 6 errors for each. Misselection and coinage respectively produces three errors. At last, misordering and overinclusion had one error consecutively.

DISCUSSIONS

Borrowing problems occur on three participants, they are B, C and D. One of examples of borrowing is *UGD* produced by B. She said *UGD (Unit Gawat Darurat)*, which is translated into English as *Emergency Room (ER)*, because she has no idea what in English of *UGD*. Moreover, the *UGD* is abbreviation consisting three words *Unit, Gawat* and *Darurat*. Her dictionary was a very basic one which did not provide term like *UGD*. She thought there is no such term in English like word *Durian* in Indonesian language which has similar name on English. Instead of trying to analyze the abbreviation *UGD* she borrowed the word totally. Her background knowledge about some Indonesian words that do not exist in English like *Durian* took her into an error word selection. Her first language interfered her target language which in this case is in line with what Ellis (2015) states about attempt of L2 learners forcing their L1 to target language.

Student A created claque error. She wrote *members move right* instead of *right extremities*. She did not know how to express the term right extremities in English even though the word has conaguate. Both English and Indonesian Medical term use almost similar words for the term. In Medical English it is *Extremity* while in Medical Indonesian it is called as *Ekstrimitas*. The difficulty occurs because

she used a General Indonesian-English dictionary which does not provide word *ekstrimitas* on the source list. This finding shows that Selinker's (2009) assumption about distance of two languages particularly on positive transfer did not happen on the case of *extremity* and *ekstrimitas* although both words are almost close related graph.

One of example of coinage errors is *crustation*. This word cannot be found both in English and Indonesian. She made the word to express repeated sickness symptoms. She made it by combining medical term she got from Indonesian language and suffix from English *-tion*. She did it to sound more English but it did not work because there is no meaning can be grasped from the word *crustation*. As Sarfraz et al (2016) says that it is because of grammatical interference that can cause creation of new word. Student A has improper understanding about word derivation and she overgeneralizes it in target language.

The students's misordering error can be said as *typo* error. This is like what Hemchua and Schmitt (2006) say that intrinsic aspect of a word in English sometimes causes error. Student C intended to write *also* but she wrote *aslo*. This is because spelling in English is sometimes confusing for Indonesian learner. The spelling and pronunciation which is mostly different cause difficulty to memorize spelling of a word. Raimes (1977) emphasizes that low ability in editing contributes misspelling too. It implies the student has low ability to detect miswriting in her own work.

Mr. Putri written by Student C is considered as misselection error. It is because name *Putri* is feminine in Indonesian language and is given to female only. Student C was confused about division of gender based on name in English, especially addressors *Mr* and *Mrs*. In Indonesian language it is signed by *Bapak* and *Ibu*. If she meant *Bapak* she should have written *Mr*. If she means *Ibu* she must have written *Mrs*. However, Student C created *Mr. Putri* which indicated the level of her language acquisition get confused with the division. Arnett and Wagers (2017) say this phenomenon as linguistic difficulty and lack of native command on target language (Krashen, 1995).

To show singular and plural nouns in English uses ending *-s* or *-es* embedding the noun. In contrast, Indonesian language express singular and plural by using different way; repetition of word, quantifier and determiner. Student A wanted to express *two months* which is translated in Indonesian as *dua bulan*. *Two months*

show plural time periods but in Indonesian language expressing *two month* is acceptable because it is counted as plural due to number *two (2)* preceding. The omission *-s* or *-es* on English writing is the result of first language influence. Indonesian language structure is directly applied on target language (Schachter, 1993 and Ellis, 2015).

Overinclusion error is shown by Student D. She wrote *deisease* instead of *disease* (*penyakit* in Indonesian language). It is because intrinsic aspect of English word, especially for word spelling. The word *disease* is actually read as *disis* in Indonesian. However, she got confused with the spelling of English. She tried to guess the spelling but it resulted in error. The intrinsic aspect of English confuses the learner to produce correct form (Hemchua and Schmitt, 2006) in which Indonesian and English have significant distance (Selinker, 2009).

Based on the samples above, it is known that interferences happened on the students are strongly affected by their mother tongue (Demirezen, 2009). Indonesian medical students in the university were mainly Indonesian speaking. The system which applies in Indonesian are different from English. The second reason is that the lack of similarities between the two languages as argued by Ard and Homburg (1993). English system such as pronoun which is different from Indonesian's can become problem because it is uncommon for learners. Moreover, in reporting diagnosis, medical students utilize many pronouns. The more frequent the difference used by them the easier to create errors.

To emphasize, Hemchua and Schmitt (2006) reveal that background knowledge of L1 interferes process of acquiring L2. The position of English as foreign language in Indonesian context caused the possibility to use it was rare. The medical students despite they have studied English since elementary level, they rarely communicate in English. Their communication is mostly done in Indonesian. They are master with Indonesian language. The grammatical aspects (Sarfriz et al, 2016) which became prominent errors strengthen understanding that L1 interference exist on Indonesian medical learners.

As addition, learning process as one of factors in lexical errors (Corder, 1993) may reflect the development of English acquisition among medical students. Even though they had learned English for years, they tend to create errors when applying their English in medical context. Insufficient English background combined with medical terms also contributes errors. The development process of

shaping their English through EMP program may cause coinages that occur unpredictably. However, it is the way how they concur communication which is known as communication strategy (Tarone, 1977) though it is a problem in writing process.

CONCLUSION AND SUGGESTION

Indonesian Language (L1) has very wide difference with English (L2). As indicated in the previous part that those differences create opportunity to make errors among Indonesian learners. Even though the study was conducted in EMP class where the students should have passed several preparation classes before entering EMP, the students tend to create errors because English is not the main communication mean. English is learned, not used, that causes English is only subject not a daily communication means. Therefore, students are easy to forget lexical aspects of English both in spoken and written. There is no wonder when they practiced their English, especially writing, they produced lexical errors.

Here are some teaching strategies that can be applied at the writing class of English for Medicine. First, training them how to use dictionary especially monolingual medical dictionary will help them to find appropriate words they need. Second, some portion of word derivation practice is helpful for students to work better on choosing diction during writing process. Third, using correctors which is available online and offline like *Grammarly* and *Microsoft Word*, is a powerful way to gain awareness of correct writing, particularly spelling. Fourth, drilling by using small card as media may attract students' motivation to memorize vocabularies. The last, giving feedback can be effective way to make students reflect their work.

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