1. Direct instruction – the nemesis of modern teaching?

Hattie states that many students (and teachers alike) are "indoctrinated with the mantra: 'constructivism good, direct instruction bad'" (Hattie 2009: 204). However, the results of the meta-analysis show that direct instruction has an effect size of d = 0.58, i.e. a considerable effect on students' success. This effect can be reached, as it seems, if direct instruction is carried out "correctly". What does that mean? Hattie (2009: 204) stresses that direct instruction is not to be confused with "teacher-led talking from the front" and names seven major steps that direct instruction should take.

Hereafter we will follow these steps and propose an idea of how to apply them to an English lesson (topic: physical features of the human body/a doctor's appointment).

Seven Steps of Direct Instruction	Learning Intention	Success Criteria	Build Commitment and Engagement	Input, Modeling, Checking for Under- standing	Guided Practice	Closure Part	Independent Practice
Teacher's/ Students' Activity	Students are able to inform a doctor about their health/physical condition.	 addressing the doctor/ the patient naming parts of the human body describing pain/ health problems giving/ understanding medical instructions 	TEACHER: "It's your birthday today and you are planning to give a party tonight. You woke up in the morning not feeling well. Of course you don't want to cancel the party tonight, so you made an appointment with the doctor. At the doctor's office, you have to describe what is wrong with you. Are you in pain? Where does it hurt? etc"	 introducing new vocabulary using a picture introducing speech patterns, e.g. "My stomach hurts. I have a stomach ache." Check students' knowledge by giving correct and false information/ statements – students agree or disagree and correct. 	TEACHER walks around the classroom and provides individual help, students practice a role play in pairs or write a dialogue	TEACHER points out difficulties and clarifies key points → ties different aspects together, e.g.: TEACHER: "Listening to your dialogues, I realized that it is quite difficult to address the doctor in an appropriate way. How do you greet the doctor? […]"	transferring to a different context: • a friend's phone call; • at the pharmacy

	NOTE:	 modeling a 		
	for advanced	dialogue at		
	learners, this	the doctor's		
	introductory	(role play:		
	story can be	teacher and		
	used to train	one student;		
	listening	– use		
	comprehen-	"dialogue		
	sion;	cards")		
	for beginners,	,		
	the storytelling	CHECKING		
	could be	FOR UNDER-		
	accompanied	STANDING:		
	by pictures	right-wrong		
	(photo-story)	statements		
	or mime and	(see above),		
	spontaneous	answering		
	acting	questions:		
		- Why are you		
		at the doctor's?		
		-What informa-		
		tion does the		
		doctor need in		
		order to help		
		you?		
		[]		