



## DIDACTIC-METHODIC INPUT FOR LISTENING

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There are very different requirements from external conditions and communicative tasks where listening takes place.

This means that those conditions have to be analysed first in order to meet the needs of the target audience when designing the listening exercises.

For nurses' daily routine, there will be mainly the need to understand and to exchange information with doctors and colleagues and the need to understand patients (often with the consequence to forward this information).

This will happen under the not always silent conditions of hospital life.

### **Preparative and complex listening exercises**

There should be at least two different levels of exercises:

- Preparative exercises to prepare for more complex listening
- Complex listening exercises

Preparative exercises will be shorter and focus on capturing key information, single sentences etc. Normally, the listening will have other exercises before the presentation of the listening exercise to introduce vocabulary, phonetically challenging parts and expressions.

The listening material will be unknown text of the addressed topic with mostly known vocabulary and typical expression.

Presentation normally without acoustic disturbances.

Evaluation: see Justyna's good practise exercises:

- a. filling the table with appropriate information
- b. filling the sentences in with missing information (missing information in the middle of the sentence / finishing the sentence with missing information)
- c. T/F statements
- d. Answer questions about key content

### Complex listening exercises

The material will be longer (about 2000 characters?) unknown text of the addressed topic with mostly known vocabulary and typical expression. Normally, there will be exercises before the presentation of the listening exercise to introduce vocabulary, phonetically challenging parts and expressions. "Authentic" presentation – including typical acoustic disturbances.



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Evaluation:

Reproduction of more complex parts of the content in mother language or in English or non-verbal – written (e.g. writing a memo for the doctor or another nurse) or oral.

Possible transfer into speaking (or writing) exercise.

The level will also have to meet the requirements established for B1 and B2.

But this does not necessarily refer for each selected text if planned to be an exercise.

For skills controlling tests and exams the criteria for the level B1 or B2 have to be met.

### Monologues and dialogues

There will be

- Monologues – e.g. longer instructions from the doctor, explanation of needs from a patient
- Dialogues – conversation nurse-nurse, patient-nurse, nurse-doctor, nurse-family member.

### Text types:

There seem to be mainly those text types:

Description (of an object, a process)

Information (about a situation, an activity)

Argumentation

Avoid too high density of facts; presentation should be mainly logical, following the expectations of the listener. The text should be interesting and also emotionally attractive.

Due to the real situation in hospitals, natives and non-natives should be the speakers.

### O4 - Media – added value?

It would be interesting to investigate if by use of the media potentials a very important disadvantage of listening exercises could be overcome, particularly when using monologues: the disadvantage that no interruption / demand for repetition is possible.

If for example the learners intervention: excuse me, I did not catch this / or sorry, can you repeat this please ... would lead to a repetition of the last given information.

One can also imagine adding an option that the repetition could be provided slower. This would create an added value as it corresponds to natural listening situations.

Also the reproduction could perhaps be organised in that way – make a phone call now to tell the family of the patient what he had asked for, inform the doctor about the patients' needs etc.

This could be registered online for peer or teacher evaluation.