Kawasaki Journal of Medical Welfare Vol. 31, No. 2, 2026 115–123

Educational and Practical Research

Evaluating a Learner-led English Presentation Course: Insights from Student Feedback and Implications for Inclusive Language Learning

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(Accepted December 13, 2025)

Key words: group presentations, inclusion, creativity, learner-led, language learning

Abstract

This paper evaluates a learner-led English presentation course at Kawasaki University of Medical Welfare, designed to enhance oral communication skills, foster creativity, and promote inclusivity for students with diverse needs. Drawing on responses from 101 students across six classes and building on reflections from Hayashibara (2023), the study examines the course's capacity to cultivate collaboration, engagement, and practical language acquisition through group presentations. Additionally, it analyzes the development of professional competencies - leadership, interdepartmental collaboration, task delegation, planning, time management, and evaluation - critical for healthcare settings, where professionals must lead teams, coordinate across departments, distribute tasks equitably, plan within constraints, adhere to schedules, and assess outcomes. The findings highlight strengths in these areas alongside challenges such as uneven participation, time management issues, and the need for enhanced structural support. Drawing on student feedback and informed by Universal Design of Learning (UDL) principles and research on learning difficulties, this study illustrates how flexible roles, multimodal tools, and a low-pressure environment can support diverse learners. Student feedback pointed to specific improvements such as the use of subtitles, clearer audio cues, and more structured guidance, which could enhance accessibility. The evaluation reflects on these perspectives with reference to pedagogical theory, offering insights into how equitable and professionally relevant language instruction can be strengthened, while also indicating areas for future refinement.

1. Introduction

The design of language courses at universities is subject to continuous change, as both didactic concepts and students' needs evolve. Particularly in the context of inclusive and learner-centered teaching methods, student perspectives are gaining increasing importance. While traditional teaching approaches often emphasize frontal instruction, research indicates that group-based and interactive learning formats can have positive effects on language competence, self-confidence, and social integration[1-9]. These insights provided an essential conceptual basis for designing the present course in alignment with Universal Design for

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Learning (UDL)[†1], a framework that promotes flexible learning pathways and aims to reduce barriers for students with diverse linguistic and cognitive profiles. UDL's emphasis on multiple means of engagement and representation is particularly relevant in foreign-language classrooms that include learners with difficulties such as dyslexia. Hayashibara[10] examined a learner-centered presentation course that allowed students to take an active role in the classroom through group presentations. The results suggested that many students felt motivated by this method, but also faced challenges in collaboration and language confidence. Building on these findings, the present study now specifically analyzes students' perspectives on group work in language learning.

2. Course outline

The course "Learner-led and Inclusive Approaches to Language Learning Through Group Presentations.", detailed in Hayashibara[10], comprises 15 weekly 90-minute sessions, utilizing Vital Signs[7], a healthcare-focused textbook selected for its clarity and relevance to students in nursing, medical technology, and allied health fields - an intentional choice to balance accessibility with professional utility, consistent with UDL's emphasis on multiple means of representation[9]. It is structured in three phases: an introductory phase (Lessons 1-3) involving modeled presentation techniques using PowerPoint, videos, and games; a preparation phase (Lessons 4-8) where students collaboratively design lessons; and a presentation phase (Lessons 9-14) where groups deliver 60-minute lessons, assessed by peers and the instructor. A final reflective session (Lesson 15) concludes the course.

Students take the lead, selecting a Vital Signs unit and creating lesson materials based on it - PowerPoint slides, videos, posters, games - that are used to explain the content to their classmates. These materials are supported by translation tools (e.g., DeepL, ChatGPT), Microsoft Teams for collaboration, and text-to-speech software (e.g., Ondoku3), which align with Kormos's[4] recommendations for reducing cognitive load, particularly for learners with difficulties like dyslexia.

Based on teacher observations from previous iterations, explanations of the curriculum in the first sessions can be supported with a few selected examples from past presentations, rather than full presentations, to make key ideas clearer. Additional tools, such as subtitles for videos or interactive learning games like Kahoot, may further improve student understanding and participation.

Groups of four to five students, intentionally mixing disciplines, foster interdepartmental collaboration, reflecting Vygotsky's Zone of proximal development (ZPD)[14] where peer interaction facilitates learning. In this course, there are no traditional written tests, such as exams or quizzes graded solely on correct answers. Instead, students receive a base participation score of 70 to 75 points, which can be supplemented with additional points for effort, thereby reducing performance anxiety, on a 100-point scale, average scores typically range between 85 and 95.

Inclusivity is central, allowing students to select roles that match their strengths, such as creating visuals or writing scripts. Microsoft Teams helps maintain group work when someone is absent. Beyond language proficiency, the course also develops essential professional skills - including leadership, task allocation, planning, time management, and evaluation - to prepare students for healthcare roles that involve team leadership, coordination across units, and assessing outcomes. The course design has been steadily refined and improved over time.

3. Method of evaluation

The evaluation draws on responses from a survey completed by 101 students across six classes—two classes each on Monday, Wednesday, and Friday - at Kawasaki University of Medical Welfare and Kawasaki College of Allied Health Professions. Participants, primarily first- and second-year healthcare students, varied in English proficiency but had limited experience with learner-led approaches. The survey included open-ended questions and a 5-star inclusivity rating.

Table 1 Survey questions from students' feedback

Survey questions:	
A)	What did you like about the course? (about 100 words)
B)	How helpful was the peer feedback for improving your presentation?
C)	How well did the course accommodate students with learning difficulties? (Rating up to 5 stars)
D)	Do you have any ideas to make the course more inclusive?
E)	Do you have any ideas to make the course better for students with learning difficulties?
F)	How did you find the interaction within your group?
G)	Do you have any suggestions for improving the group work aspect?
H)	What aspects of the course were most helpful for your personal learning journey?
I)	What aspects of the presentations could be improved? Do you have any new ideas for making the course more fun and interesting for everybody?

This study employs a qualitative-empirical approach to explore students' perceptions and experiences regarding the learner-led group work format. This approach is suitable for capturing subjective perspectives and gaining in-depth insights into individual learning processes[6]. Since the investigation focuses on students' experiences, qualitative content analysis according to Mayring[6] was chosen. This method allows systematic categorization of recurring statements in open-ended responses, providing a structured overview of the data. The analysis focused on key thematic areas such as collaboration, inclusivity, and professional competence development, reflecting the course's objectives: fostering engagement, accessibility (UDL)[9], and preparation for professional practice, beyond the primary goal of language acquisition.

3.1 Data collection

Data were collected at the end of the course, between January 29 and February 4, 2025, via online questionnaires using Microsoft Forms. All questions were provided bilingually (English and Japanese), and participants could respond in either language; more than 90% chose Japanese. The open-ended questions focused on:

- Group dynamics and collaboration
- Linguistic challenges and progress
- Impact on self-confidence and speaking competence
- Inclusion of students with learning difficulties
- Suggestions for course improvement

The digital format facilitated anonymity, encouraged candid responses, and avoided practical issues such as illegible handwriting. This approach captured authentic reflections from healthcare students about their learning experiences.

The data were evaluated using a deductive-inductive coding approach. Deductive categories derived from language learning research and UDL principles, while inductive categories emerged from patterns identified during analysis.

3.2 Data analysis

Data were analyzed using a **mixed qualitative-quantitative approach** to capture both detailed student experiences and numerical indicators of inclusivity. Open-ended responses were coded thematically, focusing on collaboration, inclusivity, and professional skills development. MAXQDA software supported systematic coding, frequency counts, and thematic pattern identification[5,6].

This evaluation, conducted at the end of the semester, captured reflections from healthcare students transitioning to self-directed learning, allowing assessment of both linguistic progress and competency-

related development. This approach allowed the study to systematically evaluate the course's alignment with UDL principles and its effectiveness in fostering inclusive, learner-led, and competency-relevant experiences.

3.2.1 Quantitative analysis

Quantitative analysis focused on the 5-star inclusivity ratings[8,13]. These ratings were summarized to provide an overview of students' perceptions of inclusivity in the course. This quantitative evaluation complements the qualitative analysis by providing numerical indicators of how well the course supported inclusive, learner-led learning.

3.2.2 Qualitative content analysis

Qualitative content analysis followed Mayring's[6] and Kuckartz's[5] framework, enabling structured, rule-guided evaluation of open-ended responses. The process involved:

- Paraphrasing the responses to highlight core content.
- Inductive category formation based on recurring themes in the responses.
- Subcategorization and summarization to identify central statements.
- Interpretation and reference to the research questions to clearly present the student perspective.

This systematic approach allowed the identification of key themes and potential areas for course improvement while preserving student voices. For questions with more specific responses (B, C, D, E, F), categorization was straightforward, whereas more open-ended questions (A, G, H, I) required multiple categories to capture nuanced insights.

4. Results and discussion

To provide a clear overview of student perceptions and quantitative indicators, Table 2 summarizes the main domains identified in the evaluation. Percentages reflect the proportion of students reporting positive experiences, while qualitative examples illustrate representative student statements. These data highlight the course's strengths in promoting collaboration, creativity, and inclusivity, while also indicating structural challenges such as uneven participation. Together, quantitative and qualitative insights provide a comprehensive view of student engagement, supporting the interpretation of outcomes in line with UDL principles and learner-centered pedagogy.

In addition to the general strengths and challenges presented in Table 2, the same qualitative and quantitative analytical procedures were applied to two further areas: students' perception of inclusion (refer to 4.2) and the development of profession-related competencies (refer to 4.3). This ensures that the entire presentation of results is based on a consistent analytical approach that incorporates both thematic frequencies and representative statements.

Before presenting the data in Section 4.1, the abbreviations used in the tables are clarified as follows: "ID" refers to the participant identification number, while "Mo," "We," and "Fr" indicate the days of the week (Monday, Wednesday, Friday).

4.1 General strengths and challenges

4.1.1 Collaboration: Affirmed by 92% of students, collaboration was a cornerstone of learning. Students emphasized the benefits of working together: *"It was enjoyable to work on presentations together as a group"* (ID 25, We), *"Through group work, we conducted the class ourselves. By thinking about how to teach, I came to understand what is important when teaching"* (ID 2, We), and *"Because we created it in cooperation as a group, we could exchange many ideas, which was good"* (ID 20, We). These reflections align closely with Vygotsky's[14] sociocultural theory, which posits that learning occurs through social interaction and collaboration. Through peer discussion, scaffolding, and co-construction of knowledge, students were able to extend their understanding beyond what they could achieve individually, demonstrating the principles of the Zone of Proximal Development in action.

Observations regarding group assignments relate closely to findings on collaboration and interdepartmental interaction in Section 4.1. Currently, the group assignment process focuses on mixing students from different

Table 2 Key domains, quantitative measures, and example quotes from student feedback

Domain	Quantitative measure	Calculation / Basis	Example quote
Collaboration	92 %	Percentage of students reporting positive experiences with group collaboration: 93/101 ≈ 92 %	"It was enjoyable to work on presentations together as a group" (ID 25, We)
Creativity	78 %	Percentage of students reporting enhanced creativity through lesson planning and games: 79/101 ≈ 78 %	"By creating games… the words naturally stuck in my head" (ID 15, Fr)
Peer feedback	88 %	Percentage of students valuing peer feedback as beneficial: 89/101 ≈ 88 %	"They pointed out things I hadn't noticed myself" (ID 17, Mo)
Language gains	Not quantified	Qualitative analysis of statements regarding exposure to and practice of English	"By presenting in English, I had much more exposure to English" (ID 4, We)
Deeper understanding	Not quantified	Qualitative coding of responses indicating enhanced comprehension through self-directed lesson planning	"Because we made the lessons ourselves, we could fully understand that unit" (ID 24, Fr)
Uneven participation	22 %	Percentage of students reporting issues with absences or tardiness: 22/101 ≈ 22 %	"Every time someone was absent, the burden fell on the remaining members" (ID 13, We)
Inclusivity	4.37 / 5	Average rating on a 5-point scale (sum of all ratings / 101 ≈ 4.37)	"Because roles could be divided within the group, even students with learning difficulties could work on what they were able to do" (ID 17, Mo)

departments. However, using student ID numbers to mix departments sometimes creates groups that lack gender diversity, which is also important. Some students prefer working with friends, but this often leads to very similar groups, such as all-male sports science students or all-female nursing students with the same interests. From my observations, these groups tend to be less focused and noisier than groups of students who don't know each other at first. A major advantage of mixing unfamiliar students is that they can build new friendships. When students stay with their friends from the start, they miss this valuable chance, which is especially important in their first year at university. This approach also helps students from different fields learn to work together, which is a key benefit for their studies and future careers.

4.1.2 Creativity: Lauded by 78% of students, creativity supported engagement and self-directed learning: Comments such as *"By planning a lecture from scratch ourselves, we could engage proactively"* (ID 6, We), and *"By creating games… the words naturally stuck in my head"* (ID 9, We), reflected UDL's engagement[9] and helped students internalize content in a meaningful way.

4.1.3 Peer feedback: Rated highly by 88% of students and proved particularly valuable: *"My perspective broadened"* (ID 7, We), *"They pointed out things I hadn't noticed myself"* (ID 17, Mo), and *"The feedback gave me ideas I could use when making slides in the future"* (ID 25, We). This suggests that structured peer feedback can support students step by step in improving their presentations, similar to the concept of scaffolding described in language learning research[4].

4.1.4 Language gains: Improvement in speaking skills emerged: "By presenting in English, I had much more exposure to English" (ID 4, We), *"Speaking in English made me very nervous, but it was a very good experience"* (ID 1, We), and *"I*

learned how to express myself in English" (ID 20, We), meeting core objectives.

4.1.5 Deeper understanding: Overall comprehension was enhanced through collaborative lesson planning by the students: "Because we made the lessons ourselves, we could fully understand that unit" (ID 24, Fr), showing that self-directed lesson design enhanced comprehension.

4.1.6 Uneven participation: Challenges included uneven participation (22%): *"Every time someone was absent, the burden fell on the remaining members"* (ID 13, We) and *"There were many frequent absences and late arrivals"* (ID 10, We).

4.1.7 Structural critiques: "It would have been easier to start if an example of how to present was shown first" (ID 4, We), *"I would have liked a bit more preparation time"* (ID 11, Fr), and *"It would have been better if role distribution had been clearer"* (ID 27, We) - suggest scaffolding needs[4].

4.2 Inclusion of students with learning difficulties and other special needs

4.2.1 Inclusivity: Was rated 4.37/5 by the students and is evidenced by: *"Because roles could be divided within the group, even students with learning difficulties could work on what they were able to do"* (ID 17, Mo), aligned with Kormos[4] for cognitive relief among learners like those with dyslexia studied in prior research, and *"By making sure that each group decided on role division at the beginning, it was possible to assign tasks in advance even for students with disabilities"* (ID 11, We), reflecting UDL's action-expression[9].

4.2.2 Multimodal tools: "Not only did we summarize the lesson slides, but we also wrote presentation scripts in English, so there was a lot of English exposure" (ID 4, We), *"By creating slides and through games, I was able to learn English."* (ID 15, Fr) - support UDL's representation.

4.2.3 The test-free approach: "I didn't have to worry much about whether I was good or bad at English, so I could participate with a relaxed feeling" (ID 10, We) - reduces barriers[4,9].

4.2.4 Recommendations: "Prepare materials with subtitles for students with disabilities" (ID 15, Mo), *"Speak with clear pronunciation so that even people who are impaired can understand easily, and provide translations for people who are hearing impaired."* (ID 37, Mo), and *"It was difficult to communicate with people who are not good at speaking up actively"* (ID 7, We), indicating areas for enhancement.

4.3 Job-relevant skills for the healthcare sector

Beyond its linguistic and inclusive objectives, the course fosters a suite of professional skills indispensable for healthcare environments - leadership, interdepartmental collaboration, task delegation, planning, time management, and evaluation - skills that prepare students to lead healthcare teams, collaborate across hospital departments, distribute tasks equitably, plan within tight schedules, adhere to timeframes, and assess outcomes effectively. The 2025 feedback provides a wealth of evidence, illustrating how these competencies emerge within the group presentation framework and their direct relevance to the demands of hospital and healthcare settings.

4.3.1 Leadership: The course's learner-led structure required students to assume leadership roles within their groups, a competency critical for directing healthcare teams in high-stakes environments. *"We planned a 60-minute lesson with listening and games through group discussion"* (ID 20, We) indicates that at least one student likely took the lead in orchestrating the planning and execution process, a role akin to a charge nurse coordinating a shift. *"I ended up directing initially, but we all worked hard together until the day before"* (ID 10, We) explicitly highlights a student stepping into a leadership position, adapting to group dynamics and ensuring completion - a direct parallel to leading a nursing team or managing a ward under time pressure. *"Dividing tasks and brainstorming games was challenging but fun"* (ID 12, We) implies leadership in navigating complexity - skills Vygotsky[14] associates with a peer-mediated learning fostering initiative, and Johnson & Johnson[12] link to effective group coordination. In healthcare, where leadership ensures patient care continuity and team efficiency, these experiences provide a practical foundation.

4.3.2 Interdepartmental collaboration: By intentionally composing groups from diverse disciplines - nursing, medical technology, secretarial arts - the course mirrors the interprofessional collaboration required in hospitals, where nurses, technicians, and administrators must work seamlessly. *"Group work improved communication and cross-disciplinary interaction"* (ID 4, We) underscores enhanced coordination across fields,

a precursor to nurses liaising with lab technicians or administrative staff. *"Interacting and collaborating with other disciplines was great"* (ID 3, We) and *"Interacting across disciplines expanded my community"* (ID 6, We) highlight the bridging of departmental divides, while *"Sharing opinions with other disciplines will aid future interprofessional work"* (ID 8, We) explicitly connects this to healthcare - a context where effective teamwork directly impacts patient outcomes[4]. *"It was practice for multi-disciplinary collaboration in healthcare"* (ID 6, We) further reinforce this alignment. This cross-disciplinary experience prepares students for the collaborative ethos of healthcare delivery.

4.3.3 Task delegation: The group structure necessitated equitable workload distribution, a daily requirement in healthcare settings where tasks must be assigned based on team capacity. *"We managed clear role-sharing"* (ID 25, We) indicates a deliberate division of responsibilities, akin to a healthcare supervisor assigning duties to staff. *"Role-sharing lets even those with difficulties contribute"* (ID 17, Mo) suggests an inclusive approach to delegation, ensuring all members participate - paralleling a ward manager accommodating diverse staff strengths. *"Task division taught role importance and trust"* (ID 5, We) and *"Dividing tasks and brainstorming games was challenging but fun"* (ID 12, We) reveal the complexity and learning value of delegation, while *"Each having and sharing a role would help"* (ID 19, Mo) emphasizes its necessity for group success - skills Kormos[4] associates with reducing individual cognitive load, directly applicable to hospital task management where equitable distribution enhances efficiency and patient care.

4.3.4 Planning skills: Strategic planning within a constrained timeframe emerged as a key competency, mirroring healthcare's need to organize patient care or procedures under tight schedules. *"We planned lessons proactively"* (ID 6, We) and *"Planning methods clarified teaching essentials"* (ID 2, We) demonstrate foresight in lesson design, reflecting anticipation, adjustment, and prioritization similar to scheduling patient rounds or procedures. *"Creating lessons from scratch"* (ID 17, Fr) further underscores students' proactive planning capacity, preparing them for the structured yet flexible demands of healthcare workflows.

These reflections highlight that planning in a collaborative context—considering content, methods, and sequence—is a foundational skill, enabling students to organize tasks, anticipate challenges, and coordinate with peers effectively. Such competencies are critical not only for lesson preparation but also for professional contexts where forethought and adaptability determine outcomes.

4.3.5 Time management: Adhering to the 60-minute presentation timeframe honed students' ability to work within deadlines, a critical skill in healthcare's time-sensitive environment. *"The point that we were able to design a 60-minute lesson from scratch as a group, create listening activities and games, and carry it out while discussing with group members."* (ID 20, We) indicates efficient execution within a set period, akin to completing patient assessments or procedures within a shift. Similarly, *"The point that we were able to complete one presentation by cooperating with our group members."* (ID 20, We) demonstrates the ability to finish tasks on time through coordinated effort.

"By dividing the tasks and creating a good presentation by the day of the presentation, I learned the importance of role-sharing and the importance of trusting my teammates." (ID 5, We) highlights how structured collaboration and trust among team members supported timely completion, showing that effective teamwork is a key enabler of productivity under time constraints.

This outcome is further supported by UDL's structured flexibility, which provides clear guidance while allowing students autonomy to manage tasks in a way that suits their learning. Overall, this approach helped students meet temporal demands and develop skills necessary for healthcare's fast-paced settings.

5. Conclusion and outlook

In conclusion, this study highlights the diverse benefits of group work in language learning, demonstrating its positive impact on linguistic development, social interaction, and inclusivity through UDL principles. By enabling students to learn and communicate in a self-directed manner, the course actively reduces barriers and fosters a supportive learning environment.

The findings confirm the course's effectiveness and professional relevance in promoting collaboration,

creativity, and accessibility. Students valued the balance between guidance and autonomy and emphasized that the course accommodates diverse learning needs while fostering engagement from all participants. Inclusive practices such as flexible roles, multimodal tools, and a low-pressure environment supported both students with learning difficulties and the wider student body.

Challenges such as uneven participation, time management difficulties, and the need for clearer structure indicate areas for further refinement. Future iterations of the course could incorporate additional accessibility tools, more structured guidance, and strategies to ensure equitable contribution within groups, thereby further strengthening learning outcomes and student confidence. Observations from initial course sessions (e.g., use of selected examples from past presentations and supportive tools, such as subtitles for videos or interactive learning games like Kahoot) provide practical guidance for enhancing clarity and engagement.

For educators, this course offers a practical model for revitalizing language instruction - promoting engagement, confidence, and equal opportunities - while preparing students both linguistically and professionally for careers in healthcare. The study emphasizes the value of learner-centered approaches and the integration of student feedback in designing inclusive, effective, and contextually relevant language courses, providing guidance for curriculum development and future research in similar educational settings.

Ethical considerations

This study was approved by the Ethics Committee of Kawasaki University of Medical Welfare.

Conflict of interest

I declare no conflict of interest.

Acknowledgments

I would like to thank all of the students that answered the questionnaire.

Note

† 1) Universal Design for Learning (UDL) is an educational framework that aims to make learning accessible and effective for all students by providing multiple means of engagement, representation, and expression. It emphasizes reducing barriers, supporting diverse learning needs, and fostering individual strengths.

Methodological note

In preparing the English version of the manuscript, I used AI tools to review and refine my own translations, ensuring clarity, coherence, and natural expression in English, while maintaining the original meaning.

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