



GOOD PRACTICE EXERCISES FOR LISTENING + DIDACTIC INPUT

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General types of exercises:

- **Listening for concrete information:**
 - 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
 - **Phone calls – authentic use:**
 - asking for info, e.g. lab results
 - making a referral
 - making arrangements
 - making an appointment
 - checking information
 - practising spelling
 - taking calls from friends and relatives
 - calling for medical assistance
 - leaving a message (make sure the person to receive it will have all information needed)
- **tips to make people slow down:**
- when you are note-taking repeat each piece of information as the person speaks
 - ask the person to repeat the message until you have understood it

Phone calls - generally:

- high information content, little verbal redundancy
- it is even advised to ask for repetition – not only once:-) you ask as long as you understand the message!
- there is often some acoustic distortion in the background
- no component for visual face-to-face communication:-) → information from body language missing



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Listening exercises – sample pre-listening activities:

- looking at pictures, maps, diagrams, or graphs
- reviewing vocabulary or grammatical structures
- reading something relevant, on the topic connected
- predicting the language (formal vs. informal)
- predicting the content of the listening text
- going over the directions or instructions for the activity

Listening exercises – while-listening activities – some tips:

While-listening activities shall be linked to the instructional goal, the listening purpose, and students' proficiency level.

While-listening activities relate directly to the text, and students do them during or immediately after the time they are listening. Keep these points in mind when planning while-listening activities:

1. ***If students are to complete a written task during or immediately after listening, allow them to read through it before listening.*** Students need to devote all their attention to the listening task. Be sure they understand the instructions for the written task before listening begins so that they are not distracted by the need to figure out what to do.
2. ***Keep writing to a minimum during listening.*** Remember that the primary goal is comprehension, not production. Having to write while listening may distract students from this primary goal. If a written response is to be given after listening, the task can be more demanding.
3. ***Organize activities so that they guide listeners through the text.*** Combine global activities such as getting the main idea, topic, and setting with selective listening activities that focus on details of content and form.
4. ***Use questions to focus students' attention on the elements of the text crucial to comprehension of the whole.*** Before the listening activity begins, have students review questions they will answer orally or in writing after listening. Listening for the answers will help students recognize the crucial parts of the message.
5. ***Use predicting to encourage students to monitor their comprehension as they listen.*** Do a predicting activity before listening, and remind students to review what they are hearing to see if it makes sense in the context of their prior knowledge and what they already know of the topic or events of the passage.
6. ***Give immediate feedback whenever possible.*** Encourage students to examine how or why their responses were incorrect.



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Listening exercises – sample while-listening activities:

- listening with visuals
- filling in graphs and charts
- checking off items in a list
- listening for the gist*
- searching for specific clues to meaning
- completing cloze (fill-in) exercises
- distinguishing between formal and informal registers

* **listen for the gist:** top-down listening where the learner tries to understand what is happening even if she can't understand every phrase or sentence. The learner is trying to pick up key words, intonation, and other clues so as to make a guess at the meaning.

What oral linguistic abilities do we have to develop?

- 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



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Healthcare environment in EU often witnesses cooperation between specialists from different countries. HELP listening materials should make use of this situation and present a combination of a mother-tongue speaker with an English native speaker to make a successful, balanced team, where each is picking up on points the other misses.

How to teach listening by using authentic medical sources?

- pre-teach key words
- use concise, easily understood questions and comments
- avoid jargon; explain it when it was used
- leave space for authentic reflection; delay, hesitation
- it can be the starting point for discussion activities or vocabulary practice (e.g. medical abbreviations, types of medical procedures)
- help students identify the listening goal: to obtain specific information; to decide whether to continue listening; to understand most or all of the message
- help students outline predictable sequences in which information may be presented: who-what-when-where
- help students identify key words/phrases to listen for

Planning a listening activity:

Before listening: Plan for the listening task

- set a purpose or decide in advance what to listen for
- decide if more linguistic or background knowledge is needed
- determine whether to enter the text from the top down (attend to the overall meaning) or from the bottom up (focus on the words and phrases)

During and after listening: Monitor comprehension

- verify predictions and check for inaccurate guesses
- decide what is and is not important to understand
- listen/view again to check comprehension

After listening: Evaluate comprehension and strategy use

- evaluate comprehension in a particular task or area
- evaluate overall progress in listening and in particular types of listening tasks
- decide if the strategies used were appropriate for the purpose and for the task
- modify strategies if necessary



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Listening strategies:

Top-down strategies are listener based; the listener taps into background knowledge of the topic, the situation or context, the type of text, and the language. This background knowledge activates a set of expectations that help the listener to interpret what is heard and anticipate what will come next. Top-down strategies include

- listening for the main idea
- predicting
- drawing inferences
- summarizing

Bottom-up strategies are text based; the listener relies on the language in the message, that is, the combination of sounds, words, and grammar that creates meaning. Bottom-up strategies include

- listening for specific details
- recognizing word-order patterns

Listening exercises – choosing the right level of difficulty of the listening text:

The factors listed below can help you judge the relative ease or difficulty of a listening text for a particular purpose and a particular group of students.

1. How is the information organized? Does the story line, narrative, or instruction conform to familiar expectations?

Texts in which the events are presented in natural chronological order, which have an informative title, and which present the information following an obvious organization (main ideas first, details and examples second) are easier to follow.

2. How familiar are the students with the topic?

Remember that misapplication of background knowledge due to cultural differences can create major comprehension difficulties.

3. Does the text contain redundancy?

At the lower levels of proficiency, listeners may find short, simple messages easier to process, but students with higher proficiency benefit from the natural redundancy of the language.



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4. Does the text involve multiple individuals and objects? Are they clearly differentiated?

It is easier to understand a text with a doctor and a patient than one with two doctors, and it is even easier if they are of the opposite sex. In other words, the more marked the differences, the easier the comprehension.

5. Does the text offer visual support to aid in the interpretation of what the listeners hear?

Visual aids such as maps, diagrams, pictures, or the images in a video help contextualize the listening input and provide clues to meaning.

General framework for listening and video scripts:

1. initiating communication
2. gathering information
3. building the relation
4. giving information
5. conclusions
6. closing the discussion

Specific framework for listening and video scripts:

I. Initiating communication

a. establishing initial rapport

- greeting the patient
- obtaining patient's name
- introducing oneself
- explaining the purpose of the meeting, nature of the interview
- obtaining patient's consent if necessary
- demonstrating respect and interest
- attending to patient's physical comfort

b. identifying the reason for consultation

- identifying patient's problems and the issues a patient wants to address
- attentive listening to patient's opening statement, without interrupting or directing the patient's response
- confirming issues for further problem analysis
- preparing agenda with both patient's and doctor's needs



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II. Gathering information

a. Exploration of patient's problems

- encouraging the patient to tell his story
- using a differentiated questioning technique
- listening attentively, leaving space for patient's thinking on the answer
- facilitating patient's responses verbally and non-verbally
- clarifying patient's statements, asking for amplification
- periodical summarizing information received from the patient; verifying one's own understanding of the situation → if needed – inviting the patient to correct interpretation
- establishing dates and sequence of events

III. Providing structure

a. Organization

- summarizing at the end of a specific line of inquiry to confirm understanding before moving on to the section
- progressing from one section to another using signposting, transitional statements and rationale for the next section

b. Attending to flow

- structuring interview in a logical sequence
- attending to right timing

IV. Building relationship

a. Using appropriate non-verbal behaviour

- vocal cues, e.g. rate, volume, tone
- if reading, using notes, taking notes, writing on a computer – doing it in a manner that does not interfere with dialogue or rapport
- demonstrating proper confidence and knowledge

b. Developing rapport

- accepting legitimacy of patient's views and feeling; being non-judgmental
- using empathy to communicate understanding and appreciation for patient's feelings
- encouraging the patient to express feelings
- providing verbal support
- dealing with embarrassing and disturbing issues and a delicate, sensitive way

c. Involving the patient

- sharing thinking with the patient to encourage his involvement
- explaining rationale for questions or types of examinations provided
- during physical examination asking for permission and explaining the process



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V. Explanation and planning

a. Providing the patient with the correct amount and type of information

- chunks and checks – giving information in manageable chunks, checks for understanding
- using patient's responses as a guide to how to proceed with the medical interview and examination procedure
- assessing the patient's starting point – asking for his prior knowledge early on when giving information; discovering the extent of patient's wish for understanding
- asking the patient if he needs any other information, e.g. aetiology, prognosis
- giving explanation at appropriate times
- avoiding giving information, reassurance prematurely

b. Aiding accurate recall and understanding

- organizing explanation process – dividing it into discrete sections, developing a logical sequence
- using explicit categorization, enumeration (e.g. "there are three important issues...")
- using repetition and summarizing to reinforce information
- using concise, easily understood language
- using visual methods to convey information – diagrams, models, written information and instructions
- checking the patient's understanding of information given, plans made (e.g. by asking the patient to restate ideas in his own words)

c. Achieving a shared understanding; incorporating the patient's perspective

- relating explanations to patient's illness framework – to previously elicited ideas, concerns and explanations
- encouraging the patient to contribute – seeking clarification, expressing doubts
- eliciting the patient's beliefs, reactions and feelings with reference to information given and terms used

d. Planning: shared decision making

- sharing one's own course of thinking and analysis – ideas, dilemmas
- involving the patient by making suggestions, rather than giving directives
- encouraging the patient to contribute their thoughts – ideas, suggestions, preferences
- negotiating a mutually acceptable plan
- offering choices – encouraging the patient to make choices and decisions to the level that is medically acceptable
- checking with the patient if he accepts the plans

VI. Closing the session

a. Forward planning

- making contracts with the patient about next steps of treatment procedures
- explaining possible unexpected outcomes, what to do if the plan is not working, when and how to seek help



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- b. Ensuring appropriate points of closure
 - summarizing the session briefly and clarifying the care plan
 - making a final check that the patient agrees and is comfortable with the plan; asking if the patient wishes to make any corrections

VII. Options in explanation and planning

a. Discussing investigations and procedures

- providing clear information on procedures, e.g. what the patient might experience, how the patient will be informed on results
- relating the procedure to the treatment plan, e.g. value and purpose
- encouraging questions and discussion about possible negative outcomes and anxiety

b. Discussing opinion and significance of a problem

- offering opinion on what is going on
- revealing rationale for the opinion
- explaining causation, seriousness, expected outcome, short and long-term consequences
- eliciting the patient's beliefs, reactions, concerns
- discussing options, e.g. no action undertaken, investigation, medications, surgery, non-drug therapy
- providing information on action or treatment offered (name, steps involved, benefits and advantages, possible side-effects)
- obtaining the patient's view on need for action, perceived benefits, barriers, motivation
- accepting the patient's views, advocating an alternative viewpoint if necessary
- eliciting the patient's reactions and concerns about plans and treatments including acceptability
- taking the patient's lifestyle, beliefs, cultural background and abilities into consideration
- encouraging the patient to be involved in implementing plans, taking responsibility and being self-reliant
- asking about the patient's support systems, or other support available

References:

1. <http://www.nclrc.org/>
2. Allum V., *Teaching English for Medical Purposes*
3. Underhill N., *Testing spoken Language*, CUP 2000