DIDACTIC-METHODIC INPUT FOR SPEAKING

Author: Justyna Kowalczys
Stowarzyszenie Angielski w Medycynie (PL)
www.angielskiwmedycynie.org.pl
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Developing speaking abilities is a prerequisite for HELP in order to promote effective communication in healthcare. Healthcare staff shall exchange information efficaciously, even under pressure, with patients and hospital staff (when working abroad and in medical tourism). They shall be able to offer safe practice and high standards of professional knowledge to their patients and this can only be guaranteed when proper oral communication channels are preserved.

Additionally, communication barriers caused by ethical issues and intercultural working environments (working abroad and/or with foreign colleagues and patients) shall be overcome by presenting adequate linguistic materials in the HELP project.

 It has been agreed and stated in the document "Good Practice Exercises – General Comments" that speaking skills will be developed on the basis of **authentic** medical / paramedical texts. Our objective is to develop **communicative competencies** in order to support **everyday communication** with patients and among colleagues together with **intercultural approach** in healthcare.

In **communicative output**, the learners' main purpose is to complete a task, such as obtaining information from the patient, developing a treatment plan. To complete the task, they may use the language that the instructor has just presented, but they also may draw on any other vocabulary, grammar, functions, structures and communication strategies that they know. In communicative output activities, the criterion of success is whether the learner gets the message across. Accuracy is not a consideration unless the lack of it interferes with the message.

In everyday communication, spoken exchanges take place because there is some sort of information gap between the participants. Like in real life the language users decide if effective communication has taken place or not. **Communicative output activities** involve a similar real information gap. In order to complete the task, students must reduce or eliminate the information gap. In these activities, language is a tool, not an end in itself.

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Developing speaking activities:

Traditional classroom speaking practice often takes the form of drills in which one person asks a question and another gives an answer. The question and the answer are structured and predictable, and often there is only one correct, predetermined answer. The purpose of asking and answering the question is to demonstrate the ability to ask and answer the question.

In contrast, the purpose of real communication is to accomplish a task, such as conveying a telephone message, obtaining information, or expressing an opinion. In real communication, participants must manage uncertainty about what the other person will say. Authentic communication involves an information gap; each participant has information that the other does not have. In addition, to achieve their purpose, participants may have to clarify their meaning or ask for confirmation of their own understanding.

To create classroom speaking activities that will develop communicative competence, instructors need to incorporate a purpose and an information gap and allow for multiple forms of expression. However, quantity alone will not necessarily produce competent speakers. Instructors need to combine structured output activities, which allow for error correction and increased accuracy, with communicative output activities that give students opportunities to practice language use more freely.

1. **Structured Output Activities**

There is a common type of structured output activities - *information gap activities*. In this type of activities students complete a task by obtaining missing information, a feature the activities have in common with real communication. However, information gap activities also set up practice on specific items of language. In this respect they are more like drills than like communication.

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Information Gap Activities

- Filling the gaps in a schedule or timetable: Partner A holds a medical chart. Partner B has the same chart but with different blank spaces. The two partners are not permitted to see each other's papers and must fill in the blanks by asking each other appropriate questions.

- Completing the picture: The two partners have similar pictures, each with different missing details, and they cooperate to find all the missing details. In another variation, no items are missing, but similar items differ in appearance. The features of grammar and vocabulary that are practiced are determined by the content of the pictures and the items that are missing or different. Differences in the activities depicted lead to practice of different verbs. Differences in number, size, and shape lead to adjective practice. Differing locations would probably be described with prepositional phrases.

These activities may be set up so that the partners must practice more than just grammatical and lexical features. For example, the activity with a medical chart gains a social dimension when one partner assumes the role of a doctor trying to get information from a partner who takes the role of a nurse.

With **information gap activities** instructors need to be conscious of the language demands they place on their students. If an activity calls for language your students have not already practiced, you can brainstorm with them when setting up the activity to preview the language they will need, eliciting what they already know and supplementing what they are able to produce themselves.

Structured output activities can form an effective bridge between instructor modelling and communicative output because they are partly authentic and partly artificial. Like authentic communication, they feature information gaps that must be bridged for successful completion of the task. However, where authentic communication allows speakers to use all of the language they know, structured output activities lead students to practice specific features of language and to practice only in brief sentences, not in extended discourse. Also, structured output situations are contrived and more like games than real communication, and the participants' social roles are irrelevant to the performance of the activity. This structure controls the number of variables that students must deal with when they are first exposed to new material. As they become comfortable, they can move on to true communicative output activities.

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2. Communicative Output Activities

Communicative output activities allow students to practice using all of the language they know in situations that resemble real settings. In these activities, students must work together to develop a plan, resolve a problem, or complete a task. The most common types of communicative output activity are *role plays* and *discussions*.

a. Role plays

In role plays, students are assigned roles and put into situations that they may eventually encounter outside the classroom. Because role plays imitate life, a two-way system of communication, the range of language functions that may be used expands considerably. Also, the role relationships among the students as they play their parts call for them to practice and develop their sociolinguistic competence. They have to use language that is appropriate to the situation and to the characters.

This kind of task features interactive role-switching, i.e. students can switch from one role to another, the speaker becomes the listener and the listener changes into a speaker.

Students usually find role playing enjoyable, but students who lack self-confidence or have lower proficiency levels may find them intimidating at first. **To succeed with role plays:**

- prepare carefully: Introduce the activity by describing the situation and making sure that all of the students understand it.

- set a goal or outcome: Be sure the students understand what the product of the role play should be, whether a plan, a schedule, a group opinion, or some other product.

- use role cards: Give each student a card that describes the person or role to be played. For lower-level students, the cards can include words or expressions that that person might use.

- brainstorm: Before you start the role play, have students brainstorm as a class to predict what vocabulary, grammar, and idiomatic expressions they might use.

- keep groups small: Less-confident students will feel more able to participate if they do not have to compete with many voices.

- give students time to prepare: Let them work individually to outline their ideas and the language they will need to express them.

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- be present as a resource, not a monitor: Stay in communicative mode to answer students' questions. Do not correct their pronunciation or grammar unless they specifically ask you about it.

- allow students to work at their own levels: Each student has individual language skills, an individual approach to working in groups, and a specific role to play in the activity. Do not expect all students to contribute equally to the discussion, or to use every grammar point you have taught.

- do topical follow-up: Have students report to the class on the outcome of their role plays.

- do linguistic follow-up: After the role play is over, give feedback on grammar or pronunciation problems you have heard. This can wait until another class period when you plan to review pronunciation or grammar anyway.

b. Discussions

Discussions, like role plays, succeed when the instructor prepares students first, and then gets out of the way. **To succeed with discussions:**

- prepare the students: Give them input (both topical information and language forms) so that they will have something to say and the language with which to say it.

- offer choices: Let students suggest the topic for discussion or choose from several options. Discussion does not always have to be about serious issues. Students are likely to be more motivated to participate if the topic is close to their own experience. Weighty topics are not as engaging and place heavy demands on students' linguistic competence.

- set a goal or outcome: This can be a group product, such as individual reports on current health issues.

- use small groups instead of whole-class discussion: Large groups can make participation difficult.

- keep it short: Give students a defined period of time, not more than 8-10 minutes, for discussion. Allow them to stop sooner if they run out of things to say.

- allow students to participate in their own way: Not every student will feel comfortable talking about every topic. Do not expect all of them to contribute equally to the conversation.

- do topical follow-up: Have students report to the class on the results of their discussion.

- do linguistic follow-up: After the discussion is over, give feedback on grammar or pronunciation problems you have heard. This can wait until another class period when you plan to review pronunciation or grammar anyway.

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Through well-prepared communicative output activities such as role plays and discussions, you can encourage students to experiment and innovate with the language, and create a supportive atmosphere that allows them to make mistakes without fear of embarrassment. This will contribute to their self-confidence as speakers and to their motivation to learn more.

What oral linguistic abilities do we have to develop with healthcare staff?

- effective **communication** in workplace environment, which means:
  - clarifying,
  - asking for repetition,
  - confirming,
  - demonstrating interest,
  - demonstrating understanding,
  - identification,
  - negotiation,
  - explaining lack of understanding,
  - encouragement,
  - paraphrasing,
  - interpretation,
  - check-outs,
  - encouraging,
  - expressing concern,
  - dealing with sensitive issues,
  - showing willingness to help,
  - creating rapport,
  - offering partnership,
  - checking for understanding,
  - expressing disagreement,
  - summarizing,
  - explaining factual data,
  - telephone scenarios

- using appropriate non-verbal behaviour:
  - eye contact, facial expression
  - posture, position, movement

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Types of structures:

- using open questions, e.g. *Can you tell me a bit about…?*

- using closed questions (Y/N questions) (asking for specific information), e.g. *Do you have any allergies?*

- alternative questions – a few possibilities to choose from, e.g. *Do you mean yellowish or whitish?*

- either/or questions

- question tag questions

- simple factual questions

- descriptive questions

- speculative questions

- summarizing questions (to ensure that you understood the message well), e.g. *So, from what I understand, you've been losing weight recently?*

How to teach speaking by using authentic medical sources?

- take care of students' background knowledge, explain unclear issues

- the material should be an integral part with the whole lesson plan, function as a natural complement to teaching objectives and be context-specific

- the material should be a **stimulus** that encourages free communication / talk

- transfer factual information

- present a framework for the speaking exercises, e.g. a model conversation, dialogue template, but make a compromise between **communicative** and **structural aims**

- pre-teach key words, necessary phrases; give a glossary if needed

- use some **visual** stimuli – they are an effective and economic way of providing a topic of conversation

- general framework:

  1. initiating communication

  2. gathering information

  3. building the relation

  4. giving information

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5. conclusions

6. closing the discussion

Even if there is a pre-determined structure, it allows the speakers a degree of freedom to say what they genuinely think.

- use workplace communication patterns (**role-play** tasks):

    - handovers

    - passing on patient information, e.g. after medical interview, return from a test

    - talking on the phone, e.g. taking messages, phoning other departments

    - procedure, e.g. checking drugs

Role play:

- helps reduce stress

- helps improve pronunciation

- practices non-verbal communication

- practices cultural sensitivity

- assesses communication barriers and personal space

Form-filling:

- to elicit previously unknown information for an apparent purpose

- very natural and authentic (we have to fill in forms often in our lifetime)

References:

1. http://www.nclrc.org/

2. Allum V., *Teaching English for Medical Purposes*

3. Underhill N., *Testing spoken Language*, CUP 2000