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Researching innovation in task-based teaching: Authentic use of professional English by Thai nursing students

by

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ABSTRACT

FACULTY OF HUMANITIES

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RESEARCHING INNOVATION IN TASK-BASED TEACHING: AUTHENTIC USE OF PROFESSIONAL ENGLISH BY THAI NURSING STUDENTS

By Khomkrit Tachom

Over the past few decades, Task-Based Language Teaching (TBLT) has come into existence as a further development of the communicative approach. There have been some theoretical arguments over the merits of TBLT, and TBLT has taken a variety of different forms. However, a number of empirical studies confirm the feasibility of TBLT under appropriate conditions, and demonstrate its pedagogic effectiveness in ESP settings. To date, there has been no application of TBLT in professional communication courses in English for health science students in Thailand. This thesis investigated the potential of TBLT in this setting, to address a number of known problems with the development of spoken English within ESP in Thai higher education. This study was designed as a teaching intervention, conducted with a group of health science students. An action research design was followed, and both qualitative and quantitative data were obtained in the current study concerning the instructional process, ongoing student learning, and final learning outcomes.

Thirty-one second year nursing students from School of Nursing, University of Northern Thailand (a pseudonym), participated in this study. All students attended a 12-week TBLT in Professional English course designed and taught by the researcher, and the central feature of the course was the requirement for students to perform oral role-play tasks over twelve weeks. Data were collected via (1) pre-and post-listening comprehension tests, (2) pre-and post-role play tasks, (3) longitudinal student case studies (4) repeated in-sessional questionnaires, (5) a post-sessional questionnaire, (6) an in-sessional group interview, and (7) teacher journal.

The results from the pre- and post-listening comprehension tests and pre-and post-role play tasks showed that the students significantly increased their listening comprehension scores and used more communication skills in the interaction between nurses and patient in the post-role play. The case study results also indicate that individual students increased their use of communication skills, grammatical structures and lexical variety over time, as well as being more confident and adventurous with spoken language use. The positive outcomes of professional TBLT were supported by the findings of the in-sessional questionnaire, post-sessional questionnaire, in-sessional group interviews and teacher journal, which demonstrated very positive opinions towards the implementation of professional TBLT. Implications are drawn and recommendations made for further research and development to promote the fuller application of TBLT in ESP settings.

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DECLARATION OF AUTHORSHIP

I, KHOMRKIT TACHOM

declare that the thesis entitled

RESEARCHING INNOVATION IN TASK-BASED TEACHING: AUTHENTIC USE OF PROFESSIONAL ENGLISH BY THAI NURSING STUDENTS

and the work presented in the thesis are both my own, and have been generated by me as the result of my own original research. I confirm that:

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- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;

Signed: ……
Date: ……

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ABBREVIATIONS

CA	Conversation analysis
CLT	Communicative language teaching
CSSP	Communication skills simulation programme
EAP	English for academic purposes
EFL	English as a foreign language
ESP	English for specific purposes
GN	Graduate nurses
HP	High proficiency
IV	Intravenous fluid
LP	Low proficiency
MOPH	Ministry of public health
MUA	Ministry of University Affairs
NEDP	National education development plan
NP	Nurse practitioner
PPP	Present, practice, production
RF	Rockefeller foundation
SLA	Second language acquisition
TBI	Task-based instruction
TBL	Task-based learning
TBLT	Task-based language teaching
TLU	Target language use
TNC	Thailand nursing and midwifery council
TOC	Hong Kong target-oriented curriculum
TSLT	Task-supported learning and teaching
UNT	University of Northern Thailand

CHAPTER 1
INTRODUCTION TO THE PROFESSIONAL TBLT ACTION RESEARCH PROJECT

1.1 Introduction

Thailand has been transformed by globalization over the last decade. Globalizing forces of international trade, new technology and increased social and cultural exchange between countries have substantially impacted Thailand. In particular in 1997-2000, Thailand experienced a downturn in the growth of its economy because of increasing international competition and imbalanced development paths. The Thai government has introduced widespread reforms in education to make its economy more competitive in the global market and encourage sustainable development. These reforms, aimed at preparing the Thai nation and its people to cope with the 21st century, were introduced in the 8th National Economic and Social Development Plan (1997-2001). One national goal set in the plan was for Thai students to be able to communicate proficiently in English on completion of their education. The ability of the Thai people to learn and communicate in English as a global language is seen as essential to the economic and social development of the country now and in the future.

As a requirement of this education reform, Thai higher education institutions in particular attempted to revise their English curricula in order to train Thai students to be proficient in English and use English as a means of communication in their future career. According to the new Policy on English Instruction for Liberal Education (Wongsothorn, 2000), tertiary students have been required to take English courses with at least twelve credits, instead of six as required earlier, in general English, and also in English for academic or specific purposes (Wongsothorn, 2002). General or foundation English courses are offered to university freshmen in the first year. The purposes of these are to equip students with English listening, speaking, reading and writing skills, for communication in daily life and to further their education appropriately. In addition to general English courses, several English for specific purposes courses have been offered

such as English for science, professional English, English for engineers, business English and English in medicine. In these courses, students learn English reading or writing skills with the focus on academic skills, academic content, vocabulary and practising grammatical patterns. The overall goals of these courses are to enable students to communicate in English in both their daily lives and professional contexts successfully.

In practice, however, the achievement of the goals of the education reform has proven to be difficult for many EFL Thai teachers nationwide, particularly in university classrooms. Thai teachers of English, in most cases, have a very heavy teaching load and confront teaching large classes. In handling such large classes, most teachers focus on writing and reading skills. The method of teaching has been Grammar-Translation because it is seen as a practical way to instruct large classes. Unfortunately, communicative activities have rarely been brought into language classrooms. One university lecturer reported obstacles arising from her overload of routine work:

> …because of the amount of time it takes to teach and run the program: teach classes (language teachers have a higher teaching load than other teachers), correct students' work, develop tests and standardize them, coordinate the materials and distribute them, only 5% of our job is research. (Mackenzie, 2002)

Instructional materials may also influence poor implementation of the reform, as available English textbooks are not very appropriate to students' needs or realities. Most English books used in Thailand have been produced in the US or UK and sometimes the contents are far beyond students' background knowledge or experiences. In addition, some materials are not related to students' needs for specialist subject knowledge. In some cases, there are scarcities of books for certain courses such as English for healthcare workers or English in medicine. It is hard to study English by using unattractive materials; therefore, students' motivation to learn English is relatively low. Overall, students' limitations in communicating successfully in English are considered to be the key ongoing

problem. Even though the global trends in English teaching have been focusing on the communicative approach, English teaching in Thailand still emphasizes Grammar-Translation, so that students learn English from reading and writing courses and rote learning (Punthumasen, 2007). This causes students' boredom and frustration in making an effort to learn English, and consequently, some students might gradually develop negative attitudes towards learning English. Communicative Language Teaching (CLT) has been promoted to meet the needs of the education reform. However, this has failed to generate rich opportunities for authentic interaction in the language classrooms, and even where speaking receives attention, learners are provided with pattern drills and rote memorization of isolated sentences (Saengboon, 2004). Classroom interaction is mostly teacher-dominated and learners are only called upon to provide factual responses. Learners' exposure to English use on a daily basis is somewhat limited, and therefore learners are highly dependent on this limited classroom experience.

Having studied English for several years, Thai students still have difficulty speaking English in classrooms or even outside the classrooms. Baker (2009) reported that Thai students were not able to use English for communication despite the fact that they have learned English for many years. Kongsom (2009) also pointed out that Thai students still face problems of inability to speak even though they have taken several English courses and worked extensively on grammar drills. In Weerarak's (2003) view, Thai students' speaking problems can be categorized into two main parts. The first is the lack of grammatical knowledge or vocabulary limitation and the second is the lack of self-confidence to speak English. That is, even when students are supposed to have sufficient grammatical resources, there are not enough opportunities for students to speak English and develop oral fluency.

The problems mentioned above illustrate some of the reasons why Thai students have a low level of English competency in spite of learning English for almost twelve years in basic education as well as the university level. In particular, the students' inability to communicate in spoken English successfully has inspired me

to seek ways to solve this problem by implementing an appropriate method that better suits students' language learning needs and which is beneficial for their study, social communication and future professions.

1.2 Background and need for this study

English for specific purposes is highly recommended by higher education institutions in Thailand for students majoring in subjects other than English. For example, "Professional English" is one of several English for specific purposes courses offered at my workplace, here called University of Northern Thailand (UNT), and the institution where the research described in this thesis has taken place. This course is designed for health science students and aims to equip these students with English skills needed for working both academically and internationally. Nursing students are also required to take the Professional English course in their second year, and it is expected that by the time of their graduation, nursing students should have sufficient English knowledge to be ready to interact with English-speaking patients who seek medical treatment in Thai hospitals.

However, some language problems are still found amongst Thai nursing students. Some cannot communicate in English successfully with their friends or even their teachers. Moreover, most students do not voluntarily speak English in front of their friends in the classroom, and may avoid responding to teacher's questions. The students' initiated interaction or discussion in English in language classroom is relatively low. Suwaroporn (1998) reported that all nurses in her study perceived that speaking English was a serious problem. Soranastaporn (1993) found that both students and teachers believed that all four traditional English skills were problems for nursing students. This point of view is supported by informal interviews with registered nurses in one hospital during the period of my data collection. The nurses revealed that they had difficulties speaking English with foreign patients. In fact, they wanted to talk to patients but they did not know how to start. Sometimes they had to ask for help from their colleagues who are proficient in English to talk to the patients. They admitted that this was very

frustrating and disappointing. The English they know included medical terminology, but they did not know language patterns or vocabulary needed for ordinary communication. Similarly, Sursattayawong (2006) interviewed foreign patients in Thailand, who mentioned that their nurses could not understand basic English at a normal speed and lack confidence in speaking English. In Sursattayawong's (2006) view, the speaking problems of the nurses in her study included grammatical errors, difficulty in self-expression, not being capable of using the right words, inappropriate use of intonation and stress, mispronunciation and lack of self-confidence. Overall, the nurses' lack of self-confidence was their major problem in speaking English. They felt uneasy and became less confident when they were asked to show their ideas to their colleagues or at meetings in English, because they had problems in pronunciation, vocabulary and grammar. As a result, they were reluctant to speak English, and this led to failures in communication and performance of professional tasks.

It is essential to solve nursing students' English speaking difficulties and to prepare these students to be ready to negotiate in English for several reasons. Firstly, students need language learning activities and materials that meet their individual professional needs in order to be successful in using English in their studies and future career. Secondly, medical staff should be fluent in English as a group, to serve the need of the Thai government policy that has initially tried to promote Thailand as a medical hub in Asia, offering medical services which are easily accessible and cheap for overseas patients (Pisuthipan, 2008). According to the Tourism Authority of Thailand and the Department of Export Promotion (2010), Thailand expected to welcome about two million medical tourists in 2010. This figure rose from 630,000 medical travellers in 2002 to approximately 1.25 million in 2005, and is expected to rise further in the next few years. There will be more medical tourists in Thailand; therefore, the demand for nurses with English fluency is remarkably high. Furthermore, medical staff need to be able to communicate in English not only in order to deal with foreign patients. They also need English in order to exchange experience with international scholars in their field of work and engage with the body of knowledge gained from medical

research internationally. Lastly, Thai nurses should be able to use English to communicate with people in other Asian countries. The ASEAN community will be legally mandated in 2015, and the ASEAN charter indicates that the working language of ASEAN shall be English (Article 34: ASEAN Committee, 2007). As a result, English is needed for Thai people to collaborate with the ASEAN community in a wide variety of aspects, including a highly competitive transfer of workforce across the community. Therefore, suitable education is needed to prepare the Thai people for the forthcoming challenges.

At present, higher education in Thailand does not offer communication courses for nursing students in either Thai or English. As suggested by some studies in healthcare communication (e.g. Burnard & Gill, 2009), nursing students need to be proficient communicators according to the requirements for nurses in general. Because nurses play a crucial role in caring for patients, nurses must have good knowledge of communication skills necessary for dealing with both patients and staff members. As good and successful communication between patients and nurses can bring about satisfaction with nursing care service and better outcome of the patients' health, it is essential to equip nursing students with the communication skills to interact with patients as well as dealing with communication problems effectively. Against this background, when preparing students to work through English with overseas patients, it is clear that to study English from general courses (General English) is not sufficient for nursing students to be proficient communicators. It is necessary in this setting to design English courses which focus on communication in healthcare situations, for nursing students to prepare themselves to effectively communicate with English speaking patients and staff members.

In order to assist student nurses to learn and be confident in using English in their profession effectively, it is assumed in this thesis that the theory of Task-based Language Teaching (TBLT) in combination with a framework of healthcare communication can provide insights into teaching successful healthcare communication in English to Thai EFL learners. Task-based Language Teaching

(TBLT) is considered to be beneficial for students because it provides learners with substantial opportunities and activities for studying English in authentic ways. Likewise, healthcare communication is crucial to student nurses in that this communication allows students to learn how to be effective communicators producing better outcomes for professional communication and health of the patients. Most importantly, it is hoped that the integration of TBLT and healthcare communication will provide an effective avenue for the students in this study to invest their time and efforts to prepare themselves readily for communication in their professional life.

1.3 The purpose of the study

The current study seeks to explore the value of integrating healthcare communication skills and a TBLT framework in developing the authentic use of professional English utilizing nursing students' subject knowledge and experience at a higher education institution in Thailand (i.e. at UNT). This study first aims to investigate the effectiveness of TBLT in assisting students' English language development, by introducing a new TBLT programme using an action research approach. Secondly, this study investigates the effects of providing authentic learning experience to Thai EFL learners on learners' independence and self-regulation in both EFL and professional contexts. Finally, this study attempts to examine nursing students' attitudes towards the implementation of TBLT.

1.4 Research questions

This study aims at addressing two major research questions and related sub-questions in order to scrutinize the implementation of TBLT with Thai EFL nursing students. The questions are as follows:

1. To what extent can a task-based curriculum framework which focuses on professional situations promote the L2 development of nursing students?
    1.1 Can the students perform professional situation tasks successfully? If yes, what are the characteristics of their performances and of the communication skills the students use in their interaction?

1.2 Can the TBLT course focusing on professional situations help the students to produce more variety of language structures and vocabulary than they knew at the beginning? If yes, how do they change their language and vocabulary use while performing professional role play tasks?

2. What are the students' opinions towards learning English through a TBLT course which focuses on professional role play tasks?

1.5 Significance of the study

The current study is grounded in TBLT curriculum theory and explores the English language communication development of the students who followed an instructional intervention promoting TBLT for healthcare communication. This study therefore further develops the knowledge based on the use of TBLT in EFL contexts in relation to professional English. Research insights obtained from course design and classroom implementation experiences in this study may also hold implications for the development of English language teaching in Thailand and in similar settings.

1.6 Organisation of this thesis

This thesis comprises eight chapters. Chapter one presents the background and introduces the need for this study, the purposes of the study, research questions, the significance of the study and the organization of this study.

Chapter two provides the theoretical background to TBLT and applications of TBLT in teaching English for specific purposes.

Chapter three describes characteristics of communication in healthcare settings as well as nurse-patient communication in particular.

Chapter four provides a historical overview of nursing and midwifery training in Thai society and the current structures of nursing education in Thailand.

Chapter five describes the overall research approach adopted for this study, the research settings and participants, the research instruments, procedures of data collection and analysis, and ethical considerations.

Chapter six reports the effects of implementing professional TBLT on students' language development and these results are discussed with respect to the research questions raised for this study.

Chapter seven reports the students' opinions towards the implementation of TBLT and these findings are discussed with respect to the research questions raised for this study.

Chapter eight concludes the implementation of professional TBLT project and its effects on students' language improvement and opinions towards the project. The chapter also addresses the project's limitations and suggestions made for teaching and research into EFL as well as drawing implications for incorporating TBLT into mainstream pedagogical practices.

CHAPTER 2
TASK-BASED LANGUAGE TEACHING AND ITS APPLICATION IN ESP

2.1 Introduction

The purpose of this chapter and the following one (Chapter 3) is to introduce some central concepts which provide the theoretical basis for this study. This chapter introduces and evaluates TBLT theory and related research. Sections 2.2-2.11 examine the general theory of TBLT, including the emergence of Task-Based Language Teaching (TBLT), definitions and components of tasks, task and TBLT activity types, frameworks for tasks within TBLT, designing TBLT for ESP, and TBLT outcome assessment. Sections 2.12-2.14 investigate critically the research evidence of TBLT implementation, reviewing successes and limitations of selected major TBLT initiatives, dealing with empirical evidence about TBLT in Thailand, TBLT effects on students' language use and opinions, and application of TBLT in ESP. The chapter ends with consideration of the implications for the study drawn from the theoretical background and empirical research concerning TBLT.

2.2 The Emergence of Task-based Language Teaching (TBLT)

Task-based language teaching has attracted the attention of researchers, teachers and course designers since the mid-eighties (Breen, 1987; Long, 1985; Long & Crookes, 1992; Nunan, 1989, 1993; Skehan, 1998). In particular, scholars have been concerned with its potential use as a vehicle for bringing together functional views of language, communicative language teaching and student-centred classrooms (Breen, 1987; Markee, 1997; Nunan, 1988, 1991, 1993; Skehan 1996, 1998). A number of studies devoted to task-based language teaching confirm that tasks can be language learning mediators and lead to language acquisition (Lynch & Maclean, 2000, 2001; McDonough & Mackey, 2000; Samuda & Bygate, 2008; Shehadeh, 2005, 2010, 2012).

The ideas of TBLT stemmed from discontent with the way in which prevailing Communicative Language Teaching (CLT) came to be developing in many commercially produced CLT materials and in much pedagogic practice (Samuda & Bygate, 2008). Samuda and Bygate (2008) point out that in earlier teaching approaches than CLT, the focuses of teaching were discretely on teaching different types of language features, for example, pronunciation, grammar, vocabulary, conversational structures, or functional elements. These approaches adopted a behaviourist model of learning and heavily relied on fundamental processes of presentation (providing form-focused input), practice (engaging learners' reproduction and manipulation of the input) and production (a free stage, where learners supposedly reproduce input material more spontaneously and flexibly). These processes were widely referred as PPP (pp.56-57). This implies that PPP is a pre-CLT approach, but it is considered the weak form of CLT (Howatt, 1984: Littlewood, 1981), whereas strong CLT is perceived as the approach which focuses on meaning and its goals are to give learners more opportunities to pay attention to authentically communicative language learning and incorporating their own experience into classroom learning as well as linking what they are learning in the classroom to the real world interaction.

However, from 1990s onwards, PPP received substantial criticisms from academics (e.g., Lewis, 1993; Willis, 1996). PPP is seen as lacking a solid foundation in second language acquisition (SLA) theory (Carless, 2009) and it is said to be too linear and behaviourist in nature. Thus it failed to account for learners' stages of developmental readiness (Ellis, 2003), and it is unlikely to give rise to successful acquisition of taught forms (Skehan, 1996). Shehadeh (2005) points out that PPP is based on the premise that students will learn what is taught in the same order in which it was taught, but there is no evidence to prove that learning occurs in this way (Skehan, 1996).

Willis (1996) highlights other problems with PPP, in that sometimes learners do a task or role play at the production stage, in which they are unlikely to use the target forms at all. This is because their developing language systems are not

ready to attempt their use or they do not need the new patterns to convey the message they want, because they can use any language resources they prefer at the free stage. PPP provides an illusion of mastery as students can often produce the required forms immediately in the classroom, however, in later classes or outside the classroom, they might not be able to use them, or might use them inaccurately. Lastly, PPP processes distort the learners' experience of language by emphasising a single item of language and heavily focusing on habit formation. It may demotivate learners from thinking about language and carrying out activities for themselves (Willis, 1996). Together, dissatisfaction with the implementation of CLT and some drawbacks of PPP offered a new space for alternative ideas of teaching and learning language such as TBLT to come to life. As Carless (2009) argues, TBLT receives part of its legitimacy from critiques of PPP.

TBLT is a further development of Communicative Language Teaching (CLT) and it is part of a family of teaching approaches which have been explored since the 1970s when classroom learning became a mass pursuit, being promoted for instrumental aims to mass audiences. From a Second Language Acquisition (SLA) perspective, TBLT is of interest due to the fact that it attempts to tackle the problem of keeping learner's attention on meaning, and on doing things with language, while also incorporating the development of their language resources into the teaching cycle. Furthermore, TBLT tries to bring occasions of authentic language use into the classroom, which enable and motivate learners to marshal their existing language repertoire, and get practice in putting this repertoire to work to complete tasks communicatively.

2.3 Definition of task

Among prominent task definitions established by task proponents (e.g., Candlin, 1987; Long, 1985; Prabhu, 1987; Skehan, 1998, Bygate et al., 2001; Ellis, 2003), Samuda and Bygate's definition of task is the most satisfactory because it talks about language use in order to achieve non-linguistic outcomes. It also includes the key phrase "meeting a linguistic challenge", referring to language development as a key additional aim of TBLT. Samuda and Bygate not only say

that TBLT is about activating the language the students have already and applying the language to do something in the real world. They also say that this activation works in combination with pushing students to use new language. The following is the definition proposed by Samuda and Bygate (2008).

> A task is a holistic activity which engages language use in order to achieve some non-linguistic outcomes while meeting a linguistic challenge, with the overall aim of promoting language learning, through process or product or both.
>
> (Samuda & Bygate, 2008, p.69)

2.4 Significance of TBLT

TBLT is considered as a practical teaching approach that fosters language learning in particularly authentic and meaningful ways, by activating learners' existing language repertoire and increasing learners' language resources through performing tasks. Its suggested advantages are explored in what follows.

TBLT promotes language learning through pursuit of meaningful learning outcomes. It focuses on meaning negotiation rather than forms. Learners acquire language knowledge via performing tasks which create some challenges for language development. In this respect, learners can use whatever language knowledge bank they have to achieve the task goals. Skehan (1998) points out that in task-based instruction (TBI), 'meaning is primary … the assessment of the task is in terms of outcome' (p 98).

In the same vein, Willis and Willis (2007) claim that some of the most successful activities in the classroom involve a spontaneous exchange of meanings. They offer the example of the teacher telling a personal story which spontaneously attracts the learners' interest. The learners respond with their own stories. Then the teacher introduces a discussion stating an opinion. The learners respond with the opinion of their own and a useful discussion follows. For Willis and Willis, meaning exchange activities such as this are a 'golden period' in a language classroom, which trigger real personal involvement and increase in confidence and fluency.

Learners will develop additional autonomy from opportunities to experiment with using language in their own ways to achieve the purpose of a given task. Since grammatical features are not predetermined in the task, learners can freely select any language resources of their choice to perform the task. The learners' role is central to TBLT in that learners have a fair share of freedom and responsibility when they negotiate course content, choosing linguistic forms from their own language resources during task manipulation, discussing various choices for task achievement and evaluating task outcomes (Benson, 2001; Breen & Candlin, 1980; Nunan, 1988; Shohamy, 2001).

Learners can also be expected to strengthen their social skills while they are collaborating with their peers in performing tasks. This collaboration resembles real world interaction outside the classroom. Social interaction is promoted, and there is less likelihood of a teacher-dominated atmosphere. In this regard, learners' autonomy as well as other skills such as problem-solving, interpreting, planning, decision-making will be democratically heightened. The teacher's role still exists in the TBLT classroom, but it shifts to that of a facilitator, manager, or advisor instead of controller or teller of knowledge.

While performing tasks, Long (1996) claims that learners notice gaps in their knowledge of the language system, and may undertake more form-focused work to fill these gaps. That is to say, learners monitor their language production as they interact with their friends to complete a task. If trouble spots are detected, repair must be carried out on these problem spots. Learner repair refers to problem-solving mechanisms related to identified deficiencies in one's own production (Kormos, 1999). Learners' self-repair takes place in order to adjust their utterances to be comprehended by learners themselves, or by others. In general, performing tasks is believed to be conducive to learner self-repair. The repair has potential to accommodate learners' acquisition of the target language by having them revise their hypothesis about their target language, notice gaps in their language repertoire and push forward their target language development (Gilabert, 2007).

TBLT incorporates situations resembling real life into the classroom, so as to facilitate learner's capacity for meaningful communication. Willis and Willis (2007) take the view that TBLT mirrors the real world on at least three levels: meaning, discourse and activity. On the meaning level, TBLT provides learners with opportunity to get involved in producing meaning which is relevant to the world outside the classroom, such as meaning related to students' subject knowledge or future career. For example, learners use language relevant to situations such as; ordering food, asking for help, interviewing patients. These tasks are meaningful to learners and motivate them to engage fully in the activity. Engaging with real world meaning or content contributes to stretching learners' language resources to enable them to express new meanings.

With regard to discourse, TBLT provides practice in several kinds of discourse that are very common in daily life. Learners will work with language functions such as greeting, offering help, agreeing or disagreeing and requesting information. The link between what learners are doing with the target language in the classroom and what they are supposed to be able to do with target language in the real world brings about learners' high engagement in classroom tasks and commitment to success in performing these.

Finally, in TBLT learners undertake discourse and communicative activities which mirror directly the way language is used outside the classroom. Authentic interaction activities, for instance, include asking for directions, giving information, telling stories, explaining how to do things and engaging in discussion. Overall, such tasks will give rise to communication behaviour that is relevant to performing real world tasks (Ellis, 2009).

2.5 Problematising the concept of task

From several studies on task (e.g. Donato, 1994; Lynch & Maclean, 2000, 2001), a task can be defined and interpreted in different ways according to the purposes for which a task is used, e.g. for pedagogy and research (Bygate, Skehan & Swain, 2001). For example, a task can be a piece of work undertaken for oneself

or other (Long, 1985), a piece of work or an activity with a specified objective (Crookes, 1986), an activity which requires learners to use language, with emphasis on meaning, to attain an outcome (Bygate, Skehan & Swain, 2001). One common thread running through most definitions of task is that the task emphasizes the authentic use of language for meaningful communication purposes beyond the language classroom (Brown, 1994). However, at the same time, a L2 classroom task is expected to drive forward linguistic development, and thus potentially task designers face the same contradictions as those faced in earlier versions of CLT, i.e. how to retain a focus on meaning and non-linguistic outcomes, while promoting linguistic challenge and building language proficiency.

There is therefore a question regarding what types of activity can be counted as a 'task' and what cannot. Pedagogically, a task must have some form of behavioural outcome, according to the definitions above, and it is clear that an activity or exercise that does not have any outcome other than mastering language form, e.g. drilling a language patterns or gap filling in grammar exercises, cannot be considered as a task (Ellis, 2003; Crookes, 1986; Samuda & Bygate, 2008; Skehan, 1996; Willis, 1996). For example, Willis (1996) points out that all tasks should have an outcome that must be achieved in a given time. Tasks are goal-oriented in nature. However, we need to look more closely at claims that the goal of a task should be 'non-linguistic' as in the definition of Samuda & Bygate (2008). For example, Ellis (2003) states that one feature of tasks is to have some clear outcome other than the use of language. This could be taken to mean that any task should lead to achievement of some material goal, e.g. making a purchase. However, Ellis and Willis (1996) both seem to accept that a task can alternatively focus on a communicative/ discourse goal; Skehan (1996) also claims that communication of meaning is primary goal for any particular task.

2.5.1 Defining features of tasks

To examine this issue more closely, I will draw on the features of tasks for second language learning proposed by Samuda and Bygate (2008). There are eight features of tasks and each of which is briefly described. The first feature is that

the task concerns holistic language use in that it requires learners to make use of their own existing language knowledge, e.g. grammar, phonology, vocabulary and discourse structures, to carry out the task given. Second, the task requires learners to achieve one or more meaningful target outcomes. The target outcomes can take the form of a verbal or non-verbal representation of information. According to Samuda and Bygate (2008), it is not adequate for learners to produce accurate language. Instead, they have to construct a pragmatically credible response. Third, the task learners have to engage in a task process in order to work towards the task outcome. Here, the task process means any language processes used in working through an outcome. Fourth, the task needs to have input material for learners to work with to provide structure for the task. The input material can be objects and/or instructions.

Fifth, a task contains different phases, e.g. pre-task, task cycle, post-task. Different task phases serve different functions and may give rise to varied types of exchanges and different types of talk. Sixth, it is crucial for teachers and/or learners to know what is being targeted as the language learning purpose. If the teachers are not aware of what is being focused on, it is impossible for them to prepare and brief the students or generate relevant feedback. Seventh, the conditions in which a task is implemented can have an impact on both process and outcome. The conditions refer to the use and manipulation of external pressure such as provision of time pressure or use of competition or collaboration. The conditions may include attitudes of the group members, level of learners' proficiency or how far teachers and students attend to the process and outcomes of the task. Finally, the task can be exploited for various pedagogic purposes at different stage of learning. For example, Samuda's (2001) tip task can serve a number of aims, e.g. to raise awareness of language area learners need to improve, to encourage them to use whatever language resources they already have to communicate in an area they have struggled with. Here, we can see that Samuda and Bygate (2008) accept communicative or discourse goals for tasks, and are happy with verbal outcomes. That is, they intend 'linguistic outcomes' to refer

quite narrowly to mastery of linguistic form, and 'non-linguistic outcomes' can include verbally expressed, communicative outcomes

2.5.2 Defining task outcomes

It is also helpful to examine discussions and examples of task outcomes given in the literature. For Ellis (2003), a task outcome can be judged in terms of content. For instance, in a narrative task based on pictures, the outcome can be judged in terms of whether the learners have included all the main events without adding false events. Another example is a spot-the-difference task involving pictures. This task outcome can be evaluated according to whether the learners have successfully identified all the differences. These fact-focused examples seem to conceptualise task success with little emphasis on language. However, Ellis (2003) goes further to distinguish between the 'outcome' and 'aim' of task. According to Ellis, 'outcome' refers to what the learners arrive at when they have completed a task, e.g. a story, a list of difference. On the other hand, 'aim' refers to pedagogic purpose of the task, in order to elicit meaning-focused language use. Ellis (2003) acknowledges that it is possible to achieve a successful outcome without meeting the aim of a task. For instance, learners performing a fact-focused spot-the-difference task based on pictures may successfully indicate the differences simply by showing each other their pictures. Because they did not use any language to specify these differences, the aim of the task has not been met here. In Ellis' view, it is not necessary whether learners have met the task outcome or not. Instead, what matters is the aim of a task that should be fulfilled. It seems here that Ellis strongly advocates this practice and seems to bring language performance back to the centre even with fact-focused task types.

Samuda & Bygate (2008) seem much more willing to straightforwardly acknowledge communicative goals as part of the 'non-linguistic outcomes' of a task. They state that the task outcome should be seen as meaningful in the sense that it can be interpreted and evaluated in a number of pragmatic ways, e.g. as true or false, as more or less informative, as more or less persuasive, or more or less amusing, interesting or sad (pp. 68-69). A 'non-linguistic outcome' in this sense

refers to a pragmatic conclusion to the task and it can be found in many forms such as laughter, the communication of information, the production of a persuasive stretch of talk, or writing. Samuda and Bygate identify the task outcome as one of the essential requirement of a task. However, they argue that it is possible and desirable for a task to have more than one outcome signified in more than one way.

An example of a task having primarily communicative outcomes can be found in Lynch and Maclean (2001). These authors use the carousel as a task in their study, something which differs from real world oral communication tasks in many ways. The carousel adopted medical journal articles as textual input and the learners had to convert the journal articles into a poster format. Second, the carousel involved extensive planning time, e.g. an hour. The learners centrally worked with the content of their article and its expression in a poster. Third, there was no written guidance, and the teacher provided the instructions to the learners orally. The fourth characteristic of the Lynch and Maclean (2001) study is the centrality of interaction. The poster hosts were required to respond appropriately and convincingly to the visitors' questions, though they were not allowed to rehearse their task performance before public presentation. It is interesting to note that Lynch and Maclean (2001) did not actually specify the task outcome in their study. We are not certain whether the task outcome is information exchange between the poster host and visitor or the poster itself, or whether they view the outcome as linguistic or non-linguistic. However, in our view this carousel counts as a task with a communicative outcome, involving information exchange and use of real time language to produce an effective poster and to interact with 'visitors'. The learners used their holistic language to carry out the task given, and the interaction here is relevant to real world communication beyond the classroom.

2.5.3 Role plays as tasks

The last issue to explore involves the use of role play task in TBLT. Role play has long been used extensively in language teaching. It involves social interaction

and results in dialogue discourse (Ellis & Barkhuizen, 2005). Kasper & Dahl (1991) support that role plays enable learners' language to be investigated in its full discourse context, as role plays provide substantial opportunities for language learners to use language more naturally, very close to real life communication. Role play is regarded as an important and useful instrument used to promote and elicit learners' language production. However, it is necessary to consider whether the role play is counted as a task or not. According to Willis (1996), there are two types of role play and this distinction provides us with criteria for judging whether a role play is a task. The role play with outcomes is considered to be a task. For example, a shopping game, with students playing out the role of shopkeeper and customer, has an outcome for each performer to achieve. The customer is required to buy things on a shopping list within a fixed budget, while a shopkeeper has to sell things and make a profit. Such a role play can involve bargaining sequences, where the students have to mean what they say as they attempt to accomplish the task. On the other hand, a role play with no outcome is not treated as a task. According to Willis, in this type of role play the students simply act out predetermined roles with no purpose and are required to practice some language patterns. It is unlikely for the students to mean what they say and what they want to achieve.

In my study, I adopted role play as an instrument to stimulate the students' language production in a meaningful context and to scaffold students' language development. Here, I considered the role play used in my study as a task for a number of reasons. Drawing on the perspectives of Ellis (2003), Samuda & Bygate (2008), Skehan (1996) and Willis (1996), first, my role play tasks involves holistic and creative language use because no language patterns were specified in the task. Instead, the students could use their own existing language resources, e.g. phonology, grammar, vocabulary or discourse structures to undertake the task given. For example, in session 1, the students were free to choose any question forms to interview the patient. Second, my role play tasks contain some meaningful target outcomes. Here the outcome can be pragmatic ones or non-linguistic. That is, the principles underlying my target outcomes are

communicational, but of different sorts of information exchange (as in Session 2), provision of care, but also the performance of a range of speech events relevant to the professional setting, e.g., dealing with complaints, providing reassurance. They are non-linguistic in the sense that my task outcomes are never concerned with mastery of pre-determined language forms or patterns. For instance, in session 2, the students were asked to perform a task of examining a patient and complete a clinical record. In this session, the students had abundant opportunities to perform several language functions, e.g. asking for information and permission, and to achieve the outcome of writing a clinical record.

The third consideration is that my role-play task concerns individual or group processes in that the students were asked to perform oral role play tasks in group of three across 12 sessions. The students collaboratively worked through task processes, using language to plan and organize their work or to negotiate task outcome (Samuda & Bygate, 2008). Fourth, the role play tasks are relevant to real world communication beyond the classroom (Ellis, 2003). For example, all role plays in my study represent the communication between nurses and patients, taking place in hospital wards while nurses performing nursing care, e.g. giving intravenous fluid to a patient or preparing a patient for an operation. Lastly, my role play task is comprised of different phases, e.g. pre-task, task and post-task phases (See more details of task phases of this study in section 5.6.3, Chapter 5). Here, I argue that the role play used in my study is a task because it contains some crucial element of task mentioned above, e.g. non-linguistic outcomes, holistic language use, individual or group processes, task phase and real world relevancy. The term 'role play' used in subsequent sections or chapters refers to oral role play tasks discussed in this section.

2.6 Contextual use of tasks

This section deals with the way in which tasks may be used with different pedagogical purposes in various contexts. Samuda and Bygate (2008) distinguish the use of tasks for pedagogical purposes into three perspectives: task-based

learning and teaching, task-referenced learning and teaching, and task-supported learning and teaching.

Full Task-based learning and teaching

Task-based learning and teaching or strong TBLT involves contexts where tasks are seen as central units of instruction. The tasks are used as a vehicle to drive classroom activity and specify curriculum and syllabus as well as defining modes of assessment. Clear examples of this kind of task can be seen in the Bangalore Communicational Teaching Project (Prabhu, 1987, see Section 2.11.1 for more details) and Flanders task-based programmes for the teaching of Dutch as a second language (Van den Braden, 2006, see Section 2.14 for more details). Samuda and Bygate summarise this form of TBLT as follows:

- Tasks define the language syllabus, with language being taught in response to the operational needs of specific learners.
- Tasks are seen as essential in engaging key processes of language acquisition.
- Tasks are selected on the basis that they replicate or simulate relevant real-world activities.
- Assessment is in terms of task performance.

(Samuda & Bygate, 2008, p.58)

From the above ideas, we can see that the task is regarded at the main agent that specifies the language learning syllabus derived from specific learners' needs analysis. Performing tasks that are related to authentic use of language in real world contexts is central in this perspective. Importantly, the outcome of the assessment can be obtained from task performance. The task itself acts as language mediator leading to language learning acquisition, and 'strong' TBLT is heavily connected with interactionist SLA research, which is concerned with opportunities available within tasks for the negotiation of meaning, provision of feedback on output and focus on form rather than on forms (Gass & Varonis, 1985; Long, 1985; Pica & Doughty, 1985).

Task-referenced learning and teaching

According to Bygate (2000), the notion of task-referenced learning and teaching refers to the context where tasks are used for assessment purposes and for specifying achievement targets. Here, tasks are connected to various forms of 'outcomes-based' approaches, for example, adult migrant education in Australia and in parts of North America, where learners are measured on competencies or attainment targets in order to progress through the programme. For example, in the Australian Migrant Education Programme (AMEP), one typical target is that learners 'can participate in a casual conversation or can respond to spoken instruction' (Brindley & Slatyer, 2002). However, while the curriculum and learner achievement are defined in terms of a series of selected target tasks, teachers may use whatever means are most suitable for preparing students for target-assessment (Samuda & Bygate, 2008, p.59).

Task-supported learning and teaching

In this weak version, task-supported learning and teaching or TSLT, tasks are not the central unit of instruction, nor are they related to any particular syllabus type, e.g., structural, functional and notional or lexical syllabus (Ellis, 2003; Bygate, 2000). According to Samuda and Bygate (2008), tasks are seen here as one element in an all-purpose programme of instruction, and may be used for a range of purposes such as to diagnose, to provide practice, to develop fluency, to raise awareness of specific language features, to assess progress. A good example is where tasks are used in the production stage of the PPP teaching approach, i.e. where learners are required to perform a specific task with predetermined language features (Ellis, 2003; Bygate, 2000; Samuda & Bygate, 2008). Samuda and Bygate summarise this 'weak' approach as follows:

- Tasks are an important, but not the sole, element in a pedagogic cycle.
- Tasks are used in conjunction with different types of activity.
- Tasks are one element in the syllabus, but not necessarily the defining element.
- Tasks may be used as an element of assessment, but not necessarily as the defining element.

(Samuda & Bygate, 2008, p.60)

In summary, tasks may be used as central units of instruction, for assessment purposes and/or for specifying achievement targets; they may comprise a complete programme of instruction, or just one element in an all-purpose programme of instruction. The strong version of TBLT was judged most suitable for the current study because of its potential to respond to learners' needs and involve learners with learning language in authentic ways through performing tasks that replicate real world communication.

2.7 Components of task

It is essential for practitioners to have a better understanding about the elements of tasks before doing task-based teaching. A number of proposals concerning task components are reviewed in this section.

Candlin (1987) proposes that tasks should consist of input, roles, settings, actions, monitoring, outcomes and feedback. In his view, input means the data introduced to learners to work on. Roles stand for the relationship between participants in a task. Setting means both the classroom and the situation outside the classroom identified in the task. Actions refer to procedures and sub-tasks to be performed by the learners. Outcomes signify the goal of the task. Finally, feedback is the evaluation of the task.

Shavelson and Stern (1981) advise that in designing a task, practitioners should consider several aspects; (a) content, the subject matter to be taught; (b) materials, the things that learners can observe or manipulate; (c) activities, the things the learners and teacher will be doing during the lesson; (d) goals, the teacher's general aim for the task; (e) students, their abilities, needs and interests; and (f) the class as a social community and its sense of 'groupness'.

Nunan (2004) suggests that tasks should comprise goals, input, and procedures with supporting elements of teacher and learner roles and settings. His view is that goals relate to a range of general outcomes (they can be communicative, affective or cognitive) or may directly account for teacher or learner behaviour.

Goals are not always explicitly stated, although they can be actually deduced from an examination of a task. Nunan states that input stands for the data that form the starting point for the task. Input for communication can be drawn from a wide range of sources such as letters (formal/informal), calorie counters, newspaper extracts, recipes, picture stories and weather forecast (Hover, 1986; cited in Nunan, 1992). Procedures indicate what learners will actually do with the input which constitutes the point of departure for the learning task. Roles involve clarifying the social and interpersonal relationships between the participants (both learners and teacher). Settings refer to the classroom arrangements predetermined in the task, and whether the task should be performed entirely or partly outside the classroom.

In summary, this section suggests that task should contain some core elements such as input, roles, settings, actions, monitoring, outcomes, feedback, content, materials, activities, procedures, goals, student needs and interests and social relationships. Each of these elements should be taken into consideration when designing effective tasks.

2.8 Task types

In the literature on TBLT, it is common to divide tasks into broad groups, more focused and more open. According to Willis (1996), for example, there are two types of task. The first is closed tasks which are highly structured and have very specific goals. The task in this sense has only one possible outcome, and one way of achieving it, for example, working in pairs to find seven differences between two pictures and writing them down in note form, Time limit: two minutes. The second type is open tasks which are more loosely structured, with less specific goals. A good example of this is comparing memories of childhood journeys, or exchanging anecdotes on a theme.

Likewise, Ellis (2003) divides tasks into two kinds. His first type is the focused task, an activity that has all the qualities of a task but has been designed to stimulate learners' incidental attention to some specific linguistic form when

processing either input or output. His second type is the unfocused task that is designed to promote the comprehension and production of language for purposes of communication, without drawing attention to any specific linguistic feature. The idea of two task types is useful for designing tasks for my study because it can be expected that both closed and open tasks will provide my students with different learning opportunities. With more specific, fixed tasks the students can build up their own confidence and motivation to use a limited language repertoire communicatively, while open tasks motivate the students to be more creative and adventurous with language use as well as taking more risks to experiment with communication.

Pica, Kanagy, and Falodun (1993) classified tasks according to the type of interaction that occurs in task accomplishment: jigsaw tasks, information gap tasks, problem-solving tasks and decision-making tasks. Jigsaw tasks require learners to combine different pieces of information to form a whole, such as; three individuals or groups may have three different parts of story and have to piece the story together. Information-gap tasks provide one learner or group of learners with one set of information and another learner or group with a complementary set of information. They must negotiate and find out what the other party's information is, in order to complete the activity. Problem-solving tasks provide learners with a problem and a set of information, and they must reach a solution to the problem. There is generally a single resolution of the outcome. Finally, decision-making tasks give learners a problem which has a number of possible outcomes and they must choose one through negotiation and discussion.

Lastly, Willis (1996) also proposes six task types: listing, ordering and sorting, comparing, problem solving, sharing personal experiences and creative tasks. Listing generates a lot of interaction as learners explain their ideas. The outcome can be a completed list, or a possible draft mind map. Ordering and sorting involves four main processes: (a) sequencing; (b) ranking; (c) categorizing; and (d) classifying. Comparing involves comparing information of a similar nature but from different sources or versions in order to indicate common points and/or

differences. Problem solving tasks require learners' intellectual and reasoning capacity, and they are engaging and often satisfying to solve. Real-life problems may be associated with expressing hypotheses, describing experiences, comparing, alternatives and evaluating and agreeing a solution. Sharing personal experiences can motivate learners to talk more freely about themselves and share their experiences with others. The resulting interaction is closer to casual social conversation. Finally, creative tasks are also called projects and can be formulated in pairs or groups of learners in some kind of freer creative work.

However, all of the task types reviewed here are for tasks in general education, which aim to enable learners to engage in learning through performing a wide variety of activities as well as gaining more knowledge and experiences. While I found the distinction between closed/ open tasks helpful, given my healthcare focus, I found the literature on healthcare communication a better ultimate guide in selecting and designing tasks for my study (see discussion in Chapter 3).

2.9 Framework for tasks within TBLT

A task framework is regarded in the TBLT literature as a guideline that leads us from the beginning of teaching to the end processes. The frameworks illustrated here are drawn from Willis (1996, 1998), Ellis (2003) and Long (1985, 1991, 1997, 2005).

Willis' (1996, 1998) task-based model suggests a task cycle that claims to effectively integrates meaning and form, and in which the communicative tasks precede the focus on form. That is, learners not only do the task but also report on it. After reporting the task results, learners have to conduct their own language analysis and practice language patterns to build up their accuracy. The general framework proposed by Willis (1996) can be seen in Figure 2.1.

<table>
<tr><th colspan="3">Pre-task</th></tr>
<tr><td colspan="3">Introduction to topic and task, teacher explores the topic with the class, highlights useful words and phrases, helps students understand task instructions and prepare. Students may hear a recording of others doing a similar task.</td></tr>
<tr><th colspan="3">Task-cycle</th></tr>
<tr><th>Task</th><th>Planning</th><th>Report</th></tr>
<tr><td>Students do the task, in pairs or small groups. Teacher monitors from a distance.</td><td>Students prepare to report to the whole class (orally or in writing) how they did the task, what they decided or discovered.</td><td>Some groups present their reports to the class, or exchange written reports, and compare results.</td></tr>
<tr><th colspan="3">Post-task</th></tr>
<tr><td colspan="3">Students may now hear a recording of others doing a similar task and compare how they all did it.</td></tr>
<tr><th colspan="3">Language focus</th></tr>
<tr><th colspan="2">Analysis</th><th>Practise</th></tr>
<tr><td colspan="2">Students examine and discuss specific features of the text transcript of the recoding.</td><td>Teacher conducts practice of new words, phrases and patterns occurring in the data either during or after the analysis.</td></tr>
</table>

Figure 2.1: A framework for task-based language teaching

In Willis's (1996) framework, there are three important phases of task: pre-task, task-cycle and post-task. The pre-task phase shows the kind of preparation that needs to be done in advance, and identifies the steps involving setting up a task. The phase moves on to present a range of preliminary activities that can be used in class to introduce the topic and prepare learners for the task itself. The second is the task-cycle phase. This phase provides the opportunities for learners to perform the task given in their own ways. After completing the task, learners plan and rehearse their report or presentation. Then, learners report their task outcomes to the class. In this phase, the teacher is supposed to act as a language

adviser and monitor of learning. Finally, the post-task phase will deal with language analysis and practice activities. This phase is the transition from meaning to form. Learners analyse any language problems they have struggled with during the task-cycle and they can work in their own ways to practice language features they want to improve with help from the teacher. Learners can use any resources such as grammar books, exercise books or internet. In this sense, this phase also promotes a learner-centred approach, while it ensures the integration of some 'linguistic challenge' within TBLT.

Ellis (2003) introduces a model for designing tasks also including three principal phases which reflect the chronology of a task-based lesson. The first phase is 'pre-task' and relates to the various activities that teachers and learners can attempt before they start the task, for example, whether learners are provided with time to plan the performance of the task. The aim of the pre-task phase is to prepare learners to perform the task in ways that will facilitate acquisition. The pre-task activities can be operationalized in any one of four ways: (a) assisting learners to perform a task similar to the task they will perform in the during-task phase of the lesson; (b) encouraging learners to observe a model of how to perform the task; (c) involving learners in non-task activities (e.g. focus on forms activities) to prepare them to perform the tasks; and (d) planning the main task strategically. The second phase, the 'during task' phase, is task manipulation and offers various instructional options, such as, whether students are required to work under time-pressure or not. The last is the 'post-task' phase which entails procedures for following-up on the task performance. This phase offers some alternatives. There are three main pedagogic goals: (a) to afford an opportunity for a repeat performance of the task; (b) to stimulate reflection on how the task has been performed; and (c) to draw attention to form, in particular to those forms that were problematic for the learners when they performed the task. The model proposed by Ellis is shown in Figure 2.2.

Phase	Example of options
A. Pre-task	- Framing the activity (e.g. establishing the outcome of the task) - Planning time - Doing a similar task
B. During task	- Time pressure - Number of participants
C. Post-task	- Learner report - Consciousness-raising - Repeat-task

Figure 2.2: A framework for designing task-based lessons

Finally, Long (1985, 1991, 1997, 2005) suggests a task-based language teaching model which moves through the following sequence of task development, implementation, and assessment:

- Needs analysis to identify target tasks
- Classify needs into target task types
- Derive pedagogic tasks
- Sequence to form a task-based syllabus
- Implement with appropriate methodology and pedagogy
- Assess with task-based, criterion-referenced, performance test
- Evaluate programme

According to Long's model, tasks are chosen based upon an analysis of real-world communication needs. Tasks such as these are important for L2 learning because they can generate useful forms of communication breakdown (Long, 1985). Teachers offer some kinds of assistance to help learners focus on form at the point when it is most needed for communication. This is the moment when meaning meets form. While not explaining learners' errors, teachers provide indirect help so that learners can solve their own communication problems and can further meaning negotiation.

One of the main differences among Willis's, Ellis's and Long's task frameworks is the treatment of language forms which are predetermined to some extent in the earlier phases of the frameworks devised by Ellis and Long, while in Willis's model, form is not predetermined, and comes into focus only at the post-task phase.

In my current study, I have applied Willis' framework for several reasons. First, the framework offers three interesting phases that go from meaning focus to form focus. In the pre-task phase, learners are motivated and introduced to a new topic. The activities in this phase trigger learner interest and they link their own experience to the new topic. The second phase, the task-cycle, provides opportunities for learner to experiment with their own language resources. Learners perform the task given in pairs or groups so that they can negotiate or discuss to achieve task freely. In this phase, learners will build up their language fluency through reports or presentations and will start to notice their individual language gaps. Finally, learners' interests are shifted to form in the last phase, language focus. Learners' actual language gaps are filled in this phase through analysing performances and practicing problem patterns with language activities.

In my study, the students' known needs relate to health communication, and they already possess some English knowledge, though they are not fluent. Therefore, they mainly need to activate existing language knowledge in order to become proficient communicators in their profession. The Willis framework with its prime focus on meaning seems most appropriate to this Thai ESP context, where students need to make use of their subject knowledge and experience to learn to carry out professional tasks through English.

2.10 Designing TBLT for ESP

An ESP course is usually designed according to learners' needs and institutions' requirements, and it involves a number of professional topics (Kavaliauskiene, 2005). One of the main assumptions of ESP is that teaching materials should enable learners to acquire the variety of language and skills they will need in

typical situations they meet in their professional life (Jendrych & Wisniewska, 2010). TBLT is similarly concerned with students performing tasks relevant to real life.

In establishing a TBLT syllabus for ESP in this project, I will draw on the processes proposed by Willis and Willis (2007). These processes include five steps: identifying learners' needs and selecting topics; designing task sequences; checking tasks and text difficulty; analysing text; and monitoring. The steps are described as follows:

1. For assessing learners' needs, in general education, we may have to ask learners what their needs are. However, in my situation, that is not true because my target group comprises nursing students who are going to do health communication.
2. Second, after learners' needs have been specified, the teacher can move further to identify and sequence target tasks that learners will do in the classrooms, based on those needs. That is, the target tasks should mirror what learners expect to do with language in real world situations.
3. Third, the target tasks and associated texts are sequenced and incorporated into a syllabus, taking account of task difficulty (Skehan, 1998). The assessment of tasks and texts for difficulty will assist teachers to arrange the tasks into a practical teaching sequence. In this way the teacher will derive a task syllabus.
4. Next, the teacher needs to examine the proposed tasks and any associated texts, or relevant corpora or frequency lists, searching for grammatical features, and/ or frequent words and phrases that can be highlighted as useful for task performance. This analysis will provide the teacher with a provisional, task-derived language syllabus.
5. Finally, the teacher translates the syllabus and instructional material into practice. While teaching using TBLT, the teacher has to observe the task sequences, and activities, as these are interpreted in practice by the students. If problems regarding task sequences, teaching materials and/or individual activities are found, ongoing refinement may be needed.

2.11 TBLT outcome assessment

In a TBLT approach,

> "Assessment is in terms of task performance."
>
> (Samuda & Bygate, 2008)

The quotation above encapsulates the idea that within TBLT, assessment as well as pedagogy should be based on the achievement of real world goals as evidenced in task performance. Brindley points out some difficulties with this argument, saying that "An assessment activity is by its very nature an artificial situation: no matter how 'life-like' the task is, people still know they are being assessed under special conditions. A problem with authentic assessment tasks is the difficulty of generalizing from a one-off performance to other situations of language use" (2009, pp. 438-439). However, as a partial solution to this problem, Bachman (1990) had earlier suggested that we have to construct individual test tasks that reflect our general underlying knowledge of the nature of language abilities and language use. Tasks can be generalizable, where they are grounded in a theoretical framework that includes the language ability of the test takers and the characteristics of the testing context.

In the case of this study, the general language level of the target student group was known, and oral health care communication skills were the particular language abilities to be developed. Therefore, it was judged appropriate to follow the principle suggested by Bygate and Samuda (2008), and to use a health communication role play task as the main instrument for the assessment of task based performance (pre and post instructional programme). Further details are given in Chapter 5.

2.12 Empirical evidence on the implementation and effectiveness of TBLT

The history of TBLT implementation is a mixed one, and it is important for this study to investigate reasons for this. This section presents and discusses examples of both success and failure in TBLT. Section 2.12.1 deals with the pioneering Communicational Teaching Project completed in India (Prabhu 1987),

while Section 2.12.2 provides the details of the Hong Kong Target-Oriented Curriculum (TOC: Clark et al., 1999), which is a practical example of syllabus design that adopted a task-based approach. (Another important example, the Flanders task-based programme for the teaching of Dutch as a second language, is presented in section 2.14 Application of TBLT in ESP.)

2.12.1 Communicational Teaching Project

Prabhu (1987) pioneered a task-based approach with secondary school students in Bangalore in India from 1979 to 1985. His task-based project is known as the Communicational Teaching Project or the Bangalore project. It was not implemented as a formal experiment but rather, it was an exploratory classroom-based initiative. Tasks were selected and sequenced on basis of reasonable cognitive challenge for participating learners, and were not grounded in structurally or lexically defined syllabuses. Three task types were used, i.e.: information gap; reasoning gap; and opinion gap (see Prabhu, 1987, pp. 31- 40 for more details). The criterion for successful task completion was that 50% of the class found a correct solution to the problem, and production of specific linguistic features were not required. A teacher-led pre-task was used to clarify necessary concepts and rehearse task procedures. Here, the teacher controlled and guided the activity with the whole class, using a question and answer format, in order to lead the students to task outcomes. In the main task phase, the tasks were performed by individual students or they sometimes undertook the tasks cooperatively as well as seeking help from the teacher. Prabhu's task outcome assessment was carried out by the teacher grounded on content; the teacher gave feedback on the extent of students' success in problem-solving. The outcome of the task also allowed for student input on task selection and planning for subsequent lessons.

The Bangalore project possessed three main characteristics of note (Samuda & Bygate, 2008). In the first place, this project showed an increase in cognitive demands within and across the pre-task and task. Secondly, the language used in carrying out the task was not predetermined in the material. Rather, the language

was negotiated in the classroom, on the basis of teachers' perception of students' needs and proficiency and the intellectual challenge of the task. Lastly, success of task completion was evaluated by correctness of the students' solution, and linguistic accuracy was not considered as evidence of task achievement.

Prabhu encountered some limitations in implementing his project. For example, the project was done under limited time-span and in a very specific setting. The classes were also large and had minimal resources that were not far beyond blackboard and chalk. However, the project is considered as an interesting pioneering example of a task-based approach in action, in that it attended to a meaning-focused approach, as well as a positive example of what can be done in so-called difficult circumstances in non-Western settings (Samuda & Bygate, 2008). Overall, the project was an early example of a systematic attempt to develop and explore task-based procedures in real classroom contexts and search for different types of empirical evidence and counted as a successful project. However, it was never clear how the project addressed the issue of linguistic challenge. In addition the project was not sustainable and it did not survive when Prabhu himself left the context. Here, it seems that the teachers' expertise and collaboration as well as dedication to the project might be the factors affecting the sustainability of the project.

2.12.2 Hong Kong Target-Oriented Curriculum (TOC)

The Hong Kong TOC was purposely designed to enhance the quality of individual learning in Hong Kong schools and to deal with prevailing problems in the education system such as an overcrowded and fragmented curriculum, an over-emphasis on the rote-learning of discrete chunks of information, lack of awareness of the role of language in learning, limited effort to cater for individual learner differences, and assessment methods focused primarily on ranking students (Clark et al., 1994; Carless, 1999). Ultimately, the framework was intended for all subjects in the curriculum, but it was initially devised for Chinese, English and mathematics. The TOC adopted tasks as a crucial device to drive curriculum content, and these were regarded as one means to assist the learners to reach

certain desired competencies, strategies and skills (Samuda & Bygate, 2008). The curriculum was first implemented with primary 1 children (six years old) and later continued to secondary schools.

The Hong Kong TOC is not a full task-based curriculum as its name indicates. Rather, the curriculum was specified in terms of targets in the shape of specific competencies, strategies and skills that learners were expected to reach (Samuda & Bygate, 2008). Specifically, TOC in language classes must be regarded as a weak form of TBLT because the dominant PPP approach was used and learning tasks took place only in the production stage, allowing teachers a high degree of control over the presentation and practice stages. Some opportunities for student presentation were limited, being provided for more active students only, in the production stage (Carless, 1999). Likewise, Samuda and Bygate mention that, in practice, the place of task elements within the TOC appear varied. For example, a change towards school-based materials development meant that the extent of emphasis given to task work might rely upon teachers' appraisal of local needs or their own attitudes towards task use.

Carless (1998) points to two main successful aspects of the early TOC. In the first place, TOC showed positive repercussions at the organisational level, as it encouraged more cooperation and discussion among teachers and this cooperation strengthened teachers' professional credentials. Also, the TOC allowed for a shift from the teacher's traditional role of knowledge provider to a role of facilitator of students' learning. The empirical data indicated positive effects on students' motivation and teachers' report of more enjoyment and greater students' participation (Clark et al., 1999).

Nevertheless, problematic aspects have been found in TOC, concerning assessment, the goal of catering for individual differences and teaching through tasks (Carless, 1999). The preparation of TOC assessment was carried out only after the development of other core elements such as targets and tasks. Morris et al. (1999) comment that the failure to incorporate TOC principles into high stakes

assessments at the end of primary 6 (with 11 year old students) resulted in negative effects on TOC implementation. With regard to the TOC notion of responding to individual differences, Carless (1999) observes that this was hard to utilise because of large class size, heavy workloads, poorly resourced working conditions and lack of awareness among teachers of varied strategies for individualised learning (Clark et al., 1999). Samuda and Bygate (2008) add that the teachers reported lack of preparation for TOC, even though different kinds of support were made available, for example, supplementary materials, on-line resources and in-service workshops on pedagogic procedures. Lastly, according to Carless (1999), teachers did not have a clear understanding about the nature of tasks and practice of task-based learning. Clark et al. (1999) accepted that this might be partly due to a failure of TOC documentation to operationalize the concept of task in teacher-friendly terms.

In summary, the project is interesting because it was an attempt to experiment not just in one little place, but to change a whole school system. Though TOC was an interesting experiment, it was eventually judged a failure. One of the criticisms of the Hong Kong project was that it failed to integrate linguistic progression. The project was abandoned and the teachers reverted to a programme where traditional language teaching was prominent once again. So, we learn that it is difficult to get a whole school system to adopt a task-based approach. However, like the Bangalore project, TOC involved early language learners in general education. The problems identified with TOC may not apply to more advanced (and adult) learners, engaged in learning English for specific purposes of professional communication. It seems here that the two major projects turned out to be unsustainable. Teachers' expertise, a felt need to focus on linguistic progression or linguistic challenges contributed to the project sustainability.

2.13 TBLT in Thailand

To date TBLT practices have received little attention in Thailand even though the ideas of TBLT have been introduced to language teaching internationally for more than two decades. This might be due to the prevailing influence of CLT in

Thailand as part of the overall transition from the era of learning grammar to learning for communication. Most Thai EFL teachers perceived that CLT is a teaching approach that focuses on communication rather than teaching discrete grammar rules. CLT was integrated into the Thailand English curriculum in 1996 (Punthumasen, 2007) and the curriculum has been revised several times. For example, the 2001 Basic Education Curriculum emphasises English for communication. The Ministry of Education extensively set up a number of projects to promote the use of CLT for classroom teachers nationwide, in association with methods and approaches such as child-centred, cooperative learning. Despite receiving varied training, Thai EFL teachers still have problems with heavy teaching load, students' low proficiency in English, and misunderstandings about adopting CLT. Most of teachers still use grammar and rote learning methods for teaching English (Punthumasen, 2007). Due to the partly unsuccessful implementation of CLT in Thai education contexts, there should be opportunities to introduce TBLT for Thai teachers. However, there has been no official attempt to promote TBLT in Thailand and this might be the reason why Thai English teachers do not know much about TBLT.

Some studies have however been conducted in relation to TBLT in Thailand. Most are small scale and have been carried out by post graduate students as part of their curriculum requirement. A number of these studies concern TBLT with school level students. For example, Sae-Ong (2010) carried out experimental research into the use of task-based learning and group work to develop the English speaking ability of upper secondary school students. The students' speaking ability was measured through criteria focusing on communication, fluency, grammar and vocabulary and the results showed that the students' English speaking ability was significantly higher after they participated in task-based learning. Saiyod (2009) conducted an experimental project to study the effects of task-based English reading instruction on reading comprehension ability of elementary school students and the findings indicated that the post-test mean scores on reading comprehension were significantly higher than those of the pre-test. In addition, the students in this study felt that they had the chance to do more

varied tasks, increase their interaction and broaden their content knowledge as well as their knowledge of vocabulary and grammar. However, some students stated that they had problems communicating in English and that the time allocated for completing the reading tasks was not sufficient.

Rattanawong (2004) studied the effects of task-based learning on the English language communicative ability of grade six elementary school students. An English language communicative ability test focusing on accuracy and fluency, students' self-report, and questionnaires were used to collect data. The results showed that the post-test mean scores for English language communication, the four language skills and level of behaviour of the students in the experimental group were higher than those of the control group. Also, the students believed that they could use the knowledge gained in their daily life, had had more chance to practise the four skills, and had more confidence to use English and working skills. Sangarun (2001) investigated the effects of pre-task planning on foreign language performance. Her experimental study revealed the positive effects of task planning on speech fluency and quality of speech production. Sittichai et al. (2005) scrutinized the effects of task-based instruction and reinforcement methods on the English achievement of grade two lower secondary school students. The findings of this experiment were that the students who participated in task-based learning activities had significantly higher learning achievement than students receiving traditional instruction. Lastly, Rachayon (2008) conducted an experimental research to verify the effects of task-based learning on English writing ability of grade 5 upper secondary school students and she found that the students' writing scores were higher after undertaking task-based learning.

There are also some studies of TBLT that have been undertaken by language teachers at universities. For instance, Sirisatit (2010) undertook a sociocultural case study of task-based instruction in a university business EFL class, from an activity theory perspective. The study indicated that the students' business English ability improved, and that the improvement was retained. The researcher attributes the students' test score improvement to task familiarity, task

internalisation and the influential roles of motivation and affect. McDonough and Chaikitmongkol (2007) studied teachers' and learners' reactions to a task-based EFL course in Thailand. Both groups felt that the task-based EFL course encouraged learners to become more independent and addressed their real world academic needs. However, both teachers and learners said they needed more activities and information that could assist them to adapt to task-based teaching and they also expressed concern over the amount of materials and activities per lesson. Accordingly, the learners needed more support and guidance for carrying out the tasks successfully. The course design team suggested a variety of responses, including producing a teacher guide, offering workshops for teachers, reducing the number of activities per lesson and developing supplementary materials for the learners. Finally, Wiriyakarun (2003) conducted research into designing task-based materials to promote learner autonomy in the classroom and she discovered that the students' attitudes were very positive. They reported that they were highly motivated and active in learning, and stated that the course enabled them to direct their own learning. Some students mentioned that task-based material was a new way for learning grammar which was really fun, relaxed and less boring than chalk and board.

It is clear from the studies above that TBLT research in Thailand has dealt with varied aspects, and has produced some encouraging results, but that most research has been done with elementary or secondary school students. Little research has been carried out with students at higher education institutions or at universities in particular, and no TBLT research project concerning English for specific purposes for health science students has been found. Most studies were carried out following experimental designs, and the detailed implementation of TBLT in the actual Thai classroom was not documented. However, several studies above adopted Willis' (1996) task framework and the tasks include speaking, reading and writing. The overall attention was paid to linguistic forms or linguistic challenge at the post-task phases, but some tasks were used to promote learning autonomy, socioculture and psychology. Despite the claims of short success from several studies, the issues of sustainability of TBLT in Thailand were unclear

because the evidence of adoption TBLT in Thai regular classrooms has not been shown.

2.14 TBLT effects on students' attitudes and language development

This section highlights selected research which has been done into the impacts of TBLT on students' attitudes and language learning outcomes.

Attitude changes and autonomous learning

Rocha (2005) conducted a study on promoting oral interactions in large groups through task-based learning and found that students changed their attitudes towards language learning over time. The first change involved the students' attitudes towards group and pair work. That is, at the beginning the students were interested in doing individual work such as writing compositions and reading. Once they participated in TBLT programme they showed more preference towards group and pair work activities. Another change deals with confidence and active participation. The students became more confident through performing tasks where they had opportunities to use English both receptively and productively. The students also became more interested in foreign language and participated actively in different stages of the tasks. Similarly, Nishida's longitudinal study (2012) found that earlier in the semester, students showed little confidence in themselves, but in the course of time, eventually students showed more confidence when they were able to do tasks, solve problems and/ or write English sentences. Another longitudinal study conducted by Schart (2012) also indicated that the learners changed their attitudes towards foreign language learning. They became more independent and more active and also clearly showed progress in their language development.

With regard to learning autonomy, several studies confirm that taking part in a TBLT programme encourages learners to become more responsible for their own learning. Wan's (2005) study, investigated four remedial students' attitudes towards the fostering of learner autonomy through a Task-based group project. The study showed that most students had developed positive changes in

perceptions towards both task-based and autonomous learning after experiencing the ten-lesson module. The students' purposes in doing the project also gradually became more achievement orientated and the students felt that the project was effective in developing learner autonomy.

Confidence and motivation

A related potential of task-based learning is that it promotes learners' general confidence and motivation. Sulaiha et al. (2009) claimed that the tasks used in their study could develop students' self-confidence. This was because they had opportunities to listen to their classmate's presentations, which sometimes stimulated them to read further and discover their own deficiencies. Likewise, Gutiérrez (2005) found that tasks put students in contact with some patterns of foreign language, which created a stimulating communicative context. In that way, they were motivated to communicate in English. At the beginning, oral production was poor; students only produced isolated words or segmented expressions, so their oral production was not meaningful for their interlocutors. Through the use of tasks, some students became more confident to ask questions.

Language improvement

Performing learning tasks in a TBLT framework is believed to promote language learning, and a number of studies advocate that TBLT plays a crucial role in facilitating language acquisition. For example, Tsai (2011) conducted a case study of multimedia courseware-supported oral presentations for non-English major students. The study involved integration of ESP multimedia courseware for oral presentations into a self-learning and elective programme for non-English major students in an EFL setting. The aim was to examine whether or not non-English major students with lower English proficiency can apply what has been learned from the special courseware tasks into regular classes. Most of the non-English major students clearly indicated that they had made some improvement and felt their learning effectiveness for preparing presentations was significantly improved.

Shintani (2012) argues that tasks result in naturalistic conversation, negotiation of meaning and 'focus on form', all of which have been claimed to facilitate acquisition. Shintani designed the tasks to include these features and documented the presence of these issues. The learners in this experimental study improved significantly in both receptive and productive knowledge of target vocabulary items and in receptive knowledge of plural –s over time and also outperformed a control group. In Kawakami's (2012) study, the results imply that text-based tasks led to increased vocabulary retention of both higher and lower groups and that, as expected, the lower group gained more vocabulary than the higher group; both groups achieved more retention than a control group class.

Some studies have also claimed that task-based learning assists students to gain more listening comprehension. Bahrami (2010) investigated the effect of different task types devised by Willis (1996) on EFL learners' listening ability. The results indicate that there was a significant relationship between the three tasks of 'matching, labelling, and form-filling' and listening comprehension. However, there was no relationship between the task of 'selecting' and listening comprehension. Similarly, Farrokhi and Modarres (2012) also scrutinised the effects of two pre-task activities on improvement of Iranian EFL learners' listening comprehension. This experimental study aimed to discover how far the pre-task activities of 'glossary of unknown vocabulary items' and 'content related support' assisted EFL language learners with their performance on listening comprehension questions across low proficiency (LP) and high proficiency (HP) levels. This study is about listening comprehension and two types of tasks were adopted here. The tasks were recorded lectures with a glossary of unknown words and pronunciation and written information about the content of forthcoming listening piece. Their findings show that vocabulary provision enhanced the low proficiency learners' listening performance, while content support was helpful for the high proficiency learners. Accordingly, Farrokhi and Modarres (2012) recommend that pre-task activities need to be used taking account of the support type and the learners' proficiency level.

Some studies also investigate the link between performing tasks and lexical acquisition. For example, Newton (1995) carried out a case study examining the vocabulary gains made by an adult learner of English as a second language while performing four communication tasks. The gains were measured on comparisons of pre-and post-tests of vocabulary from the worksheets from the four tasks. The findings indicate that explicit negotiation of word meaning was less likely to predict post-test improvement than the active use of target words in the process of completing the task. That is, the implanting of this vocabulary in the context of the task and its interactive use are likely to have provided not only important information about word meaning but also the conditions whereby that meaning could be acquired. In this sense, an element of linguistic pre-planning was required for this learning to be achieved.

Finally, it is believed that performing task distributes some opportunities to learners to gain feedback from their friends or teachers, which may help learners to improve their performance, as well as filling in the gaps of their language repertoires (Albanese & Mitchell,1993; Peterson,1997). In Gutiérrez's (2005) study, it was found that students received feedback from teacher and their classmates. This contributed to giving confidence to learners and as the same time, contributed to improving language use. For example, students began to use connectors to make their oral production more coherent for their interlocutors. In addition, feedback and group work allow students to assess themselves, refine their oral production and get confidence in speaking.

Communication skills improvement

Sulaiha et al. (2009) studied the use of TBL to improve the communication skills of clinical students. All students in the various cohorts in this study reported sustained confidence in their interpersonal and communication skills. Sulaiha et al. (2009) attribute this to the opportunity provided by TBL for students to participate actively in discussion, thus enhancing their communication skill. Other studies conducted by Gutiérrez (2005), Schmidt et al (2006) and Ozkan et al (2006) also found that by engagement in interactive and communicative tasks,

students could develop speaking skills, which let them interact in different situations using the foreign language in a fruitful form. What is more, Menin et al. (1996) point out that many small scale studies have suggested that graduates of TBL medical schools have better interpersonal competencies enabling better communication with patients and they also feel better prepared for professional practice than their counterparts from conventional schools.

In conclusion, several studies reviewed above suggest that TBLT provides opportunities for learners to develop their language and communication ability, confidence, motivation, reflective skills and positive attitudes towards learning courses and teachers. There seems to be solid evidence reviewed above confirming that all areas of language can be enhanced through TBLT. Communication or pragmatic skills, vocabulary and grammar are most clearly developed through TBLT. Most studies above suggest that TBLT can be relied on to develop all area of language. Thus, TBLT seems suitable language learning mediators for both young and adult learners, in professional contexts in particular.

2.15 Application of TBLT in ESP

Earlier sections of this chapter show that TBLT can be problematic in general education, with lower level learners. However, it has been suggested that TBLT may be particularly suitable for adult ESP students whose needs for English are clearly specified, and who are well motivated to fulfil these needs (Kavaliauskiene, 2005). The main reason for enrolling in an ESP course is learners' needs to improve language skills within a certain area, and to link classroom practices to genuine world contexts. TBLT aims to focus on meaning and on non-linguistic outcomes; therefore teaching through tasks should offer favourable learning conditions for ESP students at tertiary levels.

To date there is a small number of studies concerning the application of TBLT in ESP. For example, Kimball (1998) examined task-based medical English instruction using internet-assisted language learning. The participants were second-year Japanese college students, doctors-in-training, who read, discussed

and wrote in response to medical case studies accessed and mediated through the internet. The students in this study seemed to benefit from these simulations of clinical problem-solving, so that for example, half of the participants composed responses to the case studies which were extremely proficient in conceptual thoroughness and linguistic control. The participants also believed that they could reapply many of the collaborative, inquiry-driven strategies introduced in this study in other courses as they continue their M.D. degree.

Another study was concerned with implementing TBLT in science education and vocational training, with reference to L2 Flemish (Bogaert et al., 2006). This study was initiated following the requirement of the Flemish government to implement a TBLT curriculum framework with immigrants in Limburg, one province of Flanders. In their study, an action research project was set up, involving the innovation team of school counsellors, and six teachers. All parties developed six task-based projects for science teaching, and implemented these at the rate of two projects per year. Through the six projects, the teachers had the opportunities to build up their skills and to become more readily familiar with task-based science education, while the learners gradually moved from concrete experiences to abstract insights at a higher level. Throughout the activity, the learners used language to support their exploratory activities, to verbalize the hypotheses they were building up, to comment on other group members' ideas and to defend their own scientific position.

This Flanders TBLT programme produced little evidence about the impacts of TBLT on language development over time as well as limited examples of task implementation. Nevertheless, Samuda and Bygate (2008) point out that there are several useful lessons to learn from this project. To begin with, the project adopted a bottom-up approach to prepare teachers for the introduction of TBLT. The TBLT programme was profoundly relevant to teachers' needs as well as making use of school-based and practice-oriented coaching. Once the teachers saw the value of TBLT, they themselves changed their traditional teaching practice to accept and utilise the proposed method, and they contributed to the

programme as active agents. Thirdly, the Flanders programme did not impulsively replace traditional materials. Teachers still had substantial freedom to consider to what extent they wished to implement the new syllabus. Fourthly, this project emphasised the need for long-term investment of time and resources in teacher preparation and support before TBLT could be introduced on a large scale. Finally, the project had an emphasis on gradual ownership of tasks in contrast to the top-down orientation of the Hong Kong Target-Oriented Curriculum (TOC). It seems here that Flanders project addressed sustainable issues in terms of teacher expertise.

Kavaliauskiene (2005) investigated learners' task preferences and learning outcomes in ESP classrooms, following strong TBLT curriculum. The findings showed that the respondents were in favour of performing a variety of tasks. The most well-liked tasks in a descending order were: (1) problem-solving tasks; (2) sharing personal experiences; (3) listing tasks; (4) comparing tasks; (5) ordering-sorting tasks; and (6) creative tasks. As for learning outcomes, the respondents highlighted building up of professional vocabulary; development of speaking skills; and refinement of listening skills.

Finally, Lynch and Maclean (2000, 2001) conducted case studies in a medical ESP setting, to examine the effect of immediate task repetition on learners' performance. They claim that allowing learners to repeat their discourse on different occasions assists learners to develop aspects of their talk. The studies involved a short course for doctors, in English for use at international conferences. The students worked in pairs to summarise a medical research article and represent it in poster form, and they then took turns to answer questions about their poster. Six conversations were analysed. Lynch and Maclean found that in both studies (2000/2001) students selected and produced more accurate L2 forms in successive cycles. All students improved in terms of phonology (segmental or stress) and vocabulary (access or selection). All students in the 2001 study also increased the semantic precision of what they were saying, and three made improvements in syntax. They conclude that task repetition appeared to provide

an opportunity for different types of improvement from different learners across a wide proficiency range (Lynch & Maclean, 2000, 2001).

In addition to language analysis, Lynch and Maclean also surveyed the students, and they found that some participants felt more relaxed as the task proceeded. The more advanced students also claimed that they made some changes to their language use, whether planned or unplanned. Repeating a task with different conversation partners may well provide a kind of interactive environment which can help push learners forward as 'successive cycles of classroom activity under varied conditions may have an integral part to play in proceduralisation of the L2' (2001, pp.158-159). According to Samuda and Bygate (2008, p.186), this is one rare study which is able to make general claims about the talk of a group, while respecting the individuality of each student's development. In addition, the study shows clear connections between material design, teacher implementation and language learning theory. However, Samuda and Bygate (2008, p.187) point out that this study lacks any pre- and post-test comparison, so it is not possible to make claims about systemic changes in learners' proficiency, and the problem of targeting particular features of language was not addressed.

Overall, the studies described above suggest that TBLT is highly compatible with ESP, and can contribute to varied aspects of professional language skills. However, the studies are few and small, and the evidence, e.g., about language improvement is quite limited. The teachers' expertise and willingness to adopt TBLT framework contributed to the project sustainability e.g., Flanders programme. While ESP is a promising area for TBLT, much work remains needed before it can become mainstream. To be effective within ESP, TBLT needs to be informed by the particular needs of different professions (as seen in the medical examples given above).

2.16. Conclusion

In this chapter, I have provided an overview of TBLT and its practices, and its potential relevance for ESP. The chapter has shown how TBLT has been

originally developed and applied in general educational contexts, and has examined the empirical evidence for its merits in promoting second language learning, speaking skills in particular. We have seen that TBLT ideas seem highly compatible with ideas of ESP. I can see that though past experience of TBLT in Thailand has mostly been developed in schools, it should be possible to use TBLT with my professional nursing students. This group has definite real world needs for using English, and already have some English knowledge. The main thing is that they need to activate their English. TBLT seems very good at that. However, from the past research, there seems to be problems concerning implementing TBLT that need to be carefully tackled. The problems include teacher expertise, needs to focus on form, speculation about effectiveness, assessment, sustainability and the abuse of task. Teacher expertise and sustainability could be contributing factors to the successful of the project. The practitioners should deal with these issues with caution.

In this chapter I have evaluated the general ideas and potential of TBLT to support my research. However, I have not yet looked at the specific communication needs of health care and of nursing students. We are going to turn to health communication in the next chapter and we look there for more detailed guidance on what kinds of activities are appropriate in professionally oriented TBLT.

CHAPTER 3
COMMUNICATION IN HEALTHCARE SETTINGS

3.1 Introduction

It is worth exploring the topic of communication in healthcare settings because I am designing tasks for use in an ESP setting, which will resemble real professional activities in terms of their processes and communicative or non-linguistic outcomes. In addition, I need to locate criteria which will enable me to evaluate success in achieving task outcomes. For these reasons, in order to design valid and credible tasks, my project requires a solid understanding of the communicative requirements of health professionals. It is also interesting that I have drawn upon a literature produced by non-linguists as this is the best source of ideas for ESP or L2 task design.

Healthcare settings are considered to be both busy and bureaucratic, and they need good communication to have medical practices done effectively. As Chant et al. point out: "effective communication is widely regarded to be a key determinant of patient satisfaction, compliance and recovery" (2002). Patients have to deal with a wide range of professionals in day to day communication, including nurses, doctors, psychologists, occupational therapists, administrators and managers (Crawford et al., 1998). All these healthcare professionals need to have good communication skills in order to handle patients' care and treatment successfully and to avoid miscommunication.

The nurse and patient relationship is developed through both verbal and nonverbal communication, and it is important for patients receiving nursing care (Millard et al. 2006). Patients perceive the nurse and patient relationship as good when they have feelings of having been treated respectfully as a valued person. According to Aranda and Street (1999), there are two concepts which strengthen relationships between nurses and patient: nurses should be authentic and adaptive to the patient and the situation. Similarly, nurses should emphasise listening behaviour which helps create a positive relationship among nurses and patients. In general, a

professional relationship is a vital aspect of nursing care which can have both positive and negative impact on patients' nursing experience. Nurses must be aware of this when performing nursing care.

This chapter introduces theorising and research into communication in healthcare settings as I need this information in order to design my TBLT programme to fit authentic L2 communicative needs of my target group. The work reviewed here will provide some insights into establishing my research questions and guidelines for designing materials for my study. Following this introduction, in Section 3.2, I will present and evaluate a first general conceptualisation of types of talk in healthcare and how I can apply this for my study. Section 3.3 investigates the ideas of provider-centred and patient-centred talk, and Section 3.4 explores the importance of structures of communication and differential power relationships. Section 3.5 scrutinises necessary processes of communication in more detail, and Section 3.6 examines beneficial core interpersonal skills used for effective communication in healthcare settings. Section 3.7 extensively examines clinical performance guidelines, one of which was found useful and relevant to the current study. Section 3.8 evaluates research related to nurses' communication training. Lastly, Section 3.9 concludes the chapter with ideas and implications for my present study.

3.2 Types of talk in healthcare

In healthcare settings, what health professionals say and how they say it can have various effects. For example, nurses can promote patients' wellbeing through their talk. On the other hand, nurses can damage or depress patients with their words. This first basic division suggests there are several different types of talk in healthcare settings: positive, negative, and provider-centred and patient-centred talk.

3.2.1 Positive talk

According to Proctor et al. (1996), positive talk or comfort talk is regularly used to get patient to endure the situation a little longer and might even help reduce

mortality rates. Positive talk has specific pragmatic functions: holding on, assessing, informing and caring:

1. Holding on is carried out through the use of phrases like '*you're doing great*', '*count to three*' that serve to praise, to let patient know they can get through, to support, to instruct or divert the patient.
2. Assessing is concerned with '*How are you?*' questions or giving the patient information, for example, '*You're in the emergency room*'.
3. Informing refers to such statements as, '*It's gonna hurt*' or '*We'll be inserting a catheter*', that is, warning the patient or explaining procedures.
4. Caring involves reassuring, empathic or care statements such as '*Relax*' or '*OK sweetie*' or '*It does hurt, doesn't it?*'

3.2.2 Negative talk

Negative talk or patronizing talk are considered to have a negative impact on patients in that they might place patients in a position where they are disadvantaged and disabled (Crawford et al., 2006). A good example of this is the use of 'baby talk' by nurses and other caregivers in their interaction with elderly patients, including the use of high pitched, short utterances, interrogatives (questions) and imperatives (commands), with simple grammatical structures (de Wilde & de Ambady et al., 2002; Bot, 1989). For example, elderly patients and observers perceive that high pitch, pats on the shoulder, and expressions such as '*That's a good girl*' are patronizing and undesirable (Ryan et al., 1994). These behaviours do not promote the autonomy of patients in interaction, and it is necessary for nurses working with elderly patients in particular to be aware of the tendency to use negative talk in their interaction with those patients.

3.3 Provider-centred and patient-centred talk

Roter and Hall (2004) identify two main communication styles which physicians use in patient encounters, which they title provider-centred and patient-centred:

1. The provider-centred communication style focuses on the provider's agenda and limits the patient encounter. The provider or physician uses more closed-ended questions than open-ended questions. This style is

considered to have a negative effect on the patient provider relationship because it might not allow healthcare providers to establish rapport with patients.

2. The patient-centred communication style applies more open-ended questions than closed-ended questions and the physician uses more statements of concern, agreement, and approval than in the provider-centred style. The patient-centred communication style is believed to bring about a positive effect on the patient-provider relationship.

As will be seen in sections 3.3.1 and 3.3.2, most research on these issues has been conducted with doctors. However some of this research is reviewed in more detail as we consider that these styles are also relevant for understanding nurse-patient interaction.

3.3.1 Provider-centred talk

If nurses opt for a provider-centred style communication style, they are likely to provide patients with limited opportunities to talk more about their health problems or their life world. As Roter and Hall (2004) put it, this style can have unfavourable consequences on the relationship between patients, relatives and health care teams.

Empirical research on provider-centred communication has identified several behaviours that health care teams use to deal with patients. For example, doctors may follow their own agenda when giving consultations to patients and limit patient's expression of their ideas or expectations (McWhinney, 1989; West, 1984). According to Pendleton, Schofield, Tate, and Havelock (1984), doctors adopting this style lack flexibility and they are likely to maintain it in spite of extensive variations in the problems indicated by patients and in patient's behaviour. A doctor-centred model can often be seen when the doctor reviews the facts for the patient, for example, with a phrase like "*Now let me see if I've got this right…*", and adjusts the patient's view of the problem rather than confirming the facts (Ibrahim, 2001). A provider-centred encounter always puts the health

care staff in a position to finish the consultation whenever they like and the model is connected with fewer explanations of patients' problems. Ibrahim (2001) studied the consultations conducted in English between doctors and patients of various nationalities in the hospitals of Abu Dhabi. He found that the doctors employed a doctor-centred consultation style. They tended to ask closed questions, and seldom asked about social and psychological history, or checked the understanding of their patients. This study showed patients looking passive and dependent and doctors appearing to be active and dominant, as in the following example from a different study:

Example

Doctor:	Your doctor says that you have a cough. How long have you had it for and is there anything else wrong?
Patient:	I've had it for 6 months and sometimes I wheeze.
Doctor:	Do you smoke?
Patient:	Well, I've been trying to stop and now I only smoke two cigarettes in the evening.
Doctor:	Your symptoms are probably due to your smoking. I strongly advise you to stop smoking. I'll arrange for you to have a chest X-ray and other tests and I'll see you in 1 months' time.

(Lloyd & Bor, 2009, p.23)

It can be seen that the doctor is taking dominant role in this exchange and attempting to interpret the patient's symptoms from his perceptions of disease and pathology. The doctor pays less attention to the patient's anxieties and understanding of his/her illness, and does not involve the patient in the decision about his/her treatment.

However, it would be wrong to judge the doctor-centred style as a completely undesirable communication model. It may be considered necessary in medical interview processes, as a solely patient-centred approach does not provide complete information which is required for medical diagnosis. As Fortin, Dwamena and Smith (2005) put it, "More details are needed to make diagnoses of disease and fill in the routine database (e.g. the family history and social history). These details are acquired in the doctor-centred part of the interview, which

produces pertinent biomedical data and, to a lesser extent, psychosocial data." (p. 17). This view is in line with Sarage and Armstrong's (1990) study, who found that UK patients with a physical illness actually favour a more doctor-centred approach because it makes the interaction quicker, simpler and more business-like. According to Fortin, Dwamena and Smith (2005), in doctor-centred interviews, the patient is directed through a set of open-ended and closed-ended questions. The inquiry begins with an open-ended question or request and is pursued with closed-ended questioning, moving from general information to specific details. It seems that if nurses or doctors need specific information and biomedical data, it may be appropriate to opt at times for a doctor- or provider-centred communication style.

3.3.2 Patient-centred talk

Roter and Hall (2004) point out that the patient-centred model can be used to acquire information regarding the patient's personal issues that might not be retrieved by the doctor-centred approach. Preventing the patients from displaying their life story can lead to incomplete databases in that the doctor may fail to elicit important psychosocial data and twist data toward physical symptoms. In patient-centred talk, the patient is motivated to begin the conversation and originate topics in the areas of their experience and expertise such as symptoms, worries, preferences, and values (Smith, 1996). Here, the doctor does not introduce new ideas into talk, but instead permits and enables the patient to lead the conversation (Smith et al., 2000). The following example illustrates a more patient-centred communication style.

Example

Doctor:	Your doctor says that you have a cough. Please could you tell me more about it and about any other symptoms you may have?
Patient:	Well, I've had this cough for about 2 months now and sometimes I feel short of breath, particularly in the morning.
Doctor:	Could you tell me if you bring up any sputum when you cough?
Patient:	Yes, sometimes I do in the morning but I think that's

because I smoke, although I am trying to cut down. Also, I wheeze, particularly when I'm at work and I think that's due to the air conditioning.

Doctor: You seems to have two concerns. First, you want to stop smoking and I am sure that this is important for your health. Second, you are worried about your work. How do you think that I can help?

Patient: Well, I would like some help to stop smoking and I wonder if you could write a letter to the doctor at work because I've had quite a lot of time off work recently. I'm really scared that I will lose my job and get behind with the mortgage.

(Lloyd & Bor, 2009, p.24)

Lyles et al. (2001) note that patient-centred talk can have impact on clinical outcomes, patient satisfaction and quality of life, and physician satisfaction, and some other studies have also connected effective patient-centred interviewing with improved health outcomes. For example, Kaplan et al. (1989) found that diabetic patients who were motivated to take part in their care by asking questions during medical appointments had better improvement in blood pressure and glucose levels and functional status compared with the patients whose doctors were more controlling.

Further studies indicate that the patient-centred communication style brings increased patient satisfaction and also enhances the patient's well-being. Patient satisfaction is crucial because it affects the patients' compliance with medical care, which in turn influences health outcomes (Roter et al., 1987, 1988; Eraker et al., 1984). One study showed the negative influence of patients' dissatisfaction with doctors' communication skills such as lack of warmth, poor explanations, and failure to address patient concerns. The patients' dissatisfaction resulted in noncompliance with medical treatment and breaking appointments, and led the patients to seek other medical providers (Smith, 1995; Blum, 1985). Relating to the patients' well-being improvement, Paterson and Britten (2000) found patients describing quality of life issues, for example, coping better with their symptoms between treatments, having more hope, and feeling supported. In addition,

patients valued their relationship with their doctors for improving their attitudes towards their health problems. Lastly, adopting a patient-centred model in health exchanges between patients and healthcare teams can mean that doctors are more satisfied with their work, because they could expect to work with patients who were more satisfied with their healthcare (Hass et al., 2000). In turn, it was claimed that this led to better treatment and outcomes.

In short, it is clear from the above evidence that patient-centred technique is vital for clinical encounters. Overall healthcare teams should incorporate this communication style in their daily interaction with patients for both their own and their patients' benefit. In addition, this communication style should be incorporated in task based ESP role plays, as a communicational outcome.

3.4 Structures of communication and differential power relationships

Other researchers have looked beyond categorising different types of talk as 'positive' and 'negative', to explore underlying relationships between medical personnel and patients, with a focus on nurses as well as doctors. From this point of view, structures of communication depend upon the role allocation between nurses and patients, and the different levels of power assigned to the roles 'nurse' and 'patient' (Diers et al, 1972). Nurses' role is to accomplish nursing care and communicate with patients successfully, while patients take the role of being sick, dependent, and inactive. These assigned roles are displayed in kinds of interaction and vary in different settings such as homecare and hospital (Mathews, 1983).

The linguistic register used by nurses and patients is one of the important factors that shape the structures of communication. There is an asymmetrical power allocation in register use, in that nurses can use the patient's register as well as having an opportunity to use medical register. This power asymmetry may prevent patients from adequate participation in communication. In Hewison's (1999 a, b) view, for instance, nurses use a number of conversation tactics to maintain control over nurse and patient interaction.

Different types of orientation to the content of communication also affect the structure of communication between nurses and patients. In a nursing home for demented patients, for example, Edberg et al. (1995) discovered five types of communication content orientation: orientation to person, orientation to task, orientation to task and person simultaneously, split or nonsense communication, and inattentive communication. Nurses used most task oriented communication, whereas patient's communication was described as split or person orientation. Accordingly, the verbal communication by nurses in the nursing home appeared in the form of commands, which represents a form of overt power. However, Hanseba and Kihlgreen (2002) observed homecare nurses' role in communication. These nurses took responsibility for the quality of communication between themselves and demented patients, and balanced verbal and nonverbal communication to promote a sense of mutual togetherness with residents.

Institutional information policy also represents a power-related structure in communication. For example, hospital staff may not be allowed to share information with patients, patients' relatives or residents in homecare. In some cases, such situations result in communication strategies of avoidance and evasion (Tuckett, 2007).

Overall, structures of communication are determined by role allocation amongst nurses and patients, register use, types of communication content, and institutional policy. These factors affect the interaction between nurses and patients. As we know that power is a dominating factor in communication, nurses should be aware of their power over the patient and attempt to establish mutual understanding as well as adopting effective communication skills to deal with different patients with varied status. This idea was picked up as underlying design principle for my own curriculum.

3.5 Processes of communication

In this section we look at work by healthcare researchers (i.e. by non-linguists) which has examined communication processes in healthcare settings in more

detail and some concepts taken from this section will be used as guidelines for structuring the communicative tasks in my project. For Edberg et al. (1995), the process of communication is expressed through a phase model: initiating phase; working phase, and terminating phase. Conversely, Usher and Monkley (2001) take the view that the communication process has three phases, which they label as perception, presenting, and reassurance. Edberg et al.'s model focuses on task-related phases while that of Usher and Monkley emphasises psychological or patient-related phases. As student nurses are supposed to deal with patients in their future careers, it is necessary for them to understand these different phases of communication, and how they may be conceptualised and operationalised. Each phase has its own tasks: for example in the initiating phase, nurses have to welcome and inform patients about their health treatment. Performing each phase effectively results in patient safety and satisfaction.

There are several further factors which have been claimed to affect processes of communication of nurses and patients. These factors are as follows:

1. Patient's cognitive status: For example, demented patients have an extended latency period and are often inactive in communication. As affected by patient's cognition, nurses reduce the use of verbal communication (Edberg et al. 1995).
2. Settings specify the process of communication (Fleischer et al., 2009). For example, Tacke (1999) showed that there are different communication processes with aphasia patients in acute care and rehabilitation wards, though the communication processes in both settings can be identified as inadequate, superficial, and stereotyped (Dean et al., 1982).
3. Number of nurses present: Paradoxically, increased numbers have a negative impact on quality of communication. For instance, two or more nurses taking part in the interaction process will reduce attentiveness to the patient (Edberg et al. 1995).
4. Mutuality in communication: Like linguists, health care communication researchers acknowledge the interactive nature of communication. According to Armstrong-Esther and Browne (1986), for example,

feedback to the patient is needed to maintain the process of interaction, when nurses provide health treatment to the patient. For instance, Routasalo and Isola's (1998) study showed that nurses in a geriatric nursing home always started interaction with a touch and also finished it with a touch. In addition, reciprocity is a feature of interaction between nurses and patients. This means that positive action provides a positive reaction, while negative action receives a negative reaction (Salyer & Stuart, 1985). In an interactive context, patient behaviours like questioning, disclosure of health knowledge and experience, and interrupting the nurse are said to have an influence on the communication (Kettunen et al. 2002).

5. Registers (medical language and everyday language): In some cases, nurses use mostly medical language with patients during their interaction and this may lead to communication breakdown as the patients do not understand technical terminology. The consequences will be patient dissatisfaction with communication and treatment (Bourhis et al., 1989; May, 1990).

In conclusion, the success of communication between patient and nurses can be influenced by a range of factors such as patient cognition, settings, number of attending staff, mutuality, patient's behaviour, and varied register use. These factors must be taken into account when communicating with different patients in different situations so that nurses can deal with patients with fewer difficulties and bring about good communication and patient's compliance to nursing care. Once again, nurse education needs to raise awareness of these influences and I will also revisit these ideas when designing my TBLT curriculum and tasks.

3.6 Core interpersonal skills

It is of interest to explore the nature and scope of interpersonal professional competence as fully as possible in this section, before prioritising the skills I will actually deal with in my programme. This section reviews claims made in the health care literature about a range of individual interpersonal skills, both verbal

and non-verbal, which are required for successful communication in healthcare settings.

3.6.1 Verbal interpersonal skills

There is a range of verbal communication skills which it has been proposed that student nurses should learn (Brown & Sulzerazaroff, 1994; Faulkner, 1998; Crawford et al., 2006; Bernard & Gill, 2009) and this section examines taxonomies drawn from the health communication literature which seem most useful for designing tasks in my study. Some of the ideas reviewed below will be used as guidelines for nursing students to talk with patients, and to evaluate how successfully they do this, in the role play setting.

Welcoming, greeting and ordinary conversation

Welcoming and greeting are very important for opening communication and they also make the interlocutors feel more relaxed, and increase the level of customers' satisfaction (Brown & Sulzerazaroff, 1994). In healthcare settings, the greeting is also vital as the clinical greeting expects direct and reality-based responses such as '*Not so good*', '*I'm still getting pain*'. These brief markers are useful for assessment of the patient's situation, for sensitive nurses.

Importantly, nurses should be aware that greeting involves different cultural practices. According to Bernard and Gill (2009), in some Asian cultures, people do not often say 'hello' nor 'goodbye' as it is recognised that the people are there by their presence. Likewise, when people are leaving, it is not necessary to say 'goodbye'. However, Bernard and Gill (2009) note that people in the UK often say 'hello' or 'hi' during the course of the day. Sometimes they even say 'hello' to their colleagues each time when they meet. Thais have been shown to display culturally sensitive behaviour, saying 'hello' and 'goodbye' among themselves less frequently, but using the terms 'hello' and 'goodbye' frequently to greet foreigners (Bernard & Gill 2009).

Ordinary conversation, phatic communication (Bernard & Gill 2009) or small talk is another skill that heightens social fellowship, at least in Western cultures. Small talk is always based on 'light' subject matter such as the weather (Crawford et al., 2006). Brown and Levinson (1987) contend that the topic of small talk is not as important as the fact of maintaining a conversation loaded with markers of emotional agreement, and small talk supports the feeling of equality and belonging. In healthcare settings, small talk can be used to build up mutual relationship between nurses and patients. According to Burnard (2003), small talk can help develop a rapport between patient and staff, presents no threat, and encourages further disclosure that results in opportunities for negotiating care with individual patients. However, Bernard and Gill (2009) point out that small talk can continue for too long and sometimes the lack of content might prevent the patients from expressing what they want to reveal. Therefore, after a few phatic comments the interaction can be directed towards the important tasks. Observe in the following example how the nurse has a small talk or phatic communication with the patient.

Example

Nurse:	How are you feeling today?
Patients:	Not so bad, thanks.
Nurse:	You look better than when I saw you last night.
Patients:	Thanks
Nurse:	Do you still have much pain?
Patients:	I still feel very sore around my stomach…
Nurse:	Have you had any medication for it recently?
Patients:	No, I don't like to ask.
Nurse:	I will see what you are due or can have.
Patients:	Thank you very much.

(Burnard & Gill, 2009, pp. 39-40)

In making small talk, the talk should be undertaken mainly by the patient and listening by nurses (Crawford et al., 2006). Nurses must also be aware of cultural dimensions of small talk with patients. In some cases, culture differences concerning the value and nature of small talk may lead to misunderstanding or dissatisfaction.

Naming

A person's name is very important since names show connection to families, religious beliefs and other affiliations. To name people appropriately and correctly indicates our intentions toward another person. According to Bernard and Gill (2009), it is progressively more common to address people by their first names instead of using titles or surnames in Western working contexts (e.g., 'Robert' as opposed to 'Dr Robert').

In healthcare settings, nurses' use of a patient's appropriate name is said to elicit positive evaluations of professionalism (Hargie et al., 1999). However, Bernard and Gill (2009) caution that nurses should not expect that patients routinely want to be addressed by their first names, especially if they are older or have senior posts. Naming practices are also culturally variable. In Thailand, for example, patients' status and age characterise the way in which nurses speak to them. 'Nurses treat older patients respectfully, sometimes calling them 'Uncle' or 'Aunt'. Older patients get more respect than younger ones' (Bernard & Gill, 2009, p.71). Importantly, Bernard and Gill (2009) observe that such informal courteous addressing appears different from terms such as 'Dear' or 'Love', when used by western nurses. In the Thai setting, address terms like 'Uncle' and 'Aunt' do not signify superiority on the part of nurses or doctors.

With regard to naming, nursing students should learn how to name patients appropriately, and if in doubt, e.g. in an intercultural setting, to ask a patient for their preferred name. To call a patient by their preferred names improves the relationship between patients and nurses, and the atmosphere will appear more intimate.

Politeness

Politeness helps create and maintains interpersonal relationships. Nurses should be polite to patients both verbally and non-verbally. Obviously, verbal politeness can involve terms such as please, thank you and sorry, though use of such terms can differ significantly from culture to culture (Bernard & Gill, 2009). For

example, people in UK are likely to say please and thank you frequently. Conversely, in Thailand, frequent of please, thank you and sorry is considered not only unnecessary but also somewhat rude (Bernard & Gill 2009). However, being polite to patients in culturally appropriate ways signifies nurses' respect for patient's identity and values. This will bring about good communication among healthcare staff and patients. In any language programme, therefore, there should be teaching and learning about politeness markers, so as to equip student nurses with the ability to interaction with clients politely. Crucially, nursing students should have intercultural awareness and respect when having interaction with patients.

Praising

In healthcare settings, praising or compliments help increase patient satisfaction with care and compliance with care intervention (Holli & Calabrese, 1998). As a result, it is essential for nursing students to learn how to praise patients in English effectively and appropriately.

Humour

Humour is a powerful aspect of communication and it has a number of attributes. For example, it is a chief factor for motivating engagement and rapport with others, and it can unite fragile situations and prevent difficulties in communication. In patient care, patients themselves have realised that laughter and the use of appropriate and sensitive humour can heal their pain. Empirical research has shown that humour has both physical and psychological benefits (Crawford et al., 2006). For example, it reduces the level of stress hormones; heightens the immune system and releases the body's natural painkillers or endorphins. Interestingly, humour develops a friendly relationship with others. For professional nursing settings, humour acts as a stress reliever and partnership and team bonding agent; trainee nurses need overall awareness of these issues.

Questioning skills

Asking questions is an essential skill for all health professionals (Balzer-Riley, 2000). In every encounter with patients, health professionals need to ask questions to patients for varied purposes. For example, nurses might use questions to start a conversation or to open a social interaction (Kagan & Evans, 2001). Alternatively, questions may serve other functions such as expressing interest, gaining information, indicating problems, pursuing clarification and ascertaining the degree of knowledge and understanding of the patient (Hargie, 2007; Kagan & Evans, 2001). However, the central reason for asking questions is to derive essential data that will contribute to quality care for patients (Balzer-Riley, 2000).

In gaining different types of information from patients nurses need to use some specific types of question (Hargie, 2007; Kagan & Evans, 2001). Kirwan (2010) distinguishes four types of questions that are advantageous for health professionals, and these are briefly presented below.

1. **Closed questions**

A closed question limits the response from the patient or listener, but it can be used to elicit important and concise information. For example, demographic data, e.g., date of birth, nationality, or next of kin, requires a closed question (Faulkner, 1998). Closed questions may be appropriate for eliciting facts but not for knowledge of feelings (Kagan & Evans, 2001). Furthermore, Hargies (2007) notes that it is easier for interviewer or nurses to control the talk by using closed questions; however, patients may feel threatened as the questions may restrict answers and explanations. In English, many closed questions start with auxiliary or copular verbs, as seen in the following example:

Example

Doctor:	I see from your notes that you have had some chest pain. Do you still have the pain?
Patient:	No, not now.
Doctor:	Was it tight or dull?
Patient:	It seemed a very dull pain.
Doctor:	Did it go down your arm?

Patient: No, I don't think so.

Doctor: Did it get worse when you exercised?

Patient: No, it didn't.

(Lloyd & Bor, 2009, p.15)

2. Open questions

Using open questions encourages nurses to gain more extensive information and also facilitates patients to tell their own story, and to describe their experiences, feelings and understanding of the issue under discussion (Lloyd & Bor, 2009; Sully & Dallas, 2006). According to Lloyd and Bor, (2009), nurses should use open questions as much as possible, principally at the start of the interview, e.g., '*Would you please tell me how you have been feeling in the past few days?*' The following example shows how a doctor uses open questions:

Example

Doctor: I understand that you have had pain. Would you please tell me more about it?

Patient: Well, it was in my chest and it came on when I was sitting at my desk. It was a funny dull pain that stayed in the middle of my chest. I've had it a few times recently, always when I'm at work.

Doctor: Can you tell me what brings it on?

Patient: Well, I was thinking about that. I've been very busy at work recently, and it seems to come on when I'm rushing to finish accounts. It also seems to happen when I feel worried about something.

(Lloyd & Bor, 2009, p.15)

3. Focused questions

The focused question contains characteristics of both open and closed questions. As Bradley and Edinberg (2007) put it, focused questions limit the area to which a patient can respond, but they encourage more than a yes or no answer, including disclosure of feelings. An example of a nurse's focused question is: '*You say you can't sleep. What do you think about when you are awake?*' (Faulkner, 1998).

4. Leading questions

Finally, leading questions imply a preferred answer and they are seen as inappropriate in effective interaction because patients and their relatives tend to wish to please the health professionals and give the preferred answer (Faulkner, 1998). Faulkner (1998) adds that a leading question makes assumptions, as in '*You say you can't sleep. I'll bet you are worrying about this operation, aren't you?*' '*Well, Joanna, I'm sure you will be glad to get home, won't you?*' and '*Weren't you relieved when you knew you had a bed at the hospice?*' (Faulkner, 1998, p.54).

In short, student nurses should learn to use a wide range of question styles to gain different types of information in order to collect relevant information for patients' treatments and improve the communication encounter. As Balzer-Riley (2000) put it, the more effective nursing students are at asking questions, the more time they will save. In asking the question, nursing students should also be aware that they should not ask more than one question at a time, or more on to another topic, instead they should wait until the current topic is explored in adequate depth. It is of significance for the students in my study to gain knowledge of different question styles. However, there seem to be additional linguistic issues confronting L2 or ESP students in mastering different questioning styles, e.g., the need to control auxiliary verbs in order to ask closed questions. Thus, this is a case for including some linguistic goals alongside communicational goals, in certain sorts of task.

Paraphrasing

According to Morrissey and Callaghan (2011), paraphrasing is expressing another person's core message in your own words; the meaning is not changed but the words are different. Paraphrase is used to check clarity and understanding. It is a valuable tool in that it reveals to the patient that the nurse is listening and has heard what he or she has said, which can feel very supportive and therapeutic (Morrissey & Callaghan, 2011). In the following example the nurse summarises the patient's exchange.

Example

Patient:	[with an angry tone] I suppose I felt uncomfortable when my brother asked me to lend him the money. It is not because I do not have the money, I can afford it. I don't know why I was angry, but I don't want to seem miserly.
Nurse:	You felt annoyed when he asked you and didn't want him to think you were mean.
Patient:	Yes, that's right I did feel annoyed…but I also felt guilty…He is my youngest brother and he has no one else.

(Morrissey & Callaghan, 2011, p.10)

Clarifying

Clarification allows nurses to check their understanding and helps to develop an accurate picture from the patient's perspective (Faulkner, 1998). Faulkner (1998) points out that clarification is required when the patient uses ambiguous words. Nurses might clarify by repeating some of the patient's words directly back to them so as to check that they have understood or to summarise a part of the patient's message. Then again, nurses may say something like, '*Can I just check that you meant…*' in order to make clear that their summary or understanding of the patient's exchange is correct (Walsh, 2010). In the following example, the doctor checks that he understands the patient's symptom.

Example

Doctor:	What can I do for you today?
Patient:	I've got a pain.
Doctor:	*What sort of pain is it and where is it?*
Patient:	It's a shooting pain that goes right down my leg.
Doctor:	*So the pain is in your leg?*
Patient:	No, it is in my back but sometimes goes right down my leg.
Doctor:	*So the pain starts in your back and shoots down your leg?*
Patient:	Yes.

(Haworth et al., 2010, p.21)

Summarising

Summarising is very similar to paraphrasing, but it occurs at the end of a consultation when health professionals want to check that they have understood the patient. When summarising, healthcare workers, might say '*So what you mean is…?*' or '*So, to sum up, you have mentioned several issues concerning…*' (Morrissey & Callaghan, 2011). For the patient, receiving a summary of what he or she has said can help to reassure them that the nurse has heard correctly (Morrissey & Callaghan, 2011). At the same time, it allows nurses to check the accuracy of the patient's story by providing the patient with an opportunity to correct any misunderstandings as well as helping the patient to carry on discussing the problem (Lloyd & Bor, 2009). In the following example the nurse makes a summary for the patient.

Example

Nurse: Well, Mr Smith, it seems that your main concerns are to do with fears of dying on the operating table, and also of problems after discharge. You are happy about the operation itself.

Patient: Not happy exactly, but I feel I understand what is happening.

(Faulkner, 1998, p.66)

3.6.2 Non-verbal interpersonal skills

According to Gardner et al. (1991), much of our communication is nonverbal. Thus, appropriate nonverbal cues are also critical for effective communication, and skilled use of nonverbal language can be very beneficial both to the individual and to the patient (Faulkner, 1998). Egan (2010) adds that effective nurses need to learn nonverbal skills or body language and how to use it effectively in their encounter with patients, while simultaneously nurses have to be cautious not to over-interpret nonverbal communication. Some nonverbal skills considered professionally useful by health care researchers are described below.

Active listening

Listening involves paying active attention to what is being said, in order to understand as fully as possible what the other person is trying to communicate (Kirwan, 2010). Cocksedge and May (1999) note that listening to a patient's story

constitutes most of a diagnosis without further examination or test. According to Arnold and Underman-Boggs (2007), in listening actively, health professionals hear and interpret meaning and give feedback to clients. Active listening encompasses giving time, attending to and observing behaviours, acknowledging and responding to verbal and non-verbal hints and being aware of words and gestures including one's own (Kirwan, 2010) as Active listening is illustrated in the following example.

Example

Patient:	Well when I found the lump I was just terrified.
Nurse:	*(nodding) Mmm.*
Patient:	I'd always dreaded it, you see.
Nurse:	*Dreaded it?*
Patient:	Yes, because of my mother, I suppose I'd always
	believed that if it could happen to her it could happen to me.
Nurse:	*Go on.*

(Faulkner, 1998, p.78)

Here, the nurse motivates the patient to continue by saying '*Mmm*' and nodding. She displays that she is taking in what the patient is saying by repeating key words and she encourages the patient to talk more about her concerns by saying '*Go on*' (Faulkner, 1998). Nursing students need to develop and practise active listening skills so as to maximise their understanding of their patients.

Smiling

According to Monahan (1998), it is essential for healthcare professionals to smile because smiling illustrates attentive listening and encourages disclosure (Duggan & Parrott, 2000). According to the facial expression hypothesis, facial expressions affect both emotional expression and behaviour (Davis & Pallidino, 2000). Nurses should smile because their smiles show friendliness and trust, and put the patient at ease.

Mutual gaze/eye contact

Mutual gaze serves to make someone feel visible in communication and lengthened eye contact in a positive interaction expresses commitment and

interest in our interlocutors. In nursing care, if eye contact is avoided by the healthcare practitioner, patients may feel rejected and invisible (Crawford et al., 2006). Nurses should be aware of the importance of balanced and appropriate eye contact as a tool for ensuring individuals to feel responded to and involved in the talk. Cultural awareness of the implications of making eye contact with different interlocutors should also be promoted.

Proximity

The use of body space in communication also has an impact on how messages are sent and received, and on perceptions of the relationship. Thus, nurses should also be aware of the space in which they position themselves relative to the patient. Nurse should also be cautious about cultural differences in the meaning of proximity between two or more people. Crawford et al. (2006) suggest that if in doubt you should keep your distance at first from patients and other people who you meet as a professional nurse, moving little closer as you become more familiar and have a greater understanding of what is going on. Many people in Thai culture, for example, are uncomfortable with, or are likely to misinterpret, premature closeness.

Posture

Different postures show various meanings in different cultural contexts. In Crawford et al.'s (2006) view, those who were brought up in the UK or Western culture perceive that the appropriate non-verbal approach for interaction with a patient is to face the patient directly in an open posture. Arm-crossing looks hostile and defensive, while leaning forward slightly conveys personal commitment and interest. In nursing care, if you pull head and shoulders back, stand or sit too far away, patients may feel that you are rejecting them.

Physical appearance

Our physical appearance signalizes our identity, status, role, and our intention (Crawford et al., 2006). Professional uniforms present signs of expertise or expert

knowledge to others. In healthcare settings, nurses also need to be aware of cultural expectations in clothing.

Touch

In healthcare contexts, touch is divided into two types: expressive touch and instrumental touch (McCann & McKenn, 1993; Oliver & Redfern, 1991). The expressive touch is used to communicate comfort, empathy, caring and reassurance, while the instrumental touch is used when performing nursing care, e.g., giving a bed-bath, administering IV, giving an injection, or moving patients.

In hospitals, touch can be applied to communicate with patients. However, patients may not always receive the touch they would like. In Hollinger and Buschman's (1999) study, older adult patients received less tactile contact. Routasalo (1999) found that male nurses touch less and male patients receive minimal touch.

In nursing practice, touch should be used appropriately and touching in culturally sensitive ways must be taken into account. If nurses want to touch a patient for communication purposes, consider the most legitimate sites such as hands, arms and shoulders. Practitioners should use appropriate touch to comfort, relax, and show positive regard for individuals in healthcare settings.

Silence

Silence is an important nonverbal communication skill that accompanies active listening. In healthcare contexts, silence provides the patient with time to think and can underscore an important point that nurses want the patient to reflect on (Kirwan, 2010). According to Benner (2001, p.50), the ability to be silent and still with the patient, particularly when he or she is distressed, exhibits the skill to empathise with the person. Morrissey and Callaghan (2011) add that the use of silence is a way of communicating respect to the patient. Lloyd and Bor (2009) point out that nurses should use silence to observe the patient and to reflect on the interview as well as planning its subsequent stages. Stickley and Stacey (2009)

note that to be able to sit in silence needs practice. One possible way of learning the silence skill is to practise pausing for five seconds before moving further. Practice in being silent is likely to help the nurse to abstain from filling the space by talking and yet not allow the silence to be so long as to cause possible distress for the client (Morrissey & Callaghan, 2011). Observe the following skilled use of silence when having interaction with patient.

Example

Nurse:	Can you tell me what is worrying you about this operation?
Patient:	(pause)
Nurse:	(waits)
Patient:	Well it's a bit of a long story and it's to do with a pal of mine…

(Faulkner, 1998, p.80)

In conclusion, this section has provided a comprehensive account of the individual verbal and non-verbal communication skills which have been identified for health professionals to use when having interaction with patients, and in particular when establishing and sustaining rapport with patients or other people. The literature on both verbal and non-verbal interaction skills were useful as background, demonstrating the great complexity of interpersonal professional skills required of nurses and the relationship of this section with my teaching programme is rather indirect. Thus, the main guide to designing my tasks, task outcomes and analysis scheme was a particular set of clinical performance guidelines, i.e. a much more holistic tool, rather than this very long list of individual verbal or nonverbal skills. In order to provide goal directed training, a more manageable model of professional communication is needed and this is precisely what I proceed to identify in the next section.

3.7 Clinical performance guidelines

This section presents 'clinical guidelines' which are far more holistic, and which organise different aspects of healthcare communication in a more abstract These set of guidelines have been derived from training purposes, so the relationship between these guidelines and my instructional programme is more direct. As

guides for instruction, these guidelines are much more manageable and have synthesised much of the detail of communication into larger concepts.

Arising from the conviction that to be able to communicate effectively with others is at the heart of all patient care (Faulkner, 1998), but at the same time recognising the need to operationalise this capability in a form usable for practitioner training, some scholars have moved beyond the investigation of desirable individual skills reviewed in Section 3.6. They have instead proposed overall sets of clinical performance guidelines for communication between health professionals and their patients. These guidelines provide much more holistic and synthesised accounts of effective clinical communication, grounded in fewer, more general constructs/dimensions of communication; they are obviously highly relevant to nurse education and a selection is briefly reviewed here.

1. Cameron (1998) did observation and recording in a psychiatric unit and community health clinic and found five basic categories of communication behaviour related to clinical performance. These include the abilities to get information; to transmit information; to translate information from one medium to another or from one audience to another; to utilize different channels of communication and to interact socially as well as professionally in the clinical site.
2. Bosher and Smalkoski (2002) propose topics for communication training for nursing students based on students' needs analysis when designing a course in healthcare communication for immigrant students. The topics should include assertiveness skills, therapeutic communication, information-gathering techniques and the role of culture in health-care communication.
3. Roter and Hall (2004) identify six provider communication variables used by nurse practitioners (NP) while they are interacting with patients. These include information giving; information seeking; social conversation; positive talk; negative talk and partnership building.

4. Crawford et al. (2006) propose a model of effective communication (BOE) in healthcare settings, including the following features claimed to be important in establishing and sustaining rapport:
    - B stands for Brief forms of communication such as eye contact, nodding, smiling, friendly or humorous small talk, or phatic communication, touch, facial, hand or body gestures.
    - O stands for Ordinary forms of communication which create, sustain and terminate therapeutic relationships with patient; reduce misunderstanding caused by expert language or jargon; and promote greater equality in interactions.
    - E stands for Effective forms of communication which bring about desirable outcomes in terms of patient satisfaction, elicit or provide accurate information or advice, and also promote constructive interactions.
5. Miguel et al. (2006) move a step further toward operationalising effective health care communication, when they introduce a set of specific criteria for assessing student nurses' interpersonal ability, underpinned by a philosophy of patient centred care. The criteria are as follows:

1. Introducing self to patients and family
2. Calling patient by preferred name
3. Speaking clearly
4. Asking patient's permission before giving care
5. Explaining actions to patient before giving care
6. Checking that the patient has understood explanation given
7. Using attending behaviours to show the patient that he/she is listening, i.e., appropriate eye contact, open body posture, sitting at same level, not interrupting
8. Beginning to ask appropriate questions to collect health information from the patient
9. Checking that he/she has understood the patient correctly
10. Responding appropriately to patient's comments or questions

11. Making ‘small talk’ when appropriate to create rapport with patient e.g. when introducing self, when performing patient care activities
12. Giving the patient feedback about care given
13. Beginning to notice patient’s non-verbal and verbal cues

It is essential to have a more manageable model of professional communication for designing my tasks, task outcomes and analysis scheme. Therefore, a particular set of clinical performance guidelines is needed for modelling professional communication, in my own study, as opposed to an ‘individual skills’ approach detailed in Section 3.6.

Of these five sets of proposals, Miguel et al.’s (2006) project is potentially most relevant for my programme. These researchers examined the needs of students from non-English speaking backgrounds, in order to design a communication skills programme for those who may experience communication difficulties when interacting with patients and staff in hospitals. The subjects of this study were first year undergraduate students in a Bachelor of Nursing degree at an Australian university. The programme consisted of early identification of students in need of communication development, plus a series of classes incorporated into the degree programme to meet students’ needs. To facilitate this design, the following data were gathered prior to the classes: (1) students’ perception of the problems they had faced on clinical practice, elicited in a focus group and in a written needs analysis; (2) facilitators’ perceptions of students’ problems, collected from facilitators’ written comments recorded on the students’ clinical performance assessment sheets. During the clinical placements, student performance was evaluated by clinical facilitators on different dimensions, which included interpersonal ability. The above criteria for assessing interpersonal ability were developed by one of the researchers to make explicit the interpersonal skills students were expected to demonstrate on their first clinical placement. 15 students from non-English speaking backgrounds who received an unsatisfactory grade in the interpersonal skills component of their first clinical placement were invited voluntarily to attend the clinically speaking programme.

The purposes of the intervention were to aid students to develop the clinical communication skills required to achieve a satisfactory clinical practice grade and improve the clinical experience by strengthening their awareness of the language and cultural practices of the clinical environment. The communication classes were scheduled in place of the students' second clinical placement and included a total of 20 hours, 4 hours each day for five weeks. They were held in a nursing laboratory on campus and conducted by an academic with expertise in language teaching. In the intervention classes, students were introduced to language and strategies they could use to address some of the problems they had met during clinical practice. At the beginning of the programme, cultural discussions were carried out as a crucial part of language activities. For example, the importance of body language and the choice of appropriate topics for making small talk were introduced to students. Commercial teaching videos of interactions between nurses and patients and between nurses were adopted to analyse clinical encounters. The scenarios shown in the videos and the students own experiences of clinical situations were applied to constructed templates of typical stages in interactions with patients, for example, greeting, introduction, small talk, explanation of purpose, seeking consent and giving instructions and leave-taking. Role plays were used in this study and the scenarios for the role plays were related to the first year curriculum. The link between the role plays and subject knowledge helped to enhance students' familiarity with professional terminology and application of theory to clinical practice. The overall structure of interactions in the role plays was focused and students practised language for each stage in a conversation, e.g. making small talk, explaining procedures and leaving-taking. Lastly, strategies for learning vocabulary were also included. Overall, the data from a rigorous programme evaluation indicated that the programme improved the experience of students from non-English speaking backgrounds during clinical placement and assisted the majority to successfully gain a satisfactory grade for their clinical placement. This programme is in fact a TBLT intervention, according to my definition developed in Chapter 2, even if Miguel et al. do not give it this label.

Even if his instructional programme cannot be considered a full example of TBLT, Miguel et al.'s criteria are useful for my study for a number of reasons. First of all, the criteria or communication skills came from the needs of non-English speaking students for communication development, similar to the needs of students in my own study. Second, the interpersonal skills criteria were well tested and justified by the researchers and were appropriate for clinical placement because they came from authentic practices. Thus, they are likely to form a valid and practical set of goals for nursing students in other contexts as well, such as those in my study. Third, Miguel et al.'s study demonstrated that the criteria could be used not only as an assessment tool, but also as a means to develop the students' communication skills, focusing on awareness of language and cultural practices of clinical contexts. That is, an instructional programme focussing on these criteria was shown to enable students to improve their communication skills in some respects, e.g. giving explanations to patients, making small talk, or talking to patients politely. Consequently, it was expected that a TBLT programme using the same criteria to contribute to defining task goals, task outcomes and student assessment, could yield similar positive results.

Lastly, these communication skills criteria represent a patient-centred communication approach, which was considered appropriate for interaction with all English speaking patients in Thai hospitals. Thai nurses are already being trained to apply patient-centred care for both Thai and non-Thai patients. However, this training is normally carried out in Thai; as a result, Thai nurses still have difficulties in communicating with English speaking patients, following patient-centred communication styles. Using the Miguel et al criteria as the basis for designing task outcomes and assessment of performance meant that my project could assist nursing students to transfer the concept of patient-centred care already encountered in their Thai-medium training, to their L2 interactions with English speaking patients. That is, the Miguel et al conceptualisation of communication skills was seen as an effective means of improving the students' language development in relevant areas, and also as an assessment tool for capturing the changes of their language progress.

One might argue that the communication skills proposed here seem directive and appropriate for a monocultural situation; Miguel et al were themselves preparing nursing students to work in an English dominant setting, and pay limited attention to intercultural awareness. In fact, much of the health communication literature reviewed in this chapter makes the assumption that communication or interpersonal skills are universal. This assumption needs to be questioned in a multicultural setting such as a Thai international hospital; we have already seen, for example, however the practices of making small talk and addressing patients' names might be different among countries or cultures. Thus, it is essential for Thai nursing students to be aware of these differences. Accordingly, in adopting these interpersonal skills in my study, I was aware that e.g. making small talk and calling patients' preferred names might be problematic and these skills might not work perfectly in the culture of Thailand. Still, I used Miguel at el.'s communication skills in my study because these are representative of the health communication literature and Miguel et al. presented well-tested criteria which can be used to track students' developing control of professional communication. Alongside the given criteria and set of skills, it was clear that cultural awareness should be emphasised in my study, to familiarise students with international interpersonal skills so that they could prepare themselves to deal successfully with English speaking patients from different culture backgrounds.

In short, the current study adopted the clinical communication guidelines proposed by Miguel et al. (2006) as guidelines contributing to my task goals, task outcomes, task assessment and data analysis, because they are seen as appropriately relevant to nursing students' performance in the current context as well. Obviously, the underpinning theory of the proposed skills is a patient-centred communication style, which is the focus of the current study. Fuller justifications for selecting and adapting the set of good communication skills proposed by Miguel et al. (2006) are discussed in section 5.9.1.2 in Chapter 5.

3.8 Research on communication skills training

This section reviews further studies of communication training for nurses. These studies identify both successes and problems in training communication skills, and in adopting communication skills in healthcare settings. Overall, further insight is provided into designing practical communication training for my current study.

3.8.1 Research on communication skills training for nurses: a systematic review (Chant et al. 2000)

Chant et al. (2000) carried out a systematic literature review as a part of a study of communication skills training in pre-registration nursing education in England. They found 200 articles relevant to their study, focused on problems with communication skills training and barriers to its application in nursing and healthcare practices.

The authors began with the problems of communication skill definitions, where they found no consensus among scholars. They highlighted four levels of communication behaviours as a means to help clarify the term 'communication skills': (1) the process of communication; (2) the mode of communication; (3) communication behaviour; and (4) communication strategies. Communication strategies were found the most helpful approach to thinking about communication problems, because they reflect the logical organization of a number of different communication skills within a theoretical or empirical framework.

A number of problems in current communication skills teaching were found. They included: (1) provision shortages and variability of provision; (2) shortages of training for certain groups of patients; (3) shortages in the training in certain skills; (4) bias towards mechanistic rather than relational communication; (5) poor evaluation of course outcomes; (6) failure to adapt teaching to different learning styles and levels of academic ability; (7) the role of nurse and healthcare education as social control; and (8) the gap between education and practice.

Some social barriers to using communication skills in practice were also illustrated. They were divided into: (1) workplace policies and practice; (2) biomedical dominance; (3) environmental aspects; (4) the hierarchical nature of healthcare; (5) discrimination and social divisions; (6) occupational (ward) culture; and (7) professional stress and the lack of support structures.

Overall, the review of Chant et al. highlights some current problems of communication teaching which should be kept in mind by nurse educators, including ESP teachers. These problems are useful sources of ideas for my current project, in particular, when considering the course design, selection of course content and authentic teaching and learning materials, and when choosing teaching methodologies and evaluation procedures so as to meet the needs of students, institutions and healthcare services successfully.

3.8.2 Evaluation of a graduate nurses communication programme: Gough et al. (2009)

Responding to the types of problems identified by Chant et al., Gough et al. (2009) both designed and evaluated the clinical communication programme developed for graduate nurses in paediatrics at the Royal Children's Hospital in Melbourne, Australia. The authors adapted a communication skills simulation programme (CSSP) for graduate nurses (GN's). The researchers conducted a needs analysis, and piloted the programme with 57 graduate nurses who were in their first year as Registered Nurses. The CSSP aims are to highlight and provide simulation practice in communication strategies and techniques for nurses to employ when dealing with difficult clinical communication situations with parents. This programme includes 2 stages. Firstly, a workshop is offered for the whole group of participants. The facilitator leads a discussion of a videotape of good communication: a senior nurse and actor/simulated parent work through a difficult situation. This stage distributes a model of good communication as well as an opportunity to systematically deconstruct steps in good communication in a typical situation. In the second stage, the nurses meet in pairs with an actor for 20 minutes during which one nurse works through a set scenario with the 'parent,'

the other observes and then the three critique the communication and the actor/tutor having stepped out of the simulated parent role gives structural feedback. This type of scenario-based teaching meets my definition for TBLT and the scenarios count as tasks according to my definition (even if these researchers do not call them tasks).

The evaluation tool was a questionnaire with 6-point scale and open-ended questions, which were analysed quantitatively and qualitatively. The results showed that, prior to the communication skill education programme, more than half of the group (53%) felt less than adequately prepared for interactions with parents. In the post-programme findings, the respondents who felt 'adequately' or 'very adequately' prepared rose from 7% before the education to 51% immediately following participation. There were no negative comments on the programme, and many respondents made positive comments. Some nurses noted very specific behaviours that they could improve including: not talking fast, sitting down first, not using abbreviations, allowing silence after giving news, being calm, expecting any reaction. Interestingly, the participants who were observers recommended that it would be better for each individual to have the opportunity to practice with the actor/tutor.

In my view, what we can learn from this study is that simulation is a useful technique in that it triggers and enhances communication skills and this study provides support for my view that role play can be a task, given purposeful outcomes. Therefore, in my view, simulations can be counted as a type of task. Thus, simulation should be employed in ELT, ESP and my teaching programme in order to promote speaking skills particularly in teaching and learning ESP for health science students. In teaching nursing students, it is necessary to provide certain authentic like scenarios of different clinical ward areas which student nurses can practice through experiential simulation (i.e. through role play). The simulation should be practiced in groups and pairs and individually. Peers and instructors' comments and feedback are required for students' self-improvement,

and students' simulations should be videotaped as evidence for the performers to review their own acting for further development.
It is clear that this study gave me various ideas which contribute to my own programme, e.g. video recording of role plays.

3.9 Conclusion

This Chapter has explored the theoretical and research background on communication in healthcare professional contexts. The review of types of talk, structures and processes of communication and interactional skills in health communication guided me to develop my research questions and instructional programme for my project. In particular, the communication guidelines developed by health care professionals for training purposes (and especially those of Miguel et al) were a rich source of ideas for task goals and task outcomes. Thus the ideas gained from this chapter complement the discussion of TBLT theory and principles in Chapter 2, in that they will provide substantive content in designing practical tasks for my project. The resulting task framework will lead my students to perform tasks in appropriately related contexts and extend their linguistic competence while focussing on the development of communication skills. Implications drawn from studies on communication training for nurses will also be taken into consideration for undertaking the current project (e.g. the need for effective assessment of performance, the potential of role plays/ simulations as ESP tasks, the usefulness of video recording). In the next chapter, the background and related practices of nurse education in Thailand will be explored.

CHAPTER 4
THE DEVELOPMENT OF NURSING AND MIDWIFERY EDUCATION IN THAILAND

4.1 Introduction

This chapter provides an overview of how nursing and midwifery training originated in Thai society as well as the current structures of nursing education in Thailand. Included are descriptions of the nursing curriculum, and of the practices nursing students need to master. An exploration of current notions of nursing and midwifery education advances the current study, as this provides background for the preparation of content and materials that can accommodate nursing students' need to study English which relates to their subject knowledge.

The following sections present the history of nursing and midwifery in Thailand, communication in Thai nursing, the registration and licensing system, quality control of nursing and midwifery programmes, current higher education level requirements for English, the nurse education programme at one university in the north of Thailand, and the need for a new ESP course for nursing students.

4.2 History of nursing and midwifery in Thailand

Long before the introduction of Western modern medicine in Thailand, Thai people generally relied on two kinds of traditional healers: ancient doctors and exorcists (Muecke & Srisuphan, 1989). The ancient doctors used medicinal plants and other natural substances to cure the sick, while exorcists used magic or prayer to expel supposed angry spirits from a person's body. After the introduction of Western modern medical care over decades the practices of traditional healers gradually disappeared.

The evolution of modern nursing care in Thailand can be divided into 3 phases: the beginning of nurse training, the creation of a small elite in nursing, and the development of nursing as an academic profession (Muecke & Srisuphan, 1989).

4.2.1 The beginning of nurse training (1896-1926)

The practices of modern nursing care began in 1860 when the first Thai woman sponsored by American missionaries to study nursing in the U.S.A. came back to Thailand. On her return, she only provided medical care to wealthy Siamese (the term Thai was not used until 1932) and Western expatriates. This engendered positive attitudes towards nursing care among the upper class in Siam (Muecke & Srisuphan, 1989). However, nurse training was not established at that time. Likewise, American missionaries introduced Western medicine to Siam in 1869, though again no medical schools opened until 20 years later.

Nursing training was physically initiated by Queen Sripatcharintra, queen of King Rama V. She was motivated by the recognition of high maternal death rates after delivery (Anders & Kunaviktikul, 1999) and the tragedy of losing her own infant son to cholera. The queen had the first permanent hospital and medical school established in 1888, named Siriraj, after her deceased son. She also had the first nursing school constructed in 1896, called School of Medicine-Midwifery and Female Nurses.

The first nursing curriculum was designed and taught by foreign male physicians. The curriculum was focused on midwifery and care of new-borns, and included a one-year practicum. The first school of nursing recruited students from the daughters of the urban nobility (Muecke & Srisuphan, 1989). The students were young girls and they were required to have completed 3 years of elementary school which was the maximum level of education available to females outside the palace at that time. (Formal education beyond this level was provided for boys at the Buddhist temples. There was no formal education for girls.)

Apart from Queen Sripatcharintra's initiative, one of King Rama's sons, Prince Mahidol of Songkhla, called the father of modern medicine in Thailand, was educated at Harvard Medical School. When he returned to Siam/ Thailand in 1926, he renovated nursing and medical education and invited the Rockefeller Foundation (RF) to collaborate with the Ministry of Public Health. By the time of

Prince Mahidol's return, there were only three hospital-based nursing schools: Siriraj in Bangkok (founded in 1896); the royally-sponsored Thai Red Cross (founded in 1921); and the American missionary-developed McCormick Nursing School in Chiang Mai founded in 1923. There were few students studying at these schools because the notions of women receiving formal education and the sick being cared for in modern hospitals were alien to Siamese society (Muecke & Srisuphan, 1989).

4.2.2 The creation of a small elite in nursing (1926-1956)

Prince Mahidol was determined to develop the biomedical model of medicine and heralded a new interpretation of nursing as knowledge-based patient care by inviting the Rockefeller Foundation (RF) to help develop college-level medical school curricula in 1925. Royal recognition of the potential contributions of women to healthcare revolutionised the social standing of women (Muecke & Srisuphan, 1989). Medicine became the first field to admit female students to university, and the first three women physicians graduated in 1932 from the School of Medicine at Chulalongkorn University.

During 1925 -1935 Prince Mahidol arranged scholarships to send women studying abroad and RF brought two nurses from the U.S.A to develop and teach a new nursing curriculum in Thailand. The American nurses raised the education requirement for admission to nursing school to the tenth grade and encouraged Thai colleagues to extend the nursing curriculum to 3 years together with 6 months of midwifery. They also helped secure the award of nursing registration with the nursing school diploma. The registration of nurses standardised the status of nurses by restricting nursing membership to those with required education preparation.

World War Two created a demand for and shortage of nurses because nursing schools were closed due to the air raids and nursing staff were sent to military zones. Early in the war in 1942, the Ministry of Public Health (MOPH) was established to manage all medical nursing and public health activities (Muecke &

Srisuphan, 1989). The MOPH emphasised the control of the most prevalent communicable diseases such as malaria, leprosy, tuberculosis, and yaws, and the major causes of epidemics such as cholera and smallpox. Nursing in Thailand entered the post-war period as a female branch of medical practice, located in urban hospitals under the supervision of male physicians.

4.2.3 The development of nursing as an academic profession (1956 – present)

1956 was a remarkable year for nurses as the first baccalaureate nursing programme, a four-year post-secondary school certificate, equivalent to a 4 year-bachelor's degree, was first offered at Siriraj. Better prepared nurse graduates were needed, and nursing needed to keep up with the advancement of other medical fields because bachelor's degree programmes were now offered in dentistry, medicine, and pharmacy.

After World War Two, population growth took place, together with advances in communication and educational infrastructure. These led to a growing supply of female students alongside increasing demand for medical care. Due to the growing population, the MOPH established hospitals and departments in each province in Thailand. Thus, it increased the needs for nurses and the number of nursing schools doubled between 1955- 1967. In addition, 18 new schools for practical nurses were founded during 1955 – 1974 (Muecke & Srisuphan, 1989).

A nurse shortage occurred nonetheless, due to the internationally explosive expansion of healthcare services in the 1960s -1970s, which resulted in a massive brain drain of educated Thai nurse and physicians who wanted to work and study abroad. The shortage peaked in 1968-1975 when, because of profound American presence in Thailand, a large number of doctors and nurses went to work in the U.S.A. The number of nurses who went abroad almost equalled that of nurses graduating from both diploma and bachelor's degree.

The shortage of physicians in rural areas resulted nurses becoming mini-doctors by default (Muecke & Srisuphan, 1989). For example, nurses gave medications

by I.V., sutured, administered anaesthesia, and performed minor surgery. According to Tiamson's (1983) study, nurses spent 50% of their time performing medical tasks, and the rest of their time doing management work such as running blood banks and x-ray units.

In 1980 the MOPH developed a new level of nursing study programme to increase the number of nurses. This was called the two-year post-secondary school certificate programme in technical nursing, to fill nursing positions at the provincial and community hospitals (Muecke & Srisuphan, 1989). There have also been continuing education programmes for these technical nurses. After finishing 2.5 years of study, they become a professional nurse.

Today, there are 63 baccalaureate nursing programmes in Thailand. 32 nursing colleges are under the jurisdiction of the MOPH; nine nursing colleges, which also offer masters and doctoral nursing programmes, are under the Ministry of University Affairs (MUA); 16 nursing colleges are in the private sector; three nursing colleges are under the Ministry of Defence, and the remainder are under the Ministry of the Interior, the Bangkok Municipality, and the Thai Red Cross Society (Burnard & Naiyapatana, 2004).

4.3 Communication in Thai nursing

The way people communicate with each other varies greatly from culture to culture. Particularly, Thai people stereotypically speak quietly and do not often use the non-verbal behaviours characteristic of western people (Bernard & Gill, 2009). Thailand is considered a 'high context' culture, where communication is indirect and sometimes not so clear.

According to Bernard and Gill (2009), when Thais have face to face communication they will talk quietly and use limited eye contact across the sexes or between two people not of equal status. Both parties attempt to maintain *kreng jai* (putting other peoples' feeling before your own) so as to make sure that each feels comfortable. Bernard and Gill (2009) even claim that turn taking in Thai

communication is less marked than in many western cultures, and communication and discussion move along in a roundabout way rather than being direct and to the point. Furthermore, confrontation and conflicts are avoided. In order to equip nurses to deal with varied communication styles including those of international patients, it is important to promote the teaching and learning of a variety of communication skills in nursing colleges or universities, so that nursing students will have better understanding of direct communication, and also become accustomed to more varied nonverbal forms of communication. More generally: as a Thai insider, I actually agree with Bernard and Gill (2009) that Thai professional communication characterised by indirectness and western influenced styles have been adopted in professional settings.

4.4 Registration and licensing

The Nursing Council, a non-government agency, is responsible for the accreditation of all undergraduate nursing programmes in Thailand. Two levels of licenses are provided; first class licenses will be issued to professional nurses who graduate from a 4- year programme and second class licenses will be issued to technical nurses who graduate from a 2- year programme. At the end of December 2007 there were 122,336 registered professional nurses and 9,391 registered technical nurses (Thailand Nursing and Midwifery Council, 2010)**.** These registered nurses are required to renew their license every 5 years; the requirement for renewal is 50 hours of continuing education.

4.5 Quality control of nursing and midwifery programmes

The Nursing and Midwifery Council is also responsible for accrediting the pre-registration programs, continuing education, training and graduate programs, for all forms of nursing and midwifery.

At university level, any Nursing and Midwifery Curriculum should be approved by the University Council before submission to the Nursing and Midwifery Council for approval. If approved at this level, the curriculum will be sent to the

Higher Education Office of the Ministry of Education for subsequent approval and recognition.

As for the institutions, the Nursing and Midwifery Council will audit them for their readiness according to set criteria and standards of accreditation before opening or starting to recruit students. However, the criteria do not mention English language proficiency as a requirement for nurse accreditation. The accreditation process will start by reviewing a self-study report submitted by the nursing institution. The audit process also includes a site visit to clarify program materials written, teacher-student ratio, qualifications of nurse teachers, curriculum components, teaching-learning processes, hospitals and communities for practice and evaluation process, learning equipment and materials. In addition, libraries and IT resources will be explored and assessed. If the requirements have been met, TNC will grant accreditation from 1 to 5 years.

Recommendations for further development will also be offered by the assessors. Every year, each nursing institution should conduct an internal audit which requires external expertise or school networks. Students who graduate from accredited schools will be allowed to apply for the licensing examination (Thailand Nursing and Midwifery Council, 2010).

4.6 Current higher education level requirements for English

The national goal of English teaching at the higher education level seeks to enable students to use English successfully for both academic and professional purposes. Higher education English courses therefore need to make provision for Thai students to make use of all local and international academic materials in available media within their own fields of specialisation.

A recent attempt to improve the quality of teaching and learning English at the higher education level in Thailand was outlined in the government paper entitled *Policy on the Teaching of English in Higher Education Institutions* (announced by the Minister of University Affairs (MUA) on May 3, 2001). According to this

policy, a total of twelve credit hours are required for all students; the first six credit hours emphasise integrated skills and study skills, while the other six can be either English for specific purposes (ESP) or English for academic purposes (EAP), depending on the needs of each department. Concerning assessment, it is recommended that each institution give its own standardized test or equivalent to measure its students' English ability. Such a test is an indicator and by no means a requirement for graduation. The main purpose of this policy is that students should be able to communicate effectively and appropriately in English. The plan was to be fully implemented within four years (Ministry of University Affairs, 2001).

The policy means that at least four English courses (twelve credit hours) are now compulsory for university students. However, there is no standard exit proficiency level for final year students.

4.7 The nurse education programme at University of Northern Thailand (UNT)

The University of Northern Thailand (UNT) offers a bachelor's degree in nursing science for students with an upper secondary school certificate. The School of Nursing is responsible for administering the curriculum and the UNT nursing curriculum has been approved by the Thailand Nursing and Midwifery Council. The curriculum includes two broad subject areas with 144 credits: general education and area of specialisation. The details of the programme are described below.

4.7.1 General education courses

The general education area includes both compulsory and elective courses. Within 4 years, nursing students have to earn a total of 30 credits, 21 credits from compulsory courses (Table 4.1) and 9 from elective courses (Table 4.2). Both compulsory and elective general education courses include the areas of languages, social science, physical education and multidisciplinary science (UNT, 2010).

Table 4.1: General education compulsory courses

1. Languages	Thai Language Skills, *Fundamental English*, *Developmental English*
2. Social science	Civilization and Local Wisdom
3. Physical Education	Rhythmic Activities, Body Conditioning, Golf, Game, Takraw, Swimming, Social Dance, Softball, Art of Self – Defence, Volleyball, Football, Badminton, Basketball, Table Tennis, Tennis, Recreation
4. Multidisciplinary sciences	Life Skills, Living Management, Life and Health

Table 4.2: Elective general education courses

1. Languages	*English for Academic Purposes*
2. Humanities	Information Science for Study and Research, Language, Society and Culture, Philosophy for Life, Music Appreciation, Thai Performing Arts, Arts in Daily Life
3. Social science	Fundamental Laws for Quality of Life, Politics, Economy and Society, Thai State and the World Community, Thai Way and Vision
4. Sciences and Mathematics	Science in Everyday Life, Introduction to Computer Information Science, Drugs and Chemicals in Daily Life, Mathematics for Life in the Information Age, Energy and Technology Around Us, Food and Life Style
5. Multidisciplinary sciences	Human Behaviour

4.7.2 Area of specialisation

The specialisation courses have two major sub areas: professional foundation courses and nursing concentration courses. The students have to earn 108 credits from these courses within 4 years, 38 from professional foundation courses and 70 from nursing concentration courses (UNT, 2010). The professional foundation courses include science courses needed to further their major subject and one English course, Professional English. These courses are in listed in Table 4.3.

Table 4.3: Professional foundation courses

Courses	Basic Pharmacology	Biostatistics
	Cell and Molecular Biology	General Chemistry
	Introductory Physics	*Professional English*
	Basic Anatomy	Pathology
	Basic Biochemistry	Microbiology and Parasitology
	Basic Physiology	

The nursing concentration courses include both theoretical courses and practical courses. The theoretical courses are undertaken at School of Nursing and the practical courses are carried out at communities and hospitals. Table 4.4 presents the nursing concentration courses.

Table 4.4: Nursing concentration courses

Nursing concentration courses	
Theory	Practice
Community Health Nursing I	Practicum in Basic Nursing
Health Promotion	Practicum in Nursing for Adults I
Nursing for Adults I	Practicum in Nursing for the Elderly
Nursing for Infants and children	Practicum in Community Health
Obstetric Nursing II	Nursing II
Co-operative Education	Practicum in Nursing for Adults II
Community Health Nursing II	Practicum in Nursing for Infants and
Mental Health and Psychiatric Nursing II	Children II
Basic Concepts and Principles in Nursing	Practicum in Nursing for Infants and
I	Children I
Primary Medical Care	Practicum in Mental Health
Introduction to Research in Nursing	Psychiatric Nursing I
Nursing Administration	Practicum in Nursing Management in
Seminar in Nursing Professional Issues	Selected Area
and Trends	Practicum in Nursing Administration
Obstetric Nursing III	Practicum in Obstetric Nursing I
Community Health Nursing II	Practicum in Primary Medical Care
Laws and Ethics in Nursing	Practicum in Mental Health and
Obstetric Nursing I	Psychiatric Nursing II
Nursing for the Elderly Nursing for	Practicum in Obstetric Nursing II
Adults II	
Basic Concepts and Principles in Nursing	
II	

Generally, 80% of the curriculum is concerned with learning specific nursing subjects while general education subjects contribute only 20%. Obviously, two English courses (Fundamental English and Developmental English) are included in the general education courses, one subject, English for Academic Purposes, is

offered in the Elective general education courses, and one last course, Professional English, is added to the professional foundation course. No other communication courses are offered in either Thai or English to prepare students to be proficient communicators with their future patients in their professional life. The lack of communication courses might be one of the factors that constitute the students' known difficulty in communication in English with patients or colleagues.

4.8 English courses for nursing students at University of Northern Thailand

As we have seen, it is a requirement for UNT students to enrol on twelve credit hour English courses spread over their 4 year programme of study. The English courses are offered differently to students depending on their field of study, following the pattern below:

1. 001111 Fundamental English: students have to enrol on this course in the first semester of their first year of education. This course is about development of English listening, speaking, reading, and writing skills, and grammar for communicative purposes in academic contexts and others (UNT, 2010).
2. 001112 Developmental English: students are required to enrol on this course in the second semester of their first year. This course again deals with development of English listening, speaking, reading, and writing skills, at a more advanced level, and grammar for communicative purposes in academic contexts and others.
3. 001113 English for Academic Purposes: students are required to enrol on this course in the second semester of their second year. This course offers development of English skills with an emphasis on reading and writing pertaining to students' academic areas and their research interest.
4. 205436 Professional English: students are required to enrol on this course in the second semester of their second year. The course is about practice in listening, speaking, reading, and writing in relation to professional study. Students study English by means of expressing opinions, problem solving, responding and discussing with an emphasis on group work activities and learn English for communication in daily life (UNT, 2010).

With regard to my study, the nursing students who enrolled in 205436 Professional English were my research participants.

4.9 The need for a new Professional English course for nursing students

Teaching English at UNT currently poses challenges at a number of different levels. Economically, Thailand is developing quickly and there is a need for UNT graduates to be able to communicate internationally in English. Graduates should be able to interact appropriately with people worldwide, both native and non-native speakers, because English is increasingly the lingua franca for countries trading worldwide. This is why the ability to communicate through English has been stated as a national goal in the 8th NEDP.

UNT students generally have studied English for ten to twelve years, but often still feel intimidated by English, or simply unmotivated. Their abilities in using English across the four skills areas (listening, speaking, reading, and writing) range from very low to a very advanced level because UNT recruits to study at different academic schools with no English entry requirement. Some students are unable to use even simple English, and some do not recognize the importance of learning English as they have little opportunity to use it outside the classroom. Therefore, to build students' confidence and motivation, and to promote the real use of English through a variety of activities and methods should be some of the main aims of UNT teachers of English.

From my own experience of teaching English at UNT, I have found that the English courses focus on materials and topics which are chosen without regard to students' future professional needs and interests, because most teachers of English have never studied how English is used in professional contexts. There has been no collaboration in the past between workplace stakeholders and UNT in designing English courses appropriate for workplace situations. Up to the present, the teacher has been the only person involved in determining how English should be taught and what materials and topics should be used in the classroom. As for the students, they might perceive that they learn English as a requirement of their

curriculum, and in order to take tests or semester examinations. Somehow, they do not recognise the necessity of English in communicating in their future occupations. They do not learn English skills in order to be able to communicate with other people successfully. On the basis of my professional experience, both teachers and students tend to emphasise memorizing long lists of vocabulary and grammatical rules as a means to language comprehension and acquisition. Although students tend to possess quite extensive vocabulary and knowledge of grammar rules, they cannot integrate these to communicate fluently and confidently. This is partly because teachers often take a long time to explain grammar rules and difficult words, or sometimes translate some words or paragraphs from English into Thai. Therefore, not a great deal of time is left for the students to practice using the language by themselves which in turns means their communicative competence is not adequately developed.

Nonetheless, Thai educators generally now accept the vision pointed out by Srisa-An (1998):

> …for English language education, especially at the tertiary level, our programmes must enable students to use English for academic and professional purposes. The English courses must enable students to make use of all academic materials available in the various media in their own fields of specialization. They must be able to use the language in the further pursuit of their areas of specialization (Srisa-An, 1998).

The goals of teaching English for nursing students at UNT are to give students extensive experience in the use of general and professional English in order to prepare nursing students to meet the competencies of registered nurses, stated by the Thailand Nursing and Midwifery Council. Competency no. 6 concerning communication and relationships, one of the Competencies of Registered Nurses, states that registered nurses should possess skills in communication, presentation, effective exchange of information, interpersonal relationships, media literacy, and professional relationships (Thailand Nursing and Midwifery Council, 2010). To reach these aims, teachers need to seek ways of increasing students' confidence

and motivation in using English in EFL professional environments in Thailand and overseas successfully and effectively. At the same time, they also need to develop students' cognitive processing skills in thinking, understanding, and expressing their thoughts, attitudes and feelings effectively both in Thai and English.

4.10 Conclusion

Having examined the ideas of task-based learning, the Thai contexts, and the healthcare literature, I have identified some useful insights and guidelines on how to design my programme and formulate my overall research questions:

1. To what extent can a task-based curriculum framework which focuses on professional situations promote the L2 development of nursing students?
2. What are the students' opinions towards learning English through a TBLT course which focuses on professional role play tasks?

First, the health care literature helped me to design the programme. I have understood the expectations of health communication in terms of being more patient-centred, and using positive talk, as well as the range of topics and contexts which are central to health care communication. Secondly, I went for a task-based approach for my intervention programme because I was hopeful that this approach will move the students on to focus on meanings and activate their existing language knowledge, and will help them to become more fluent, but can also include some linguistic challenges. I was also hopeful that the task-based approach would be motivating for these students because of its real world focus, which will get them engaged in the language, and will get them speaking. For students like this, a TBLT approach is a way of building fluency, meaning orientation and professional use of English. Lastly, in order to design tasks in the form of healthcare role plays, it was necessary to draw in combination on the TBLT and healthcare literatures, to inform me about role play content and planning of overall task sequences.

As for my sub-research questions, the healthcare communication literature (and in particular the clinical guidelines proposed by Miguel et al DATE) informed me

how to form sub-research question 1.1, concerning the functional analysis of students' role play talk. Ideas from the task definition developed by Samuda and Bygate (2008) and Willis's (1996) task framework guided me to formulate sub-research question 1.2, which is the operationalization of language and vocabulary learning:

1.1 Can the students perform professional situation tasks successfully? If yes, what are the characteristics of their performances and of the communication skills the students use in their interaction?

1.2 Can the TBLT course focusing on professional situations help the students to produce more variety of language structures and vocabulary than they knew at the beginning? If yes, how do they change their language and vocabulary use while performing professional role play tasks?

In the next chapter, the design and implementation of the current project will be described in order to see how the theories reviewed in previous chapters were translated into practice in the form of an action research classroom intervention.

CHAPTER 5
PROFESSIONAL TBLT PROJECT DESIGN AND IMPLEMENTATION

5.1 Introduction

This qualitative classroom action research study investigated the development and application of a task-based teaching programme in health communication in English for Thai nursing students. The nature of the enquiry has led to the choice of action research as a research approach. The account of the research methodology in this chapter describes the setting and participants and associated ethical issues, and the research instruments and their relationship with the research questions arising from the literature reviewed in Chapters 2, 3 and 4. A full account is provided of the implementation of the project, including a full description of the design of the task-based teaching programme itself.

5.2 Setting of the study

This study took place at the University of Northern Thailand (pseudonym), in the second semester of the 2010 -11 academic year, i.e. from November to February 2011. The University, henceforth UNT, is located in the northern part of Thailand and was originally established in 1995 on the proposal of an older pre-existing university, for an IT campus in NT province (pseudonym) to develop the quality of lives and provide more opportunities for higher education to people in NT and nearby provinces. The proposal was approved by the cabinet on 20 June 1995, and instruction started in 1995. According to the cabinet resolution dated 8 October 1996, the campus would be called "NT IT Campus" (pseudonym). In 2007, the President of the pre-existing university put forward the proposal to promote the campus into an autonomous university, and a Royal Decree establishing the University of Northern Thailand took effect from 17 July 2010 onwards. In 2010, UNT offered 62 Bachelor's degree programmes and 15 Master's degree programmes with a total of 11,363 undergraduate students, 582 postgraduate students and 1,027 university staff. In general, UNT aims to develop human resources in the fields of science and technology, health sciences, and social sciences. Currently, the academic units include School of Agriculture and Natural

Resources, School of Information and Communication Technology, School of Pharmaceutical Sciences, School of Medicine, School of Law, School of Nursing, School of Management and Information Sciences, School of Science, School of Medical Sciences, School of Engineering, School of Liberal Arts, School of Allied Health Sciences, School of Energy and Environment, School of Architecture and Fine Arts and College of Continuing Education.

5.3 Research questions

This study aims at addressing two major research questions and related sub-questions in order to scrutinize the implementation of TBLT with Thai EFL nursing students. The questions are as follows:

1. To what extent can a task-based curriculum framework which focuses on professional situations promote the L2 development of nursing students?
   - 1.1 Can the students perform professional situation tasks successfully? If yes, what are the characteristics of their performances and of the communication skills the students use in their interaction?
   - 1.2 Can the TBLT course focusing on professional situations help the students to produce more variety of language structures and vocabulary than they knew at the beginning? If yes, how do they change their language and vocabulary use while performing professional role play tasks?
2. What are the students' opinions towards learning English through a TBLT course which focuses on professional role play tasks?

5.4 The research participants

In the present study, the participants were 31 second year nursing students from the School of Nursing at UNT. There were 3 male and 29 female students, aged between 20 and 21 years. They had experience of learning English for approximately 12 years. As a requirement of the curriculum for the bachelor's degree in nursing, these students had to enrol in a Professional English course taught by the researcher at the time of the data collection, from November to February 2011. The Professional English course is intended to equip students with the knowledge of vocabulary, language patterns and communication relevant

to their needs in daily life and in a healthcare setting. Before taking this course, the students had been required to take at least two English courses in the first year of their university study, namely, Fundamental English and Developmental English. After they completed the Professional English course, they were required to take practicum courses practicing nursing care in different wards in certain hospitals in the northern region of Thailand. Table 5.1 provides background information on the students.

Table 5.1: Background of student participants

Background (N=31)	
Sex	Male = 3 Female = 28
Age	20 – 21 years old
Fundamental English (First year basic English 1) Grade	A = 12 B+ = 5 B = 6 C+ = 5 C= 2 D+ = 1
Developmental English (First year basic English 2) Grade	A = 19 B+ = 4 B = 6 C+ = 2

From the table above, it is interesting to note that the participants' English achievements for both Basic English one and two are slightly higher than average, and the table suggests that most students had a good learning achievement in both courses. The students had also made some improvements in their scores in Basic English two.

5.5 Action research

Action research or AR is understood within educational research as a type of classroom research conducted by a teacher researcher in order to understand and improve their pedagogical practices. Although, AR has received varied definition and labels, e.g. collaborative research, practitioner research, teacher-initiated

research or reflective practice (Burns, 2010; Gass & Mackey, 2007), one common characteristic shared by these varying definitions is that practitioners in a given social situation or classroom are themselves engaged in a systematic process of enquiry stemming from their own practical concerns (Burns, 2005). The most important principle that AR is concerned with is the close link between research and teaching as well as researchers and teachers (Dörnyei, 2007). In this sense, AR is undertaken centrally by or in cooperation with teachers in order to scrutinize various aspects of their classroom mainly to understand and improve their teaching practices so as to provide a better quality of education to their learners (Allwright & Bailey, 1991; Crookes, 1993; Dörnyei, 2007; Wallac, 1998).

In a language teaching context, pedagogic practices need to be undertaken day after day in order to facilitate language learners to acquire language effectively, and professional teacher practitioners attempt more or less intuitively to improve their teaching activities over time. A distinctive characteristic of action research is that it can assist teachers to plan, take action, make changes and observe their own teaching practices much more explicitly and systematically. Supportively, Burns (2010) points out that "action research can be a very valuable way to extend our teaching skills and gain more understanding of ourselves as teachers, our classrooms and our students" (p.2). Richards (2003) adds that the purpose of action research is to recognise better some aspects of professional practice as a means of generating improvement. As for classroom practice, action research has relevance to the ideas of reflective practice and the teacher as researcher and embodies taking a self-reflective, critical and systematic approach to exploring your own teaching contexts (Burns, 2010).

Richards (2003) describes the nature of action research as:

> Action research is typically associated with a cycle of activities and the term empowerment is often associated with its outcomes. Where this is used, it embeds the research within a professional context where the practitioner seeks, through deeper understanding and intervention, to bring about changes in their

> working practices and to explore the emancipatory potential of their activities. (p.25)

AR is beneficial for teacher researchers, including language teachers who are motivated to further improve their teaching practices, for a number of reasons. According to Burns (2005), AR allows opportunities for teachers to become agents rather than receivers of knowledge concerning second language teaching and learning, and therefore to contribute to constructing educational theories of practice. Crookes (1993) points out that conducting action research is a means of critical reflection not only on teaching practices, but also on the socio-political contexts where articulate and self confident teachers have the potential to influence wider policy so as to improve second language teaching. Overall, Burns (2010) claims that conducting AR can strengthen teachers' teaching, raise their awareness of the complexities of their work, show them what moves their own approaches to teaching, and eventually lead to positive change.

Conducting AR involves a sequence of steps, which different theorists broadly agree about. According to Kemmis & MacTaggart (1988), for example, AR contains spiralling processes of planning, acting, observing and reflecting. For the planning stage, teacher researchers identify problems or issues related to their pedagogical practices and develop a plan for acting so as to bring about improvement for their pedagogical contexts. We can say that this stage is problem exploration and finding solutions for identified problems – teachers may draw on external theories and research at this stage (e.g. language teachers may draw on SLA theory or on TBLT theory). Once the plan has been developed, the teacher researchers put their action plan into practice for a pre-determined time frame. While the teacher researcher is implementing their intervention, they have to systematically observe the effects of their action plan and document the context, actions and opinions of those involved (Burns, 2010). This is a data collection phase where teachers are required to use research tools, e.g. a diary or journal, to document their actual practices resulting from the developed plan. Lastly, the reflection stage allows teachers to evaluate and describe the effects or

results of the proposed plan to make sense of things which happened and to understand the areas they have examined more clearly and closely. The four stages of AR are conceptualised as a continuous spiral, i.e. they may recur until the action researcher has achieved a satisfactory outcome and sees that it is the right time to stop (Burns, 2010).

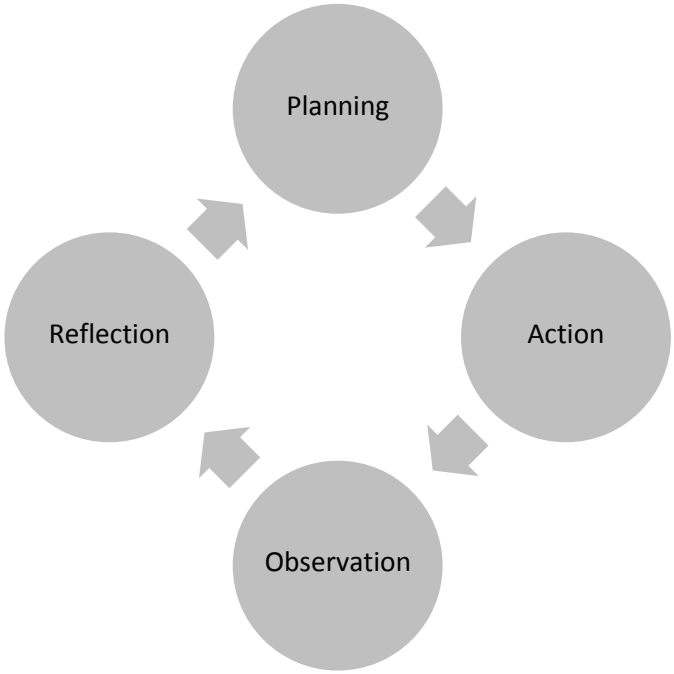

Figure 5.1: Spiralling cycles of action research (Kemmis & MacTaggart, 1988)

The methods used to collect data can be varied, and may involve tests, interviews, recordings, documents, observation and journal keeping. The distinctive contribution of action research to classroom change comes from its systematic approach to planning and collecting data in the classroom context. According to Burns (2010), "improvements are based on information that an action researcher collects systematically. So the changes made in the teaching situation arise from solid information rather than from our hunches or assumptions about the way we think things are" (p.2).

In carrying out my project, I adopted action research and in particular the AR cycle proposed by Kemmis and McTaggart (1988) because the key idea of action

research is to intervene in a deliberate way in a challenging situation in order to obtain changes and better improvements in practice (Burns, 2010). My attempt in this study was to look closely and analytically at my own pedagogic practice in order to better understand and improve English language teaching for professional contexts. In particular, I desired to innovate by introducing a TBLT course, but also to scrutinise my own TBLT implementation and seek out ways to further develop my students' English capability. The AR stages used in my study include planning, action, observation and reflection. In my study, I simply did one AR cycle. How AR was mapped onto my study in is described in what follows.

During the AR planning stage, I firstly diagnosed the problems concerning my teaching practices, finding that my nursing students have difficulty with speaking English with their friends, teachers and foreigners in both daily life and professional contexts (see Section 4.9). The main issues are that the nursing students are taught English grammar and English vocabulary, but they do not get the chance to activate this knowledge through communication practice. In other words, they have good English in some respects, e.g. grammar or vocabulary, but another aspect of their English is lacking, i.e. speaking or communication skills, and they are struggling with both daily and professional oral communication. Once the students' speaking problems were identified, I did needs analysis by studying literature (and in particular the health communication literature, see Chapter 3), hospital visiting, and discussing course contents with nursing students in my study as well as consulting other lecturers working in the School of Nursing, at UNT. To deal with this problem, I adopted a TBLT approach, focusing on professional role play tasks to improve students' oral proficiency. In designing my course, I gained supporting theoretical ideas from reviewing the literature on communication in healthcare settings and hospital visits. As the centre of the course, I came up with 12 oral role play tasks concerning communication between nurses and patients and nursing practices in hospital wards. Each oral role play task was incorporated in a TBLT session, in which students had to plan what to communicate, communicate what they had planned, and assess what they had performed. Over the course of 12 sessions, the role play

tasks became more open, presenting increasing challenge to the students to perform independently. The TBLT session plans and complementary materials for collecting data, e.g. questionnaires, were also developed in this stage.

During the AR action stage, I taught my course with 31 nursing students learning a Professional English course at UNT from November to February 2011. I implemented the TBLT course requiring nursing students to perform 12 oral role play tasks, embedded within sessions adopting Willis' overall task framework.

In delivering my course, I had an opportunity to become a teacher researcher. In this position, I documented events as they occurred, which meant I was flexible and responsive to unexpected circumstances as my course went along. While teaching, unexpected things happened inevitably. For example, students were hesitant to perform role plays at the beginning, and raised concerns over limited time for task planning and role play rehearsing, and lengthy pre-task exercises, as well as requesting a full set of materials before starting subsequent sessions.

To manage these unexpected events, I firstly, dealt with students' concerns over their reluctance to perform a task orally, raised after Session 1, by allowing them to bring notes with them and take a glance at their notes while performing role play tasks in Session 2. I also made the students aware of the benefit of learning English through performing role play tasks focusing on professional situations. This could reduce the students' hesitance and anxiety to undertake oral role play tasks. As for the limited time available for task planning and rehearsing role plays, I decided to reschedule the sessions, splitting a one day four-hour class into two two-hour classes on different days, i.e. one two-hour class on Monday and another one two-hour class on Tuesday. This division of course hours lessened the students' anxiety over limited time. Lastly, with regard to lengthy pre-task exercises, I deleted some exercises that were not useful and less relevant to task topics, and created alternative supplementary materials more closely related to task topic. I also gave students a full set of materials to study in advance of subsequent sessions.

With respect to observation, I simultaneously observed how my action plan was translated into practice and how the students performed their tasks and responded to the course. I asked the students to respond to in-sessional questionnaires after the completion of each session, and conducted group interviews after every two sessions. A selection of the students' role play performances was randomly recorded. Importantly, I kept my personal journal on students' performances and reaction to performing role play tasks and my own teaching in every session. With such abundant evidence collected from this stage, I gained a clear picture of students' performances and reactions towards professional TBLT as well as my own teaching practice.

Lastly, as for the AR reflection stage, I looked closely at the evidences obtained from teaching my course and students' performance and analysed these data systematically. I saw the effects of my plan and the extent to which students' language development resulted from my planned course as well as the constraints of the course delivered to these students. This final stage allowed me to evaluate my project implementation and look for ways to further improve my future course (as discussed below in Chapter 8). Now, I am in a good position to undertake further cycles of AR when I go back to Thailand.

5.6 Design of course

In my role as teacher-researcher, I created a provisional syllabus for the task-based course in professional English. This draft started from the general course description of UNT, centring on the notion of communication in healthcare settings. To complement the general principles of TBLT, and to provide content for the overall task framework of Willis, I drew on ideas from the health communication literature reviewed in Chapter 3, as explained above. One month prior to teaching I also made a hospital visit, so I gained supplementary information on how and why registered nurses use English in their workplaces. Before the course started, I also had a preliminary discussion with the students about the course content. I gave them the provisional course framework and they gave me their opinions on it. Registered nurses' professional knowledge and

experience, along with content negotiations with students, were used in adapting the actual course outline and lessons plans during this classroom-based research, because "authenticity is not brought into the classroom with the material or lesson plan, rather, it is a goal that teacher and students have to work towards, consciously and constantly" (van Lier, 1996, p.128). The observations of registered nurses communicating in English with patients and discussions with current nursing students before and during the course all contributed to providing a clearer picture of what should be taught to nursing students.

5.6.1 Description of TBLT teaching programme

The tasks used in my study came from the literature reviewed in Chapter 3 and the hospital visit. The literature provided me with an inventory of verbal and non-verbal communication skills that are crucial for dealing with patients effectively, and communication guidelines that reflect these skills for training purposes. During the hospital visit, I saw how nurses deal with patients communicatively at different places with various situations, e.g. in the outpatient department, or medical wards. The visit reinforced my understanding that communicating effectively in English with English speaking patients in an international Thai hospital is very important and the skills that nurses used to communicate with these patients are also necessary for nursing students to learn how to deal with their future patients. My observation confirms the validity of the literature reviewed in Chapter 3. That is, I saw the nurses using some of the communication skills discussed in Chapter 3. Both literature review and hospital visit guided me to design 12 role play tasks related to the interaction between nurses and patients in hospital settings. The tasks include 12 topics: patient registration, preliminary examination, introduction to an in-patient's room, nursing round and general care, giving intravenous fluids (IV), taking samples, mobilising patients, infection control and healthcare, breaking bad news and pre-operative care, post-operative care, complaint handling, and advising newly discharged patients.

There are a number of reasons to choose these 12 activities as the basis for tasks. First, they reflect genuine communication needs between nurses and patients in

several situations, e.g. registering patient, examining patients and cleaning patient's wound. It is hoped that tasks based on these 12 activities would have the face validity to motivate the students in my study to learn English language in meaningful contexts communicatively. (The core nature of these tasks for nursing practice was largely confirmed in discussion with registered nurses during the hospital visit, and in discussion with students, though these discussions led to some minor modifications to the list.)

Second, the selected activities are relevant to the students' existing subject knowledge and experiences so that the students could put their knowledge and experience into practice in completing these tasks.
Third, role play tasks based on these activities can be brought into classroom for the students to perform in relatively safe environment; all of them provide the opportunity for the students to play out the roles of simulated nurses and patients. Importantly, role play allows the students to take risks with communication in a target-like situation rather than with authentic patients. It is useful for the students to learn how to communicate with simulated patients in different situations so that they could accumulate the English knowledge and communication skills needed for several situations, and it may be expected that these skills will eventually transfer effectively to communication with their future English speaking patients.

Table 5.2 summarises the final list of activities which were the focus of the TBLT teaching programme.

Table 5.2: Summary of TBLT teaching programme

Session	Tasks
Session 1 (15/11/ 2010)	Patient registration
Session 2 (22/11/ 2010)	Preliminary examination
Session 3 (29/11/ 2010)	Introduction to an in-patient's room
Session 4 (6/12/ 2010)	Nursing round and general care
Session 5 (13/12/2010)	Giving intravenous fluids (IV)

Session 6 (27/12/2010)	Taking samples
Session 7 (3/1/2011)	Mobilising patients
Session 8 (10/1/ 2011)	Infection control and healthcare
Session 9 (17/1/ 2011)	Breaking bad news and pre-operative care
Session 10 (24/1/2011)	Post-operative care
Session 11 (31/1/2011)	Complaint handling
Session 12 (7/2/2011)	Advising newly discharged patients

The 12 tasks incorporating these activities are presented below and each task in each session is briefly described in terms of its communicative outcomes as well as its language learning and teaching purposes (see task instructions in Appendix 4).

Session 1: Patient registration; involves nurses welcoming patients and taking patients' health information. This task came from both the literature review and hospital visit. The goal of this task is for the nursing students to communicate information of patient's history, complete a patient registration form and learn how to greet patients, use polite request markers, and ask questions about patient symptoms and biographical data.

Session 2: Preliminary examination; involves nurses primarily examining patients' symptoms, taking patients' weight, height, and vital signs. This task came from the hospital visit. The goal of this task is for nursing students to gather information so as to complete clinical records and learn the language used for asking about patients' symptoms and asking for patients' permission to take patients' weight, height, and vital signs.

Session 3: Introduction to an in-patient's room; involves nurses introducing private hospital rooms to in-patients. This task was derived from the literature review and hospital visit. The goal of this task is for nursing students to communicate information of patient's room, complete a hospital admission form

and learn language used for this function, and also the language needed for simple explanations, i.e. how to use the facilities in private rooms.

Session 4: Nursing round and general care; involves nurses meeting and giving daily care to the patient in the ward. This task was obtained from the literature review and hospital visit. The goal of this task is for nursing students to communicate information of daily patient care, complete a record of care and learn language used for making small talk with patients, informing patients about giving care and requesting patients or patients' relatives permission to perform patients' care, for example, giving a bed bath, changing patient's clothes, cleaning a wound, and giving an injection.

Session 5: Giving intravenous fluids (IV); involves nurses giving intravenous fluids to the patients. This task was taken from literature review and hospital visit. The goal of this task is for nursing students to communicate information of giving IV, complete a record of care and learn language used for informing patients about the IV fluids process, and requesting patients to follow instructions.

Session 6: Taking samples; involves nurses taking patients' bodily samples (specimens) for investigating diseases or causes of illness. This task was taken from literature review and hospital visit. The goal of this task is for nursing students to communicate information of taking patient's bodily samples, complete a microbiology request form and learn the language used for asking permission from the patient to collect samples, giving reasons for taking samples, and informing patients about how to take samples as well as providing results of laboratory tests to patients.

Session 7: Mobilising patients; involves nurses helping patients to move in bed, using facilities to move patients and moving patients to certain places in a hospital such as going for a walk, or going to the Radiology Department, or the Rehabilitation Department. This task came from the hospital visit. The goal of this task is for nursing students to communicate information of moving the

patient, complete a record of care and learn language used for informing patients before moving them, using equipment and asking for permission to move patients.

Session 8: Infection control and healthcare; involves nurses learning the language needed for informing patients about how to prevent the spread of germs in the ward and self-care during treatment at the hospital. This task was derived from hospital visit. The goal of this task is for nursing students to communicate information of preventing infection and healthcare and complete a precaution form.

Session 9: Breaking bad news and pre-operative care; involves nurses informing patients' about the results of treatment or examination and preparing patients for operations. This task came from literature review and hospital visit. The goal of this task is for nursing students to communicate information of providing bad news and preparing patient for operation, complete a patient's consent form and learn language used for giving bad news, comforting patients after receiving bad news and asking permission to prepare patients for operations.

Session 10: Post-operative care; involves nurses taking care of patients after operations. This task was taken from hospital visit. The goal of this task is for nursing students to communicate information of caring patient after the operation, complete a record of care and learn language used for advising patients to do self-care after the operation, requesting patients to follow instructions and informing patients about reporting post-operative side effects.

Session 11: Complaint handling; involves nurses dealing with patients' complaints while staying in hospital. This task was obtained from literature review and hospital visit. The goal of this task is for nursing students to communicate information of patient's complaints, complete a patient's survey form and learn language used for asking about patients' problems, responding to requests, declining requests, informing the patients about provision of facilities and resolving problems.

Session 12: Advising newly discharged patients; involves nurses giving advice to patients before the patients leave the hospital after receiving treatment. This task was derived from hospital visit. The goal of this task is for nursing students to communicate information of advising newly discharged patients, complete a patient discharge form and learn language used for advising patients to avoid doing certain things, giving instructions for correct use of medicine and storing medicine in appropriate places and informing patients or relatives how to contact the hospital in case of emergency.

5.6.2 Closed and open tasks

This study also adopted the ideas of closed and open tasks proposed by Willis (1996) and Ellis (2003), and tasks of both types were developed. The closed tasks refer to the role play tasks that have fixed scenarios and detailed instructions designed by the teacher, that all students have to follow. Closed tasks were applied from session 1 to session 5. The reason for utilising closed tasks at the beginning of the course is that the researcher intended to familiarise the students with the idea of task-based learning and build their confidence in performing tasks successfully. The role play task used in Session 2 offers an example of a closed task.

Session 2: Preliminary examination
Scenario:
At the OPD, a patient has been sick and he has had a terrible sore throat for five days. He also feels tired and coughs up a lot of phlegm. He does not feel like eating because his throat hurts when he swallows food.
Role-play task:
Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 – you greet and introduce yourself to the patient and ask the patient about his symptoms and past illness. You measure the patient's weight and height, and check the patient's temperature and blood pressure. You tell the patient his temperature and blood pressure.
2. Nurse 2 – you take the patient to the waiting area to see the doctor for further investigation. You come back to the primary examination desk and ask for more information about the patient's present and past illness. You will report the patient's case to the OPD ward conference.
3. Patient – you answer all questions asked by the nurse and show signs of a sore throat. You feel weak and tired.

Figure 5.2: Sample of closed-task instruction

For the open tasks, scenarios are not fixed closely in this way. Instead, the students in each group have to collaboratively and independently devise their own task scenario for the activity, and each group may come up with different situations. For example, in session 6, the activity is '*Taking samples*'. One group might choose to collect a patient's urine sample or another group might want to take a patient's blood sample. These open tasks were used from session 6 to 12, in order to provide the students with the opportunity to work more independently and creatively. It was expected that after having performed the closed tasks during the first half of the course, the students might be ready to carry out further tasks with varied scenarios in their own ways. The following is an example of an open task.

Session 6: Taking samples
Scenario:
A patient has been admitted to the hospital and a doctor's note says that the patient needs to have some bodily specimen examined for further investigation.
Role-play task:
Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 – you are discussing the doctor's note with your colleague (nurse 2) how to take patient's specimen. You greet and talk to the patient. You tell her that you will take her bodily samples. Before doing this, you must tell the patient the reason why you have to take her bodily samples. You also explain the process of taking the sample and reassure the patient not to worry. You will inform the patient about the results of her specimen examination.
2. Nurse 2 – You greet and talk to the patient. You tell her that you will take her bodily samples. You should tell her the reason why you have to take these samples. You must inform the patient of the required amount of patients' bodily samples to be taken and when she will know her results of the sample inspection.
3. Patient – you ask the nurse the reason why they need to take your bodily samples and when you will be notified about the inspection results. You do not want to give the bodily samples to the nurse because you are shy.

Figure 5.3: Sample of open-task instruction

5.6.3 Phases of tasks

In each of the 12 task-based sessions, students in groups of three carried out a particular nursing care communication task, working through 3 task phases: pre-task, task cycle, post-task. As discussed in Chapter 3, this study adopted Willis's overall task framework (see a specific example in section 5.6.4). In the pre-task phase, the task topic was introduced to students. The teacher provided activities to elicit useful words and expressions from the students, for completing the task given. Then, the teacher showed an example of a similar task performed by native speakers and ensured students' understanding of task instructions. The examples were taken from online training video clips posted at www.youtube.com, e.g., taking a patient history. Some video clips discussed key communication skills highlighted. In the task phase, the students worked in groups of three to do the

role play task. The students had to act the roles of nurses and a patient. The students' role plays were selectively filmed by the teacher. For the post-task phase, the students viewed the role play videos and transcribed sections illustrating specific language and communication features, e.g. pronunciation, communication strategies, self-repair, or question formation. This part of the teaching approach is designed to assist students to learn language form in contexts of its use. There is evidence that learning English through analysing classroom discourse recordings of their own performance can stimulate learners' motivation, and increase their confidence in using English (Carter & McCarthy, 1997; Riggenbach, 1999; Willis, 1996). The retrospective nature of this 'focus on form', and the fact that students could select the features of interest to themselves, is in line with the overall meaning-first orientation of TBLT. The students then discussed their transcripts and practiced the specific features which they wanted to improve. And finally, after this post-task phase, the students were asked to repeat the same role play as an out-of-class autonomous activity ('homework'). It was anticipated that the students would further enhance their language performance in terms of overall fluency and accuracy through task repetition (Bygate, 2001). (However this private homework performance was not documented or analysed as part of the research study.)

5.6.4 Lesson plan and task instruction

This section provides the example of a particular lesson plan, to illustrate the features of Willis' task framework discussed above, as implemented in this study. The example provided is that for Session 1, 'Patient Registration'.

Lesson plan 1
Task 1: Patient registration
Pre-task (40 minutes)

1. Teacher introduces the task topic to students and has students work in groups to brainstorm questions for collecting patients' data and write down questions on the worksheet provided. Do not give the patient's registration form to students at this stage as we want the students to use their existing knowledge to do this activity. Each group presents their patient information types and questions to the class.
2. Teacher introduces question forms and self-repairs to students.

3. Students working in pairs take turns to interview their partners and fill in a patient registration form.

4. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they will watch video of others doing a similar task.

Task phase

- Role-play situations are given to students working in groups of three (see role-play task instructions in Appendix 4).

Planning (40 minutes)

1. Students working in groups of three study their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses. The roles provided in the task are not fixed. Students can modify their roles according their preferences.
2. Students prepare their role-play by making notes and they are sometimes allowed to take a glance at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups. The feedback focuses on task communicative outcomes rather than on linguistic features. Task success is evaluated in terms of non-linguistic outcomes, oral exchanges which meet the criteria for successful clinical communication, plus the written document, e.g. were the clinical records filled out completely and correctly, were the oral goals achieved?

Post-task

Language development (40 minutes)

1. Students working in groups watch their own performance from the video and transcribe questions and repairs found in their role-play.
2. Students working in groups examine and discuss questions formation and repairs found in the transcripts.
3. Students practise forming questions and repairs when communicating with others.

Task repetition (homework) (40 minutes)

- Students are asked to repeat performing role-play on the given topic with the same group members for their homework. They record their role-play and play it back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- A questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Task instruction

- Scenario:

A new patient comes to the hospital because he has hurt his hands from a motorcycle accident. This is his first visit to the hospital and he does not have any hospital information. He cannot fill out the hospital registration form. A nurse helps him to complete the forms.

- Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1- you greet a new patient at the registration desk and introduce yourself to the patient. You ask a patient's personal information and present illness and offer to help him to fill out the registration form.
2. Nurse 2- you greet the patient and introduce yourself to the patient. You tell the patient to go to the primary examination desk. By accident, the patient goes to the wrong desk. You must take him back to the correct desk. After that, you come back to the registration desk and ask for more information about the patient's personal details and present illness. You will report the patient's case to the OPD ward conference.
3. Patient – you answer all questions asked by the nurse to complete the registration form. You have hurt your hands and you cannot fill out the form by yourself and you ask for help from the nurse. You also go to the wrong desk.

Worksheet

Patient registration form

Surname: ..... First name: .....
D.O.B: ..... Age: ..... Sex: ..... Marital status: .....
Occupation: .....
Address: .....
Chief complaint: .....
History of present condition
- on set of timing: .....
- other symptom: .....

- previous occurrence: .....
Past medical history: .....
Medication: .....
Social history: .....
Family history: .....

Figure 5.4: Sample of lesson plan

The pre-task phase of Session 1 follows the guidance of Willis (1996) in that the teacher researcher introduced the task topic 'Patient registration' to students and helped them students understand the task instructions. The teacher also highlighted useful words and phrases by allowing students to brainstorm questions for collecting patients' information. Lastly, the teacher asked the students to watch video recordings of other doing a similar task, i.e. a nurse interviewing a patient. The video clip used at the pre-task phase in this study was taken from www.youtube.com and this video was also a simulation produced for training purposes.

According to Willis (1996), the task phase includes the task itself, plus planning and report. For the task stage, the students do the task given in pairs or groups, i.e. in this case the 'patient interview', and the teacher monitors the students' performance and comments briefly on content. Planning allows the students to prepare their report or presentation to the whole class orally or in writing. The teacher may act as language advisor or helper during this planning stage. The report stage allows the teacher to act as a chairperson to choose some groups to present their report of the task to the class orally or in writing and give feedback on student content and form.

The task phase in my study also conforms to Willis's task cycle in that this phase involves planning, rehearsing and presenting. In the planning stage, the students, working in groups of three, studied their role play situation and allocated their role as well as preparing their role play script and notes, interviewing a patient at the

registration desk and completing a patient registration form. The teacher also acted as facilitator and language advisor. After that, the students rehearsed their role play and their group members gave feedback on both content and role acting. Finally, the students performed their role plays publicly (to the whole class). In this stage, the teacher gave feedback on students' achievement of oral/written goals/outcomes. Here, the task success is evaluated in terms of non-linguistic outcomes, oral exchanges which meet the criteria for successful clinical communication, plus the written document, e.g. were the clinical records filled out completely and correctly, were the oral goals achieved? The students' performances were recorded at this stage.

Next, the language focus or post-task phase required the students to analyse their language use from their transcripts of the video recording or their written text, and practise those language features that the students desire to improve. The post-tasks in this study generally involved language development exercises and task repetition. So in Session 1, the students reviewed their interview performances from the video recording and transcribed their question uses, then analysed and practised question formation. This stage directed students' attention to form and extended their language resources as well as filling their language gaps. Lastly, task repetition encouraged the student to repeat their role play task "Patient registration' with the same group members as their homework to consolidate their learning and promote fluency and accuracy.

5.7 Research instruments

This section presents research devices used to document the action research study and provide data relevant to Research Questions 1 and 2. The research instruments include a pre and post-role role play task, questionnaires, video-recording, teacher journal, student interviews and a listening comprehension test. These data collection tools are detailed in following sections.

5.7.1 Pre and post-role play task

The pre and post-role role play task was specially designed to elicit samples of the nursing students' oral communication skills before and after the period of instruction, and this task was different from the tasks that were used in the actual classroom intervention. The task situation involves a staff nurse interviewing the patient before taking an X-ray and she has to hand over the patient information to an in-charge nurse (see role play instructions in Appendix 4). The students were asked to perform this task prior to the TBLT programme (the pre role play task), and again after programme completion (the post role play task). The results obtained from these two performances of this task were used as baseline data and to indicate the students' communication skills development as the outcome of task-based instruction. The pre and post-role role play task thus contributed to answering Research Question 1.

5.7.2 Questionnaire

Two different questionnaire phases were used in this study.

Phase 1: In-sessional questionnaire (See Appendix 8)

The in-sessional questionnaire was distributed to the students on the completion of each weekly session. The purpose of the questionnaire was to survey students' attitudes towards the implementation of task-based language teaching and learning; their views on task usefulness, difficulty and constraints when completing tasks, and recommendations for further improvement. This questionnaire thus contributed to answering Research Question 2.

Phase 2: Post-sessional questionnaire (See Appendix 9)

The phase 2 questionnaire was administered after the completion of the experimental period. The aim was to find out students' reactions to learning English through the TBLT course. This post-sessional questionnaire thus also contributed to answering Research Question 2.

5.7.3 Video-recording

Video-recording was used as a means of collecting general information about the teaching and learning processes for this study, to assist description and interpretation of what the teacher and students were doing in the classroom, to analyse the language output of student interactions, and to evaluate the TBLT process. Particularly, the detailed information gained from this technique would assist my examination of the full variety of tasks that were used in the classroom, and associated interaction patterns, and my assessment of the language competence of the students. Video-recording thus contributed to answering Research Question 1.

Significantly, the video-recordings derived from this classroom activity were also used as authentic teaching materials, in the post-task phase. These lively materials were re-experienced right after recording so as to awaken and heighten students' awareness of their own language output, and language development needs, and were re-examined in the form of short transcripts which were made by students or teacher.

5.7.4 Teacher journal

I, as a teacher researcher, took regular notes of the teaching strategies, classroom events and interactions, issues relating to developing students' English competence, and any other factors indicating students' attitudes and performance in class. "Journals record the thoughts, feeling, reflections and observations of the writer" (Freeman, 1998, p. 210). Hence, my teaching journal was used as a complementary form to document students' attitudes derived from in-sessional and post-sessional questionnaires and in-sessional interviews. The teacher journal thus also contributed to answering Research Question 2.

5.7.5 Student interviews

The student interview was conducted in order to search for students' in-depth attitude to the TBLT programme. The interviews took place after the students had completed two or three task learning sessions. Each interview involved a group of

3-5 different students, randomly chosen so that every student had an equal chance to take part. The interviews centred on questions provided by the researcher (See Appendix 7), and were conducted in Thai, so that students could express their opinion freely. While carrying out the interview, the researcher noted down the students' responses. The in-sessional interview served to strengthen the picture of students' opinions gained from in-sessional and post-sessional questionnaires, and thus contributed further to answering Research Question 2.

5.7.6 Listening comprehension test

As it was necessary for this study to know the level of students' language proficiency prior to the implementation of task-based teaching, a pre-test was required to provide baseline information on students' knowledge of English. The pre-test was independent of both students' university test scores and their performance in group role-play tasks, and was used to reveal individual student's general language proficiency in advance of the TBLT intervention. A post-test was also needed to check whether the instructional intervention impacted not only on students' role-play capability but also on general English proficiency.

The same test of listening comprehension was used as pre and post-test, so that the level of difficulty of the test, the test construct, and effectiveness to reflect students' general English proficiency would be the same.

The pre-and post-test was a multiple choice listening test, for several reasons. Firstly, multiple choice items can be used to test a variety of listening sub-skills such as from understanding the most precise literal level through combining information from different parts of the text, making pragmatic inferences, understanding implied meaning, to summarizing and synthesizing extensive sections of test (Buck, 2001). Secondly, the marking process is objective. Finally, the most obvious advantage of the multiple-choice items is that scoring can be reliable, rapid and economical (Hughes, 2003). The multiple choice test used in this study consists of 40 items. The test items are included as Appendix 6. Each item has four options: one correct answer; three distracters. Below are the

instructions to test-takers and a sample item. The texts used in this test are adapted from recorded dialogues (interactions between nurses and patients in different situations) accompanying a textbook produced by the Centre for English Development, Office of the Higher Education Commission, Ministry of Education, Thailand (Office of the Higher Education Commission, 2006). These texts were selected because they were suitable to students' general English proficiency and subject matter knowledge. (The speech rate of the dialogues spoken by native speakers is somewhat slower than normal speed.).

Instructions: You will hear the nurses talking to the patients in several situations. For each question, choose the correct answer by putting a cross (x) in the correct box in the answer sheet provided.

Example of item: [A nurse is checking a patient's weight and height and she is asking the patient to stand on the scale.]

0. What is the nurse doing?

a. removing the patient's shoes

b. measuring the patient's weight and height

c. explaining how to adjust the scale

d. demonstrating how to lose weight

5.8 Project implementation

In this study, data were collected over one semester (17 weeks) from November to February 2011 at UNT. This section presents an overview of all data collection. First, the data collection schedule is shown in Figure 5.1.

Month	October				November				December				January				February			
Week	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Preparation																				
Pre-role play task																				
Pre-listening test																				
TBLT intervention																				
Session interviews/																				

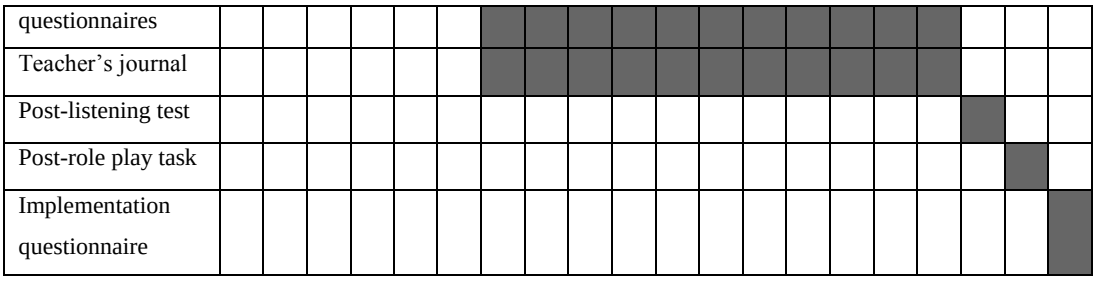

Figure 5.5: Data collection schedule from November to February 2011

5.8.1 Ethical issues

Prior to the commencement of this study, I sought ethical approval according to the University's Ethics policy from the University of Southampton. First, I submitted the research protocol approved by my research supervisor to the Faculty of Humanities ethics committee. Second, once the faculty ethics committee approved the protocol, the University's Research Governance Office granted the permission for implementing the research project. The main ethical consideration concerned my double role as teacher and researcher, which might cause difficulties if participants become concerned about any aspect of the research processes. It was made clear to participants that they could withdraw from the research at any time, without prejudice to their participation in the course or to their achievement; in this situation, any data involving them would simply not be analysed. The participants could raise any concerns either to me anonymously, or to some named senior staff members at UNT. In practice, none of the participants withdrew from the study.

5.8.2 Baseline data collection

To provide baseline data, all 31 nursing students were asked to take the listening pre-test and perform a role play pre-task. The objective of collecting data from the pre- test and pre- task was to explore students' general English listening and speaking ability before the period of task-based instruction. The data retrieved from the pre-test and pre-task were compared with those of the post- test and post-task in order to highlight students' English language development as the outcomes

of task-based instruction. The baseline data collection thus contributed to answering Research Question 1.

5.8.3 Data collection after the TBLT implementation

After the whole sequence of 12 tasks had been completed (as described in Section 5.6.1), data were collected from the post-listening test, a role play post-task, and the post-sessional questionnaire. The objective of data collection from the post-listening test and post-role play task was to explore whether TBLT assists the nursing students' English language development (Research Question 1). The purpose of data collection from the post-sessional questionnaire was to obtain information regarding students' attitudes towards the TBLT intervention (Research Question 2). Table 5.3 presents an overview of the total data set.

Table 5.3: Overview of data collection from TBLT intervention

Data types	Description
1. Pre-sessional role play (10 recordings)	- Students were divided into 10 groups and each group consisted of 3 students. Each group performed the same role play task.
2. Post-sessional role play (10 recordings)	
3. In-sessional role play (36 video recordings)	- Students' group role plays were selectively recorded from each session throughout the whole 12 sessions.
4. In-sessional questionnaires (372 questionnaires)	- 31 students were asked to complete the questionnaire after the end of each session for the whole semester (12 sessions).
5. Post-sessional questionnaires (31 questionnaires)	- 31 students were asked to complete the questionnaire after finishing the intervention, one questionnaire for each student.
6. In-sessional student interviews (7 interviews)	- Students were interviewed in groups of 3-4 after the end of every second session during the teaching intervention. A total of 7 group interviews were documented.
7. Teacher journal (12 journals)	- The journal entries were written for each teaching session throughout 12 weeks.
8. Pre-listening test results (31 test results)	- 31 students were asked to sit for the listening test before and after the TBLT intervention
9. Post-listening test results (31 test results)	

5.9 Data analysis

This section presents the data analysis approaches developed for all the various types of data collected for the study.

5.9.1 Data analysis approach for pre and post role plays

As we have seen, the pre and post role play tasks were a vital part of the research study, which provided evidence about students' health communication ability before and after the TBLT intervention. I set out to analyse the pre and post role play tasks in terms of performance characteristics, communication styles, language function production and correct use of language. Thus different approaches were applied in this analysis, drawing on the existing literature on health communication reviewed in Chapter 3. The approaches included analysis of nurse and patient communication styles, application of a 'good communication' checklist for performing nursing care, and analysis of turn-taking and topic development, grammatical and vocabulary use and pragmatically appropriate use of language . These approaches are described in the following sections.

5.9.1.1 Nurse and patient communication styles

According to Roter and Hall (2004), there are 2 main communication styles physicians use in patient encounters: provider-centred and patient-centred (see discussion in Chapter 3). As explained in earlier chapters, the patient-centred style is favoured in contemporary clinical practice, internationally and also in Thailand. I have therefore investigated whether nursing students' communication styles tended to reflect provider or patient-centred styles. In analysing these communication styles, the students' language production from the transcription was examined, based on the descriptions proposed by Roter and Hall (2004) and the communication behaviours relating to these, shown in Table 5.4.

Table 5.4: Provider-Patient Communication behaviours

Communication Style	Communication Behaviours of Provider
Provider-centred	Meets the provider's agenda, gathers sufficient information for diagnosis and treatment, limits the patient's comments, gives directions, uses closed-ended questions.
Patient-centred	Information giving, counselling, open-ended questions, interpretation and paraphrase to assure comprehension, requesting opinions, confirming comprehension, reassurance, and statements of concern, agreement and approval

5.9.1.2 'Good communication' checklist for performing nursing care

The second approach I applied was to use the 'good communication' checklist for performing nursing care introduced by Miguel et al. (2006), and discussed earlier in Chapter 3. This checklist has been developed for assessing student nurses' interpersonal communication skills in a programme for students from non-English speaking backgrounds, and was thus considered very relevant to this study. The skills checklist is shown in Table 5.5, with illustrative examples.

Table 5.5: Taxonomy of communication skills used as a checklist

Taxonomy of communication skills adopted as a checklist	
1. Introducing self to patients and family	Nurse introduces herself to patients and family before giving care, e.g., '*Good afternoon. My name is Kamonchanok. I'm your nurse for today.*'
2. Calling patient by preferred name	Nurse addresses patients with their preferred name when she performs nursing care, e.g., '*Good morning, Mr Robert. I'm here to take your blood pressure.*'
3. Asking patient's permission before giving care	Nurse asks for permission from patients or family before she performs nursing care, e.g., '*May I take your temperature?*'
4. Explaining actions to patient	Nurse gives information about treatments or daily nursing cares to patients or relatives, e.g., '*Morning, Mr Thomas, I'm Anne. I'm here to do your dressing.*'
5. Checking that the patient has understood explanation given	Nurse asks questions to check whether the patients understand what she said or not, e.g., '*The bathroom's out to the left. OK?*'
6. Asking appropriate questions to collect personal and health information from the patient	Nurse asks questions to collect patients' personal and health information before or after giving nursing care, e.g., '*Can you tell me where does it hurt?'*
7. Checking that he/she has understood the patient correctly	Nurse asks questions or repeats the words that patients have said to confirm what she heard is correct or not, e.g., '*Your name is Helena. Is that correct?*'

8. Responding appropriately to patient's comments or questions	Nurse provides responses or answers to patients' comments or questions about nursing care, e.g., '*Oh, I'm sorry to hear that. Anything you want to talk about?*'
9. Making 'small talk' when appropriate to create rapport with patient e.g. when introducing self, when performing patient care activities	Nurse has ordinary conversation on daily topic with patients or relatives while she is introducing herself or doing daily nursing care, e.g., '*Good morning Mrs Judy. How are you today? Did you have a good sleep last night?*'
10. Giving the patient feedback about care given	Nurse summarises or gives feedback about treatments or nursing care given to patients, e.g., '*Your oxygen sats are 98%. That's fine, too. Now, I'll just finish by noting down your respirations.*'

(Adapted from Miguel et al., 2006 with examples from my data)

In this study, Miguel et al. (2006) also used scenarios shown in a commercial teaching video (Lawson et al., 2002) of interactions between nurses and patients and between nurses as well as the students' own experiences of clinical situations, to construct templates of typical stages in interactions with patients. The following is a sample template:

- Greeting
- Introduction
- Small talk
- Explanation of purpose (e.g., taking blood pressure)
- Seeking consent and giving instructions

- Leave-taking

I have been interested in using the criteria as well as templates of typical stages in interactions with patients for assessing student nurses' interpersonal ability in the analysis of transcription data in my study. It was hoped that the criteria would assist in identifying the speech acts being performed by students, while the template would give an insight into how the students sequence their interactions. In addition, I wanted to know whether nursing students in this study were able to use language functions in English, conforming to the criteria presented above.

In adapting Miguel et al. s' communication skills for my study (see discussion in Chapter 3), I did not use criteria number 3 (speaking clearly), 7 (Using attending behaviours to show the patient that he/she is listening, i.e., appropriate eye contact, open body posture, sitting at same level, not interrupting) and 13 (Beginning to notice patient's non-verbal and verbal cues). Criterion number 3 (speaking clearly), is difficult to operationalise, and is also very context-dependent. For example, my participants in a given role play are Thai and learners of English. As far as they are concerned, they are speaking clearly to each other, but supposing a German lady arrived ill in the hospital. Do they seem clear to her? Does she seem clear to them? We don't know, and there is no objective way of telling that. This criterion is simply not useful in a role play situation because each student knows the others too well.

Criteria number 7 and number 13 were not used in the analysis either, because they were concerned with non-verbal behaviour, which was not a prime focus of the study.

Lastly, I made changes to the wording of criteria numbers 4 and 6. For skill 4 (Explaining actions to patient before giving care), the words 'before giving care' were removed and the revised skill was '*Explaining actions to patient*'. The criterion was then applied to any phase of the interaction and was not limited only to simulated interaction before giving care. In skill 6 (beginning to ask appropriate questions to collect health information from the patient), the words 'beginning to'

were deleted and the words 'personal and' were inserted in the statement. The adapted statement was '*Asking appropriate questions to collect personal and health information from the patient*.'

5.9.1.3 Turn-taking and topic development

I planned to use the concepts of turn-taking and topic development, derived from Conversation Analysis (Psathas, 1995; Markee, 2000; Hutchby, 2008), in this study, because I wanted to know how the nursing students organized their turns and expanded the topics in the interaction with a patient. It was expected that analysis of turn-taking and topic development would provide further insight into the students' communication characteristics and how they manage their communication in English. According to McCarthy (1991), turn taking refers to how interactants organize themselves to take turns at talk. In natural English discourse, turns will usually occur smoothly, with only little overlap and interruption, and only very brief silences between turns. Topic development occurs when an initiated topic is expanded in subsequent turns which are cohesive with (or refer back to) the initial topic. The topic being developed will typically become background information rather than new information, occurring for instance in subject position with pronominal rather than full lexical reference (Asp & de Villiers, 2010). Turn-taking and topic development were studied by identifying and analysing selected adjacency pairs, related discourse signals and markers and related strategies in this study.

5.9.1.4 Pragmatically appropriate language use

The language development of interest in this study includes students' increasingly appropriate use of language, production of more language functions and the use of more politeness markers. Therefore, it is necessary to examine these aspects by looking at the students' pragmatically appropriate language use in pre-and post-role plays and also in the case studies of ongoing interaction described in Section 5.9.4 (Fried & Ostman, 2005).

5.9.1.5 Procedures for the analysis of communication skills

To begin with, the recorded data drawn from both pre-and post-role plays were transcribed by the researcher. Next, the researcher re-read the transcripts several times to identify and categorise the communication skills the students used while performing each oral task, following the taxonomy of skills presented in Table 5.5 above. To code and categorise communication skills employed by nursing students in the current study, the researcher employed the following nine steps recommended by Hatch (2002).

1. Identify typologies to be analysed
2. Read the data, marking entries related to your typologies
3. Read entries by typologies, recording the main ideas in entries on a summary sheet
4. Look for patterns, relationships, themes within typologies
5. Read data, coding entries according to patterns identified and keeping a record of what entries go with elements of your patterns
6. Decide if your patterns are supported by the data, and search the data for non-examples of your patterns
7. Look for relationships among the patterns identified
8. Write your patterns as one-sentence generalisations
9. Select data excerpts that support your generalisations (p.153)

In identifying and coding communication skills in the pre-and post-role play tasks, communication skills were not mapped to individual speech turn. That is to say, many utterances may include just one communication skill and/or one utterance may include examples of more than one skills. The identification of skills within students' role play performance was carried out by the researcher. An example of coding for a particular communication skill (Introducing self to patients and family) is presented in Figure 5.6.

Example 1 (Post-R/6)

1 Nurse: Good afternoon, madam. *I am nurse Lusi*. May I help you?

2 Patient: I would like to see a doctor.

(Introducing self to patients and family / student nurse introduced herself to the patient to establish rapport with the patient.)

Figure 5.6 An example of recorded data from pre-and post-role play tasks coded as a communication skill

Once the researcher finished identifying and coding communication skills in the role play transcriptions, the coding was rechecked to heighten the reliability of the coding procedure. The researcher rechecked the transcripts with the video recordings several times. That is, I watched the video recordings while I was re-examining the transcripts. When I had problems with unclear utterances, I stopped the video and went back to review that episode to correct the problems. When I had a problem with coding, I went back to recheck the code over and over again until the corrected coding was obtained. I did this coding revision more than five times. Finally, frequency counts were made for all communication skills categories. The quantitative results of communication skills were then conducted by using T-Test (SPSS version 19) to compare the communication skills used during nurse-patient and nurse-nurse interaction.

5.9.2 Transcription techniques

Role play transcripts occur as quoted examples throughout this study. The transcripts include all words which were spoken and focus on detail which is associated with the analysis and discussion. The transcription conventions used in this study are shown in Figure 5.3.

Symbols	
1. [	overlap – the point where one speaker started speaking with the
[	other continue to talk
2. =	'latch' – one speaker's turn immediately follows a previous speaker's turns; turns are 'latched' together
3. (hh hh)	laughter
4. (( ))	commentary about how something is said – transcriber's perception
5. xxx	incomprehensible or unable to transcribe
6. (word)	parenthesized words are possible hearings
7. ?	This marks an utterance that syntactically is a question or questioning intonation
8. !	exclamatory utterance
9. (…)	pause

Figure 5.7: Transcription conventions used for transcribing role play tasks
(Adapted from Richards, 2003, p.173)

5.9.3 Procedures for the analysis of listening comprehension tests

In this study, the pre-and post-listening comprehension tests were used to investigate the students' general language development. The listening test includes 40 items and the test items resemble real communication in clinical settings (see test items in Appendix 6). All thirty-one nursing students were required to take the test prior to and after the completion of TBLT programme. The students' performances were scored by the researcher and the test results were then analysed by using SPSS statistical programme (version 19); a paired-sample t-test was performed to compare the pre and post-scores for the group.

5.9.4 Procedures for the analysis of case studies

Six nursing student were selected for more detailed longitudinal case study analysis based on their scores on the pre-listening comprehension test. The aim of the case study analysis was to trace the students' language development throughout the complete TBLT course. To select the case study students, the

students' test scores were categorised into three proficiency groups: high, medium, and low. Then, two students were randomly selected from each proficiency group for inclusion in the case study analysis.

To start with, all thirty-six oral role plays in which these students had participated throughout the programme were transcribed by the researcher. Next, the researcher reread the transcripts several times, and coded and categorised the students' in-sessional role play performance, following the same procedures as those used to categorise the pre- and post-tasks for the whole group.

After the researcher finished identifying and coding all recorded data from these thirty-six role play tasks, the coding was re-checked for reliability, as before.

5.9.5 Procedures for the analysis of language and vocabulary use

In investigating the students' language development in terms of vocabulary, the data were taken from pre-and post-task transcripts and case study transcripts. The data from both sources were analysed through CLAN programmes (MacWhinney, 2000) in order to analyse the lexical types and tokens produced in student output. For vocabulary, the data concerning types and tokens were compared between pre-and post-role play tasks and among case study student by using the SPSS statistical programme (version 19). Then the use of vocabulary was compared between individual case study students and also between task types: fixed and open tasks.

Regarding the analysis of students' language development in terms of language structures, a more selective and qualitative approach was adopted. Attention was paid to case study students' evolving use of various question types, of modal verbs, of passive structures, and of complex sentences, and to the relationship of these emerging structures with the communication skills being performed.

5.9.6 Procedures for the analysis of students' opinions

To scrutinise the students' opinions towards the implementation of TBLT, the qualitative data drawn from the in-sessional questionnaires, post-sessional questionnaires, and in-sessional interviews were analysed and summarised by the researcher. First of all, the data were transcribed. Next, the researcher translated the students' responses into English. Then, students' opinions towards TBLT implementation were explored by means of content analysis. The researcher adopted two general stages of content analysis proposed by Dörnyei (2003): "1) Taking each person's response in turn and marking in them any distinct content elements, substantive statements, or key point; 2) Based on the ideas and concepts highlighted in the texts, forming broader categories to describe the content of the response in a way that allows for comparison with other responses" (p.117). Finally, the analysed data of all types were compared and triangulated in order to verify the reliability and consistency of proposed answers to the research questions.

5.10 Conclusion

This chapter has discussed the methodological issues involved in this study. The study was designed to scrutinise the impact of implementing TBLT on Thai nursing students' English language development. The choice of an interventionist study was justified by objectives and research questions. This action research approach not only allowed the researcher to introduce a new teaching approach for his professional class but also documented both quantitative and qualitative changes in the students' communication behaviours over time. Thirty-one nursing students at the UNT participated in the 12 week TBLT programme developed for this study. The programme itself has been described, and the supplementary research instruments including pre and post-role play task, in-sessional and post-sessional questionnaires, video recording, teacher journal, student in-sessional group interviews, and listening comprehension tests have been addressed. Furthermore, the patient-centred communication approach and communication skills used in analysing the students' oral role play task performances have been justified in detail. Lastly, the data collection procedures have been described,

followed by the discussion of the methods used to analyse the assembled data. In the next two chapters, the findings of this study will be presented and discussed.

CHAPTER 6
EFFECTS OF PROFESSIONAL TBLT ON STUDENTS' L2 DEVELOPMENT

6.1 Introduction

This chapter presents an overview of the students' language development facilitated by the implementation of TBLT, drawn from the group results of the listening comprehension test, analysis of communication skills used by the group in pre- and post-instruction role plays, longitudinal case studies of selected students examining both communication skill development and aspects of linguistic development, and an analysis of vocabulary use. The results shown in this chapter are used to answer research question 1: To what extent can a task-based curriculum framework which focuses on professional situations promote the L2 development of nursing students? Sections 6.2-6.5 present in turn the different sets of results. Then, Section 6.6 reviews the results in order to address Research Question 1 directly. Finally Section 6.7 concludes the chapter.

6.2 Results of listening comprehension test

This section reports the results of the pre and post listening comprehension tests. The pre-test was conducted one week prior to the commencement of the TBLT programme, to provide a baseline measure of students' general English proficiency (as described in Chapter 5), and the post-test was administered one week after the completion of the programme. To explore students' overall language improvement, the mean scores of the pre-and post-tests were compared using a paired-samples t-test. Table 6.1 compares the mean pre-and post-test scores.

Table 6.1: Comparison of the mean scores on pre- and post-listening comprehension test

Test	Number of students	Mean score	Standard deviation	P-value
Pre	31	13.97	3.31	.000
Post	31	18.94	4.77	

As illustrated in Table 6.1, the scores for the English listening comprehension test were higher after the students participated in the professional TBLT programme. There was a statistically significant increase in listening comprehension test scores from pre-test (M = 13.97, SD = 3.31) to post-test (M = 18.94, SD = 4.77), t (30) = -6.46, $p<.05$. This could indicate a general improvement in their English proficiency – listening was not a central focus of the TBLT programme, yet it seems that the students had improved their listening skills indirectly as an outcome of oral interaction among their friends.

6.3 Students use of healthcare related communication skills, pre- and post-intervention

This section explores changes in students' use of communication skills in two performances of the same role play task, undertaken before and after the teaching intervention (here called the pre- and post- role plays). That is, the focus of this section is on the effects of the TBLT intervention on students' actual use of communication skills. Section 6.3.1 presents a quantitative analysis of the frequency of use of selected communication skills in the pre and post-role play tasks, and Section 6.3.2 uses a qualitative approach to look in detail at some examples of discourse data from these tasks. Both sections address research sub-question 1.1, Can the students perform professional situation tasks successfully? If yes, what are the characteristics of their performances and of the communication skills the students use in their interaction?

6.3.1 Quantitative analysis of communication skills used in pre and post-role play tasks

As described in Chapter 5, the pre and post-role plays were carried out with all 31 nursing students prior to and after the intervention using TBLT in the Professional English course. The students performed the pre and post-role play in groups of three (10 groups). The role plays involved gathering information from a new patient and passing the information to a colleague (see full role play instructions in Appendix 4). The recorded data were transcribed and coded by the researcher, using the coding scheme for healthcare-related communication skills described in Chapter 5. As discussed in Chapter 5, 'successful' role play performance was partly defined in terms of students' ability to use patient-centred style of communication, as operationalised through this set of skills, deriving ultimately from the work of Miguel et al. (2006).

1. Frequency of use of healthcare communication skills in pre and post-role plays

Table 6.2 presents the frequencies of different communication skills found in simulated nurse and patient interaction in these pre and post-role plays.

1. Nurse and Patient interaction

Table 6.2: Frequency of communication skills found in nurse and patient interaction

Groups of students	1		2		3		4		5		6		7		8		9		10		Total		Pre-Post Gains
Communication skills	**Pr**	**Po**	**Pr**	**Po**	**Pr**	**Po**	**Pr**	**Po**	**Pr**	**Po**	**Pr**	**Po**	**Pr**	**Po**	**Pr**	**Po**	**Pr**	**Po**	**Pr**	**Po**	**Pre**	**Post**	
1. Introducing self to patients and family	-	-	-	1	-	1	-	-	-	1	-	1	-	1	-	-	-	1	-	1	0	7	+7
2. Calling patient by preferred name	-	-	-	-	-	-	1	1	1	-	-	1	1	-	-	1	-	-	-	1	3	4	+1
3. Asking patient's permission before giving care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
4. Explaining actions to patient	1	1	-	-	-	1	-	-	-	-	-	1	-	1	1	2	-	1	-	1	2	8	+6
5. Checking that the patient has understood explanation given	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
6. Asking appropriate questions to collect personal and health information from the patient	1	5	3	5	4	5	3	2	6	5	5	6	4	4	5	7	4	5	3	2	38	46	+8
7. Checking that he/she has understood the patient correctly	-	-	-	-	-	2	-	-	5	-	-	-	-	-	-	-	-	-	-	3	5	5	0
8. Responding appropriately to patient's comments or questions	1	1	3	3	2	-	-	1	-	1	-	-	1	2	-	-	2	2	-	6	9	16	+7
9. Making 'small talk' when appropriate to create rapport with patient	1	-	-	1	1	1	1	1	1	-	-	1	1	-	1	1	1	1	1	-	8	6	-2
10. Giving the patient feedback about care given	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
Total	5	8	6	10	8	12	6	6	11	7	5	11	7	8	8	12	8	11	4	14	65	92	+27

Pr (pre-role play task), Po (post-role play task)

As seen in Table 6.2, the use of some communication skills increased from pre to post, with the exception of making small talk (item 9). The increase appeared to be particularly substantial for skill 1, introducing self to patient and family (+7), skill 4, explaining actions to patient (+6), skill 6, asking appropriate questions to collect personal and health information from the patient (+8), and skill 8, responding appropriately to patient's comments or questions (+7). However, there were minimal changes in the frequency of communication skills 2 and 7. Communication skills 1, 2, 4, 6, 7, 8 and 9 were used in all role plays. Items 3, 5 and 10 were not used either in pre- or post-role plays, for reasons discussed below.

Pre-role play

As shown in Table 6.2, communication skills 2, 4, 6, 7, 8, and 9 were employed in all of the pre-role play tasks, with skills 6, 8, and 9 the most frequently used. Almost all other skills were used either with a low frequency (items 2 and 4), or with very low frequency (item 7). The skills which were not used at all by the students were items 1, 3, 5 and 10, which was an artefact of the task itself. These results indicated that in the pre-role plays the students were already able to use almost all relevant communication skills in their interaction between nurse and patient, though at low frequency.

Post-role play

Table 6.2 showed that skills 1, 4, 6 and 8 were most frequently used in the post-role play tasks. After the 12 week TBLT instruction, the students greatly increased their use of these skills in particular. The second most frequently used communication skills were 2 and 9, while skill 7 was still used with very low frequency. These results indicated that in the post role plays the students were more aware of the necessity of using a range of communication skills to interact with their patients.

Table 6.3: Comparison of communication skills used in pre and post role plays (nurse-patient and nurse-nurse)

Test	Number of groups	Mean group score	Standard deviation	P-value
Pre	10	6.50	11.57	.035
Post	10	9.40	13.75	

Table 6.3 presents the results of a paired samples t-test, which shows a statistically significant overall increase in the use of communication skills from pre-role play (M = 6.50, SD = 11.57) to post-role play (M = 9.40, SD = 13.75), t (9) = -2.48, $p<.05$. This could indicate that the students had improved their communication skills use with simulated 'patients', as a direct result of performing professional-related tasks in the current study.

2. Nurse and Nurse Interaction

Table 6.4: Frequency of communication skills found in nurse and nurse interaction, pre and post role plays

No. of Role-Plays	1		2		3		4		5		6		7		8		9		10		Total		Pre-Post Gains
Groups of students	**pr**	**po**	**pr**	**po**	**pr**	**po**	**pr**	**po**	**pr**	**po**	**pr**	**po**	**pr**	**po**	**pr**	**po**	**pr**	**po**	**pr**	**po**	**Pre**	**Post**	
1. Greeting staff member before giving information	1	1	-	1	1	1	-	-	1	1	-	1	-	1	1	1	-	1	-	1	4	9	+5
2. Calling staff member by preferred name	-	-	1	1	-	1	-	-	-	-	-	1	-	1	1	1	1	1	-	1	3	7	+4
3. Prompting or asking staff member permission before giving information	1	1	-	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9	9	+0
4. Explaining patient care to staff member clearly	1	1	1	1	1	1	-	1	1	1	1	1	1	1	1	-	1	1	-	1	8	9	+1
5. Checking that the staff member has understood explanation given	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	0	1	+1
6. Asking appropriate questions to collect the patient information from the staff member	2	-	1	1	1	4	1	-	2	3	1	5	3	1	1	1	1	-	3	-	16	15	-1
7. Checking that he/she has understood the staff member correctly	-	-	-	-	-	1	2	2	1	-	1	-	2	1	-	-	-	-	1	-	7	4	-3
8. Responding appropriately to staff member's comments or questions	2	1	4	-	1	1	3	1	5	2	3	3	2	2	1	1	2	1	3	2	26	14	-12
9. Making small talk when appropriate to create rapport with staff member	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	+0
10. Giving the staff member feedback about patient care given	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	+0
Total	7	4	7	4	5	10	7	5	11	8	7	12	9	9	6	5	6	5	8	6	73	68	-5

Pr (pre-role play task), Po (post-role play task)

Overall, it seems that in contrast to the patient-nurse section of the pre- and post-role plays, there was little change in the nurse-nurse section.

This section has presented the frequencies of use of communication skills in role-play tasks. The results have shown that the implementation of TBLT has some positive overall impact on the use of communication skills in role play settings involving nurse-patient communication, but not in those involving nurse-nurse communications.

6.3.2 Qualitative analysis of the pre and post-role play tasks (nurse-patient section)

To understand students' actual use of communication skills, it is necessary to look more closely at some specific examples of the discourse data from the role-play tasks. Following subsections examine each of the 10 target communication skills in turn. The analysis concentrates on the nurse-patient section of the role plays.

1. Introducing self to patients and family

This skill is supposed to be used by the nurses before they deliver nursing care to their patients. The quantitative data indicated that the students increased the use of this skill in post -role play.

Pre-role play

This skill was not found at all in the pre-role plays, though the language needed for introductions was likely to be known already. One possible explanation is that it was the first time for the students to get involved in professional communication in English and they might not be aware of the necessity of this skill in their communication with the patient. In addition, the process of communication in healthcare settings might be new to them as they have not taken any professional communication courses in Thai before they participated in the current study.

Post-role play

The data from the post-role play tasks showed 7 instances of introducing self to patients and family. It should be noted that the students used different expressions for self-

introduction such as '*Let me introduce myself. I'm xxx, the nurse of this ward*', '*I'm nurse xxx*', and '*My name is xxx. I'm nurse.*' Selected examples are shown below.

Example 1 (Post-R/2, NS7 = Nurse, NS31=patient)

1	NS7:	Good afternoon. Let me introduce myself. I'm Suchada
2		*(points body),* the nurse of this ward. It's nice to meet you.
3	NS31:	Nice to meet you, too.

Example 2 (Post-R/6, NS9 = nurse, NS25 = patient)

1	NS9:	Good afternoon, madam. I am nurse Lusi. May I help you?
2	NS25:	I would like to see a doctor.

Example 3 (Post-R/9, NS5 = nurse, NS22 = patient)

1	NS5:	Good afternoon. I'm nurse Kanlaya *(points to herself).*
2		Can I help you?
3	NS22:	I am headache.

Example 4 (Post-R/10, NS4 = nurse, NS17 = patient)

7	NS4:	Hello, I'm nurse Paula. Are you Mrs. Sara?
8	NS17:	Yes, I'm Mrs. Sara.

From the above examples, it can be seen that the students were able to introduce themselves to the patients politely, conforming to a patient-centred communication approach which devotes more orientation to patients. It seems that the students might be more aware and confident to introduce themselves as they have practised this communication skill from their participation in TBLT class. They have understood the importance of introducing self as a way of establishing rapport with the patients.

2. Calling patient by preferred name

Calling the patient by their preferred name is another communication skill recommended in the health communication literature to establish rapport.

Pre-role play

In the current study, the data showed that the students used this skill only rarely in the pre-role play task (3 instances). However, the students tended to use polite address forms, 'sir' and 'madam', for female and male patients respectively, as seen in Example 5 and 6 below.

Example 5 (Pre-R/4)

1 NS14: Good afternoon madam. Can I help you?

2 NS6: Good afternoon nurse. I'm headache.

Example 6 (Pre-R/7)

1 NS15: Good afternoon, sir. What's your name?

2 NS24: My name is Thani

A plausible explanation is that in Thai culture people do not generally call other people by their first names in professional settings. Instead, they use polite or formal titles such as sir, madam, Dr. X, Teacher Y, Sister A, Uncle B, or Aunt C.

Post-role play

In the current study, the skill of calling the patient by their preferred name was introduced to the students in week 2. In the post-role play, use of preferred name increased somewhat, but formal address terms such as 'madam' and 'sir' continued to be used, as seen in the following examples.

Example 7 (Post-R/4)

1 NS14: Good afternoon, madam. Can I help you?

2 NS6: Good afternoon, nurse. I am headache.

Example 8 (Post-R/8)

1 NS11: Good afternoon, sir. May I help you?

2 NS20: Ur..good afternoon. Ur..I would like to see a doctor, please.

Example 9 (Post-R/10)

7 NS4: Hello, I'm nurse Paula. Are you Mrs. Sara?

8 NS17: Yes, I'm Mrs. Sara.

In summary, the results from the post-role play task video recordings showed that there was a relatively small gain of using this skill in the post role play tasks. The students mainly used only generic address forms such as 'sir' or 'madam', as appropriate according to local norms. The importance of calling the patients by preferred names, which may be more appropriate in international health care communication, should be sustainably promoted to the student nurses to make them more aware of the benefit of this skill.

3. Asking patient's permission before giving care

Asking for permission before giving care is a skill expected before performing any nursing care. It is necessary for patients to have information regarding their treatment or care before nurses carry it out. In this study, the students did not use this skill in either pre or post-role play tasks, unsurprisingly as the task did not involve giving care. However, the students tended to use a modal polite question to offer help to the patient as shown in Examples 10 and 11.

Example 10 (Pre-R/9)

1 NS22: Hello, good afternoon.
2 NS5: Hello, good afternoon. Can I help you?
3 NS22: I want x-ray.
4 NS5: O.K. What's your name?

From the above example, it should be noted that student NS5 was able to use a modal polite question with 'can' to offer help to the patient in the pre-role play.

Example 11 (Post-R/8)

1 NS11: Good afternoon, sir. May I help you?
2 NS20: Ur..good afternoon. Ur..I would like to see the doctor, please.
3 NS11: Could you complete the registration form, please?
4 NS20: O.K. Thank you.

In this post-role play example, student NS11 attempted to offer to help the patient using polite modal questions ‘may’ and 'could'.

In conclusion, the particular task used for the pre and post-role play did not offer an obvious opportunity to display this skill. Nonetheless, the students attempted to use modal polite questions to offer help to the patient.

4. Explaining actions to the patient

Explaining actions to patients is an important skill that nurses must use while performing each nursing task. The patient has a right to access information when they receive a certain treatment or health care service. An additional purpose is to encourage the patients’ compliance with the care plan and desirable health care outcomes for the patients. Examples taken from the pre and post-role play tasks are presented below.

Pre-role play

In the pre-role play tasks, there were just 2 instances of the student’s explaining their actions to their patients. (In the case of this role play, the actions involved collection of information rather than the giving of care.)

Example 12 (Pre-R/1)

3	NS30:	How do you feeling?
4	NS28:	I feel stomachache. I want to see the doctor
5	NS30:	O.K. (..) I want to patient information. I want to know (..) past medical
6		(...) history
7	NS28:	I’m kidney disease for ten years ago and (…) diabetes but I am not
8		asthma

In Example 12, NS30 greeted the patient and asked about her physical symptoms. She then used an OK marker to acknowledge the patient's need to see a doctor, but explained that she wanted the patient's past medical history. In this turn, NS30 prompted the patient to be ready for the following questions. (It should be noted however that NS30 did not use any politeness markers in explaining the action to the patient.)

Example 13 (Pre-R/8)

11 NS11: What is allergy?
12 NS20: I allergy is crab.
13 NS11: Past x-ray?
14 NS20: Yes.
15 NS11: What (wait) for the doctor.
16 NS20: Yes, thank you.
17 NS11: You're welcome.

In Example 13, NS11 suddenly informed the patient that she must wait for the doctor after she collected the patient's health history. She used this move as a means to end the interview without using any markers to signal the patient that data collection was complete. No markers of politeness were found here either.

To sum up, the data showed that only a few students tried to explain their actions to their 'patient'. These students did not use any politeness markers associated with the explanation. Nevertheless, the students' explanations were acceptable and comprehensible as the interlocutor (patient) could provide the information requested and respond to the nurse appropriately.

Post-role play

After TBLT instruction there was an increase to 8 instances of explaining actions found in the post-role play tasks.

Example 14 (Post-R/8)

1 NS11: Good afternoon, sir. May I help you?
2 NS20: Ur..good afternoon. Ur..I would like to see the doctor, please.
3 NS11: Could you complete the registration form, please?
4 NS20: O.K. Thank you.

As seen in the above example, NS11 was able to use a polite question to inform the patient about the needed action, i.e. to complete the registration form, a skill which had been introduced in Week 4 of the TBLT programme. Moreover, NS11 added the politeness marker 'please' to the question.

Example 15 (Post-R/9)

1 NS5: Good afternoon. I'm nurse Kanlaya *(points to herself)*. Can I help you?
2 NS22: I am headache.
3 NS5: Oh, I want to information. Please ask the questions for me.
4 What's your name, please?
5 NS22: My name is Walaiporn Deesom.

Example 16 (Post-R/10)

7 NS4: Hello, I'm nurse Paula. Are you Mrs. Sara?
8 NS17: Yes, I'm Mrs. Sara.
9 NS4: O.K. Now I want patient information because ..ur.. completing x-ray
10 consent
11 NS17: O.K.

From the above utterances, the students (NS5 and NS4) were able to explain the information-gathering task to the patient. In Example 15, the student (NS5) also used the polite marker 'please' in her interaction with the patient. NS4, in Example 16, used an 'OK' marker as a transition from her initial greeting to nursing tasks. She could inform the patient about the following action as well as the reason for it.

Overall, the results of the post-role play tasks showed that the students became more confident in explaining their actions to the patient in their post-role play tasks, and could do so with greater use of politeness markers.

5. Checking that the patient has understood explanation given

Checking the patient's understanding is the skill of asking questions or using particular expressions (e.g. Right? OK? Do you understand?) to check whether the patient interlocutor has understood what has been said. This skill was not used by the students in either the pre or post-role play tasks. However, the students tended to use 'OK' markers for a different purpose, i.e. to acknowledge the patient's needs or make a transition from the introductory phase to the interview phase, as seen in the following examples.

Example 17 (Pre-R/1)

3 NS30: How do you feeling?
4 NS28: I feel stomachache. I want to see the doctor
5 NS30: O.K. (..) I want to patient information. I want to know (..) past medical
6 (...) history
7 NS28: I'm kidney disease for ten years ago and (…) diabetes but I am not
8 asthma

Example 18 (Post-R/1)

15 NS30: Are you breastfeeding?
16 NS19: No *(shakes head)*
17 NS30: O.K. next I will take you to the x-ray room
18 NS19: O.K.
19 NS30 Thank you

The explanation is probably that in this role play, the students did not undertake any intrusive care and they did not need to explain any procedures for providing treatment. Thus, this situation did not require the students to check whether the patient understood the explanation given.

6. Asking appropriate questions to collect personal and health information from the patient

Asking questions is the skill needed to collect data which are essential in providing care to patients. Asking questions is also a natural feature of communication which is crucial to the way nurses collect information, strengthen their relationship with patients and get to know more about the patients' world. Examples of asking appropriate questions taken from the pre and post-role play tasks are presented below.

Pre-role play

The data from the pre-role play tasks included 38 instances of asking appropriate questions. The students mainly asked WH-questions in pre-role play tasks. The second most common type of questions asked were modal questions and the last were Yes/No questions.

Example 19 (Pre-R/1)

1 NS30: Good afternoon. What is your name?

2 NS28: Please call me Atchara Sriwapa

Example 20 (Pre-R/3)

3 NS2: What's your name?

4 NS16: My name's Prachathorn Konkaew.

5 NS2: Can I help you?

6 NS16: Yeah, I have a headache *(touches head)*

Example 21 (Pre-R/6)

21 NS25: Are you breastfeding (breastfeeding)?

22 NS9:No

23 NS25: Thank you.

Example 22 (Pre-R/7)

1 NS15: Good afternoon, sir. What's your name?

2 NS24: My name is Thani

3 NS15: O.K. What's the matter?

4 NS24: That's so bad.

Most students used WH questions to collect patient information regarding name, age, allergy, medication and physical symptoms. They used questions with the modal auxiliary 'can' to offer help to the patient or to invite the patient to reveal details about their health status, and they used Yes/No questions to find out about pregnancy and breastfeeding.

In conclusion, asking questions was already the most popular skill used by the students in the pre-role play. WH-questions were asked most frequently and modal polite questions were used less.

Post-role play

In the post role play data, there was a total of 42 instances of asking questions. The students were able to ask different kinds of questions equally. The students asked more

modal polite questions and longer embedded questions. That is, it seemed that they became more familiar and confident in asking more questions appropriately and correctly after they had the opportunities to practise forming different kinds of questions during the TBLT intervention.

Example 23 (Post-R/2)

3	NS31:	Nice to meet you, too.
4	NS7:	Have you ever been in hospital before?
5	NS31:	No, I don't have.
6	NS7:	O.K. What is your name?
7	NS31:	My name is Monthamas.
8	NS7:	What past medical history?
9	NS31:	I have kidney disease for ten years ago and (…) *diabet diabetes*.
10	NS7:	O.K. Do you have history of asthma?
11	NS31:	No, I don't.
12	NS7:	Are you allergic to any medication or food?
13	NS31:	Yes, I have allergic to seafood.

As can be seen in Example 23, student NS7 was able to formulate different questions grammatically. She could use question inversion with a variety of main/ auxiliary verbs and tenses, e.g. '*Have you ever been in hospital before?*' (line 4), '*Are you allergic to any medication or food?*' (line 12).

Example 24 (Post-R/6)

1	NS9:	Good afternoon, madam. I am nurse Lusi. May I help you?
2	NS25:	I would like to see a doctor.
3	NS9:	This is your first visit to our hospital?
4	NS25:	Yes.
5	NS9:	I will help you fill out the registration form.
6	NS25:	Thank you.
7	NS9:	May I help you….May I (…) have your name, please?
8	NS25:	I am Gibsi.
9	NS9:	Have you ever been in hospital before?
10	NS25:	I am kidney disease ten years, diabetes and no history of asthma.
11	NS9:	Are you allergy to anything?
12	NS25:	I am allergy to seafood.

13 NS9: Have you have an x-ray before?
14 NS25: No.
15 NS9: Are you taking any medicine?
16 NS25: Um.. I use insulin.

In Example 24, it is interesting to note NS9 used a polite question with modal auxiliary 'may' to ask about the patient's name '*May I have your name, please?*' (line 7) instead of asking '*What is your name?*' She could use a questioning intonation pattern to check patient information '*This is your first visit to our hospital?*' (line 3), and she could form a present continuous question appropriately '*Are you taking any medicine?*' (line 15). The questions shown in this example were open-ended questions and the interaction conformed overall to a patient-centred communication approach.

Example 25 (Post-R/8)

1 NS11: Good afternoon, sir. May I help you?
2 NS20: Ur..good afternoon. Ur..I would like to see the doctor, please.
3 NS11: Could you complete the registration form, please?
4 NS20: O.K. Thank you.
5 NS11: May I help….May I have your name, please?
6 NS20: My name is Rachan.
7 NS11: What is your date of birth?
8 NS20: Ur…thirteenth of February 1991.
9 NS11: How old are you?
10 NS20: I am nineteen years old.
11 NS11: Can you tell me your problem?
12 NS20: Ur...I have stomachache (touches his stomach)
13 NS11: Are you allergic to anything?
14 NS20: Ur..I am allergic to seafood.

Again, in this example, student NS11 used different modal auxiliary verbs to form polite questions such as '*May I help you?*' (line 1), '*Could you complete the registration form, please?*' (line 3), '*May I have your name, please?*' (line 5), and '*Can you tell me your problem?*' (line 11). The entire sets of questions were more open and more patient-centred.

In summary, the results of the post-role play tasks showed that the students were able to ask different kinds of polite questions more frequently and more accurately than they did in the pre-role play tasks. The students tended to use more open-ended questions in their interaction and their questions were more oriented to the patient and became patient-centred questions.

7. Checking that he/she has understood the patient correctly

The following are examples of confirmation checks being used by 'nurses' taken from the pre and post-role play tasks.

Pre-role play

Before the TBLT intervention, just one student (NS10) showed she could check her understanding of what the patient has said to her whilst interviewing the patient. There were 5 instances of such confirmation checks employed by this student in the pre-role play task, always by repeating the words of the patient, as seen in Example 26 below.

Example 26 (Pre-r/5)

3	NS10:	What's your name?
4	NS29:	Um…please call me Jariya.
5	NS10:	Jariya?
6	NS29:	Yeah *(nods head)*
7	NS10:	Can you spell?
8	NS29:	Yeah, J-A-R-I-Y-A *(the patient spells her name.)*
9	NS10:	What's the matter?
10	NS29:	I have a headache *(touches head)*
11	NS10:	Headache?
12	NS29:	Yeah.
13	NS10:	What's your past medical (…) history?
14	NS29:	I have kidney disease, diabetes, no history of asthma.
15	NS10:	Are you allergy?
16	NS29:	Um…I'm allergy to the wood.
17	NS10:	To wood?
18	NS29:	Yeah.
19	NS10:	Do you x-ray?
20	NS29:	No.
21	NS10:	No?
22	NS10:	What's your diabetes medication?

23 NS29: I have insulin.
24 NS10: Good. Are you pregnancy?
25 NS29: No.
26 NS10: Are you breedfeeding (breastfeeding)?
27 NS29: No.
28 NS10: No?
29 NS10: O.K. Thank you.

Post-role play

In the post-role play data, two different students (NS2, NS4) made use of this skill in their encounter with the patient, again mostly by repeating a word or phrase used by the patient, as seen in Example 27 (lines 13 and 19), and Example 28 (line 20).

Example 27 (Post-r/3)

11 NS2: Do you have allergies?
12 NS18: Yes, I'm allergy to seafood.
13 NS2: Seafood?
14 NS18: Um.
15 NS2: Your past x-ray?
16 NS18: No, I don't.
17 NS2: What are diabetes medication?
18 NS18: It's insulin.
19 NS2: Insulin?
20 NS18: Um.

Example 28 (Post-R.10)

7 NS4: Hello, I'm nurse Paula. Are you Mrs Sara?
8 NS17: Yes, I'm Mrs Sara.
9 NS4: O.K. Now I want patient information because ..ur.. completing x-ray
10 consent
11 NS17: O.K.
12 NS4: Your name is Mrs Sara?
13 NS17: Yes.
14 NS4: You have medical history?
15 NS17: Yes, I have kidney disease ten years, diabetes.
16 NS4: O.K. What medication and you have asthma?
17 NS17: Insulin. I don't have asthma.

18 NS4: O.K. What are your allergy?
19 NS17: I am allergy (…) to seafood.
20 NS4: Seafood? O.K. Are you pregnancy?

In Example 28, NS4 also used a question and questioning intonation for the purpose of confirmation checks. But overall, the students hardly used this skill in both pre and post-role play tasks. It is of course possible that this lack of confirmation checks was an artefact of the role play situation.

8. Responding appropriately to patient's comments or questions

Appropriate response to the patient' comments or questions is the skill that helps put the patients at ease and make them feel more comfortable to narrate their health history to healthcare staff.

Pre-role play

There were 9 instances of the students' responding to patient's comments in the pre-role play tasks, as seen in the following examples.

Example 29 (Pre-R/1)

3 NS30: How do you feeling?
4 NS28: I feel stomachache. I want to see the doctor
5 NS30: O.K. (..) I want to patient information. I want to know (..) past medical
6 (...) history
7 NS28: I'm kidney disease for ten years ago and (…) diabetes but I am not
8 asthma

Example 30 (Pre-R/2)

7 NS7: Why are you going to the doctor?
8 NS4: I have stomachache (touches stomach) and (…) feel dizzy.
9 NS7: Um.. what your past medical history?
10 NS4: I..um..have..(…).. kidney disease ten years ago. Um..
11 NS4: Um…
12 NS7: Um…
13 NS31: Oh. *She ..she.. have ur..diabetes.* No history of asthma, thank you
14 NS7: What is your allergy?

15 NS4: Seafood

16 NS7: What your past x-ray?

17 NS4: No

18 NS7: Um..What is your diabetes medication?

Example 31 (Pre-R/9)

2 NS5: Hello, good afternoon. Can I help you?

3 NS22: I want x-ray.

4 NS5: O.K. What's your name?

5 NS22: My name is Walaiporn Deesom.

6 NS5: Do you medical history?

7 NS22: Kidney disease ten years and diabetes.

8 NS5: What's your allergy?

9 NS22: I am allergy to seafood.

10 NS5: Are you never x-ray?

11 NS22: No.

12 NS5: Do you take a medicine?

13 NS22: Yes, I take insulin.

14 NS5: O.K. Are you pregnancy and breastfeeding?

15 NS22: No.

These examples show that in the pre-role plays, the students attempted to respond to the patient's comments or questions but could use only the filled pause '*Um*' and '*OK*' markers.

Post-role play

It is interesting to note that in the post-role play, the students more frequently responded to the patient's comments or questions; however, they still used short fillers '*Um*', marker of exclamation '*Oh*' and '*OK*' markers as their main means to respond to the patient's utterances as seen in the following examples.

Example 32 (Post-R/e7)

10 NS26: Are you past x-ray?

11 NS24: No.

12 NS26: Um…what's your diabetes medication?

13 NS24: I have insulin.

14 NS26: Thank you for your information.
15 NS24: You're welcome.
16 NS26: Um…today, I am going to take you go to the x-ray room, sign that
17 consent form please. (the patient signs the consent form)
18 NS26: Thank you.

In Example 32, the student (NS26) responded to the patient's answer about past X-ray (line 12) using the short filler '*Um*' and in line 16 she also used this short filler '*Um*' to accept the patient's acknowledgment of thanking, and as a transition to summarising the treatment plan for the patient. However NS26 also acknowledged the patient's answer much more explicitly in line 14.

Example 33 (Post-R/9)

1 NS5: Good afternoon. I'm nurse Kanlaya *(points to herself)*. Can I help you?
2 NS22: I am headache.
3 NS5: Oh, I want to information. Please ask the questions for me.
4 What's your name, please?
5 NS22: My name is Walaiporn Deesom.

In Example 33, NS5 was able to use the exclamation marker '*Oh*' to show her response to the patient's utterance mentioning her problem, '*headache*'. The marker also functioned as a move to the business talk of nursing interview.

Example 34 (Post-R/10)

7 NS4: Hello, I'm nurse Paula. Are you Mrs. Sara?
8 NS17: Yes, I'm Mrs. Sara.
9 NS4: O.K. Now I want patient information because ..ur.. completing x-ray
10 consent
11 NS17: O.K.
12 NS4: Your name is Mrs. Sara?
13 NS17: Yes.
14 NS4: You have medical history?
15 NS17: Yes, I have kidney disease ten years, diabetes.
16 NS4: O.K. What medication and you have asthma?
17 NS17: Insulin. I don't have asthma.
18 NS4: O.K. What are your allergy?
19 NS17: I am allergy (…) to seafood.

20 NS4: Seafood? O.K. Are you pregnancy?
21 NS17 No. (shakes her head)
22 NS4: O.K. Now pregnancy and breastfeeding?
23 NS17: No. (shakes her head)
24 NS4: O.K. Thank you, Mrs. Sara.
25 NS17: Not at all, nurse Paula

In Example 34, NS4 frequently used '*OK*' markers to acknowledge the patient's health issues (lines 9, 16, 18, 22, 24). The '*OK*' marker in line 24, also served to signal the completion of the interview phase (accompanied by a polite 'thank you' response).

To sum up, the data from the post-role play tasks revealed that the students showed more attempts to respond to the patient's comments or questions, but still used mostly short fillers, exclamations and '*OK*' markers

9. Making small talk when appropriate to create rapport with patient

Small talk is another skill that can develop rapport between patients and staff, and encourage further disclosure that results in opportunities for negotiating care with individual patients (Bernard, 2003). The topic of small talk is always about the weather or other light subject matter (Crawford et al., 2006). The topic of small talk is not as important as the fact of maintaining a conversation loaded with markers of emotional agreement. In addition, small talk supports feelings of equality and belonging (Brown & Levinson, 1987).

Pre-role play

There were 8 instances which could be interpreted as small talk in the pre-role play tasks recordings.

Example 35 (Pre-R/4)

1 NS14: Good afternoon madam. Can I help you?
2 NS6: Good afternoon nurse. I'm headache. *(touches head)*

Example 36 (Pre-R/10)

3 NS21: What's the matter?

4 NS3: That's so bad.

From the above examples, the students were able to use general openers to a professional health care conversation, with a politeness/phatic dimension rather than classic small talk ("lovely day isn't it). This is the closest the participants approached to small talk. However, these are not small talk in the usual entirely phatic sense.

Post-role play

There were 6 instances of professional conversation openers made by the students in the post-role play tasks. These were a little more elaborated, though still connected to health care.

Example 37 (Post-R/2)

1 NS7: Good afternoon. Let me introduce myself. I'm Suchada *(points body)*,
2 the nurse of this ward. It's nice to meet you.
3 NS31: Nice to meet you, too.
4 NS7: Have you ever been in hospital before?
5 NS31: No, I don't have.

Example 38 (Post-R/6)

1 NS9: Good afternoon, madam. I am nurse Lusi. May I help you?
2 NS25: I would like to see a doctor.
3 NS9: This is your first visit to our hospital?
4 NS25: Yes.
5 NS9: I will help you fill out the registration form.
6 NS25: Thank you.

In both examples, NS7 and NS9 greeted and introduced themselves to the patient and then started the professional conversation, it's helpful to know whether the patient is familiar with the hospital or not.

To summarise, the findings from the post-role play tasks showed that the amount of small talk used by the students did not increase, and topics remained connected to health care, though these were extended slightly in comparison with the pre-role plays. There

is a suggestion here that students remain committed to a somewhat more formal communicative style, than the style advocated in the international health communication literature.

10. Giving the patient feedback about care given

Giving feedback to the patient about care given is important in that it allows the patients to know their current health status and the outcomes of their medical treatment. Giving feedback might be done through a summary of health care outcomes or praising a patient for following healthcare guideline appropriately. It was found that none of the students in this study used this skill in either pre or post-role play tasks, unsurprisingly given the focus of the task on information rather than on care-giving. However, the students tended to provide the patients with information on further treatment steps as shown in the following example.

Example 39 (Post-R/3)

23	NS2:	Do you have breedfeeding (breastfeeding)?
24	NS18:	No, I don't.
25	NS2:	Because you have a broken… We will need to x-ray.
26	NS18:	I see. Thank you.
27	NS2:	You're welcome.

The explanation is probably that the role- play scenario did not allow the students to use this skill because the students were not required to perform nursing care to the patient such as dressing a wound, administering IV fluids or giving an injection (see more details of how the students used this skill in the case study section). Instead, they were assigned to interview the patient and complete the X-ray consent form.

6.3.3 Summary

In this section, students' performance on the pre- and post-role play tasks was investigated with reference to 10 communication skills advocated by the international health communication literature, to see whether the students could use them more frequently and effectively after the 12-week instruction using TBLT. Overall, the

results have revealed that the students increased their use of seven of these skills while undertaking oral role-play tasks after they participated in the 12-week TBLT instruction. Having analysed this section, the results suggest striking issues related to the students' role play performance. The role play scenario did not allow students to use all of the skills. However, students became better at several initiating skills such as introducing self to the patient or asking questions. The students did not develop so much when it was a question of following up on patient responses or developing exchanges. Lastly, students' Thai cultural assumptions about professional formality may have limited their adoption of some internationally recommended skills, for example, using preferred name, using small talk.

6.4 Linguistic development during the TBLT intervention: results of six case studies

This section sets out to answer research sub-question 1.1 "Can the students perform professional situation tasks successfully? If yes, what are the characteristics of their performances and of the communication skills the students use in their interaction?", and research sub-question 1.2 "Can the TBLT course focusing on professional situations help the students to produce more variety of language structures and vocabulary than they knew at the beginning? If yes, how do they change their language and vocabulary use while performing professional role play tasks?" Six students' (Karla, Machida, Parton, Nula, Pita and Kanok) performances of six oral role plays (tasks 1, 3, 5, 7, 9 and 11) were analysed qualitatively for this purpose. The students were selected to represent different starting levels of English proficiency (as measured by the listening comprehension pre-test). The analysis focuses on skills, language and vocabulary use of these six students to highlight the path of their L2 development during the TBLT programme (see full details of role play instructions in Appendix 4 and case study transcripts in Appendix 12). The linguistic analysis focused on the accuracy of sentence level syntax, morphology, and lexical choice. Fluency was examined by noting the (non) occurrence of repetition and self repair, and complexity by noting the (non) occurrence of syntactic complexity.

6.4.1 Case Study 1: Karla

Karla is a high proficiency student, according to her pre-listening comprehension test scores. In the current study, she played only nurse roles across all six role-play tasks. The following are details of Karla's role play performance.

Task 1: Patient registration

In this role play, Karla was able to already ask for and give information about the patient's personal and health information. Particularly, she was able to ask a range of well-formed polite questions, for example, Yes-No and Wh-questions (see Example 40).

Example 40

1	Karla:	Good after noon madam. I'm nurse Karla. Can I help you?
2	Patient:	I have ..xxx.. a motorcycle accident
3	Karla:	Do you come to the hospital at the first time?
4	Patient:	Yes
5	Karla:	Could you…could you please complete (…) the registration form?
6	Patient:	No I cannot writing
7	Karla:	OK, may I have your name (…) please?
8	Patient:	Walla
9	Karla:	Sorry, can you spelling the name?
10	Patient:	W-A-L-L-A

However, she did not acknowledge or respond to the patient's answers to her questions, nor did she ask many follow up questions. For example, when she asked the patient about her permanent address, she did not try to find out about the patient's temporary address in Thailand (though the patient declared she is a tourist and she does not have a permanent address in Thailand). In fact, Karla asked only one follow up question about spelling of the patient's name, '*Sorry, can you spelling the name?*' (line 9, Example 40); this was not sufficient to discover the patient's world.

As for accuracy, we found five examples of syntactically correct questions (see Example 40), involving question inversion with modal or auxiliary verbs. However, in one question there is a morphological error: '*Can you spelling the name?*' This does not prevent her from getting her meaning across. In terms of fluency, there is one

example of self-correction, i.e., '*May I have you your name, please?*' This might show that Karla was still able to keep her interaction going, and repairing morphology ('you' → 'your') to communicate her content. Appropriate lexical selection is also evident in this task. Karla was able to use correct lexical verbs and collocations, e.g., *come to the hospital*, *complete the registration form*. Lastly, there is one example of syntactic complexity in this task in that Karla was able to form a question using subordinator 'what' to ask the patient's presenting symptom '*Can you tell me what your problems is?*' This might imply that performing tasks may encourage Karla to stretch her language repertoire, using more complex language to carry out the task given.

To conclude, Karla's English was generally accurate in performing this task. She was also fluent though she used mostly simple structures. Her lexical use was varied and appropriate to her context of interaction.

Task 3: Introduction to an in-patient's room

Karla's role in Task 3 was to instruct the patient how to use an adjustable bed and call the nurse in case of emergency. In this role play, she seemed to be more responsive to the patient in that she was able to acknowledge the patient's answer to her question about the patient's name '*OK*' (line 29, Example 41). Interestingly, she attempted using more complex sentences in this role play. She used if-clauses to advise the patient how to use the adjustable bed and call the nurse in case of emergency (line 29-32, Example 41). Her instructions took the form of imperatives which may look commanding to the patient. However, she added the politeness marker '*please*' to these utterances (line 30 and 32, Example 41).

Example 41

27	Karla:	What's your name?
28	Patient:	My name is Pawnee Thira
29	Karla:	OK, I will introduc (introduce) facility communication
30		arrangement. If you want to raise the head of the bed, please push
31		this bottom (button). The right is toilet. The left is oxygen tank. If
32		you want to call the nurse, please press this bottom (button)

However, Karla was partly unsuccessful in completing her nursing task in some respects. For example, she did not track down more details of patient's symptoms which she was informed about by the in-charge nurse before the patient interview. She did not seek the patient's consent prior to the room introduction, and lastly, she did not reassure or comfort the patient about staying in hospital for on-going treatment. That is, Karla was not yet operating in a very patient-centred mode.

Karla's English was largely accurate in this task, on the level of sentence syntax, though she made errors with determiners. e.g., 'I *will introduc (introduce) facility communication arrangement.*' She also had difficulty pronouncing two words incorrectly, i.e., '*introduc* (introduce)', '*buttom*' (button). However, Karla was able to maintain her interaction in spite of these formal errors. With respect to fluency, there is no example of repetition in this task. Interestingly, the extract shows that Karla was able to formulate grammatically correct if-clauses, apparently a new grammatical structure which was not predetermined by the role play itself. Karla was also able to select appropriate lexical items and collocations to interact with her patient, e.g., *communication arrangement, head of the bed, push this button, want to call the nurse, and press this button*. These show that Karla was able to choose proper lexicon to communicate with her interlocutor in appropriate context.

Karla's language use became somewhat more complex and fluent, while remaining syntactically accurate. She was also able to choose relatively appropriate lexicon for communicating her content.

Task 5: Giving Intravenous Fluids (IV)

In this task, Karla was assigned as a staff nurse to administer IV (intravenous fluids) to the patient with a motorcycle accident. She tried to ask follow up questions to gain more information about the patient's allergy (line 8, Example 42), patient's preferred hand (line 20-21, Example 43) and patient's comfort (line 29-30, Example 44) and she also did a confirmation check (line 10, Example 42).

Example 42

3	Nurse 2:	I have received a doctor (…) I have received a doctor note telling
4		IV fluid and antibiotic for patient
5	Karla:	Could you tell me about patient please?
6	Nurse 2:	She is Varna Bentham. She is twenty years old. Her a motorcycle
7		accident. She has a terrible wound on her body
8	Karla:	What are they allergy to any drug?
9	Nurse 2:	No, she don't
10	Karla:	I have IV fluid and antibiotic for patient right?
11	Nurse 2:	Yeah, I set it and I put it with this table
12	Karla:	OK, I will going to give it for she now

Interestingly, Karla was able to produce more communicative functions than she did in Task 1 and Task 3. That is, she was able to comfort the patient about having IV, explain IV procedures to the patient, respond to the patient's interaction, apologise to the patient for repeating the IV process as a blood clot has been found in the IV tube, warn the patient about the pain when inserting the needle on the patient's arm and advise the patient what to do while having IV.

Example 43

16	Patient:	I am Varna Bentham
17	Karla:	Today, I will offer IV fluid and antibiotic to you
18	Patient:	Oh! No! I didn't have some injection
19	Karla:	Don't worry. It will help you lose …xxx… and wound intra
20		infected. I will injection in the back of your hand. Are you left or
21		right hand?
22	Patient:	I am right hand
23	Karla:	OK, I will use the left hand I will use the tourniquet to the arm and
24		inject blood vessel
25	Patient:	Ah! (ouch)
26	Karla:	I'm sorry. There is a clot in the IV tube. I need to drill new blood
27		vessel in the left arm. Tolerate a little pan (pain)
28	Patient:	I see

So, we can learn from Karla's performance that she became more responsive to the patient and was able to respond to the patient's reactions and questions, rather than

asking questions only, as we have found in Task 1. She was able to respond to the patient's reluctance to have IV '*Don't worry*' (line 19, Example 43), accept the patient's preferred hand *'OK'* (line 23, Example 43) and acknowledge the patient's pain *'I'm sorry'* (line 26, Example 43).

Example 44

29	Karla:	I will put this tape over the needle to hold it firmly. Is that
30		comfortable?
31	Patient:	Can I have some arm movement?
32	Karla:	Certainly You can move your arm freely Please don't touch it
33	Patient:	How long with it?
34	Karla:	About three hours
35	Patient:	I will go to the toilet How can?
36	Karla:	If you want to go to the bathroom you can use the IV stand
37	Patient:	Can I drink water and eat food have some?
38	Karla:	Yes, you can. If you have any problem, please call the nurse

In responding to the patient's enquiry, she was able to provide the patient with some advice about arm movement (line 32, Example 44), moving to the toilet with IV stand and calling nurses in case of emergency (line 36, Example 44). What's more, she was able to show her politeness to the patient by adding the marker 'please' (line 38, Example 44).

It is more striking that Karla was able to develop the IV topic more fully with the patient, providing more information about administering IV and ask for the patient's consent before carrying out the procedure. The information regarding the duration and amount of IV is very crucial for the patient, and it seems that Karla was now showing increasing awareness of the patient's needs.

As for language accuracy, we found that Karla's lexical and morphological accuracy level dropped a little in this role play, including errors with word classes, verb forms, determiners and pronoun forms, i.e., '*What are they allergy to any drug?*', '*I will going to give it for she now*', and '*It will help you lose…xxx…and wound intro infected*'. This might be because the task itself is more demanding of her attention, in that she had to

perform several kinds of nursing care as well as language functions in order to undertake the task successfully. However there are no examples of disfluencies (apart perhaps from *'What are they* allergy to any drug?'). Interestingly, Karla shows mostly appropriate lexical selection in this task as well, despite some word class errors ('injection' for 'inject', 'allergy' for 'allergic'). There is a range of appropriate lexical expressions such as *tell me about patient, have IV fluid and antibiotic for patient, the back of your hand, use the tourniquet, blood vessel, need to drill new blood vessel, put this tape over the needle* and *call the nurse*. Lastly, Karla was once again using complex sentences with a correct modal verb and politeness marker, e.g. '*If you want to go to the toilet, you can use the IV stand*' and '*If you have any problem, please call the nurse.*'

It can be concluded that Karla was still accurate in performing this task despite some morphological errors perhaps due to greater behavioural engagement with the task. She became more fluent and gained more syntactic complexity in her utterances. Her lexical use was also varied and appropriate despite word class errors.

Task 7: Mobilising the patient

Karla performed this role play as a nurse asking for help from her colleague to move the patient to the rehabilitation section. When having interaction with the patient, she needed to introduce her colleague to the patient (line 12, Example 45) rather than introducing herself in the previous role plays. It seems here that she was able to direct her reassurance to the patient and address the patient's concerns when she let the patient know about the move (line 17-18, Example 45).

Example 45

12	Karla:	Good afternoon madam, I'm nurse Karla and *this is nurse Wara*.
13		She will help us to do physiotherapy today
14	Patient:	Good afternoon nurse
15	Karla:	I'm going to take you to a physical therapy room
16	Patient:	OK, but now I don't move my leg. I hurt it so much
17	Karla:	*No problem*, we will get you a wheelchair. *Let me give you a*
18		*wheelchair, please*
19	Patient:	OK

Importantly, she was able to deal with the patient's objection (line 16-17), and ask the patient's permission before she cared for the patient (using 'let me'). She also once again incorporated 'please' into her interaction with the patient (line 17-18, Example 45). It is interesting to note that she was able to explain the plan to move the patient to the rehabilitation section and ask for permission to deliver care successfully; however, she did not provide the patient with the reasons for going to the rehabilitation section, nor what the patient was required to do.

In this task, Karla's English was more accurate, e.g. in her use of determiners and verb forms: '*This is nurse Wara. She will help us to do physiotherapy today*'; '*We will get you a wheelchair*', and '*Let me give you a wheelchair*'. Karla did not show any evidence of syntactic complexity in this task. Still, Karla was able to communicate with the patient fluently in this task (there were no examples of repetition). There were also examples of appropriate lexical/phrasal selection in this task, e.g., *will help us to do, take you to, get you a wheelchair* and *give you a wheelchair*. In conclusion, Karla became more accurate and more fluent in this task, and used suitable lexis. However, her language production was still simple.

Task 9: Breaking bad news and pre-operative care

In this role play, Karla played the role of a nurse explaining the nursing procedure to a patient with abdominal pain. In this role play, she asked more follow up questions, to retrieve more information about the patient's symptoms when the patient described her discomfort and pain (line 2-3, Example 46) and when she wanted to know more about the duration of the pain (line 4-5, Example 46). Even though her questions were not accurately formed (line 5, Example 46), the patient understood the question and provided answers accordingly.

Example 46

2	Patient:	Good afternoon nurse, I felt discomfort and abdominal pain
3	Karla:	Do you have a vomit blood?
4	Patient:	Ur I feel nausea (nauseated) and (..) vomiting
5	Karla:	It hurt me a long time?
6	Patient:	I hurt from last night

7	Karla:	Ur… you must go to the private examination desk and waiting for
8		test result please
9	Patient:	OK (nods) Thanks

Karla can be seen attempting a longer utterance in this role play when she informed the patient about the procedures of the treatment (line 7-8, Example 46).

Strictly speaking this task required more follow up questions than Karla actually asked, but we can see that she is developing in this respect.

As regards Karla's accuracy, morphological and pronoun errors reappear, as well as word class errors ('vomit' N for 'vomit' V) e.g., '*Do you have a vomit blood?*' '*You must go to …and waiting for…*' This suggest that the role or role play situation the students created might influence her language production in some respects, because of variable demands on attention. Disfluencies were not found in this task as well, nor were there any complex sentences. This might show that Karla might gain fluency at the expense of accuracy and complexity. Karla was also able to make some appropriate lexical choices to communicate with the patient, e.g., *private examination desk* or *test result*.

Task 11: Complaint handling

To carry out this role play task, Karla acted the role of a staff nurse helping the in-charge nurse to explore the patient's problems, with increasing creativity in some respects. Firstly, she was now able to ask follow-up questions of both the in-charge nurse (lines 4, 7 and 11, Example 47) and the patient (lines 18, 20 and 22-23, Example 48).

Example 47

3	Nurse1:	Yes, I will discuss the method
4	Karla:	What?
5	Nurse1:	Ur…I open the cabinet complaint about problem in the hospital for
6		that there are many issues that must be changed
7	Karla:	What are the problems?
8	Nurse1:	There are many problems as the tap water run dry. Ur…the air
9		conditioner buzz the (…) whole night and the food tasted (…)
10		terrible

11 Karla: How can I will to help?

Example 48

16 Karla: Good afternoon, I am nurse Karla
17 Patient: Good afternoon nurse
18 Karla: What symptom you have been like?
19 Patient: OK, but I feel frustrated at the toilet
20 Karla: Why?
21 Patient: Broken bathroom light don't make clear
22 Karla: Oh! I'm very sorry. I will give the technician to change the light
23 soon. What the cause madam?
24 Patient: Yes the food not …xxx…
25 Karla: Ur…because you did not discomfort should not eat spicy food

Secondly, she tried to be more responsive to the patient when the patient expressed her concerns over hospital services and this indicates that she is listening more to the patient with feedback as well as follow-up questions. For example, she attempted to track down the patient problem using the question '*Why?*' (line 20, Example 48) and used an exclamation and a formal apology to respond to the patient's problem '*Oh! I'm very sorry*' (line 22, Example 48). She was able to clarify the patient's problems (lines 20 and 23, Example 48) and providing help (line 22-23, Example 48) as well as declining a patient request (line 25, Example 48).

With regards to Karla's accuracy, the picture was mixed, with some accurate semi-formulaic utterances, i.e., '*What are the problems?*', *'I'm very sorry*'. However, the syntactic problems were greater in this task, e.g. '*How can I will to help?*', '*What symptom you have been like?*', '*…ur because you did not discomfort should not eat spicy food...* .', which may be connected to greater creativity and more spontaneous production than in earlier tasks. While accuracy declined, Karla gained more fluency in some respects. Karla was able to create a complex sentence, using the connector 'because' to link two clauses. Here, appropriate lexical variety was also evident, e.g., *problem, help, symptom, sorry, technician, change the light, cause, discomfort, spicy food, should not eat*. It is possible to conclude that Karla became less accurate in this task, because of increased willingness to take risks and experiment with language. She

was able to attempt more complex structures and use more varied lexicon in expressing her content.

Overall, Karla was relatively accurate in performing tasks 1, 3, 5 and 7, while she became less accurate in the last task. However, her language creativity and complexity were also higher in the last task. Her lexical use was relatively varied and appropriate across all six tasks.

6.4.2 Case study 2: Machida

Machida is the second student selected from among the high proficiency students, based on her scores on the pre-listening comprehension test. She played mainly nurse roles through the sample role play tasks, but she also played the patient role in Task 9.

Task 1: Patient registration

In this task, Machida acted as a nurse directing the patient to go to the primary examination desk. She was able to ask a polite question and a follow up question to get information about the patient from her colleague (line 43 and 49, Example 49).

Example 49

43	Machida:	Demy ur… could you tell me about the patient information please?
44		Because I want to conference about patient case to the OPD ward
45	Nurse 1:	Her name is Noriko. She come from hospital because (…) she has
46		hurt her hand from a motorcycle accident. Her weight is fifty
47		kilograms and tall one hundred sixty centimetres and she allergy to
48		dust
49	Machida:	Oh, is she tourism ?
50	Nurse 1:	Yeah she is
51	Machida:	OK, thank you very much

However, she did not double check the patient's name and symptoms when she led the patient to the preliminary examination desk, nor did she give information to the patient about what would happen there. Overall her interaction with the patient was very limited.

As for Machida's language accuracy, we found the evidences that Machida was able to produce syntactically accurate questions and sentences including with modal verbs, e.g., '*My name is Machida.'*, '*You must go to the (…) primary examination desk, please*' and '*Demy ur…could you tell me about the patient information please?*' One sentence included the connector 'because', though the sentence was not accurately formed overall, i.e., '*Because I want to conference about patient case to the OPD ward.*' There were also some errors with determiners, and word class errors ('tourism' for 'a tourist'). With regards to fluency, Machida was able to keep her exchange going without any repetition. Lastly, there are a number of appropriately selected lexical choices, e.g., *primary examination desk, just a moment, patient information, conference about* and *patient case*. Overall, Machida was able to complete her own role successfully, getting information about patient health to present at the OPD ward conference. She was also able to formulate a complex sentence and choose some relevant lexis for her conversation.

Task 3: Introduction to an in-patient's room

In this role play, Machida acted as the staff nurse introducing the room facilities to a newly admitted patient. She asked a polite and embedded question to gain patient information from her colleague, '*Can you tell me about what her problem is?*' (line 20, Example 50), though she made no attempt to develop this topic using follow up questions.

Example 50

19	Nurse 1:	I will need patient to (…) stay at this room
20	Machida:	Can you tell me about what her problem is?
21	Nurse 1:	She has high temperature, coughs up and tired, headache, sore
22		throat and have a fever
23	Machida:	OK, thank you

While introducing the room to the patient, Machida was able to reassure the patient that she would assist her to use the room facilities. She was able to make an impersonal statement '*There is nothing wrong…*' (line 29, Example 51) when she dealt with her colleague's inquiry and respond to the patient's apology with '*Never mind, madam…*'

(line 34, Example 51) when the patient pushed the wrong button to call a nurse. What's more, she was able to check the patient's understanding when she showed the patient how to use the adjustable bed, using '*OK?*' (line 34, Example 51) and '*Do you know?*' (line 37, Example 51).

Example 51

28 Nurse 1: What your problem?
29 Machida: There is nothing wrong. The patient mistaken ur...press the wrong
30 button
31 Patient: Oh! I'm sorry. I will try (…) to press the button for adjust a raise
32 and lower
33 Nurse 1: OK, never mind
34 Machida: Never mind, madam, next time you should to be careful, OK? The
35 side rail can be just adjust um… to raise and lower by this button.
36 Let me show you um…how to use adjustable bed (shows the
37 patient how to adjust the bed). Do you know?
38 Patient: Yeah
39 Machida: There's a television, fis (fridge), sofa, telephone and a toilet in this
40 room
41 Patient: Can I make a phone for this room?
42 Machida: Yes, you can and if you want to call a nurse in case of an
43 emergency, please press this button
44 Patient: Where can I keep my valuables?
45 Machida: Your valuables can kept in the room safe and something can be
46 kept in the locker. You don't worry to stay in the hospital ur…just
47 think of the hospital of this room at your house. I want you're
48 happy
49 Patient: OK, thank you nurse

The most striking feature of Machida's performance in this role play is that she tries to comfort the patient about her hospital stay (line 46-48, Example 51), even though her last sentence may go beyond professional expectations. .

In this task, we found that Machida produced a number of syntactically correct sentences, including some complex sentences with 'if' clauses and non-finite clauses e.g., *'…my name is Machida.', 'I will introduce ur facility for you', 'This is an adjustable bed', 'There is nothing wrong.',* and *'Let me show you um…how to use*

adjustable bed.' However, Machida had some problems in forming sentences with modals, including passive sentences, which showed variability: *...you should to be careful', "Your valuables can kept in the room safe and something can be kept in the locker*' (line 45-46, Example 51). That is, her first and second attempts at combining a modal plus passive were not grammatically accurate, but by her third try she was able to get her passive structure correct. Similar variability was shown for determiners and verb forms.

Overall, in this task Machida has started to use a wider range of grammatical structures and was experimenting with language use to communicate her meaning adventurously. While the task continued, she gained more fluency. Lastly, a number of appropriately selected lexical choices were also prominent in that Machida was able to produce a wider range of lexis in this task, i.e., *press the wrong button, the side rail, adjustable bed, in this room, want to call a nurse, in case of an emergency, room safe, in the locker,* and *stay in the hospital*.

Task 5: Giving intravenous fluids (IV)

Machida also performed the role of a staff nurse administering IV to the patient in Task 5. She was able to inform the patient about having IV. This information is crucial for the patient, so that she was able to understand and comply with the care plan. While performing the IV task, she was able to explain the IV procedure to the patient (line 13-23, Example 52), and she used a polite question to request the patient's cooperation while giving IV '*Lilly, can you make a fist, please?*' (line 13-14, Example 52).

Example 52

10	Patient:	My name is Lilly
11	Machida:	OK, Lilly I need to give you an IV now
12	Patient:	No! I'm scared. No! No! No!
13	Machida:	We need to find a good vein with. Take it easy. Lilly, can you
14		make a fist, please?
15	Patient:	No! Will it hurt me?
16	Machida:	It won't hurt. I will put (…) the tourniquet around your fore arm.
17		Relax, please. Stay still otherwise you hurt yourself (administers
18		the IV fluid to the patient). Very good

19	Patient:	Oh! (Ouch!)
20	Machida:	Ops! I'm sorry. I need to find a new vein to continue the IV fluid
21	Patient:	No! No! No! Will you find a new vein?
22	Machida:	Because there is a clot in the IV tube (inserts a needle into a new
23		vein)
24	Patient:	Oh! Can I move my arm?
25	Machida:	Certainly, you can move your arm freely, but try not to bend your
26		wrist or raise on your hand higher than this bottle. Now, relax. If
27		you make feel ur… make much better
28	Patient:	I call for a nurse?
29	Machida:	That's finished. You can call for the nurse if you have any
30		*problems*. Goodbye

In this role play, Machida showed greater orientation to the patient. Firstly, she used the patient's preferred name '*OK. Lilly, I need to give you an IV now*' (line 11, Example 52). Secondly, she was able to reassure the patient about the pain before she gave the IV to the patient '*It won't hurt…*' (line 16, Example 52), and '*Relax, please*' (line 17, Example 52), along with praising the patient '*Very good*' (line18, Example 52) as the patient was cooperative with the IV process. Next, she managed to respond to the patient's feeling and apologise to the patient when the patient got hurt '*Ops! I'm sorry*' (line 20, Example 52) as well as giving a reason to the patient why she had to find another vein to repeat the IV process (line 22, Example 52). Finally, she could instantly respond to the patient's questions regarding arm movement and calling for a nurse.

Nonetheless, Machida has left unfinished business in this role play. For example, she failed to ask for patient consent before she continued the IV processes. She did not inform the patient of the purpose of having IV and the duration and amount of IV.

Machida's language accuracy increased in this task. For example, she produced a range of modal verbs followed by non-finite clauses, e.g., '*OK, Lilly I need to give you an IV now', 'We need to find a good vein…', 'Take it easy', 'Lilly, can you make a fist, please?', 'It won't hurt.', 'I will put (...) tourniquet around your fore arm.',* and *'I need to find a new vein to continue the IV fluid*'. Morphological accuracy is also greater in this task. Machida also produced other complex sentences in this task: e.g., *'Because*

there is a clot in the IV tube', and *'You can call for the nurse if you have any problems.*' Her first if-clause was incomplete/ dysfluent (line 26-27, Example 52), but she could produce a correct if-clause at her second attempt (line 29, Example 52). Her first 'if' clause involved a false start, but otherwise there was little need for self repair, reflecting good fluency. Machida was also able to choose a wide variety of appropriate lexis for her interaction, e.g., *need to give you, find a good vein, take it easy, make a fist, put tourniquet around your fore arm, stay still, hurt yourself, find a new vein, a clot in the IV tube, move your arm freely, bend your wrist, call for the nurse,* and *have any problems*. It seems that performing tasks might contribute to developing lexical richness in some respects.

Task 7: Mobilising the patient

Machida took part in this role play as an in-charge nurse and a staff nurse working in the rehabilitation section. As an in-charge nurse (not shown), she could provide patient information to her colleague. When she acted as the staff nurse, she managed to perform a variety of language functions. To begin with, she asked a question about the patient's symptoms of a colleague: '*Madam, what is his the matter?*' (line 24-25, Example 53). This question shows her effort to use language creatively if not accurately. Secondly, she was able to ask for the patient's permission before treatment and reassured her about the outcome of the treatment (line 27, Example 53). Thirdly, while she was explaining the physiotherapy procedure to the patient, she undertook confirmation checks '*OK*' (line 30, Example 53) or '*Are you ready?*' (line 31, Example 53) with the patient before she allowed her to exercise. Finally, she was able to give feedback and pay a compliment to the patient '*OK (...) OK, you are very good'* (line 36, Example 53).

Example 53

24	Machida:	Good morning, sir, welcome to rehabilitation centre (…). Madam,
25		what is his the matter?
26	Nurse 2:	He accident by motorcycle. She can't remove leg
27	Machida:	OK, I see (…). So let me help you to move ur…your leg for you will
28		come back again
29	Patient:	OK

30 Machida: OK? At the first, I will tain (train) to you to use patient for allow
31 walking. Are you ready?
32 Patient: I'm ready
33 Machida: Thank you, please (helps the patient to walk). If you feel very tired,
34 you can tell me
35 Patient: Um…um
36 Machida: OK (…) OK, you are very good. You can learning very fastly.
37 Today um…you can go back to your room for relaxing and
38 tomorrow you should come back this here at this time. See you
39 again next time
40 Patient: See you, bye

By this time, Machida has learned how to become more responsive both to her colleague and the patient. For example, she was able to acknowledge her colleague's patient information '*OK, I see*' (line 27, Example 53) and she also responded to all of the patient's comments, e.g. '*Thank you, please*' (line 33, Example 53). However, she still did not seem able to ask follow up questions about the patient's health history in detail before she proceeded with the physiotherapy.

In this task, there are several examples of correctly formulated sentences, e.g., *'Good morning sir, welcome to rehabilitation centre.', 'So, let me help you to move your leg…', 'I will tain (train) you to use…', 'Are you ready?', 'If you feel very tired, you can tell me', 'You are very good', 'You can come back to your room for relaxing and tomorrow you should come back'* and *'See you again next time.*' Here, we can see that Machida was able to use correct verb forms, e.g., future tense, modal verbs and if clauses. However, some morphological errors , errors of preposition selection, and errors of pronunciation were found, i.e., *'Madam, what is his the matter', 'You can learning very fastly.*' These errors did not impede her interaction; Machida's language fluency was also maintained, with no examples of self repair. . For lexical richness, Machida was also able to select some appropriate lexis in communicating her role, e.g., *rehabilitation centre, let me help you, move your leg, feel very tired, and for relaxing*.

Task 9: Breaking bad news and pre-operative care

In this role play, Machida played the role of the patient receiving bad news and information about having an operation. The most striking feature of her performance is that she was able to ask several follow up questions to extract information from the doctor about the details of her tumour operation (line 21, 23, 28 and 31, Example 55). The ability to ask such questions indicates that she was becoming more confident about responding to information thrown at her. Arguably, even more follow-up questions would have been appropriate, and those which Machida produced were not all correctly formed. Nonetheless this is the first occasion when she produced a group of such questions.

Example 54

6	Doctor:	You are the people who (…) mono…monograph last time, right?
7	Machida:	Yes, ur…today I would like listen to…to the examination result
8	Doctor:	Today, you come with here wich (with) another one?
9	Machida:	I come here wich (with) my friend
10	Doctor:	Can wait for to bring your friend take to listen to (…) the
11		examination result?
12	Machida:	Yes
13	Doctor:	Please

Besides, she was able to make a polite request about her examination results '*Yes, ur…today I would like listen to..to the examination result*' (line7, Example 54).

Example 55

17	Doctor:	From the examination result to discover I found two tumour in the
18		blood beat
19	Machida:	(scared) Oh! No! Again
20	Doctor:	Don't just panic, Pawi. It won't cause serious
21	Machida:	What should I do?
22	Doctor:	No! You have early stage cancer. I will prepare to disappear
23	Machida:	Ur…I should feel relieved. How to treat for them?
24	Doctor:	You must operate
25	Friend:	When do you do operate?
26	Doctor:	I make on appointment you for come on January one, two-

27		thousand-eleven (2011). Are you OK?
28	Machida:	Yes, how I make oneself ready?
29	Doctor:	You must make ready about …xxx…body make your mind to
30		relax
31	Machida:	OK, doctor, I will do which on you introduce. [What else?
32	Doctor:	[No! No! You can
33		go back your home today. See you again on January one, January
34		two-thousand-eleven

Here, Machida was able to formulate some syntactically accurate sentences, i.e., *'Yes, ur..today I would like to listen to to the examination result', 'I come here wich (with) my friend.', 'What should I do?*', and '*I should feel relieved*.' However, we also found some malformed 'how' questions, e.g. '*How to treat for them?', 'Yes, how I make oneself ready?'* and lexical and morphological errors: *'OK, doctor, I will do which on you introduce.*' One example of disfluency was also found here, '*'Yes, ur..today I would like to listen to to the examination result'.* Machida was still able to choose some proper words or phrases to maintain her interaction with the doctor, e.g., *would like to listen to, examination results, come here with my friend, feel relieved how to treat,* and *make oneself ready*. Overall despite some inaccuracy Machida was capable of achieving the task communicatively.

Task 11: Complaint handling

Machida acted as the staff nurse in this role play, who was supposed to work cooperatively with her colleague to deal with the patient's complaints. There is limited evidence of her language use as she did not do much in this role play. She first reminded the patient about the meal time and requested her to have breakfast. Although she used imperatives with the patient, she did so in combination with the politeness marker 'please' (line 7-8, Example 56).

Example 56

7	Machida:	Time to have breakfast, madam. Please wake up to (…) have
8		breakfast, please
9	Patient:	I don't want to have nurse
10	Nurse 1:	What's your problem madam?

11	Patient:	The food taste terrible. Ur… I would like to buy their own
12	Machida:	I'm afraid not, madam. You must eat this food we are provide for
13		your …your health like this. So you have you must eat for your
14		healthiest
15	Nurse 1:	If your treatment are successful, you can eat whatever
16	Machida:	Please
17	Patient:	OK, nurse

In this role play, she showed some responsiveness to the patient and dealt with unpredictable responses. For example, she managed to decline the patient's request to buy her own food '*I'm afraid not, madam*' (line12, Example 56). She also encouraged the patient to have the food provided by the hospital, and she attempted to give reasons for this, leading to creative experiment with new language production (line 12-13, Example 56), even if this attempt was only partly successful. However, she did not fully acknowledge the patient's problem (line 11, Example 56) nor did she comfort or reassure the patient that she could provide a variety of food, or ask the patient about her possible preferences. It seems here that by Task 11, like Karla, Machida has used English more adventurously, and attempted more sustained development of topics, in interaction with her role play interlocutors, as well as displaying a more patient-centred communication style.

In this task, it seems here that Machida's language use was more accurate than in the last task, e.g., '*Time to have breakfast, madam. Please wake up to (…) have breakfast, please', 'I'm afraid not, madam', 'you must eat this food…*' Still, we found examples of morphological and word class errors, e.g., '*You must eat this food we <u>are provide</u> for your… your health like this*.', '*So you have you must eat for your <u>healthiest</u>.*' (This last example also includes a self repair.) Lastly, we found that Machida was again able to choose some appropriate words or phrases to communicate her thoughts, e.g., *have breakfast, wake up, I'm afraid,* and *provide for your health*.

Machida was able to perform the tasks given successfully and use a wide variety of language structures and lexis, though with varying levels of accuracy, perhaps related to the degree of role play engagement/ prior preparation. Machida's language use was

more complex than other case study students as she was able to produce complex sentences in five tasks. She became more fluent in the first three tasks, while her fluency went down slightly in the last three tasks. Lastly, she was capable of selecting pragmatically relevant lexicon for her exchanges across six tasks.

6.4.3 Case study 3: Parton

Parton was a male student selected from among the moderate proficiency students. He mainly played nurse roles, but played a patient role in Task 1.

Task 1: Patient registration

Parton took the role of a patient in his first role play. He was able to respond to the nurse's questions regarding his personal data and health problems, and he was able to apologise to the nurse when he went to the wrong desk. However, it seemed that his responses were prepared answers. He did not take any risks with his language use. He found it challenging as a patient to explain more about his symptoms such as the onset, duration, severity and location of pain. No politeness markers were found in this role play.

As regards Parton's accuracy, we found a number of syntactically accurate simple sentences, e.g., '*I'm single*', '*I don't have the permanent address in Thailand', 'I am Christian',* and *'I hurt my hand from motorcycle accident.'* However, some of his utterances showed problems with determiners and pronoun selection, for example, '*It allergy is seafood.'* and *'Her live as I.'* Parton was able to speak very fluently (there is no repetition which is used to indicate disfluency). Parton did not attempt any complex sentences; this might be because Parton played the role of the patient and he had to answer the questions asked by a nurse in turn. His role seems passive. However, we still found examples of appropriate lexical selection to express his meaning, *e.g., was born in, single, telephone number, permanent address, Christian, hurt my hand,* and *from motorcycle accident*.

Task 3: Introduction to an in-patient's room

In Task 3, Parton acted as an in-charge nurse giving patient information to his colleague and interacting with the patient. He gave the patient information to his colleague by linking two main clauses '*OK, your patient have a problem upper respiratory tract and he has asthma*' (line 4-5, Example 57). This example shows that he was able to notice his language production and he could correct himself, changing 'have' to 'has' in the second main clause.

Example 57

1	Nurse 2:	Hello Can you help me please?
2	Parton:	Hello Pan
3	Nurse 2:	I want information about the patient present and past history
4	Parton:	OK, your patient have a problem upper respiratory tract and he has
5		asthma
6	Nurse 2:	Um…OK

When he met the patient, he was able to inform the patient about staying in hospital for asthma treatment '*OK, from the doctor order you need to stay at hospital because you prob you have problem upper respiratory tract. So, you have asthma*' (line 12-14, Example 58). He was also responsive to the patient when the patient expressed his concerns and asked for help, '*Sorry sorry, you should get the permission from your manager taking your taking your (…) sick leave*' (line 17-18, Example 58). It is noteworthy that he produced more language functions such as declining the patient's request and making a suggestion to the patient to take sick leave.

Example 58

10	Parton:	Good afternoon, my name is Parton. I am a nurse
11	Patient:	Good afternoon, my name is Sawat Kawi
12	Parton:	OK, from the doctor order you need to stay at hospital because you
13		prob you have problem upper respiratory tract. So, you have
14		asthma.
15	Patient:	I don't want to stay in the hospital because I worry about my (…)
16		work. Can you help me?
17	Parton:	Sorry sorry, you should get the permission from your manager
18		taking your taking your (…) sick leave

19 Patient: OK, thank you

However, Parton has not performed some key parts of the task. First of all, he should provide the patient with detailed reasons for admission, date and duration of hospitalisation, room number and treatment plan. Secondly, he could have done more to strengthen the rapport with the patient or to put the patient at ease (e.g. using small talk). Finally, there were no politeness markers in his interaction with the patient.

In this task, we can see some examples of accurate sentence syntax, including modal verbs, e.g., *'…and he has asthma', 'you need to stay at hospital…', 'you have asthma',* and *'you should get the permission from your manager…*' However, Parton also made mistakes with determiners, prepositions and verb agreement, i.e., *'you patient have a problem upper respiratory tract'* and *'…you have problem upper respiratory tract*'. Here, we found two examples of repetition, e.g., *'…you prob you have problem upper respiratory tract…'* and *'Sorry, sorry, you should get the permission….*' These might imply that Parton might have some difficulties looking for the right words to express his content (dysfluency). Interestingly, there is one complex sentence found in this task: '*OK, from the doctor order you need to stay at hospital <u>because</u> you prob you have problem…*' This is the first time that Parton attempted this structure. Parton was also capable of choosing some pragmatically appropriate lexis for his interaction, i.e., *upper respiratory tract, asthma, doctor order, you have problem,* and *should get permission from.*

Task 5: Giving intravenous fluids (IV)

Parton played the role of the in-charge nurse in this role play. Here, Parton showed that he was able to ask his colleague to give IV to the patient by using a polite question, '*Could you please give IV fluid and antibiotic to her?*' (line9, Example 59). He attempted to develop this request further, though the intended meaning is not altogether clear: '*And you have been to give an IV fluid set and antibiotic for you*' (line 9-10, Example 59).

Example 59

1 Parton: <u>Hey Jana the doctor sent a note telling that an…a teenage patient</u>

2		need IV fluid and antibiotic
3	Nurse 2:	What's the patient name?
4	Parton:	Her name is Pawinee Simpson
5	Nurse 2:	Could you…could you tell me ..ur.. about her?
6	Parton:	The patient has a terrible wound on her body. She is nervous and in
7		pain
8	Nurse 2:	Um…
9	Parton:	Could you please give IV fluid and antibiotic to her? And you have
10		been to give an IV fluid set and antibiotic for you
11	Nurse 2:	Of course

However, Parton left unfinished some key aspects of this role play. He did not provide his colleague with sufficient details of the patient's symptoms and needs, such as vital signs, duration and amount of prescribed IV and antibiotics.

In task 5, Parton was able to produce accurate sentence level statements and questions, e.g., '*Hey Jana the doctor sent a not telling that…', 'Her name is Pawinee Simpson', 'The patient has a terrible wound on her body', 'She is nervous and in pain'* and *'Could you please give IV fluid and antibiotic to her?*' Still, Parton also made some morphological mistakes i.e., *'…a teenage patient need IV fluid and antibiotic*', and attempted a complex sentence unsuccessfully, i.e. '*And you have been to give an IV fluid set and antibiotic for you.*' Another complex sentence was successful however: *Hey Jana the doctor sent a not telling that an…a teenage patient need IV fluid and antibiotic.'* Overall, he was mostly able to get his meaning across successfully. It is interesting to note an instance of self-correction, where Parton first used an incorrect indefinite article (an) with the expression 'teenage patient'; however, he immediately self-corrected using the accurate indefinite article (a), '*..that an… a teenage patient…*' (line 1, Example 59), This might show that he had struggled with fluency. Lastly, Parton was also capable of selecting some appropriate lexical choices to communicate his meaning, e.g., *a note telling that, a teenage patient, a terrible wound, nervous,* and *in pain.*

Task 7: Mobilising the patient

In this task, Parton played the role of an in-charge nurse working cooperatively with another staff nurse to move a patient. Here, he showed evidence of being approachable to the patient by using the patient's preferred name '*Good morning, Miss Jana, I am nurse Parton'* (line 1, Example 60).

Example 60

1	Parton:	Good morning, Miss Jana, I am nurse Parton
2	Nurse 2:	Good morning Miss Jana, I am nurse Bella
3	Patient:	Good morning
4	Nurse 2:	Parton and I are going to help move you out of the bed
5	Patient:	I see
6	Parton:	We are going to tuck the slide sheet under your …xxx…
7	Patient:	OK

Example 61

9	Parton:	Bella is going to tuck the slide sheet
10	Patient:	Sure
11	Nurse 2:	Now roll over on to the other side
12	Parton:	I will just put the slide to my …xxx…to my side
13	Patient:	Alright
14	Nurse 2:	Roll over again onto the other side
15	Parton:	We are going to move you out of the bed

Nevertheless, Parton has still not learned to use patient-centred communication style; he did not seek consent from the patient or get the patient's permission before he moved the patient from the bed, and there is no evidence of use of politeness markers or small talk.

Here, Parton was able to formulate sentences using correct future verb forms, e.g., '*Good morning, Miss Jana, I am nurse Parton', 'We are going to tuck the slide sheet under your…', 'Bella is going to tuck the slide sheet', 'I will just put the slide to my…*' and '*We are going to move you out of the bed.*' No other examples of syntactic complexity were found in this task. However, we found several examples of

appropriately selected words in his interaction, e.g., *tuck the slide sheet, put the slide sheet to,* and *move out of the bed*.

Task 9: Breaking bad news and pre-operative care

Parton took the role of the staff nurse in this role play, preparing a patient for her appendectomy in the following day. In carrying out this task, for the first time he asked permission to care for the patient '*Let us prepare you for your appendectomy*' (line 14, Example 62). After that he was able to acknowledge the patient's apprehensions about the operation as well as reassuring the patient '*Don't worry about that I will take care of for you*' (line 16, Example 62). Lastly, he explained preparations for tomorrow's operation.

Example 62

14	Parton:	Let us prepare you for your appendectomy
15	Patient:	I am worrying and …xxx…tomorrow appendectomy
16	Parton:	Don't worry about that I will take care of for you
17	Patient:	Thank you
18	Parton:	You will be nil by mouth after mid night for appendectomy
19	Patient:	OK
20	Parton:	We will put you to sleep
21	Patient:	Thank you so much. You are very kind
22	Parton:	You're welcome

There is some indication here of increased patient centredness, though there is still no use of politeness markers in this role play. Again however, Parton provides the patient with insufficient information about the coming treatment (not mentioning e.g. duration of operation, possible side effects ...).

Here, we found a range of correct sentence structures produced by Parton, e.g., *'Let us prepare you for your appendectomy', 'Don't worry about that', 'You will be nil by mouth after midnight…'* and *'I will put you to sleep*.' We can see that Parton was able to use correct verb form and tense in simple sentences. However, we found one example of a preposition selection error, '*…I will take care of for you.*, but this error did not cause any difficulty for him to keep his conversation going. Some evidences of

appropriately selected lexicon were shown here, i.e., *let us prepare you, appendectomy, don't worry, take care of,* and *will be nil by mou*th.

Task 11: Complaint handling

In this role play, Parton acted as the staff nurse dealing with the patient's problems. He again used the patient's preferred name when he greeted the patient '*How are you (…) Miss Jana?*' (line 5, Example 63). He asked more follow-up questions to elicit the patients' problems and he became more responsive to the patient. For example, he pursued the patient's problems using a correct idiomatic question '*What's the matter with you?*' (line 7, Example 63). When Patient 1 expressed her concerns, he immediately acknowledged the problems and apologised as well as offering help: '*Oh! Really I am so sorry. I will I will have the air conditioner checked as soon as possible'* (line 10-11, Example 63). Indeed, he had learned how to deal flexibly with patients' problems and showed he could deal with two patients simultaneously. For instance, he was able to respond to patient 1's request for changing a bed sheet (line 12-14, Example 63) and provide an extra pillow to patient 2 (line 15-16, Example 63). The politeness marker 'please' was used for the first time in this role play.

Example 63

5	Parton:	How are you (…) Miss Jana?
6	Patient1:	I don't so good
7	Parton:	What's the matter with you?
8	Patient1:	I did not sleep last night because the air conditioner buzzes the (…)
9		whole night
10	Parton:	Oh! Really I am so sorry. I will I will have the air conditioner
11		checked as soon as possible
12	Patient1:	Also, please change the bed (…) sheet right away. I… I think it
13		looks like dirty
14	Parton:	Yes, of course
15	Patient2:	Can you change a new pillow for me? *I am… I am* comfortable
16	Parton:	Sure, madam. I will get you another extra pillow. Please wait a few
17		minutes
18	Patient2:	Thanks a lot

It is clear from his performance that over successive role plays, Parton adopted a more patient centred communication style, using preferred names and politeness markers, asking permission, and offering reassurance. It seems that he had developed the confidence to take more risks and experiment with language use. However, he still did not demonstrate in any role play the ability to follow up health topics in depth, e.g. through use of follow-up questions.

With respect to language accuracy, Parton produced a number of well-formed sentences including question forms and future tense, e.g., '*How are you (...) Miss Jana?', 'What is the matter with you?', 'I am so sorry', I will will have the air conditioner checked as soon as possible',* and *'I will get you another pillow*'. Here, Parton did one repetition, in a causative 'have' sentence with a bare infinitive clause, i.e. , '*I <u>will will</u> have the air condition checked…',* but this is not adequate to slow down his fluent production of this. It is interesting to note that otherwise, evidence of syntactic complexity was not found here. Finally, Parton still showed his ability in selecting appropriate lexical/phrasal choices used in communicating his meaning, e.g., *the matter with you, have the air conditioner checked, as soon as possible, of course,* and *get you another pillow*.

It is possible to conclude that Parton seems pretty fluent throughout, but he seems to become more accurate. He seems to prefer simple sentences, uses few complex ones, e.g. when compared with Machida. A trade-off is that there is greater accuracy than Machida and Karla, but less risk taking and variety of language use including fewer complex sentences.

6.4.4 Case study 4: Nula

Nula is the second average proficiency case study student. She took the role of nurse in all role plays except Task 11. The following are her role play task performances.

Task 1: Patient registration

In Task 1, Nula played the role of the staff nurse interviewing the patient at the registration desk. She was able to ask for information from the patient and give this to

her in-charge nurse. Nula was able to ask several kinds of questions to elicit the patient's personal and health information. For example, she began the exchange with the open-ended question, '*Can I help you?*' (line 1, Example 64), and used a polite question to have the patient to fill in the registration form '*Could you please complete the (…) registration form?*' (line 3, Example 64), Wh-questions like '*What is your date of birth?*' (line 7, Example 64) and Yes/No questions '*Are you single or married?*' (line 11, Example 64). However, she did not ask follow up questions to derive more details from the patient. For example, she failed to ask the patient about address in the country of origin, next of kin contact details and symptoms.

Example 64

1	Nula:	Good afternoon, madam, I'm Nula. Can I help you?
2	Patient:	Yes (nods)
3	Nula:	(nods) Could you please complete the (…) registration form?
4	Patient:	Yes (nods)
5	Nula:	May I have your name, please?
6	Patient:	My name is Rimmani
7	Nula:	What is your date of birth?
8	Patient:	(…) Sixteen October nineteen ninety
9	Nula:	How old are you?
10	Patient:	Twenty
11	Nula:	(nods) Are you single or married?
12	Patient:	Single

It is clear from the above example that Nula did not acknowledge the patient's responses. She kept asking the questions and obtained the facts, without paying attention to the patient's feelings or possible underlying meanings. Clearly, at this point she could not cope with something unexpected and did not show any signs of language creativity. Furthermore, when she closed the interaction, she did not inform the patient about the upcoming care procedures.

As regards accuracy, Nula was able to produce several well-formed questions using modal verbs/ inversion to retrieve the patient health and personal information, e.g., *'Can I help you?', 'Could you please complete the (…) registration form?', 'May I have your*

name, please?', 'What is your date of birth' and *'Are you single or married?*' there were no examples of repetition or self-correction. However, Nula also did not show any evidence of syntactic complexity in this task. Nula was also capable of selecting appropriate lexicons for her interaction, e.g., *complete the registration form, date of birth, single or married, telephone number, permanent address, taking any medicine,* and *next of kin.*

Task 3: Introduction to an in-patient's room

In role play 3, Nula acted as the staff nurse introducing private room facilities to the patient. Nula was capable of giving information about a hospital stay and describing room facilities to the patient. This time she was more responsive to the patient. For instance, she used an '*OK*' marker as a means to acknowledge the patient's name, and explained to the patient the reasons for hospitalisation. She also managed to respond to the patient's anxiety over hospital admission and teach the patient about infection as well as comforting the patient: '*OK, I understand, but influenza is an infection. So you don't meeting people and you don't worry*' (line 6-7, Example 65).

Example 65

5	Patient:	Oh! No! I don't want to stay in hospital because I'm fear
6	Nula:	OK I understand, but influenza is an infection. So you don't
7		meeting people and you don't worry
8	Patient:	What do they have?

Example 66

13	Patient:	Where I keep valuables?
14	Nula:	Your valuables (…) can be (…) keep in the room safe. The next
15		you waiting in the area

However, Nula did not achieve all the expectations of this role play. She did not provide the patient with full details about their hospital stay (e.g. likely duration, room and building numbers, treatment plan and expected discharge date). She did not use politeness markers, and she could have done more to make the patient feel relaxed or comfortable about staying in hospital.

As to accuracy, Nula was able to produce some accurate sentences/ part sentences, e.g., '*OK, I understand, but influenza is an infection', '...you don't worry', 'OK, you must stay in hospital for treatment*.' Here, we can see that she was able to use correct verb and subject agreement, tense, preposition and article. However, Nula also made verb morphology errors, for example, *'So, you don't meeting people', 'Your valuables (...) can be keep in the room safe.', 'The next you waiting in the area', 'It have fis (fridge)...'* and *'You have eat soft food.*' In these examples, we can see some of her language adventure in attempting to use new forms, e.g., passive,though she was not successful '*Your valuables (...) can be (...) keep in the room safe*' (line14, Example 66). It seems that Nula had developed her confidence to experiment with language structures. Here we also see an example of self-correction by Nula. She incorrectly used a verb with –ing (meeting) after the imperative 'don't'; however, she later corrected herself using the correct verb (worry). In addition, Nula was capable of formulating a syntactic complex sentence, e.g., '*OK, you must stay in hospital for treatment because the doctor (...) diagnosis you have a symptom same influenza.*' This sentence was understood by her conversation partner although this is not completely correct (a word class error with 'diagnosis'). Finally, examples of proper lexical selection were also obvious, e.g., *influenza, infection, worry, valuables, keep, room safe and area*.

Task 5: Giving intravenous fluids (IV)

In role play 5, Nula played the role of the in-charge nurse assigning her colleague to administer IV to a patient. Not only could she explain the doctor's diagnosis of the patient, but also ask for some details about providing IV to the patient from her colleague.

Example 67

4	Nurse 2:	I want the information patient
5	Nula:	OK, her name is Rimmi. *Her pain she pain* (…) her leg and head
6		because she is a motorcycle accident and she has a wound. (…)
7		You must to give IV fluid and antibiotic. The next I will preparing
8		to give an IV set and antibiotic to you

Example 68

44	Nurse 2:	Intraven (intravenous) mixturing
45	Nula:	What happen?
46	Nurse 2:	When I give this IV fluids, there is a clot in the tube
47	Nula:	How are you doing?
48	Nurse 2:	I find a new vein to continue the IV fluid
49	Nula:	That's very good. Thank you

Nula also managed to ask some follow up questions to clarify what her colleague said to her: '*What happen?*' (line 45, Example 68) and '*How are you doing?*' (line 47, Example 68). In this task, however, Nula failed to inform her colleague of some important details about the IV treatment (the patient's bed number, amount and duration of prescribed IV).

Nula's performance includes some examples of grammatically correct though formulaic sentences, e.g., '*OK, her name is Rimmi', '...she has a wound,' 'How are you doing?'* and *'That's very good…*' Still, several ill-formed sentences were also evident, reflecting problems with 'have', with modals and with tense marking, e.g., '*Her pain she pain (...) her leg and head because she is a motorcycle accident', 'I must to give IV fluid and antibiotic'* and *'The next I will preparing to give an IV set and antibiotic to you.*' When explaining the patient's case to her staff, she was able to monitor her language use and self-correct to some extent: '*Her pain she pain* (…) *her leg*' (line 5, Example 67). Nula also made an effort to use a complex sentence with 'because' when explaining the patient's medical details, e.g., *'Her pain she pain (...) her leg and head because she is a motorcycle accident and she has a wound.'* (line 5-6, Example 67). Here again, we see evidence of her language monitoring. She first used an incorrect verb, 'she *is a motorcycle accident'*, but in the following clause this was corrected: '*she has a wound*'. Lastly, some evidence of Nula's lexical knowledge was also indicated in this task, e.g., a *motorcycle accident*, *has a wound* and *an IV set*.

To conclude, Nula showed a mix of more correct formulaic sentences, and less accurate sentences in this task, showing a still insecure grasp of tense/ modal structures in particular..

Task 7: Mobilising the patient

Nula performed this role play with Pita (another case study student). She took the role of the in-charge nurse asking for help from Pita. When she asked for help, she used a 'be going to' form to talk about upcoming action '*I am going to take the patient to the physical therapy*' (line 3, Example 69). Interestingly, when she had interaction with the patient, she introduced a small talk element '*Hello Pancake, did you have a good sleep last night?*' (line 7, Example 70). She was the only case study student to do this. In fact, Nula continuously tried to be more responsive to the patient. She creatively responded to the patient's complaint about pain in her leg as well as reassuring the patient about the outcome of the physiotherapy '*Oh! It is normal. Don't worry.*' (line 9, Example 70). Besides, she was able to confirm the outcome to the patient when she responded to the patient's yes/no question: '*Yes, if you always physiotherapy*' (line12, Example 70). Nula also used a future structure (will) when she told the patient about the completion of the exercise. This improvement might be the result of her learning this structure from the teacher's feedback, or from language focus exercises in the post task phase of a previous role play (Task 3).

Example 69

2	Pita:	Hello, Nula
3	Nula:	I am going to take the patient to the physical therapy.
4		Can I help you?
5	Pita:	Yes, I can

Example 70

7	Nula:	Hello Pancake, did you have a good sleep last night?
8	Patient:	No, I have pain my leg
9	Nula:	Oh! It is normal. Don't worry. You our your lost may have
10		physical therapy
11	Patient:	Can I will come back to walk?
12	Nula:	Yes, if you always physical therapy

However, Nula could have shown greater responsiveness to the patient in her communication style. That is, she failed to give the patient feedback on completing the rehabilitation exercise and, crucially, she should praise the patient for doing the

exercises well. This can help the patient to feel positive about the desirable outcomes of her health. Lastly, she did not use any markers of politeness in her conversation with the patient.

As for accuracy, Nula again used well-formed formulaic sentences, e.g., '*I'm going to take the patient to…', 'Can I help you?', 'Hello, Pancake, did you have a good sleep last night?', 'Oh! It is normal'* and *'Don't worry.*' However, some errors were also identified in more task-specific utterances, e.g., '*You our your lost may have physical therapy'* and *'Yes, if you always physical therapy.*' Here, we can see that Nula was attempting to form varied structures, but she was not successful, omitting verbs and nouns. Nula was able to have interaction with her interlocutor fluently as we do not see any examples of self-correction and repetition here. Complex structures were not attempted. Lastly, the examples of selecting appropriate lexical choice were also identified, e.g., *take the patient to, physical therapy, a good sleep, normal* and *worry.*

Task 9: Breaking bad news and pre-operative care

Here, Nula played the role of a staff nurse preparing the patient for appendectomy. In this role play, she not only used the patient's preferred name, but she also tried to use social talk with the patient after she greeted her: '*Good evening, Nara, how do you feeling?*' (line 1, Example 71). She asked for the patient's permission to get her ready for the operation in the following day. She reassured the patient when the patient required confirmation about the operation '*Yes, but don't worry*' (line 5, Example 71).

Example 71

1	Nula:	Good evening, Nara, how do you feeling?
2	Patient:	Good evening, I feel stomach ache in right (…) side and vomiting
3	Nula:	Let us prepare (…) you for your appendectomy
4	Patient:	Oh! Really?
5	Nula:	Yes, but don't worry

However, she left some unfinished tasks. Firstly, she told the patient very directly about the operation, immediately after the patient described her abdominal pain and associated symptoms. This might frighten the patient as she has not been psychologically prepared

for the appendectomy. Secondly, she could have asked the patient to describe more about her feeling so that nurses can help to comfort her effectively. And finally, no politeness markers were used.

With regard to accuracy, Nula produced a range of accurate simple sentences with auxiliaries, future tense and modals, e.g., '*Let us prepare (...) you for your appendectomy', 'Yes, but don't worry', 'First, you will have a soft diet.'* and *'Then, you should wash your hair and body.*' We can see that Nula was able to use some correct verb forms, prepositions and articles. However, we still found verb morphology errors, e.g., '*Good evening, Nara, how do you feeling?*' Neither disfluencies nor syntactic complex utterances were found, suggesting that she was able to speak simple English fluently. Lastly, some evidences of appropriate lexical selecting were also obvious, e.g., *feeling, prepare, appendectomy, don't worry, have a soft diet, after midnight, should wash your hair and body* and *see you tomorrow*.

Task 11: Complaint handling

In this role play, Nula took the role of a patient expressing her dissatisfaction with hospital room services. She was able not only to express her concerns effectively, but also to extend the topic. She first explained her problem with sleeping '*It's terrible*' (line 6, Example 72). Apart from this, she continued describing the causes of her sleeping problems together with her feelings. Interestingly, she was able to respond to the nurse's apology and request the nurse to check her room in the evening '*Never mind, but today, you must check my room in the evening*' (line 12, Example 72). (Here, we can see evidence of linguistic improvement in using the modal verb 'must' correctly.) Later, she used an '*OK*' marker to acknowledge the nurse's offer to solve the problems and she managed to extend her interaction by asking for an extra pillow. Finally, she also used the '*OK*' marker to respond to the nurse's offer and thanked the nurse for help. Her performances above prove that she had developed some skills of negotiation.

Example 72

5 Nurse 1: How are you to sleep last night?

6 Nula: It's terrible

7	Nurse 1:	What problem? Have you pain your wound?
8	Nula:	No, I haven't pain my wound, but the main light is ficker
9		(flickering). I can to sleep soundly and the bed squeak (points to
10		the bed) when I turn (turns her body). I feel so bad. I am afraid
11	Nurse 1:	Oh! I'm terribly sorry. I forget check your room. I'm very sorry
12	Nula:	Never mind, but today, you must check my room in the evening

It is clear from Nula's performance that across six role plays, she showed more orientation to patients using patients' preferred names, asking permission and offering reassurance. While she hardly used politeness markers in her interaction with patients, she was the only case study student who used small talk. She became more confident to take more risks and experiment with language use as well as attempting more continued development of topic with her conversation partners.

As to accuracy, Nula was able to produce a few formulaic correct sentences, e.g., '*It's terrible.', 'I feel so bad.', 'I am afraid.', '...but today, you must check my room in the evening.'* and *'OK, but I want an extra pillow.*' However, some errors of verb morphology and prepositions were also obvious in Nula utterances, i.e., '*No, I haven't pain my wound, but the main light is ficker (flickering).', 'I can to sleep soundly.'* and *'...and the bed squeak when I turn.*' Nula was nonetheless able to communicate with her interlocutor fluently, without repetition or self-correction. In addition, Nula was able to produce a complex sentence i.e., *'...and the bed squeak <u>when</u> I turn'*. Lastly, she was able to choose appropriate lexis to express her concerns to the nurse, e.g., *terrible, wound, main light, sleep soundly, bed squeak, feel so bad, afraid, check my room* and *extra pillow*.

It can be concluded that Nula was more accurate in performing task 1 and task 7, while she became less accurate in carrying out tasks 3, 5 and 11. Overall, we can see that Nula was less accurate when the tasks went along; however, she became more fluent in the later tasks, suggesting that her accuracy was decreased, while her fluency went up. She was able to produce some complex language production and select relatively appropriate lexis in completing tasks communicatively and successfully. Nula's grasp of

verb morphology is relatively less secure and she seems less willing to attempt complex sentences when compared with Machida or Karla.

6.4.5 Case study 5: Pita

Pita is a student from the low proficiency group. She took nurse roles in all tasks except Task 5.

Task 1: Patient registration

Pita took the staff nurse role in this task. She was able to produce a list of questions to elicit the patient's information and most of her questions were syntactically accurate. These included yes/no question '*May I help you?*' (line 1, Example 73), closed question '*How old are you?*' (line 9, Example 74), '*Are you single or married?*' (line 11, Example 74), and Wh-question '*Who is your next of kin?*' (line 29, Example 75). Nevertheless, she did not respond to the content of the patient's replies. This showed that she was not able to be responsive to the patient. For example, when the patient expressed her health problem '*Yeah, I hurt my hand from a motorcycle accident*' (line 3, Example 73), she did not acknowledge the patient's response. In addition, when the patient mentioned that she could not fill in the registration form '*No I couldn't (...) ur…because I hurt my hand*' (line 4, Example 73), she did not even offer help to complete the registration form.

Example 73

1	Pita:	Good afternoon, my name is Pita. I am nurse. May I help you?
2	Patient:	Yeah, I hurt my hand form a motorcycle accident
3	Pita:	Could you please complete the registration form?
4	Patient:	No I couldn't (…) ur…because I hurt my hand
5	Pita:	May I have you name please?

Example 74

9	Pita:	How old are you?
10	Patient:	I'm twenty years old
11	Pita:	Are you single or married?
12	Patient:	I'm single

Example 75

29 Pita: Who is your next of kin?

30 Patient: My mom, you call her Akiko

31 Pita: OK, thank you

For this reason, despite good starter questions, Pita failed to collect in-depth information from the patient, because of her inability to ask follow-up questions. For example, she did not elicit details of the patient's permanent address in her home country (the patient is a foreigner and does not have any permanent address in Thailand). When the patient explained her symptoms, Pita did not follow up to find out about symptom severity, duration, location of pain and past medical history. In addition, she failed to get the patient's next of kin contact details.

Overall it was clear from Pita's performance in this role play that she could not deal with unexpected things, although her English was generally correct.

In this task, Pita was able to produce several well-formed formulaic sentences including questions with modals/ inversion, e.g., '*My name is Pita', 'I am nurse.', 'May I help you?', 'Could you please complete the registration form?', 'May I have your name please?', 'Are you single or married?'* and *''Who is your next of kin?*' However, syntactic complexity was not found in this task, suggesting that Pita tended to use only simple sentence patterns. In this task, we also found the evidences of pragmatically appropriate lexical selection, i.e. *complete, registration form, single, married* and *next of kin*.

Task 3: Introduction to an in-patient's room

Here, Pita took the staff nurse role, i.e. she changed her role from an information retriever to an information provider and improved her performance in some respects. For example, she was able to respond to the patient's inquiries about room furniture, using adjustable bed, calling the nurse, food, and keeping valuables. Next, Pita also tried to be responsive to the patient's comments, as well as to her colleague. When the patient apologised for mistakenly pressing the wrong button, she could immediately acknowledge the patient's apology '*That's alright*' (line 32, Example 77). With her

colleague, she could make an impersonal statement explaining the patient's mistake pressing the emergency call button '*Nothing wrong, it's accident*' (line 34, Example 77). Pita also used a politeness marker 'please' for the first time.

Example 76

20	Patient:	How to adjust the bed?
21	Pita:	If you want to the rail (raise) or lower of head to the bed, please put
22		this bottom (button) *or want the raise or lower the rail, please press*
23		this bottom (button)
24	Patient:	How to call nurse in case of emergency?
25	Pita:	If you want to call the nurse for emergency, you press this bottom
26		(button)
27	Patient:	Where to keep my valuables?
28	Pita:	If you keep valuables, you can keep it here

Example 77

31	Patient:	Oh! I'm sorry
32	Pita:	That's alright (touches the patient's shoulder)
33	Nurse 1:	What happen?
34	Pita:	Nothing wrong, it's accident
35	Nurse 1:	OK
36	Pita:	You must careful for press this bottom (button). You can press this
37		bottom (button) if you want to the helpful

However, Pita's performance still lacked some features of a patient centred style. First, she should double check the patient's name or identification when she first met the patient. Next, she should ask the patient's permission to take her to her private room. Lastly, she should comfort the patient and encourage her to feel relaxed while staying in hospital for on-going treatment.

Here, we can see some examples of correct syntax, including modals and an 'if' clause, i.e., '*If you want to call the nurse for emergency, you press this bottom (button).', '...you can keep it here.', 'That's alright.', '...it's accident.'* and *'...you can press this bottom (button).*' However Pita made phonological errors, e.g. consistently pronouncing the word 'button' as 'bottom.' There were also other morphological and

lexical errors which could impede communication, e.g., '*If you want to the rail (raise) or lower of the head to the bed, please put this bottom (button)', '…or want the raise or lower the rail, please press this bottom (button).', 'You must careful for press this bottom (button)'* A striking feature is her attempt to use complex sentences (if-clause) for the first time. There were 4 instances of if-clauses in this role play, for she used this structure to teach the patient to use the adjustable bed, call a nurse in case of emergency or for help, and store valuables (lines 21, 22, 25 and 28, Example 76). These suggest that Pita was attempting to experiment with more complex language structures; however, her attempts were not successful. Still, she could make her utterances understood. Lastly, Pita was capable of selecting some appropriate words to interact with the patient in this role play, i.e., *rail, lower, the rail, press this bottom (button), call the nurse, for emergency, accident* and *careful*.

In conclusion, Pita was less accurate in this more creative task; however, she tried to use some complex language structures and choose the right lexis for carrying out the task and communicate her meaning.

Task 5: Giving intravenous fluids (IV)

Here, Pita played the role of the patient. Despite being a patient, she was able to demonstrate some negotiation skills to actively ask for information concerning IV processes from the nurse and respond to the nurse's utterances. For example, she asked several follow up questions about the necessity of having IV '*Oh! What is it important?*' (line 17, Example 78), and enquiring about pain '*I see. Will this hurt me?*' (line 25, Example 79), expressing comfort and questioning about arm movement '*Yes, it is fine. Can I move my arm?*' (line 40, Example 80), mentioning agreement with the nurse and asking about moving to the toilet '*I hope so nurse. How to go to the toilet?*' (line 45, Example 81), asking about food and drink '*How to drinking and having food?*' (line 48, Example 81) and questioning about duration of IV: '*How long bottom (bottle) duration intravenous fluid?*' (line 50, Example 81).

Example 78

15 Nurse 2: I understand. I am going to give you intravenous fluids and clean
16 you wound

17 Pita: Oh! What is it important?

Example 79

23 Nurse 2: I will use the right hand. I will put this tourniquet around your
24 forearm. Please make a fist. I will put the needle here
25 Pita: I see. Will this hurt me?

Example 80

35 Nurse 1: Hello, my name is Kamocha. I'm head ward. I'm going to give you
36 intavenous (intravenous) fluids
37 Pita: OK, I see, but you must careful
38 Nurse 1: OK (gives IV fluids to the patient). I put this tape over the needle
39 to hold it firmly. Is that comfortable?
40 Pita: Yes, it is fine. Can I move my arm?

Example 81

45 Pita: I hope so nurse. How to go to the toilet?
46 Nurse 1: Now, when you want to go to the toilet, you can take this
47 intavenous (intravenous) stand with you
48 Pita: How to drinking and having food?
49 Nurse 1: You use your left hand
50 Pita: How long bottom (bottle) duration intravenous fluid?
51 Nurse 1: Two bottles

From these questions, it is clear that she tried to produce new question forms, for example in lines 45, 48 and 50 (Example 81). These questions were not grammatically well formulated, but they prompted the nurse to provide more details. In addition, she was able to refuse to have IV, and also make a request for a new nurse to repeat the IV process. Interestingly, when a new nurse came in and asked for permission to give IV, she was able to acknowledge the nurse's explanation and warned the nurse to carry out IV for her with caution '*OK, I see, but you must careful*' (line 37, Example 80).

As regards accuracy, we still found a few examples of grammatically formulated sentences, e.g., '*Will this hurt me?'* and *'Can I move my arm?*' These are only two sentences that Pita was able to form correctly, using the right verb form, tense, and

modal verb. Here, there are several examples of problems with WH/ HOW question formation, i.e., *'Oh! What is it important?', 'OK, I see, but you must careful.', 'How to go to the toilet?', 'How to drink and having food?'* and *'How long bottom (button) duration intravenous fluid?*' These sentences suggest that Pita attempted to use a variety of language structures to negotiate with the nurse; she was not successful in formulating these correctly. Nevertheless, she was able to ask for some information regarding having IV from the nurse. Pita gained her fluency at the expense of accuracy and complexity. No other complex sentences were attempted. Still, we can see that Pita was able to make use of some lexical resources and choose them to exchange with the nurse appropriately, e.g., *hurt, careful, toilet, drink, having food, duration* and *intravenous fluid*.

Task 7: Mobilising the patient

Pita's role in this task was limited to explaining the procedures of doing physiotherapy and using medical equipment to the patient. When she instructed the patient to do rehabilitation exercises, she attempted producing longer sentences, imperatives and a complex sentence: '*Let's go to the physical therapy room*' (line 17, Example 82). It seems that by now, she had more motivation and confidence to take more risks with language. Responsiveness to the patient was also found in this role play. For instance, when the patient asked a question involving the safety of walking exercise, she spontaneously provided more information to confirm and comfort the patient '*Certainly, I will help to support you*' (line 23, Example 82).

Example 82

13	Pita:	We will get you a wheelchair
14	Patient:	OK, may I help you?
15	Pita:	We will move you sit to the edge of the leg by the bed. We will
16		support to go up with the seat the wheelchair (get the patient into
17		the wheelchair). Let's go to the physical therapy room
18	Patient:	OK
19	Pita:	I tell you that you will use this equipment. It is the bar and swing.
20		The swing allow in front of the patient and hold to keep the bar
21		ur…steady. After that you walk slowly
22	Patient:	(does walking exercise) Will I safety?

23 Pita: Certainly, I will help to support you

Nonetheless, she did not explain the reasons and procedures for doing walking exercise to the patient. Pita also did not ask the patient's permission to move her to the rehabilitation section, provide feedback on doing exercise, nor praise the patient for her cooperation. Furthermore, no politeness markers were used.

In performing this task, Pita was able to formulate more correct sentences using future tense and a 'that' clause, i.e., '*We will get you a wheelchair.', 'We will move you...', 'Let go to the physical therapy room.', 'I tell you that you will use this equipment.', 'It is the bar and swing'* and *'After that you walk slowly.*' Nevertheless, some syntactically and lexically confused sentences were also produced, e.g., '*We will move you sit to the edge of the leg by the bed', 'We will support to go up with the seat the wheelchair'* and *'The swing allow in front of the patient and hold to keep the bar ur steady*.' She was not successful in formulating these structures, but they were comprehensible to her interlocutor in some respects. Pita was also able to have conversation with the patient fluently as there is no example of repetition or self-correction in this task. With the appropriate lexis, Pita was able to make use some of related words and phrases for her interaction under the right context, e.g., *get you a wheelchair, move, physical therapy, seat, edge, equipment, bar, swing, hold, support*.

Task 9: Breaking bad news and pre-operative care

Here, Pita took the role of a staff nurse to prepare the patient for an operation. She was responsive to the patient and provided comfort and reassurance: '*Madam, you don't worry. Please relax'* (line 20, Example 83). Besides, she could provide the patient with information such as duration, incision size, professional doctor and likely pain after operation. What's more, she was able to prepare the patient for the operation by advising her not to have food and drink after midnight, washing her hair and body, and giving an enema. In preparing the patient, she successfully used correct modal verbs such as 'will' and 'should', '*Madam, you will have a soft diet*' (line 27, Example 84) or '*Then you should wash your hair ur…and body*' (line 28, Example 84).

Example 83

19	Patient:	Oh! Really?
20	Pita:	Madam, you don't worry. Please relax. We will put you sleep and
21		the operation will take only half an hour. The incision will be this
22		small. The doctor is very professional and it doesn't hurt much
23	Patient:	Only half an hour, too?

Example 84

26	Patient:	OK, I see. What prepare I do?
27	Pita:	Madam, you will have a soft diet and no food and ur…drink after
28		midnight. Then you should wash your hair ur…and body. Next you
29		will be shaved and giving enema. This will empaty (empty) and
30		clean out your bowel
31	Patient:	OK, I understand

In this task, Pita became much more accurate than in other previous tasks and produced a range of correct structures including future tense statements, modals, and a passive, e.g., *'Madam, you don't worry', 'Please relax', '…the operation will take only half an hour', 'The incision will be this small', 'Then you should wash your hair ur…and body'* and *'Next you will be shaved.*' However, Pita still had some morphological errors and phonological inaccuracy, e.g., '*We will put you sleep'* and *'This will empaty (empty)…*' Pita performed this task quite fluently as we did not found any example of disfluencies, but she still mostly used simple English structures. Lastly, Pita was able to select some appropriately relevant lexicons for her interaction, e.g., *don't worry, relax, operation, only half an hour, incision, professional, it doesn't hurt much, should wash your hair, will be shaved, enema* and *clean out your bowel*.

Task 11: Complaint handling

In the last role play, Pita acted as a staff nurse to solve the patient's problem regarding a squeaking bed. Here, she had an interaction with the patient and another hospital staff member. She first greeted the patient and asked how she was feeling, and when the patient expressed her concern over the squeaking bed, she responded: '*Oh! Really?*' (line 4, Example 85). She not only apologised to the patient, but she also asked the patient to wait for help as she would inform the maintenance department to fix the bed

'*I'm sorry, madam. (…) Um… you wait for a half an hour*' (line 4-5, Example 85). When she had communication with a maintenance staff member, she was able to raise the problem and negotiate for help. She was also able to ask follow up questions about the staff responsibility: '*Um…what the people to repair?*' (line 13, Example 86) and what she should do when the staff could not fix the bed: '*Um…(nods) how do I do?*' (line 25, Example 87). She also used some fillers to recognise her interlocutor's comments. Finally, she acknowledged the maintenance staff suggestion and expressed thanks: '*OK, I see. Thank you very much*' (line 27, Example 87).

Example 85

2	Patient:	Good afternoon, nurse. (…) I feel good, but the bed squeak when
3		we turn-ned (turned)
4	Pita:	Oh! Really? I'm sorry, madam. (…) Um… you wait for a half an
5		hour. I'm going to information a mechanical department for repair
6	Patient:	Don't worry, nurse. I wait. Thank you very much

Example 86

11	Pita:	The bed have squeaked patient turned
12	Staff:	OK, I get it
13	Pita:	Um…what the people to repair?
14	Staff:	I will go now
15	Pita:	Thank you very much

Example 87

23	Staff:	I apologise, madam. I can't repair the bed because it all condition
24		of use
25	Pita:	Um…(nods) how do I do?
26	Staff:	I can arrange for you a new bed
27	Pita:	OK, I see. Thank you very much

It seems that by Task 11, Pita is adopting a more patient centred communication style and using English more adventurously. She has developed her confidence to take more risks and experiment with language use as well as sustaining topic development in the exchange with her role play interlocutors.

However Pita became less accurate again during this task, though she was able to show creativity in using language for communicating in some respects. There are some examples of grammatically correct sentences, e.g., '*I'm sorry', '...um you wait for a half an hour'.* Still, we found several examples of inaccurate morphology, word class choice, and WH question syntax, i.e., '*I'm going to information a mechanical department for repair', 'The bed have squeaked (when) the patient turned'* and *'Um what the people to repair*?' Here, we see some indication of language creativity; nonetheless, Pita was not successful in forming these sentences correctly, though she was able to get her meaning across eventually. The evidences of syntactic complexity were not found here, but this does not indicate that Pita did not how to use more complex structures. This might be due to the task given was very demanding so that she might shift her attention to expressing her meaning rather focusing on form. Finally, we found that Pita was also able to select some vocabulary appropriate for her exchanges, i.e., *mechanical department* and *repair*.

Generally, it is possible to conclude that Pita was more accurate in the first task and she became less accurate in carrying out the later tasks. She was fluent in all six tasks and her language use seemed complex in some respects as well as being able to select some appropriate lexicons to communicate her meaning successfully. Pita did not advance at all in accuracy; however, her main gain is in fluency and communication.

6.4.6 Case study 6: Kanok

Kanok was the second low proficiency student in the case study group. She played the role of nurse three times, and of patient three times.

Task 1: Patient registration

Kanok acted as a staff nurse in this task. She was able to ask a polite question about the patient's name '*May I…may I have your name?*' (line 45, Example 88). However, when the patient mentioned her name, Kanok did not respond to the patient. Instead, she instructed the patient to go to the primary examination desk. Interestingly, when the patient went to the wrong desk, she was able to respond to the patient's mistake using

an exclamation '*Oh! Linping, you must go to next desk*' (line 48, Example 88), using the patient's name '*Linping*'.

Example 88

45	Kanok:	*May I…may I* have your name?
46	Patient:	My name is Linping
47	Kanok:	You must to the primary examination desk
		(The patient goes to the wrong desk)
48	Kanok:	Oh! Linping, you must go to next desk

Example 89

50	Kanok:	I want the patient information to conference OPD ward
51	Nurse 1:	Who is the registration form?
52	Kanok:	Linping
53	Kanok:	How old are you?
54	Nurse 1:	Twenty years old
55	Kanok:	Where are you from?
56	Nurse 1:	China

Unlike most students, she asked a few follow up questions when obtaining the patient information from her colleague who has interviewed the patient. In these questions, however, she incorrectly used formulaic second person forms to refer to the patient: '*How old are you?*' (line 53, Example 89) or '*Where are you from?*' (line 55, Example 89).

As for accuracy, we found that Kanok was accurate in producing language production as there are some examples of correct syntax including questions and modal sentences, i.e., '*May I May I have your name?', 'Oh! Linping, you must go to the next desk'* and *'I want the patient information…*' However, we also found inaccurate syntax, e.g., '*You must to the primary examination desk.*' Here, Kanok attempted to use a modal verb to express the imperative; she was not successful, but corrected herself at the second attempt. Evidence of disfluency was also found, e.g., '*May I May I have your name?*', though this did not prevent Kanok from keeping her interaction going. Still, Kanok

was able to choose some appropriate lexical choices for her exchanges, i.e., *may I have your name, primary examination desk, patient information, conference* and *OPD ward*.

Task 3: Introduction to an in-patient's room

Here, Kanok played the part of the patient receiving a room facility explanation from the nurse. She first reported her symptoms to the nurse describing these in longer utterances, e.g., *'I feel stomach, headache, tire (tired) and diarrhoea. I don'…t don't feel like eating because throat up*' (line 8-9, Example 90). Besides, she was able to ask some follow up questions to know more about her health condition when the nurse took her observations '*What is my blood pressure?*' (line 15, Example 91) or '*What's my (…) temperature?*' (line 20, Example 91).

Example 90

7	Nurse 1:	How is the symptom?
8	Kanok:	I feel stomach, headache, tire (tired) and diarrhea. I *don'…t don't*
9		feel like eating because throat up
10	Nurse 1:	May I check your blood pressure, please?
11	Kanok:	(…) Yes

Example 91

15	Kanok:	What is my blood pressure?
16	Nurse 1:	It's ninety over fifty (90/50). May I take your temperature, please?
17	Kanok:	(…) Yes
18	Nurse 1:	Please open the mouth. I will put the tempara…temperature under
19		your tongue. Close your for a minute. If you have a sign fever
20	Kanok:	What's my (…) temperature?
21	Nurse 1:	Your temperature is thirty (…) thirty-eight (38) degree Celsius.
22		Please see the doctor in the in this room

Example 92

46	Kanok:	What about my valuables? Where can (…) I keep them?
47	Nurse 2:	Your valuables can be kept in the room (…) safe over there
48	Kanok:	OK

Example 93

54 Kanok: Can I make a phone call for this room?

55 Nurse 2: Yes, you can

56 Kanok: OK, thanks

When she was informed about staying in hospital, she was able to refuse the nurse's suggestion and express her concerns over hospitalisation. She also showed her compliance when she received nurse's reassurance and comfort. She showed her questioning skills when asking about facilities: '*What about my valuables? Where can (...) I keep them?*' (line 46, Example 92) and '*Can I make a phone call for this room?*' (line 54, Example 93). When she pressed the wrong button and made an emergency call, she was able to make an apology for her mistake and provide an explanation. Kanok has learned to be an active patient and attempted to challenge a nurse in this role play.

As for language accuracy, Kanok created a number of correct WH questions, e.g., *'What is my blood pressure?', 'What's my temperature?'* and *'Where can (...) I keep them?*' However, other sentences had syntactic, morphological, lexical and/or preposition problems, e.g. *'I feel stomach, headache, tire (tired) because throat up'* and *'Can I make a phone for this room?*' Kanok had some fluency problems as evidenced by a repetition; nevertheless, her meaning was understood by her conversation partner, the nurse. Kanok was able to attempt a complex sentence with 'because', although the sentence was not correctly formed. Lastly, Kanok was capable of selecting suitable words and phrases to convey her meaning, i.e., *stomach, headache, diarrhea, feel like eating, blood pressure, temperature, valuables,* and *make a phone call*.

Task 5: Giving Intravenous Fluids (IV)

Here, Kanok played the role of an in-charge nurse delivering patient information to her colleague using longer sentences (line 3-5, Example 94). This evidence shows her motivation to attempt new language structures. However, she was able to ask only one follow-up question to clarify what her colleague reported about administering IV to the patient.

Example 94

2 Nurse 2: Hello Kanok
3 Kanok: Now there is a patient. She …she accident from motorcycle. She
4 admit in the hospital. Her blood pressure is one-hundred thirty (…)
5 over seventy (130/70)
6 Nurse 2: Yeah
7 Kanok: Heart rate is sixteen (16). Pulse is sixty (60). Temperature is thirty-
8 seven (37)
9 Nurse 2: Yeah
10 Kanok: The doctor…(…) the doctor give…give order that acute patient (…)
11 need IV fluid and antibiotic
12 Nurse 2: OK, how is patient heart rate?

Overall, Kanok still seemed unaware that she ought to give more information (e.g. on duration and amount of prescribed IV and antibiotics) to the nurse who was assigned to administer IV to the patient. Finally, she should ask more follow up questions to the nurse who reported the necessity of undertaking IV with the patient.

In this task, Kanok formulated some correct sentences with copular verb, e.g., '*Now there is a patient', 'Her blood pressure is…', 'Her heart rate is…', 'Pulse is sixty'* and *'Temperature is thirty-seven*.' Here, she was successful in giving the patient's health information to her colleague grammatically. However, there are some errors of verb omission/ verb morphology elsewhere, i.e., '*She she accident from motorcycle', 'She admit in the hospital'* and *'The doctor (…) the doctor give give order that acute patient (…) need IV fluid and antibiotic.*' Kanok had difficulty with her fluency as evidenced in three repetitions. Here, she was also able to formulate a complex sentence when referring to the doctor's order for the patient to have IV and antibiotics, e.g., *'The doctor (…) the doctor give give order that acute patient (…) need IV fluid and antibiotic.*' (line 10-11, Example 94). Finally, Kanok was also capable of selecting some appropriate vocabulary, i.e., *accident from motorcycle, admit, blood pressure, heart rate, pulse, temperature, order, acute, IV fluid* and *antibiotic*.

Task 7: Mobilising the patient

Here, Kanok took the role of the patient having a bed bath and moving around the hospital with help from a nurse. She showed responsiveness to the nurse, using 'OK' markers in several places to acknowledge the nurse's instructions. Furthermore, she developed better means to express her feelings, first producing the incorrect sentence '*I don't well*' (line 6, Example 95), and then on a second occasion using the grammatically correct sentence '*I feel comfortable*' (line 20, Example 96).

Example 95

5	Nurse 1:	How are you feeling?
6	Kanok:	I don't well
7	Nurse 1:	Let me help you get up to travel
8	Kanok:	OK, I (…) promise
9	Nurse 1:	I'm going to help you get up for your travel
10	Kanok:	I can't (…) stand up because I hart (hurt) my back

Example 96

17	Nurse 1:	Next, I will clean body and change your new clothes (cleans the
18		patient body and changes the patient gown). OK, finish.
19		How are you feeling?
20	Kanok:	I feel comfortable

In this task, we see limited examples of her language use. Nevertheless, Kanok was able to form some accurate sentences, e.g., '*I can't stand up…*' and '*I feel comfortable.*' However, we still witness some variability in accuracy, e.g., '*I don't well.*' Interesting, in spite of limited opportunities to express herself, Kanok was able to formulate a more complex sentence for the third time when she explained her moving difficulty, i.e., '*I can't stand up because I hart (hurt) my back.*' (line 10, Example 95). This suggests that Kanok was able to make use of her language repertoire to acquire and construct more complex structures. Still, she also had phonological errors, e.g. pronouncing the word 'hurt' as 'hart.'

Task 9: Breaking bad news and pre-operative care

Here, Kanok acted as the staff nurse preparing the patient for the operation. She was responsive to her colleague and did a confirmation check over the type of operation which the patient would have: '*Oh! Appendicitis?*' (line 5, Example 97), '*OK, I get it*' (line 7, Example 97). Similarly, she was responsive when the patient talked about abdominal pain '*OK*' (line 25, Example 98). Moreover, when the patient expressed her anxiety, Kanok was able to immediately comfort and reassure the patient '*You don't worry. I will the take care for you*' (line 27-28, Example 98), and finally she did not forget to acknowledge the patient's thanking: '*You're welcome*' (line 30, Example 99), again showing her responsiveness to the patient.

Example 97

3	Nurse 1:	I'm so good (…). I get doctor note he give result (…) diagnosis
4		Paula have (…) appendicitis
5	Kanok:	Oh! Appendicitis?
6	Nurse 1:	Um…let us prepare Paula for her appendectomy
7	Kanok:	OK, I get it

Example 98

24	Patient:	Yes, I pain
25	Kanok:	OK, let us prepare for you appendectomy
26	Patient:	I'm worry very much
27	Kanok:	You don't worry (Nurse 3 touches the patient's arm). I will the
28		take care for you

Example 99

29	Patient:	Thank you
30	Kanok:	You're welcome. First you will have a soft diet and no food or
31		drink after midnight. Then you will wash your hair and body. Next
32		you will be sha-ved (shaved) and given enema. This will empaty
33		(empty) and clean out your bowel
34	Patient:	What about my false teeth, ring and wrist watch? Should I keep
35		these (…) off?
36	Kanok:	Yes, please. Goodbye, see you again tomorrow

Here, we can see a range of correct sentences, using future tense and passives, suggesting that Kanok became more accurate in this role play, e.g., '*OK, I get it', 'Let us prepare …', 'You don't worry', 'First you will have a soft diet …', 'Then you will wash your hair and body', 'Next you will be sha-ved (shaved) and given enema'* and *'This will empaty (empty) and clean out your bowel.*' She successfully formed the passive structure although she had some phonological errors, pronouncing the word 'shaved' as 'sha-ved' and 'empty' as 'empaty.' There were no examples of disfluency or of complex sentences, suggesting that Kanok was able to speak English fluently in this role play, and using simple English. Lastly, we can see a number of appropriate words and phrases used in this role play, e.g., *appendicitis, let us prepare, appendectomy, soft diet, after midnight, wash your hair and body, shaved, enema, empty, clean out* and *bowel*.

Task 11: Complaint handling

Here, Kanok acted as a patient expressing her concerns over hospital food and a squeaking bed. While mentioning food, she was able to make the situation relaxed, indicate the problem, and ask for a change of the menu. Later, she managed to express two specific complaints about the food: '*The taste is terrible. There is not much variety*' (line 7, Example 100). Kanok was also able to describe her problem with the bed: '*I'm not feeling well. I don't (…) sleep well. The bed squeak when I turn*' (line 15-16, Example 100). Finally, she acknowledged the nurse's offer to solve the problems as well as thanking the nurse for providing help.

Example 100

3	Nurse 1:	What the problem, madam?
4	Kanok:	Everything is very good so far, but can I ask for (…) a different
5		menu?
6	Nurse 1:	Oh! Is there something wrong, madam?
7	Kanok:	The taste is terrible. There is not much variety

Example 101

14	Nurse 2:	Kanok, how are you feeling today?
15	Kanok:	I'm not feeling well. I don't (…) sleep well. The bed squeak when
16		I turn

17 Nurse 2: Oh! I'm sorry. I will have a bed adjust immediately. Can you wait
18 a few minutes, madam and call us if there is anything else?
19 Kanok: OK, thank you

In the last task, we can see that Kanok was still accurate in that she was able to formulate some correct sentences, e.g., '*Everything is very good so far, but can I ask for (...) a different menu?', 'The taste is terrible', 'There is much variety'* and *'I'm not feeling very well.*' It is interesting to note that, Kanok was still accurate even the task continued. However, we still see some morphological errors, i.e., '*I don't (...) sleep well*' and '*The bed squeak when I turn.*' Interestingly, she was able to produce a compound sentence: '*Everything is very good so far, but can I ask for (...) a different menu?*' (line 4-5, Example 100), and a complex sentence: *'the bed squeak when I turn'*. Kanok was also fluent in performing this task as there is no example of disfluencies. Lastly, Kanok was able to use some appropriate lexis for her interaction with the nurse in this role play, i.e., *different menu, taste, terrible, variety,* and *bed squeak.*

It seems that Kanok's performance across all six role plays conforms more to a patient-centred communication style, comforting and offering reassurance and doing confirmation checks. It seems that she became more adventurous to take more risks and experiment with language use. She was better able to sustain her interaction with her role play partners. We can learn from Kanok's performance that she also became an active patient and attempted to challenge the nurse. However, as a nurse, she still did not seek patient's consent and provide full information on treatment to patients in some role plays.

Generally, it can be concluded that Kanok had developed in terms of accuracy, lexis and complexity. She was accurate to some extent across six tasks. She became more fluent in performing the last three tasks. Her language use was complex when the tasks went along and her lexical use was also varied and appropriate in all six tasks.

6.5 Development of students' vocabulary use in role play performance

This section contributes further to answering research sub-question 1.2: Can the TBLT course focusing on professional situations help the students to produce more variety of

language structures and vocabulary than they knew at the beginning? If yes, how do they change their language and vocabulary use while performing professional role play tasks?

The analysis of the students' vocabulary use is presented in two parts. The first presents the students' use of vocabulary captured in all pre-and post-role play tasks so as to highlight change over time in the overall lexical ability of the students participating in this project. The second part illustrates the lexical development of the six case study students introduced in Section 6.4. The CLAN Programme has been used in analysing vocabulary use in both datasets (see details in Chapter 5).

6.5.1 Students' vocabulary use in pre-and post-role play tasks

The analysis of the students' productive vocabulary use was taken from the transcripts of both pre-and post-role play tasks. This analysis was undertaken through the CLAN programme in order to scrutinise the vocabulary types and tokens produced by the entire student cohort. Paired-sample t-tests were also conducted to evaluate the effect of the TBLT intervention on the students' lexical competency. Table 6.5 presents mean scores for types and tokens in pre- and post-role play tasks, as well as the P-value obtained in the t-tests.

Table 6.5: Students' vocabulary use in pre- and post-role play tasks

Test	N	Mean	Std	P-value
Pre – Type	31	29.77	15.18	.023
Post –Type	31	37.00	18.47	
Pre-Token	31	42.94	29.25	.062
Post-Token	31	54.48	34.17	

As presented in Table 6.5, it was found that the students' vocabulary use had increased in terms of both types and tokens after they had participated in the professional TBLT programme. However, only the difference in types of vocabulary used by students between pre and post role play tasks was statistically significant. That is, the students used a greater range of vocabulary (types) in post-role play tasks, while not speaking at significantly greater length than in the pre-role plays.

6.5.2 Students' vocabulary use in case studies

The CLAN programme was also used to analyse the case study students' lexical production in terms of types and tokens which has taken place during the sequence of role plays. Table 6.6 presents the results for word use in six role plays, while Table 6.7 provides a comparison of lexical use in fixed and open tasks (see Section 5.6.2 in Chapter 5).

Table 6.6: Students' vocabulary use in case studies

Role play	**Task 1**		**Task 3**		**Task 5**		**Task 7**		**Task 9**		**Task 11**	
Students	**Type**	**Token**	**Type**	**Token**	**Type**	**Token**	**Type**	**Token**	**Type**	**Token**	**Type**	**Token**
Karla	71	130	50	71	105	221	49	83	35	38	64	94
Machida	44	62	97	169	104	179	82	141	9	13	25	40
Parton	74	122	44	65	45	68	38	61	29	37	45	60
Nula	77	140	97	128	45	72	45	71	39	45	47	59
Pita	93	163	57	118	70	102	53	86	72	102	46	70
Kanok	35	50	63	104	55	80	34	56	70	96	38	51
Total	394	667	408	655	424	722	301	498	254	331	265	374
Average	66	111	68	109	71	120	50	83	42	55	44	62

It can be seen from Table 6.6 that there was considerable variation in type and token usage across these six tasks. The students used most words in Task 5 with means of 71 (types) and 120 (tokens), while Task 1 and Task 3 had slightly smaller numbers. However, the students' word use in Tasks 7, 9 and 11 decreased dramatically; in Task 9 the students had the lowest lexical production in both word types and number of words. The table suggests a considerable influence of the individual task on the amount of words produced. There is no clear developmental trend over time.

Table 6.7: Comparison of vocabulary use in fixed- and open-tasks

Test	N	Mean	Std	P-value
Fixed-task – Type	6	204.33	37.22	.009
Open-task – Type	6	136.67	21.92	
Fixed-task -Token	6	340.67	79.91	.005
Open-task -Token	6	200.50	34.70	

How can the difference between tasks in terms of vocabulary production be explained? Table 6.7 presents the comparison of the students' lexical production in fixed and open-tasks. (The fixed tasks were Tasks 1, 3 and 5; the open tasks were Tasks 7, 9 and 11.) A t-test found significant differences for amounts of types and tokens used, in the two types of task. That is, it seems that a task with specific goals requires the students to make greater efforts in terms of vocabulary, in order to meet the task outcomes, whereas a more open task allows students to tailor the task to their linguistic strengths.

6.6 Interpretation and discussion of the effects of professional TLBT on students' L2 development

In the previous sections, the findings explored the changes in students' second language development deriving from participation in the professional TBLT programme. This section addresses the major findings with reference to Research Question 1 and is divided into four subsections. Section 6.6.1 presents the impact of the TBLT intervention on students' listening comprehension as a measure of general language proficiency. Then, Section 6.6.2 critically discusses the impact of TBLT intervention on students' use of communication skills (with reference to Research Question 1.1). Section 6.6.3 draws on individual case study students' task performance to begin to address Research Question 1.2. Finally, Section 6.6.4 deals with students' lexical use, also relevant to Research Question 1.2.

6.6.1 The impact of TBLT intervention on students' listening comprehension

On the basis of the findings from the students' listening comprehension from both pre- and post-tests, it seems that the TBLT intervention was related to the increase in the

students' post-listening test scores which were significantly higher than that of the pre-test. In addition, the results from in-sessional interviews confirmed that the students perceived that they had improved their listening skills through rehearsing role plays and interaction with their conversation partners. The impact of TBLT in raising students' listening skill development is supported by previous studies (e.g., Chiang & Dunkel, 1992; Schmidt-Rinehart, 1994; Bahrami, 2010; Farrokhi & Modarres, 2012). Chiang and Dunkel (1992) and Schmidt-Rinehart (1994) support the notion of prior knowledge and topic familiarity affecting learners' language performance, as the students in their studies performed better on listening tasks when topics were familiar. Similarly, the results in Bahrami's (2010) and Farrokhi and Modarres's (2012) studies confirm that inclusion of a pre-task phase in task-based learning assists students' listening comprehension. As for the current study, there are two main explanations for the increase in the students' general English proficiency, and their listening skills in particular. The first reason is that students attending any English classes are likely to improve their language proficiency in some respects as a result of the additional input received, and this is true for the current study. A stronger argument can be made however, that the explicit implementation of TBLT through role play in particular can provide the students with rich, repeated exposure to spoken English. The TBLT programme offered the students repeated opportunities to listen to spoken English from both the material presented by the teacher during the pre-task phases and from their conversation partners, and the students themselves perceived that their listening skills improved. It is reasonable to claim that the explicit TBLT programme had an impact on students' general language proficiency, including their listening skills.

6.6.2 The impact of TBLT intervention on students' use of communication skills

The focus of the current study was to examine whether the implementation of professional TBLT centring on oral role play tasks would lead to greater use of health care communication skills. The key research question addressed in this section is RQ 1.1:

> Can the students perform professional situation tasks successfully? If yes, what are the characteristics of their performances and of the communication skills the students use in their interaction?

In general, the professional TBLT implementation was associated with changes in students' actual use of communication skills, as reflected in the pre-and post-role play tasks. That is, the findings showed higher frequencies in students' use of seven communication skills in the post-role play performance. This increased use of communication skills was in line with student comments in the post-sessional questionnaire and in-sessional interviews (see details in Chapter 7), where they acknowledged that they had learnt more about communication skills, culture and social etiquette in healthcare and daily communication. In addition, case study findings provide further evidence that students used a wide range of communication skills in achieving the given tasks, and generally became more patient-centred over time. The most plausible reason for greater uptake of these skills is that the TBLT intervention achieved its aim to raise students' awareness of the communication skills used in professional contexts, and to activate their use more frequently during role play tasks. This outcome is in line with Sulaiha et al.'s (2009) study, which showed positive students' perception for the effect of TBL on skills such as interpersonal communication. Their study indicated that several cohorts of clinical students reported increased confidence in their interpersonal and communication skills, and also participated actively in group discussion, improving their presentation and communication skills (Sulaiha et al., 2009).

In the current study, it seems clear that the higher overall use of communication skills in the post role play tasks was the result of the repeated opportunities provided to students to communicate freely with their simulated patients, in situations where they could activate their prior subject knowledge as well as language knowledge. However, the students did not evenly adopt the 10 target communication skills identified from the international health communication literature, and below we comment briefly on patterns of use of these 10 skills, to explain this variation.

The impact of professional TBLT on the use of individual communication skills

(1) Introducing self to patients and family:

This was the skill which the students most frequently used in the post-role play tasks, having practised it consistently while participating in the TBLT class. The students

used a wide range of expression for greeting and introducing themselves. Their self-introduction was polite and conformed to a patient-centred communication approach where it is very important to establish a close rapport with the patients or family.

(2) Calling patient by preferred name:

The students used this skill in the pre-role play tasks infrequently and the frequency of this skill increased slightly in the post-role play (with some additional examples in the intervening role plays in the case studies). The students tended to prefer to use only the polite address forms, 'sir' and 'madam'. One plausible explanation might be cultural difference, since the students may have had little exposure to communication with people from different countries. In Thai culture people do not call other people by their first names. Instead, they call other people using polite or formal titles such as sir, madam, Dr X, Teacher Y, Sister A, Uncle B, or Aunt C. This view is supported by Bernard and Gill (2009) who remark that in Thailand patient's status and age characterise the way in which nurses speak to them.

(3) Asking patient's permission before giving care:

Asking for permission before giving care is an essential skill which nurses are required to do before performing any nursing care. However, the findings showed that the students did not use this skill in either pre- or post-role play performance, though they did attempt to use polite modal verb questions to offer help to the patient. Again it is possible that underlying cultural assumptions make students less receptive to this skill. However, another possible explanation might be simply that in this role play the students were not doing anything very intrusive to the patient. (In the role play of active treatment being given (Task 5), some students did ask permission of the 'patient', as seen above in Section 6.4.).

(4) Explaining actions to patient:

Explaining their actions to the patient before giving care is an important skill that nurses must do prior to performing each nursing task. In the current study, the students greatly increased using this skill in the post-role plays, and the development of this skill could be traced in the tasks analysed for the case studies. One possible explanation is that the

students became more aware of the professional need to provide explanations to the patient, in order to achieve patient cooperation. Another explanation might be that they could produce more language functions after they had some exposure to language use in target-like situations from the TBLT course (and this experimentation was observed in the case study role plays). Therefore, they were more confident in explaining their actions to the patient in their post-role play tasks.

(5) Checking that the patient has understood explanation given:

Checking the patient's understanding is the skill whereby nurses ask questions or use some expressions (e.g. Right? OK? Do you understand?) to check whether the patients have understood what they have said. However, none of the students used this skill in either pre-or post-role play task performance. The explanation is probably that the role play situation did not allow the students to utilise this skill because the students did not provide any invasive care to the patient, and they did not explain any crucial care procedures to the patient. However there was some evidence in the case study role plays of this skill being used, e.g., in Task 3 and 5.

(6) Asking appropriate questions to collect personal and health information from the patient:

Asking questions tended to be the most popular skill used by the students in the post-role plays and the students were able to ask different kinds of correct and polite questions more frequently than they did in the pre-role play tasks. Their questions were also more oriented to the patient, i.e. they became patient-centred questions. One possible reason for the most frequent use of questioning skill is that the students received repeated opportunities to formulate several kinds of questions to gain information from patients during the entire TBLT programme (as evidenced in Section 6.4) and they benefited from these opportunities.

(7) Checking that he/she has understood the patient correctly:

The students in the current study rarely used this skill when they interacted with the patient. They attempted to use a questioning intonation pattern and questions in general to derive confirmation from the patients. This may be an artefact of the role-play

situation, where fully understanding the patient's response might be less important than task completion. However there were some isolated examples of such checks, in the case study role plays (e.g. Machida's performance of Task 3 and Kanok's performance of Task 9).

(8) Responding appropriately to patient's comments or questions:

This skill was the second most frequently used skill in the post-role play task performance. This skill is aimed to assist nurses to put the patient at ease and feel more comfortable to narrate their health history to healthcare staff as well as sustaining the interaction with patients. Prior to participating in this programme, this skill was already the second most frequently used by the students. However, after TBLT intervention, the students showed more attempts to use this skill. The students attempted to respond to the patient's comments or questions, though in simple ways, using exclamation markers and filled pauses such as 'Um' and 'OK' markers. This is further evidence of a greater patient orientation on the part of the students, though the linguistic means used to follow up on patient information were still limited.

(9) Making 'small talk' when appropriate to create rapport with patient:

The students were inclined to use this skill less frequently in the post-role plays than they did in the pre-role plays, though small talk was occasionally also used in the case study role plays. The students tended to generate small talk topics on health issues rather than other issues such as weather, or travel. One possible explanation is cultural difference, since nurses in Thailand hardly use small talk whilst interacting with patients. That is, the students might not have any personal experience to suggest that making small talk is another way of building rapport with patients in healthcare settings.

(10) Giving the patient feedback about care given:

The role play scenario used in the pre and post role plays did not allow the students to use this particular skill.

6.6.3 The impact of TBLT intervention on individual students' linguistic and communication skills development

The focus of this section is to answer the research sub-question 1.2, "Can the TBLT course focusing on professional situations help the students to produce more variety of language structures and vocabulary than they knew at the beginning? If yes, how do they change their language and vocabulary use while performing professional role play tasks?" The results of the case studies are used as complementary evidence to the students' pre- and post-role play performance in order to highlight the explicit effects of TBLT implementation on individual students' L2 development. The findings suggest that the implementation of professional TBLT has impacted on individual students' task performances. The students attempted new language structures and became more adventurous with language use as well as becoming less reliant on highly formulaic language. Overall, they had more successful communication with patients and their interaction appeared more realistic. The discussion is organised sequentially by task, in order to show the path of the students' improvements in their language production, confidence and creativity.

Task 1: Patient registration

In task 1, the students have to play the role of nurses to interview the patient. The findings of the case study analysis showed that the main feature of the students' performance is asking questions. It seems that they all could manage to formulate good questions, but they were not responsive to the patient. Their questions are like a list of prepared questions and are grammatically correct. We cannot see their language creativity and it seems likely that they did not go beyond formulaic language use. The explanation is probably that this was the first time for the students to do role play in professional context and they might not be aware of the need to follow up questions or respond to their patients' answers. Nevertheless, we can see their improvements in the following role plays.

As for Parton who took the role of a patient, he could answer the nurse's questions regarding his personal and health information, but his answers again seemed like prepared ones. He looked passive and did not take any risks with language use, not

providing any full description of his symptoms, nor using markers of politeness in his encounter with the nurse.

Task 3: Introduction to an in-patient's room

In task 3, the students were required to introduce a hospital's private room facilities to a newly admitted patient. The findings showed that the students who acted as staff nurses could be responsive to the patient. They acknowledged the patient's name, responded to the patient's anxiety, gave reasons for hospitalisation, taught the patient about infection, comforted the patient and acknowledged the patient's apology. In addition, they could decline the patient's request and make suggestion to the patient. In this role play, they had freedom to be more adventurous in using language; findings include the use of a passive structure and of a complex sentence (if-clause). Some students could also use if-clauses with markers of politeness or make imperatives more polite to patients; the students also showed some ability to notice their own language errors and to self-correct.

Kanok, acting as the patient receiving information on hospitalisation and room facilities, could also perform a wider range of language functions. Unlike Parton in Task 1, she learned to be an active patient and challenge a nurse. She could describe her symptoms, refuse the nurse's order, express concerns over hospitalisation, and make an apology for her mistake as well as providing explanation for her fault. She attempted using complex sentences and asked follow up questions (about her health condition, a place to keep valuables, how to make a phone call).

Task 5: Giving intravenous fluids (IV)

In task 5, the 'nurses' were required to administer IV fluid and antibiotics to a teenage patient following a motorcycle accident. The findings show that the students playing the staff nurse role (Karla and Machida) had improved in both communication skills and grammatical use, becoming more responsive to the patient. Regarding communication skills, they used the patient's preferred name when they did IV process. Before giving IV, they could provide more information regarding IV and ask for the patient's consent. They also requested the patient to follow instructions and explained IV procedures to

the patient. In addition, they could reassure the patient about pain and praised the patient for having good cooperation while giving IV. They managed to respond to the patient's feelings and apologise when the patient got hurt. After finishing the IV processes, they could respond to patient's questions and advise the patient politely how to take care of herself and call for a nurse in case of emergency. Concerning grammatical use, Task 5 elicited the students' second attempt to construct if-clauses in advising the patient.

Likewise, Parton, Nula and Kanok, who played the role of the in-charge nurse, improved their interaction skills in some respects. They could explain the doctor's diagnosis to their colleague and also ask for more details of the patient's symptoms. For syntactic development, they attempted longer (and complex) sentences when informing their colleague about the patient needing IV and antibiotics. These students were able to formulate a polite question, and monitor and correct their language use by themselves.

In the patient role, Pita used some negotiation skills when she talked to the nurse. Before receiving IV, she asked several follow up questions about having IV and expressed her understanding towards IV procedures. Moreover she could refuse to repeat the IV processes when the nurse found a blood clot in the IV tube, and requested a new nurse to re-administer IV. After finishing IV procedures, she enquired about pain, arm movement, going to the toilet, having food and drink, and the duration of IV as well as expressing comfort and compliance with treatment.

This role play again shows general ongoing improvement in students' communication skills, confidence and creativity, presumably deriving from their experience of the overall TBLT sequence. This particular task also required the students to perform intrusive care and successfully elicited from the students certain distinctive communication skills to fulfil the nursing task. Their performance showed increasing ability to make flexible use of their existing language resources.

Task 7: Mobilising the patient

In task 7, the 'nurses' were required to move the patient to do physiotherapy exercise at the rehabilitation section. Karla, Machida, Parton, Nula, and Pita, acting as staff nurses moving the patient to the rehabilitation section, could ask for patient permission before undertaking the care and respond to the patient's complaint about pain as well as reassuring the patient about the outcome of physiotherapy. Before giving care, the students were capable of giving instructions and explaining physiotherapy procedures to the patient. While performing care, they could also check patient's confirmation and praise the patient for doing exercise effectively.

The findings also illustrated that the students become more responsive to the patient, answering questions and using the patient's preferred name. Interestingly, Nula managed to use small talk with her patient, the only student to do this among the case study group. With regard to language enhancement, the student used imperatives and complex sentences to instruct the patient to do exercise in longer sentences and they also asked for help from their colleagues using future tense forms - be going to/will structures.

Kanok, who took the role of the patient, responded actively to the nurse. She used 'OK' markers in several places to acknowledge the nurse's instructions, maintain her conversation and express her feelings. She was able to form a complex sentence when explaining her moving difficulty (her third attempt to use this new language structure).

Task 9: Breaking bad news and pre-operative care

In task 9, the 'nurses' had to tell bad news to and prepare the patient for the operation. Karla, Parton, Nula, Pita and Kanok, applied some good communication skills in their encounter with the patient. When greeting the patient, Nula used small talk once again. Before caring, they became more aware of asking for the patient's permission to perform nursing care. While caring, they managed to provide the bad news about having an operation to the patient and acknowledge the patient's concern. They could show more orientation to the patient, e.g. reassuring the patient about the operation or using patient's preferred name. They also instructed the patient to prepare herself for

the operation and provided details of the operation to the patient. They asked more follow up questions and tried new forms of questions as well as explaining medical procedures to the patient using longer sentences. The students' improvements in using correct modal verb 'will' and 'should' and future passive structure were evident in this role play.

Machida, as the patient receiving bad news, developed her communicative skills in dealing with the nurse. She asked more follow up questions of the doctor and could deal with more unexpected things. She came to understand the doctor's reasons and also showed her compliance with the doctor's treatment plan. The explanation might be that she had played several roles of nurse and become more confident to take part in the interaction. She could deal with all sorts of information, make polite requests and become more responsive to a professional interlocutor.

Task 11: Complaint handling

In task 11, the 'nurses' were asked to deal with the patient's complaints over hospital private room services. The students again were responsive to the patient's comments and questions', using the patient's preferred name and being more polite to the patient. They tried to ask more follow up questions to gain more information from their colleagues and the patient, and used some echoes to acknowledge their colleague's comments. We can see that the students were more flexible in responding to their interlocutors, for example, clarifying patient's problems, providing help and offering more facilities, and declining patient's requests. Some students (e.g. Parton and Pita) showed their ability to deal with two patients at the same time or have interaction with both a patient and a hospital staff member from a different department. The findings imply that the students took more risks to use new language structures even though their English was less accurate by comparison with Task 1. We can see that Task 11 was performed more successfully than Task 1 because it looked more fluent and natural, and the students had more successful communication with patients.

Nula and Kanok played the role of patient expressing problems with hospital room services. They could express their concerns effectively and they could even respond to

the nurse's apology, request the nurse to resolve their problems, acknowledge the nurse's offer for solving problems and thank the nurse for providing help. In addition, the students were able to extend their interaction using 'OK' marker to respond to the nurse's utterances. They also made improvement in using modal verb 'must' and complex sentence. This shows that the students were able to take more risks to use new language structures. We can see that even in the role of a patient the students had successful communication with the nurse and their interaction looked more realistic in contrast to Task 1. They had more successful interaction and produced more communicative functions.

6.6.4 The impact of TBLT intervention on students' lexical use

The final data element relevant for answering Research Question 1.2 is the analysis of students' vocabulary use and how this changed during the TBLT programme.

Overall, the results from in-sessional interviews, in-sessional and post-sessional questionnaires confirmed that the students perceived that they had more opportunities to activate and improve their vocabulary skills through rehearsing role plays and interaction with their conversation partners. The merits of TBLT in promoting students' vocabulary development are corroborated by previous studies (Newton, 1995; Kavaliauskiene, 2005; Kawakami, 2012; Shintani, 2012). Newton found an association between use of words in the process of completing the task and post-test improvement. The studies of Kavaliauskiene, Kawakami and Shintani all show benefits from TBLT for different aspects of vocabulary learning. In the current study, the students were able to produce more words and use a wider range of vocabulary, in a closed task which was repeated at the end of the study (the post-role play task). The explanation is probably that the students had repeated opportunities during the TBLT programme to activate their lexical repertoire. However, it was striking that students' vocabulary production was also quite task dependent, with a narrower range of vocabulary being used on the more open tasks. This is assumed to be because a task with fixed goals is more demanding of students' language repertoire (they must find the precise language needed to achieve those goals).

6.7 Conclusion

The quantitative and qualitative data analysis presented in this chapter in order to answer Research Question 1 has shown that the implementation of professional TBLT was beneficial and has had positive impacts on students' language development and perceptions. The findings provide new empirical evidence that professional TBLT is possible and promising for language learners learning to communicate in professional contexts.

Firstly, the 12 week professional TBLT implementation was associated with significantly higher scores in the post listening comprehension test taken by participating students. These findings lend support to the importance of providing repeated opportunities for the students to expose themselves to spontaneous language use in professional-like contexts. This exposure is likely to contribute to the students' improvement in general language proficiency.

Second, the findings showed that the professional TBLT intervention was associated with changes in students' use of nursing care communication skills. Importantly, the professional TBLT implementation was related to increases in the students' actual use of communication skills in oral role play tasks.

Third, the case studies provide insight into development of individual students' task performance across the full sequence of role play tasks. Overall, the findings illustrated that the professional TBLT implementation has impacted positively on individual students' language performances. The students could produce more varied language functions and use a wider range of linguistic resources to perform each function effectively, because they had repeated opportunities to practise with different partners and slightly different role plays. The students become more fluent and more adventurous with language. They used a greater variety of language structures and vocabulary. Importantly, they have not finished their learning, and a number of limitations to their language skills remain, e.g., pronunciation errors, verb tense use and subject agreement, but they are better prepared to cope with tasks in their professional

life. These findings suggest generally positive outcomes regarding the effect of professional TBLT intervention on individual students' language creativity.

Finally, the findings from the lexical analysis showed that students increased the use of both numbers and types of words in the post-role plays (though not always in the case study role plays). The students' use of a wider range of lexis was related to the implementation of professional TBLT as the students more repeated opportunities to activate their lexical repertoire in communicating in authentic contexts related to their profession.

This chapter has presented the effects of the implementation of professional TBLT on nursing students' L2 development, in order to answer Research Question 1. Chapter 7 will deal with the students' opinions towards the implementation of professional TBLT, in order to answer Research Question 2.

CHAPTER 7
STUDENTS' OPINIONS ABOUT PROFESSIONAL TBLT IMPLEMENTATION

7. 1 Introduction

This chapter reports the students' attitudes towards the implementation of TBLT, in order to answer research question 2: What are the students' opinions towards learning English through a TBLT course which focuses on professional role play tasks? Section 7.2 -7.4 report the results of the in-sessional questionnaire and the post-sessional questionnaire, including a comparison of responses to in-sessional and post-sessional open questions. Section 7.5 shows the results of in-sessional group interviews. Then, Section 7.6 presents an analysis of the journal kept by the teacher-researcher during the study. Section 7.7 reviews all of the results in order to answer research question 2. Finally Section 7.8 concludes the chapter.

7.2 Results of in-sessional questionnaire

This questionnaire was distributed to students at the end of each weekly session. It was designed to elicit students' opinions towards learning English through a task-based instruction framework and to provide data on the effectiveness of the learning tasks in each session (see in-sessional questionnaire in Appendix 8). Table 7.1 presents student ratings of selected weekly sessions, involving different task types. The students' opinions on the use of teacher-generated fixed tasks (see Section 5.6.2 in Chapter 5) are shown for sessions 1, 3 and 5, while their opinions about student-generated open tasks are presented for sessions 6, 8, and 10. The students' responses to both task types are summarised using percentages.

Table 7.1: Students' opinions towards learning English through TBLT sessions

Task types	Sessions	Students' opinions towards learning English through TBLT sessions							
		Fun	Boring	Good for me	No use	Appropriate	Inappropriate	Too easy	Too difficult
Fixed-tasks	1 (N=31)	(31)	(0)	(31)	(0)	(31)	(0)	(2)	(0)
	%	100.0	0.0	100.0	0.0	100.0	0.0	6.5	0.0
	3 (N=29)	(29)	(0)	(29)	(0)	(26)	(1)	(4)	(11)
	%	100.0	0.0	100.0	0.0	98.7	3.4	13.8	37.9
	5 (N=31)	(30)	(2)	(31)	(0)	(28)	(3)	(6)	(13)
	%	96.8	6.5	100.0	0.0	90.3	9.7	19.4	41.9
All fixed tasks (N=91)		**(90)**	**(2)**	**(91)**	**(0)**	**(85)**	**(4)**	**(12)**	**(24)**
%		**98.9**	**2.2**	**100.0**	**0.0**	**93.4**	**4.4**	**13.2**	**26.4**
Open-tasks	6 (N=28)	(25)	(3)	(27)	(1)	(26)	(2)	(8)	(10)
	%	89.3	10.7	96.4	3.6	92.9	7.1	28.6	35.7
	8 (N=26)	(25)	(1)	(25)	(1)	(25)	(1)	(8)	(9)
	%	96.2	3.8	96.2	3.8	96.2	3.8	30.8	34.6
	10 (N=27)	(27)	(0)	(27)	(0)	(26)	(1)	(7)	(11)
	%	100.0	0.0	100.0	0.0	96.0	4.0	26.0	41.0
All open tasks (N=81)		**(77)**	**(4)**	**(79)**	**(2)**	**(77)**	**(4)**	**(23)**	**(30)**
%		**95.1**	**4.9**	**97.5**	**2.5**	**95.1**	**4.9**	**28.4**	**37.0**
All tasks (N=172)		**(167)**	**(6)**	**(170)**	**(2)**	**(162)**	**(8)**	**(35)**	**(54)**
%		**97.1**	**3.5**	**98.8**	**1.2**	**94.2**	**4.7**	**20.3**	**31.4**

Table 7.1 shows students' opinions on learning English through task-based instruction were very positive overall. Overall, they perceived the tasks as being fun (97.1%), good for me (98.8%), and appropriate (94.2%) while negative opinions were quite low:

boring (3.5%), no use (1.2%), and inappropriate (4.7%). However, opinion was quite divided on the difficulty level of TBLT; overall, 20.3% of students believed that the TBLT sessions were too easy for them and 31.4% agreed that the sessions were too difficult for them.

The students' opinions towards the enjoyment of learning English through TBLT varied slightly from session to session. Overall, the percentage of students' perception of the tasks being enjoyable in fixed tasks (98.9%) was somewhat higher than in open tasks (95.1%). Correspondingly, a few more students (3.5%) agreed that the open tasks were boring, than the fixed tasks (2.2%). Some individual sessions attracted higher 'boring' judgements, in particular session 5 (6.5%) and session 6 (10.7%).

The students very generally judged the sessions to be beneficial ('good for me'). 100 per cent of the student agreed that the fixed tasks were beneficial and only individual students disagreed, for some of the open tasks (sessions 6 and 8).

For task appropriacy, students' opinions varied slightly according to sessions, with sessions 5 and 6 rated slightly lower than the rest. Students had slightly higher opinions about the appropriacy of the open tasks (95.1%) than that of the fixed task sessions (93.4%). However, this minor variation is outweighed by the generally positive student views.

Student opinions on task difficulty were much more divided however. At the beginning, only 6.5% students felt that the tasks were too easy for them. The number went up to 13.8% in session 3 and 19.4% in session 5. The perception of the tasks being too easy increased further across the open tasks (session 6 = 28.6%, session 8 = 30.8% and session 10 = 26%) and was higher than that for the fixed tasks. This might be the reaction of the high proficiency students, who may have perceived vocabulary, topics and language use as easy and not complicated for them, especially in the open tasks where more confident students could control many aspects of the task; however, we cannot be certain about this because the questionnaire were anonymous. Increasing task familiarity might be another explanation for these attitudes.

On the other hand, a large minority of the students found that the fixed tasks were difficult (26.4%). A similar proportion of the students also felt that the open tasks were still too difficult across all three sessions (session 6 = 35.7%, session 8 = 34.0% and session 10 = 41.7%). Overall, more students rated the open tasks (37.0%) as difficult than the fixed tasks (26.4%). This might be due to the task conditions which required the students to create their own task scenarios, and so made greater demands on students' creativity and professional knowledge. Less confident/ less proficient students might feel that they could not cope with these task demands.

Overall, in comparing students' opinions on learning English through different task types: (fixed and open), it was found that students perceived that learning English through both types of task was appropriate and enjoyable, as well as useful. However, students' opinions on the ease/ difficulty of the tasks were very divided, and were most extreme for the open tasks (28.4% judged these as too easy, 37.0% judged them as too difficult).

7.2.1 Qualitative findings of the in-sessional questionnaire

In response to the open-ended questions, the students provided comments on learning and teaching English through TBLT which were categorised into 10 different groups. Because of the anonymity, the numbers were given randomly to the students who provided the comments below and the students' opinions were chosen from specific sessions where the emergent responses were found.

1. Learning tasks provided students with fun, happiness and a good learning atmosphere. The majority of students reported that they had fun when they took part in the class activities, because they thought that learning through tasks was useful, exciting and not stressful. They also mentioned that they felt more relaxed when they had freedom to create their own tasks. They believed that the tasks were difficult, but they still had fun from undertaking them. Students' comments on this aspect included:

> "It was the first time for me to learn English from doing task. I felt good and had a lot of fun from learning English. It seemed to me that English was not difficult any longer… "
>
> (Student 25, Questionnaire 1, 15/11/2010, session 1)

"I was happy with learning this topic. The learning tasks encouraged me to think and it was not stressful."
(Student 24, Questionnaire 1, 29/11/2010, session 3)

"Today, it was easy because my group could use our own thoughts. I was happy with that."
(Student 15, Questionnaire 1, 17/01/2011, session 6)

2. The learning tasks were seen as applicable for students' daily life and future career. Most students thought that they could apply the knowledge or experience gained from learning English through TBLT to real life situations, daily conversation with friends and foreigners, and their future profession. One student commented,

"I have learnt how to make questions and ask patients' personal information from this topic. I could apply this experience for my future career. The teacher was kind and I had a lot of fun from his teaching. The teacher also let me practise speaking English. The content was suitable and I could use the knowledge gained from this topic in the future…
(Student 24, Questionnaire 1, 15/11/2010, session 1)

3. TBLT was felt to facilitate students' learning and language improvement. Students mentioned learning more vocabulary, and how to ask and answer questions used in healthcare communication. They also mentioned that they were able to communicate in English with others. One student wrote.

"The learning tasks were very good because they helped students to have clear understanding and have more English skills. I could use the ideas from today's class to deal with future foreign patients coming to hospitals."
(Student 26, Questionnaire 1, 15/11/2010, session 1)

4. TBLT topics were seen as practical and similar to real world situations. Some students' comments were:

"The today task activities enabled nursing students to communicate in English. I liked the teaching like this because it was similar to the real life situations."
(Student 18, Questionnaire 1, 15/11/2010, session 1)

"It was appropriate topic for my everyday life. I had fun and felt relaxed when I

studied today's topic."
(Student 7, Questionnaire 1, 17/01/2011, session 6)

"We could teach patients control infection in English. The topic was appropriate and I could use it in my life."
(Student 4, Questionnaire 1, 31/01/2011, session 8)

5. TBLT strengthened students' confidence and motivation in learning and communicating in English. Besides, TBLT encouraged students to think and share ideas with their friends. A number of students felt that English was no longer difficult for them. This might result in students' improved opinions towards learning English. The students emphasised that:

"The task activities were very good because they encouraged the students to think and made the students confident to express themselves in English. The activities made me more familiarized with using English."
(Student 21, Questionnaire 1, 15/11/2010, session 1)

"It was a good learning task that motivated me to speak more confidently as well as sharing more ideas "
(Student 24, Questionnaire 1, 15/11/2010, session 1)

"It was good because today I thought that there were different ideas. I had new ideas from my friends "
(Student 18, Questionnaire 1, 17/01/2011, session 6)

6. TBLT provided students with learning autonomy. Most students recognised that TBLT gave them more opportunities to speak English with their friends, have more freedom to think, and use their own ideas in doing tasks. One student commented that:

"Today, it was easy because my group could use our own thoughts. I was happy with that."
(Student 15, Questionnaire 1, 17/01/2011, session 6)

7. Several students claimed that they liked to study English through TBLT because it focused on learning by doing, on meaning rather than grammar and prioritised speaking over writing. Students' comments were:

"Learning from doing task was better than teacher-fronted lectures. The integration of presentation as a process of learning was useful."
(Student 15, Questionnaire 1, 15/11/2010, session 1)

"The today task activities enabled nursing students to communicate in English. I liked the teaching like this because it was similar to the real life situations. "
(Student 18, Questionnaire 1, 15/11/2010, session 1)

8. Many students appreciated that the teacher allowed them to construct their own role play tasks and conversations. The students reported that the teacher's encouragement made them more confident to speak more in English. One student commented that,

"The teacher encouraged me in learning and performing my role play. This made me more confident to speak more in English."
(Student 1, Questionnaire 1, 31/01/2011, session 8)

9. Most students were aware that they had opportunities to evaluate their own language production through the use of video recording. The students mentioned that:

"My conversation did not go well, but it was good…"
(Student 20, Questionnaire 1, 17/01/2011, session 6)

"Today I have spoken English incorrectly, but I thought it was too funny. And it made me to remember it."
(Student 10, Questionnaire 1, 31/01/2011, session 8)

10. Several students recommended amendments to the TBLT in some respects, detailed below.

10.1 Time management: The students desired more time for practising their role play, as well as more time to practise the language focus before doing the task and rehearsing their role play. One student commented,

"I wanted the teacher to give me more time for preparing the task and rehearsing role play with my group members. I wanted more teaching materials."
(Student 8, Questionnaire 1, 15/11/2010, session 1)

10.2 Teaching materials: The student wanted the teacher to provide them with a set of materials at the beginning of the semester so that they could study before hand and review the material after doing each role play. One student emphasised that:

> "…I wanted the teacher to provide me with a set of material because it was easier to study before hand for the next sessions."
> (Student 26, Questionnaire 1, 15/11/2010, session 1)

10.3 Language guide: The students perceived that they needed additional help with pronunciation and vocabulary before performing role play tasks. The students' comments were:

> "I wanted the teacher to teach me how to speak and pronounce some words because I was not sure how to say words correctly."
> (Student 14, Questionnaire 1, 15/11/2010, session 1)

> "The teacher should introduce some useful words before doing task."
> (Student 14, Questionnaire 1, 15/11/2010, session 1)

10.4 Difficulty: 24 students mentioned that creating task scenarios was a hurdle for them as it needed creativity and familiarity with the situations. However, some students found that it was rewarding as they had more freedom to use their own thoughts and they felt less pressured. One student commented that:

> "I thought I had fun today because the topic was too easy, but it was difficult when I created the scenario."
> (Student 12, Questionnaire 1, 17/01/2011, session 6)

In conclusion, the students' opinions towards the implementation of professional TBLT course seem very positive and the students became more reflective to the course and their learning as well as becoming more independent to the teacher in carrying out role play tasks.

7.3 Results of post-sessional questionnaire

In addition to recording students' ongoing reactions to the programme using an in-sessional questionnaire, the students were also asked to respond to a post-sessional questionnaire, designed to collect students' final opinions regarding learning English

through TBLT (see Section 5.7.2 in Chapter 5 and Appendix 9). This questionnaire was comprised of 16 statements, each of which was rated according to a five-point-scale. The mean rating for each statement was calculated to determine the group's overall responses. One open-ended question was also included to reflect the respondents' perception on how the teacher could improve the task based teaching and curriculum framework overall.

Table 7.2 presents an overview of students' opinions towards learning English through TBLT as reflected in the post-sessional questionnaire. Generally, all items in the table show high mean ratings, indicating students' positive evaluations of learning English through TBLT in terms of task design, positive classroom atmosphere, enhancement of students' confidence in using English, the interactive nature of group work, students' involvement in the learning processes and facilitation of students' comprehension and acquisition. The only exception is item 6, where the mean rating is below 4. This item indicates students satisfaction was least (though still positive), concerning the pace of the lesson.

Table 7.2: Students' opinions towards learning English through TBLT

Statements to be rated	($\overline{X}$)	(S.D.)
1. The class appeared to understand what was required at all times.	4.42	0.56
2. Every student appeared to be involved at all times.	4.71	0.53
3. Students were interested in the lessons.	4.32	0.60
4. Materials and learning activities were appropriate.	4.52	0.63
5. Class atmosphere was positive.	4.19	0.65
6. The pace of the lesson was appropriate.	3.94	0.93
7. There was enough variety in the lesson.	4.55	0.51
8. There was genuine communication in this class.	4.61	0.56
9. Students felt free and had fun in learning.	4.61	0.62
10. Students participated well in learning process.	4.74	0.44
11. Teaching aids were provided appropriately.	4.16	0.58
12. Small group work was helpful to students.	4.48	0.57
13. Set tasks using students' professional knowledge supported them to develop their language proficiency.	4.71	0.53

14. Tasks could generate opportunities for students' language learning.	4.48	0.51
15. Tasks selected and sequenced were relevant and meaningful to classroom activities.	4.68	0.48
16. Tasks designed appeared to promote students' confidence and language performance.	4.71	0.46

The following paragraphs bring together students' opinions on learning English via TBLT on separate dimensions of the questionnaire (quantitative and qualitative).

1. Competence in communicating in English

Items 1, 8, 13 and 16 in the questionnaire were included as indicators regarding students' perception of their own ability in English communication skills. These items reveal high average ratings for students' responses relating to communication skills. The students agreed that their ability in communicating in English, speaking in particular, had improved. In response to the open-ended question, one student commented,

> "Learning Professional English was interesting because I can use it for my future career. I gained more knowledge and had more confidence to speak with foreigners."
> (Student 1, Questionnaire 2, 14/02/2011)

2. Authentic learning experiences

Mean ratings for the five items related to students' authentic learning experiences were generally high (see items 2, 8, 9, 10 and 14 in Table 7.2). One student also commented:

> "It was good that the teacher provided some situations that had occurred in the hospital to the students to practise communication and the students had more participation in the class activities."
> (Student 16, Questionnaire 2, 14/02/2011)

3. Motivation to learn English

Students' motivation to learn English through TBLT was very high (see items 2, 8, 9, 10 and 14 in Table 7.2), suggesting that students' motivation increased through the use of interesting materials in each session, variety of activities, group work interaction, and learning English in a target like context. The following comment supports this view:

"It was the best teaching method because it can help motivate low proficiency students to learn more English…"
(Student 14, Questionnaire 2, 14/02/2011)

4. Confidence in using English

Items 6, 10, 12 and 16 were used as indicators of students' confidence. Item 10 relates directly to students' confidence, while items 6, 12 and 16 refer to students' acceptance of the teaching of each session, materials, learning tasks selection and the pace of the session. These factors can be seen as indirect indicators of students' confidence. All of these items were highly rated. One student commented that:

"It was fun learning that enabled students to be confident to speak more English. I was no longer shy and worried to speak English with other people."
(Student 21, Questionnaire 2, 14/02/2011)

5. Effectiveness of teaching materials and learning tasks

The average ratings for the three items related to the effectiveness of teaching materials and learning tasks were generally high (see items 4, 11 and 15 in Table 7.2). The students perceived that the teaching activities, tasks and content were appropriate and meaningful in assisting them to learn English. Typical students' comments were:

"The activities in this subject encouraged students to be confident to interact with foreigners. It did not focus on grammar."
(Student7, Questionnaire 2, 14/02/2011)

"The contents were suitable for daily use. I liked studying this subject because it did not focus on grammar. I can communicate freely and enjoyably."
(Student 17, Questionnaire 2, 14/02/2011)

"I liked learning this course because I could use English speaking skills from this course in my daily life. It was also exciting because of the video camera. I like the camera."
(Student25, Questionnaire 2, 14/02/2011)

7.3.1 Open-ended results of post-sessional questionnaire

A fuller analysis of students' responses to the open-ended questions (N = 27) included content analysis, leading to the emergence of the following set of themes:

1. Learning Professional English through doing role play tasks was interesting and enjoyable as well as less-pressured.
2. Learning English through TBLT was applicable for students' daily life and future career as well as relevant to their subject matter.
3. The students gained more English language knowledge through their performance, including more vocabulary and communication skills relevant for their profession.
4. The students had developed more confidence to interact with foreigners in English.
5. The students perceived that TBLT provided them with more opportunities to practise pronunciation and speak English with their friends in real world like situations.
6. The students showed their greater preference for the TBLT course as it focused on speaking rather than grammar. They found it useful to do role plays about professional tasks in English with the use of a video camera.
7. TBLT provided students with more autonomous learning in that students could form groups depending on their preferences, create their own role play scenarios, prepare tasks by themselves, and communicate freely.
8. TBLT motivated low proficiency students to learn English.
9. The students had positive opinions towards the teacher as they thought the teacher was friendly to them and gave some useful suggestions on learning to them.
10. The students believed that the TBLT course needed further development in certain areas:
    - 10.1 The teacher should provide a set of learning materials containing more professional vocabulary at the beginning of the course so that students can study the material before and after the sessions.
    - 10.2 The teacher should use more video or electronic supplementary resources at the pre-task phase to provide students with examples of

how the proposed tasks have been performed.

10.3 The teacher should make class activities short and easy, and have students practise the language focus more.

10.4 Students needed to perform their role plays in nursing rooms or in hospital wards because they wanted to move away from talking to their peer as their interlocutors to interact with real English-speaking patients in hospitals.

10.5 Students needed more time to practise speaking or rehearsing their role plays.

7.4 Comparing results of in-sessional and post-sessional responses to open questions

Table 7.3 highlights some changes in the students' opinions over time, comparing responses to the open-ended questions of both in-sessional and post-sessional questionnaires.

Table 7.3: Comparing responses to in-sessional and post-sessional open questions

In-sessional	Post-sessional
1. Learning tasks provided students with fun, happiness and a good learning atmosphere.	1. Learning Professional English through doing role play tasks was interesting and enjoyable as well as less-pressured. Learning English from doing tasks was new and useful for students.
2. The learning tasks were seen as applicable for students' daily life and future career.	2. Learning English through TBLT was applicable for students' daily life and future career as well as relevant to their subject matter.
3. TBLT was felt to facilitate students' learning and language improvement.	3. TBLT was felt to facilitate students' learning and language improvement.
4. TBLT contents were seen as practical and similar to that of real world situations.	4. The students had developed more confidence to interact with foreigners in English.

5. TBLT strengthened students' confidence and motivation in learning and communicating in English.	5. The students perceived that TBLT provided them with more opportunities to practise pronunciation and speak English.
6. TBLT provided students with learning autonomy.	6. The TBLT provided students with more autonomous learning.
7. The students claimed that they liked to study English through TBLT because it focused on meaning rather than grammar and preferred speaking to writing.	7. The students showed their greater preference for the TBLT course as it focused on speaking rather than grammar.
8. Students perceived that the teacher was helpful to them in that he allowed them to construct their own role play tasks and conversation.	8. The students had positive opinions towards the teacher.
9. The students perceived that they had opportunities to evaluate their own language production through the use of video recording.	9. TBLT motivated low proficiency students to learn English.
10. Students perceived that the TBLT course should have further development in some respects, e.g., time management, teaching materials, language guide and difficulty.	10. The students believed that the TBLT course needed further development in certain areas, e.g., requiring a set of learning materials, providing more video and electronic resources at pre-task phase, making class activities short and easy, performing role plays in healthcare settings, and requiring more time to practise or rehearse role plays.

Across both occasions, the majority of the students agreed that learning English through TBLT provided them with a good, interesting, enjoyable, and less-pressured learning atmosphere; applications for daily life, future career and major study; increased

confidence to learn and communicate in English; autonomous learning; and a meaning focus. The students also mentioned on both occasions that they developed positive opinions towards the teacher through the course. Regarding further development of the TBLT approach, the majority of students reported on both occasions that they needed more time for practising the language focus and rehearsing their role plays, and that a set of materials was needed at the beginning of the semester.

The students' opinions also changed in some respects between the sessions. On the in-sessional questionnaire, the majority of the students responded that TBLT contents were practical and similar to real world situations and a small number also commented that they had good opportunities to evaluate their language performance through video recordings. However in the post-sessional questionnaire, students were more likely to mention that they had more opportunities to practise pronouncing words and speaking English. With regard to TBLT further development, a small minority of the students claimed in the in-sessional questionnaire that they needed more guidance with pronunciation and they had difficulty with creating task scenarios. In the post-sessional questionnaire, a small number said they wanted the teacher to apply more video or electronic resources at the pre-task phase in order to attract students' attention to performing the task, and to make the class activities short and easy, while the majority of the students wanted to do role play in healthcare settings such as in first aid rooms or in a hospital ward.

This comparison helps to highlight changes in students' opinions which happened throughout the course. In the first place, the students had abundance of opportunities to strengthen their confidence, so that they were now ready to take more risks and to be more adventurous to perform nursing tasks with real English speaking patients in hospitals. The students felt that they were ready to deal with in genuine communication with foreigners, making use of their experiences drawn from performing role play tasks. Secondly, the students were more motivated to learn from different resources as they wanted the teacher to provide more resources at the pre-task phase. It seemed they thought that if they have sufficient language resources in hand they can perform language tasks effectively and productively. Finally, the students felt that TBLT helped

motivated weak learners to learn English. This is probably because TBLT provided students with freedom to work in groups, so that weak students may work with high proficiency students who might help them to learn English in a friendly way. This in turn gradually builds up weak students' motivation to learn English.

7.5 Results of in-sessional group interview

Ongoing interviews were also conducted with students in order to explore their in - depth attitudes towards the implementation of TBLT. The interviews took place every two or three weeks after the students had completed two or three learning task sessions. Each interview involved 3-5 different students at a time, who were randomly chosen to participate in the interview. Every student took part in one interview through the course (N = 31). The interview followed a set of questions provided by the researcher (see Appendix 7). While carrying out the interview, the researcher noted down the students' responses. The interviews were conducted in Thai, so that they could express their opinions freely. After the interview, the students' overall responses from each interview were analysed using content analysis. 12 themes emerged, which are detailed below.

1. **A good learning atmosphere**

The majority of the students reported that they were satisfied with learning English through TBLT because the TBLT provided them with a happy and less-pressured class. They also mentioned that the class was not boring and they had to be alert when taking part in class activities. Most of them noted that learning English through TBLT was new to them as they had never experienced learning tasks using role plays and a video camera.

2. **Applicability**

Most students perceived that the TBLT topics and learning tasks were applicable for their daily life, current subject study and future career. They stated that they could use knowledge of vocabulary and expressions learnt from the class in their daily conversation with friends and foreigners and also to assist their major study (nursing). For example, they could now pronounce technical words found in their major subjects correctly.

3. Meaning focus

A number of students mentioned that they did not worry about memorizing grammar rules as the TBLT course focused on meaning and on interaction. They had an opportunity to develop their own speaking fluency, and they believed that TBLT helped reduce their concerns about learning and speaking English.

4. Authentic interaction

The majority of the students commented that TBLT allowed the use of authentic language interaction for a number of reasons. First, the students reported that they had chances to activate their own thoughts as they had to plan the given tasks, use their own language resources to complete the tasks and create their own task scenarios for the open task sessions. Second, TBLT introduced a greater variety of class activities. Third, the students claimed that they were practising real communication in the classroom, in that they had more opportunities to practise speaking English, create dialogues between nurses and patients, and interact with friends and teacher. Since the students had limited interaction with friends and teachers in their previous English classes, they appreciated the fact that they had more time to speak than ever before. Finally, the students perceived that they had developed familiarity with use of language which was relevant to real world contexts.

5. Learning experiences

A large number of students claimed that they had learnt several things from the course. The foremost benefit was that they had mastered vocabulary and expressions necessary for daily and professional communication, and had learned how to pronounce words and use the right words and expressions in the right contexts. Secondly, the students realized that they had learnt more about communication skills, culture and social etiquette in healthcare and daily communication. The most important thing was that most students became aware of the nurses' role in communication. Thirdly, the students said that they also had learned how to plan their tasks and contend with problems in communication and in their subject study. Finally, almost all students agreed that they had improved their listening skills through rehearsing role plays.

6. Learning by doing

Some students pointed out that learning by doing was useful and interesting for them. The students also mentioned that they preferred practicing to attending lectures and examinations, as after examinations they might forget what they had learnt. Unlike attending lectures, in the TBLT class the students had to put their knowledge into practice and they did not forget what they had done as it was meaningful and practical. In addition, the students liked the fact that the learning tasks required them to speak or interact with their group members to achieve the task outcomes.

6. Confidence and motivation raising

Several students contended that they had developed their confidence and motivation as English speakers from full participation in class activities and performing role play tasks throughout the course.

7. Appropriacy and relevancy

A minority of students commented that the topics selected for the learning tasks were appropriate for students' language proficiency and interests, and that these were also relevant to their major study. Some students reported that the difficulty level was appropriate, and this meant they could use their own language repertoire to complete the tasks successfully. They also commended the fact that the tasks provided guidelines which helped them to accomplish them successfully.

8. Leaning autonomy

A small minority of students mentioned that learning English through TBLT provided them with autonomous learning and the chance to use any language patterns they wanted, and to communicate their tasks freely. They also had more freedom to think, share their ideas with their friends, ask questions and raise issues concerning the topics of study. They claimed that they had more chances to raise issues or ask questions than in a large class, where they felt uncomfortable to ask questions due to limited time and a large number of students. One major difficulty for students when asking questions in a large class was that they were afraid of making mistakes and losing face. Conversely,

in a small class like TBLT course, the students felt more relaxed to ask questions. It was easier to consult the teacher when they had problems with doing tasks.

9. Concerns

A small numbers of students argued that they still had some concerns about learning English through TBLT. These students said that they were afraid of making pronunciation mistakes. The students also mentioned that at the beginning of the course they were worried and stressed due to limited time for practicing their language focus and rehearsing their role plays. Some students also expressed concern about fixed tasks, since they could not use their own creativity in producing their own task scenarios.

10. Needs and suggestions

A number of students again argued that the course still needed some adjustments. First, they said they needed more time for practicing language and role plays at the beginning of the course, as they were not familiar with role play tasks. Second, they wanted a full set of materials at the beginning of the course so that they could prepare before each session. Third, the students asked for the introduction of language patterns for performing open role play tasks. Fourth, the students again said they wanted to do role plays in real healthcare settings such as in a hospital ward or in first aid rooms so that it would be more like performing real nursing care and so that they could use medical equipment in their role play. Importantly, they claimed that they would learn both how to use the medical equipment and what to call the medical equipment in English, which would be useful for their future profession. Finally, some students suggested using mind mapping to elicit useful words at the pre-task phase.

11. Task preparation and rehearsal

The majority of the students reported several stages and focuses in preparing and rehearsing role play tasks. For task preparation, there were 8 stages. First, the students formed groups of three. Second, the tasks were provided to each group and the group members studied the task situations and performers roles e.g. nurses' and patient roles. Third, they cooperatively constructed dialogues for nurses and patients in Thai and translated these into English. Next, they refined the dialogues together. If they had

problems with language use, they asked the teacher. After that, they allocated roles and dialogues to each member in the group. Then, individual students rehearsed their roles by reading aloud the dialogues and working out pronunciation problems. After that, they rehearsed role play in their group several times. Finally, they performed the role plays in front of the class.

While preparing these tasks, the students focused their attention on communicating content, pronunciation and acting out the roles given. They said that they did not care about the accuracy or grammatical correctness of their conversations. While rehearsing, they monitored their group members' pronunciation, getting meaning across, acting out the roles given and achieving task outcomes, and gave each other feedback.

Overall, these interview findings document some salient changes in students' attitudes and performance, confirming the questionnaire evidence. First, the students have gained knowledge of vocabulary and expressions from participating in classroom tasks which they can apply in daily conversation with friends and foreigners. They learned how to pronounce technical words correctly, developed their speaking fluency and familiarized themselves with the use of language relevant to real world professional contexts. They became more aware of nurses' role in communication and they had improved their listening skills through performing tasks. Second, the students had gained more motivation and became more confident that they were able to speak English with friends and foreigners e.g., real patients in hospitals, as well as becoming more confident to ask more questions and discuss certain topics with friends and teacher. Third, the students became more evaluative and creative. They learned from reviewing their own performance on video, and made some suggestions to further improve the course. Fourth, the students developed better relationships, as they had positive opinions towards the teacher and the classroom turned out to be more cooperative and learning centred, with ample evidence of students working with their friends supportively. The students felt more secure and less anxious using English for meaningful and authentic communication. Lastly, the students came to be more autonomous. For example, at the beginning of the course they asked the teacher many questions on how to plan the tasks, how to pronounce certain words or how to use some language patterns. However, as the

course progressed they were more independent for they asked more questions from their friends, did more self-study and used other sources of materials such an online dictionary, course books or online nursing resources in order to achieve their tasks.

7.6 Teacher journal

This section involves my own reflections on implementation of the professional TBLT project, from the perspective of a teacher researcher. I anticipate that this section might be useful for those who want to know how to make such a project work well. Space does not allow me to analyse my diary in detail, the following are the main points that I have learnt from this project (see Appendix 15).

1. **Assisting students at pre-task phase**

Helping students to prepare tasks for the first time needs considerable effort. From my own experience, the first thing I did was to help students to understand the tasks given and generally, I had to explain the tasks to them in detail. Sometimes, explaining task in students' first language is preferable. I used mind maps to help students to elicit ideas and plan task sequences. Importantly, the activities that foster students' language awareness at the pre-task phase should be direct, precise and interesting. Using 'model' materials such as video recordings of task performances in similar situations increased students' motivation and provided guideline for them on how to carry out the tasks successfully. I also acted as language advisor, helping students to locate expressions needed for each situation.

2. **Authentic tasks and interaction**

In this project, I adopted role-play tasks that simulated nurses' and patients' communication in hospital wards. When the students presented their tasks, I recorded their performances and the students were very excited as it was their first time that video recording was used in language classroom and they could review their performances from the videos. This idea could be extended, for example teachers could ask students to repeat the same task in their own free time and let them record their performance by themselves, for further review under reduced pressure. Importantly, teachers could consider allowing students to perform role play tasks in authentic

settings such as health centres, first-aid rooms, or hospital wards, or to have encounter with real English speaking patients. This would allow students to take more risks with their language use and extend their language resources further.

3. Fixed and autonomous tasks

In this project, I have learnt that fixed and open tasks had different effects on students' language performance and perception (I used fixed tasks for sessions 1-5 and open tasks for sessions 6-12.) The students mentioned that they preferred open tasks rather than fixed tasks because they could create their own task situations and use whatever language resources they have. However, the results from the case studies indicate that student tended to produce more vocabulary in fixed-tasks. In my view, both fixed tasks and open tasks were helpful, but open tasks facilitate students' creativity and allow students to learn English in a less pressured way. However, when students did open tasks, they still needed teacher's help with expressions and task sequences. Again, I used mind maps to help them plan their task sequences and elicit some expressions used for each situation.

4. Most successful sessions

In my view, the most successful sessions were sessions 2, 5, 6, 11 and 12 because with my encouragement, the students made creative use of their subject knowledge and experiences, and used authentic materials in their varied role plays such as a scale, stethoscope, syringe, and medicines. In addition, the students produced a wide variety of expressions and vocabulary; devising their own situations provided students with more opportunities to explore their language use. Interestingly, I observed that students were happiest during those sessions.

5. Students' involvement

Students' involvement in adjusting course content should support their sense of inclusiveness and responsibility for their learning. In this project, I asked students to make some adjustments to task topics, sequencing, and titles. Crucially, I allowed students to create their own role plays, and I noticed that their involvement in these

decisions brought about a greater variety of situations, maximising creativity, and producing a less pressured and happier language learning class.

6. Experts' collaboration

I have learnt that when we design and implement an English syllabus for professional students such as nursing, pharmacy, medicine, tourism, and law, we need experts in those areas to take part in both designing the syllabus and teaching it. These subject experts can provide us with knowledge of content or practices regarding specific areas, so that the validity of role play tasks can be increased. For instance, for nursing students in particular, it is vital to invite senior or experienced nurses who used to work with English speaking patients to share experience about their work, e.g., examining patients, dealing with patients' complaints or discharging patients.

7. Students' main problems

From undertaking this project, I observed that the students had two main ongoing problems: pronunciation and sentence level accuracy. As for pronunciation, some students often pronounced some words incorrectly, for example, button, press, diabetes, pregnancy. What I did to help students to correct their pronunciation is to have conferences with small groups of students after they finished their role plays to mention problems and solutions. I suggested using an online dictionary for students to practise their pronunciation. Some students also continued to produce grammatically incorrect expressions. I helped students to overcome this problem by preparing possible formulaic expressions used for certain situations, for example, patient registration, examining patients, or comforting patients. Such materials could be made more permanently available to students, e.g. by posting them online for students to do self-study before or after class.

8. Teacher's role

Lastly, teachers who want to work with TBLT need to be hard-working, flexible, and supportive. Teachers must motivate and encourage students to learn language actively, meaningfully and communicatively at all times. It is important to support students to take risks and to be more adventurous with their language use. This means giving

students more opportunities to extend their language knowledge and learn language in target-like situations, which will increase students' motivation and confidence as well as valuable experiences.

7.7 Discussion of the research results

This section addresses research question 2: What are the students' opinions towards learning English through a TBLT course which focuses on professional role play tasks? The results from the in-sessional and post-sessional questionnaires and in-sessional group interviews are summarised and related to previous studies and some of them were newly discovered.

1. **Positive learning atmosphere**

The majority of the students perceived that learning through tasks provided them with fun, happiness and a good learning atmosphere. They found learning Professional English through doing role play tasks was useful, interesting and enjoyable as well as less-pressured. These results correspond to previous studies in Asian settings (Wiriyakarun, 2003; Meng & Chen, 2010; Sae-Ong, 2010). Wiriyakarun's (2003) study found that students said that task-based learning was a new way of learning which was fun, relaxed and less boring. Similarly, Meng and Cheng (2010) and Sae-Ong (2010) found that their students perceived that taking part in tasks was enjoyable and beneficial.

In the current study, TBLT allowed the students to perform tasks which are meaningful for their study and future career and to carry out tasks given in their own way. TBLT offered a non-threatening atmosphere where students could openly and freely prepare and perform the tasks given, practising in small groups where they could speak English freely without the teacher's control or grades. Therefore, the students could get rid of their fear of making mistakes. More importantly, the students had repeated opportunities to use spoken English naturally and they could get their own intrinsic rewards and enjoyment from speaking meaningful English with friends while performing role play tasks.

2. Applicable learning tasks

Most students felt that the learning tasks were applicable for their daily life, current subject study and future career. The TBLT content was seen as practical and similar to that of real world situations. These findings provide more empirical evidence to support McDonough and Chaikitmongkol's (2007) study which investigated Thai students' and teachers' perception about task-based instruction, finding that learners believed that task-based EFL course addressed their real world academic needs. In the current study, the students recognised that the tasks were designed according to their future professional life, and required the students to utilise their own subject knowledge and experiences from hospital placements. That is, the tasks employed in this study were designed especially for nursing students, focusing on students' speaking ability, and grounded in their subject knowledge and experiences. So, the students could clearly see that they have done tasks related to their specialisation and needs, and perceive them as authentic and meaningful.

3. Language improvement

A number of students agreed that their ability in communicating in English, speaking and listening in particular, had improved through the TBLT experience. Moreover, they reported that they had mastered vocabulary and formulaic expressions for daily life and professional use and knew more about communication skills, culture in healthcare communication and awareness of nurses' roles. However, they did not say anything about creativity. These findings are in line with those of Sittichai et al (2005), Saiyod (2009), Sae-Ong (2010), Sirisatit (2010), Tsai (2011), Kawakami (2012) and Shintani (2012). All these studies indicated that students who learned English through performing tasks significantly improved their English knowledge in some respects. The students' opinions about their language improvement were also supported by evidence of language improvement found in the analyses of the listening comprehension test, of students' vocabulary use, and of the student case studies, presented in detail in Chapter 6 above.

4. Authentic learning

A majority of the students commented that TBLT offered opportunities for authentic language interaction. For example, the students had chances to activate their thoughts, create tasks and do a variety of speaking activities involving communicative interaction. The students favored learning by doing, and appreciated tasks that required students to speak English with group members and cooperatively to achieve task outcomes. Willis (1996) points out that learners who undertaking tasks in pairs or groups have experience of spontaneous interaction, which involves creating what they want to say in real time, producing phrases and units of meanings, while listening to what is being said (p35). Thus, the learners in this study had more chances to stretch their language resources, experiment with new language and be adventurous in using language for communication. These results are consistent with those of Rattanawong's (2004) research work, which found that most students in the experimental group liked to do independent group work in task-based learning and thought that they had chances to practice all four language skills.

5. Raising motivation and confidence

All most all students said that they gained more confidence and motivation through the use of interesting TBLT materials in each session, variety of activities, group interaction, and learning English in a target like context. What's more they felt more confident to interact with foreigners in English. These results correspond to Rocha's (2005) and Nishida's (2012) studies which found that students felt more confident when using tasks to read, listen and speak in English. The students became more interested in the foreign language and participated actively in different stages of tasks. Sulaiha et al. (2009) also mentioned that the clinical students in their study reported sustained confidence in their communication skills. As suggested by Willis (1996), performing tasks in pair or groups provides the learners with confidence to experiment with whatever language they know, in the relative privacy of a pair or small group (pp.35-36).

6. Meaning focused activities

Many students mentioned that they greatly favoured learning English through TBLT, because TBLT focused on meaning rather than grammar, and they preferred speaking to writing. They did not worry about memorizing grammar rules or about accuracy, and could develop their speaking fluency. As a result, they felt relaxed because they could do things with language they possessed. The studies of Gutierrez (2005) and Kawakami (2012) reported similar opinions.

7. Autonomous learning

Some students mentioned that TBLT provided them with learning autonomy in that they could have chances to use any language patterns they want to fulfill the task outcomes, and more freedom to think, share ideas and ask questions as undertaking discussion with their friends and teacher. These results are in line with those in Wan's (2005) and Schart's (2012) studies, which showed that most students had experienced positive changes in attitudes towards both Task-based teaching and autonomous learning after a TBLT experience. In Schart's (2012) longitudinal study, after six years of TBLT implementation, he found that the learners noticeably changed their opinions towards foreign language learning and became more independent, and more active, as well as showing progress in their language development.

8. Effective learning tasks and materials

Several students commented that the learning tasks and teaching materials were effective, appropriate and relevant to their language proficiency, interests and major study. These findings lend support to McDonough and Chaikitmongkol's (2007) study, which also found that the learners agreed that the tasks used in their study corresponded to their real world academic needs. The students in the current study found the learning tasks and teaching materials could help lead them to perform tasks that resemble their real world needs and to learn certain key language patterns. In addition, they acknowledged that the contents of the task were appropriately designed to suit the students' interests and the level of their language proficiency.

9. Positive opinions towards teacher

Many students perceived that the teacher was helpful and friendly, that he gave them some useful suggestions on learning, and that he allowed them to construct their own role play tasks and conversation. The students also reported that the teacher's encouragement made them more confident to speak more in English. These results are consistent with that of Men and Cheng's (2010) study, which showed that students preferred their college English teacher to be a facilitator and tutor in learning strategies. As suggested by Willis and Willis (2007), teachers who adopted TBLT approach should transform their roles from knowledge provider into those of leader and organiser of discussion, manager of group or pair work, facilitator, motivator, language knower and advisor and language teacher. The students' positive feelings about the teacher meant that they could be very engaged in performing tasks and language improvement could result. These student opinions are supported by the case study results, which show that students such as Karla were not worried about making mistakes and took opportunities to take more risks using language in more natural ways, seeming to trust both their friends and the teacher.

10. Opportunities to evaluate self-performance

Most students appreciated the opportunities to evaluate their own language production through the use of video recording and they also learned some formulaic expressions and improved their performance from the feedback drawn from video recordings. This result is in line with those in Albanese and Mitchell (1993), and Peterson (1997), which showed that TBL affords an environment where the individual students could receive feedback, guidance and support from their peers and facilitator. In addition, Gutiérrez (2005) found that feedback and group work allow students to evaluate themselves, refine their oral production and gain confidence in speaking. From my own observation recorded in the teacher journal, the students in the current study were eager to watch the video of their own performance after they finished their role play publicly. After that the students were asked to review their performance, transcribing their own role play tasks. After transcribing, the students were asked to assess their global performance and work on the language features of their interest or the features that they had difficulty using, consulting their teacher or their peers on how to use these more correctly and

acceptably. Thus using video with role play tasks helped to stimulate students' wish to participate actively in the learning process and performing tasks. One might argue that the presence of the video in the classroom might intimidate students. To solve this problem, the teacher should explain the advantages of the video to the students in helping them to reflect on their own language performance, and the teacher should make this a routine process.

11. Students' needs, concerns and suggestions for further development

As we have seen, the students requested a set of learning materials and more video and electronic resources at the pre-task phase. The students also highlighted problems of time management within the different phases of TBLT; in particular they wanted more time to practise both the language focus and their actual role plays. More importantly, the students wanted to perform role plays in some real healthcare settings, and they mentioned that fixed-tasks inhibit their creativity. McDonough and Chaikitmongkol (2007) study, also found that the teachers and learners in their study needed activities and information that could assist them to adapt themselves to task-based teaching. They also expressed some concerns over the amount of material and activities per lesson and the learners expected more support and guidance to undertake the tasks successfully. In the current study, the students became more evaluative after they had carried out several tasks, in that they were regularly able to raise their concerns and recommend some course improvement to the teacher, through the questionnaires and interviews. Acknowledgement of students' response to the tasks could help build up their evaluative skills, and the students' suggestions are crucial to design tasks that correspond to the students' real needs and minimize the problems associated with implementation.

12. Characteristics of students' task planning

The majority of the students voiced that they had several stages and focuses in preparing and rehearsing role play tasks. While preparing the tasks, the students focused their attention on communicating content, pronunciation and acting out the roles given. They did not pay attention to the grammatical accuracy of their conversations. While rehearsing, they monitored their group members' pronunciation,

getting meaning across, acting out the roles given and achieving task outcomes, and gave each other feedback. The data from video recordings, role play transcripts and teacher's journal revealed that the students could plan their role plays very effectively, and sustain their communication until they reached the task outcomes. These results are in line with Sangarun's (2001) study, which showed that task planning had positive effects on the quality of the speech produced. Several other studies (Foster & Skehan, 1996, 1999; Mehnert, 1998; Ortega, 1999) support that task planning generates promising effects on complexity and fluency of learners' language performance. The students in the current study performed their tasks increasingly successfully and fluently, based on their own independent planning without time pressure, and also showed language improvement in some respects.

7.8 Conclusion

This chapter provided the key findings from four research instruments in order to answer Research Question 2. The findings from the in-sessional questionnaire, post-sessional questionnaire, in-sessional group interviews and teacher journal illustrated students' opinions towards TBLT were presented and analysed. Generally, nursing students had positive attitudes about TBLT. In terms of the improvement of their English speaking skills, all students agreed that their speaking skill was further developed after participating in the course. The TBLT appeared to provide students with a positive learning atmosphere, applicable learning tasks, authentic learning, increase in motivation and confidence, meaning focused activities, autonomous learning, effective teaching materials as well as opportunities to evaluate self-performance through the use of video recordings. Correspondingly, the students perceived the teacher as facilitative and the students made some useful suggestions for further improving TBLT.

CHAPTER 8
PROFESSIONAL TBLT PROJECT CONCLUSIONS AND IMPLICATIONS

8.1 Introduction

The chapter addresses the principal characteristics of the current study. Following the introduction of the chapter, Section 8.2 presents the summary of the professional TBLT project implementation. Section 8.3 provides the implications of the current study for EFL syllabus design and implementation and for teachers of English in higher education institutions in Thailand. The limitations of this study are incorporated into Section 8.4 and suggestions for further research are presented in Section 8.5. Finally, the chapter ends with concluding statements in Section 8.6.

8.2 Summary of the study

This study scrutinises the effects of professional TBLT implementation on the English language development of nursing students at a university in Northern Thailand. The researcher was motivated by his EFL teaching experience, the potential of TBLT studies and practices and his interest in healthcare communication approaches. As mentioned in Chapter one, most Thai students still encounter problems with their English speaking in spite of numerous years of learning English. Given the importance of oral English ability for Thai university students, the present study was carried out to develop a teaching approach to resolve students' difficulties speaking English.

The theoretical framework for the communication tasks in this study combines a focus on patient-centred communication styles together with a TBLT approach. In the absence of any past experience of adopting TBLT for professional communication with Thai nursing students, the present study used an interventionist approach to discover the impact of employing TBLT on the oral performance of this group. Both quantitative and qualitative techniques were utilised to determine the feasibility of TBLT in Professional English courses for Thai nursing students and how such an approach affected students' language improvement in terms of communication skills, grammatical and lexical use. Thirty-one second year nursing students from the School of Nursing, UNT, participated in this study. All students attended a 12-week

professional TBLT course. Prior to the programme and after the completion of the programme, the students took a pre-and post-listening comprehension test and performed pre-and post-role play tasks, with outcomes defined in terms of health communication skills, both oral and written. The students were also asked to respond to in-sessional questionnaires and a post-sessional questionnaire. In-sessional group interviews were conducted with different groups of students at the end of every two sessions. Two main research questions were addressed:

1. To what extent can a task-based curriculum framework which focuses on professional situations promote the L2 development of nursing students?
   1.1 Can the students perform professional situation tasks successfully? If yes, what are the characteristics of their performances and of the communication skills the students use in their interaction?
   1.2 Can the TBLT course focusing on professional situations help the students to produce more variety of language structures and vocabulary than they knew at the beginning? If yes, how do they change their language and vocabulary use while performing professional role play tasks?
2. What are the students' opinions towards learning English through a TBLT course which focuses on professional role play tasks?

Research data were obtained from pre-and post-listening tests, pre-and post-role play tasks, in-sessional and post-sessional questionnaires, in-sessional group interview, case studies, and the teacher's journal.

As regards research question 1, the findings indicated that the students increased their listening comprehension test scores after they participated in TBLT programme. This implies that the students' have improved their general English language knowledge.

With regard to research question 1.1, the analysis of pre-and post-role play tasks has illustrated, that the students successfully used a range of communication skills in both pre-and post-role play tasks. The students used more communication skills in the post-role plays than they did in pre-role play tasks, though this development was limited to the interaction between nurses and patients.

In connection with research question 1.2, the findings showed that there was statistically significant difference in types of vocabulary used by students in pre-and post-role plays and the student used more variety of words in post-role play tasks. As for the case studies, the results showed that the six students performed the role play sequence with increasing flexibility and creativity, demonstrating increased patient centredness over time. They became more adventurous in their language use, moving away from fixed phrases and pre-prepared language and attempting to use a wider range of grammatical structures to complete the task given in each session. However, the vocabulary produced in fixed-role plays was more extensive in terms of both types and tokens than that of open role plays.

As for research question 2, overall results from in-sessional and post-sessional questionnaires and in-sessional group interviews reflected that students had positive views about TBLT utilisation. The students clearly supported the integration of TBLT in professional English courses and most students were satisfied with learning English through TBLT.

8.3 The implications of this study

Based on the findings in this study, three far-reaching sets of implications can be drawn. The first is for EFL syllabus design and implementation in Thailand. The second is for teachers of English in higher education institutions in Thailand. Finally, the third is for research in TBLT.

8.3.1 Implications for EFL syllabus design and implementation

As discussed in Chapters six and seven, the adoption of TBLT in the professional English course assisted the students in the current study to gain more confidence in speaking English and show more attempts to use professional communication skills. These findings suggest that TBLT has potential for classrooms with other ESP students such as health science students or tourism students, where there is a concern for English speaking in particular. In designing an English curriculum for professional students, it is vital to prioritise students' needs in the first place, and to identify content which is meaningful for their current study and their professional lives. Importantly, in the

process of designing TBLT syllabuses, ESP teachers or syllabus designers should consult subject experts in order to design a syllabus that matches students' interests, needs, and study areas, with pragmatically appropriate task outcomes. To achieve this, subject teachers should be invited to be part of the teaching and evaluation teams. For example, teachers from School of Nursing should be invited to provide input on health tasks such as giving IV because the English teachers might not know how to administer IV to patients correctly. Concerning evaluation, English language teachers and subject teachers should cooperatively assess the students' task performances. In this way, students can benefit from the course in an all round way, as they can gain better knowledge both of language and of their specific subject.

Regarding materials development, the outcomes of this study imply that the students can learn English through TBLT materials grounded in patient-centred communication approaches. These findings lend support to the value of professional TBLT, specifically in EFL contexts where learners hardly have opportunities to communicate naturally in English outside the classroom. In the present study, the materials were designed specifically to cater for and encourage nursing students to communicate in English effectively in professional contexts. The TBLT materials in the professional English course contained twelve topics and twelve nursing role-play tasks adapted and modified by the researcher on the basis of available resources for healthcare communication. Task outcomes were defined in terms of achievement of oral and written communication, using criteria deriving from the professional healthcare literature to define communicative success. The programme lasted for 12 weeks, and in each weekly session, the students were motivated to work in groups through TBLT materials. The weekly task cycles included pre-task, task, and post-task phases, and each phase encouraged the students to put their existing language resources into practice. That is, they used whatever language knowledge they have to complete the tasks given. Overall analysis of the role play data showed an increasing patient centred orientation, and increased use of health communication skills. Students became somewhat more fluent and adventurous in their L2 use, mobilising and using their existing language resources, though accuracy did not increase greatly over this short course. Thus, the format adopted in this study for professional TBLT materials may be useful for material writers

in developing activities, task and teaching materials to promote oral fluency and professional communication skills among ESP students.

Lastly, the results from this study suggest that different types of oral role play tasks may have an impact on how the students utilise their language resources in achieving the tasks. For example, the case study students tended to use more variety of words in fixed tasks than they did in open tasks. However, the findings from the interviews and questionnaires indicated that the students preferred open tasks to the fixed ones as they had more freedom to create their own task scenarios as well as learning language in less pressured classrooms. Therefore, these findings lend support to the inclusion of varied task types in TBLT.

8.3.2 Implications for teachers of English in higher education institutions in Thailand

As English is not a national language in Thailand, students are likely to have limited opportunities to communicate in English in daily situations outside the classroom. Consequently, it is advantageous to seek out alternative methods of teaching English communicatively to Thai students. As discussed in Chapter one, Thai university students, and nursing students in particular, have difficulties with speaking English which may be partly due to teachers' teaching methodology or large class size. It seems from the experience of the present study, that TBLT might be a possible alternative for teaching ESP to university students more widely. The project has shown that teaching English communicatively in professional courses can be undertaken by adopting role play tasks which stimulate professional communication styles and define task success in terms of professional communication skills. This principle could be extended to various disciplines, with the emphasis on professional communication skills in each context.

This study has shown an increase of students' motivation that appeared to be associated with the explicit implementation of professional TBLT. In this study, the students' motivation and confidence were enhanced by allowing them to perform oral role-play tasks that are relevant to their future career and current study areas, in this case, nursing.

In doing so, the students had more freedom to use their own language repertoires to carry out tasks given and plan their tasks scenarios freely as well as selecting their own group members. The students undertook the tasks with their group members collaboratively and with support from the teacher-researcher. As this project emphasised meaningful interaction rather than form, during the pre-task and task phases, the students could try to communicate their intended meaning freely without any anxiety over accurate use of language. Reflection on form followed during the post-task phase, with students analysing their own performance and working on self-selected language points. It is clearly beneficial to adopt a teaching approach such as the TBLT framework proposed by Willis, which can raise students' motivation and confidence in communicating and participating in regular classroom activities, while not forgetting an element of linguistic challenge. Importantly, this approach also involves flexibility on the part of the teacher, who sees their role as assisting students to fulfil their own learning goals. My experience suggests that this style of teaching could easily be generalised to other Thai ESP teachers. Some of the literature reviewed earlier suggests that adoption and sustainability are not straightforward.

8.3.3 Implications for research in TBLT

On the macro level, the present study provides theoretically promising results pertaining to the integration of TBLT into a Professional English course with the emphasis on task outcomes in the form of communication skills grounded on health communication theory, and the patient-centred communication style in particular, for nursing students. Similar research is needed exploring the application of TBLT in ESP courses based on effective communication skills used in other professional communities such as medicine, nursing, public health, banking, tourism, justice or engineering.

On the micro level, the oral role play tasks, communication skills checklist and professional TBLT materials developed for this study can be utilised with flexible adaptation in future studies. To begin with, oral role play tasks similar to those developed by the researcher in this study can be applied as an instrument to elicit and evaluate students' language use. Regarding use of the communication skill checklist, the checklist was adapted in this study by the researcher as a guideline to measure the

students' communication skills use in the encounters among nurses and patients and nurse and nurse. The communication skills checklist was used successfully and provided a useful overview of students' interaction patterns, and it should be possible to apply this checklist with some adjustment for research in similar professional contexts. Finally, the TBLT material developed for this study can be employed as a guideline for researching and developing other professional English courses in fields such as midwifery, public health, medical technology, and pharmacy.

8.4 Limitations of the study

As stated previously, this was an interventionist action research study to scrutinise the impact of the professional TBLT on students' language development. A 12-week teaching period allowed the researcher to see development and changes in students' language and communication skills. Furthermore, the reliability of the data gathering procedures was enhanced by using multiple instruments adopted in action research: pre- and post-listening comprehension tests, pre-and post-role play tasks, in-sessional and post-sessional questionnaires, in-sessional group interviews and teacher journal. However, undertaking this project allowed the researcher to see some limitations which are described in what follows.

Generalizability

As this project included only thirty-one nursing students who were available during the period of the project implementation, the sample size was relatively small. The findings from the current study were generated from a group of nursing students in the EFL contexts. All of them were second year nursing students at the time of this study and these students had been learning English as a foreign language for more than ten years. Consequently, these results should be generalised to other contexts with caution. The findings of the present study may be applicable to Thai nursing students who are learning English as a foreign language and have a similar background to the subjects in this study.

Teacher as researcher

In this study, the teacher and the researcher were the same person, so the teacher-researcher's perspective to this project might be different from others. That is, the teacher-researcher's observations and opinions drawn from this study might be unique and limited. In addition, some aspects of the project's implementation might be left unnoticed. Thus, it is vital to extend this project and evaluate delivery of the TBLT programme by other teachers with different groups of nursing students, in order to see how well the project works with other groups, and how far regular ESP teachers who are not necessarily motivated to undertake research can adopt and implement TBLT principles.

Subject teacher participation

This project has been carried out solely by the researcher and emphasised language use only. There was no subject teacher participation in this study, apart from limited consultation with subject teachers from the School of Nursing and nurses working at hospitals prior to planning this project. As a language teacher, he lacked the knowledge of nursing practice and was not in a position to reflect on this aspect of the students' task performance. That is, when nursing students performed nursing care tasks such as giving intravenous fluids (IV) to the simulated patients, the researcher could not comment on the procedures. It would be a significant enhancement to include subject teachers e.g. from the School of Nursing to participate in similar projects in the future, so that professional input and feedback on the students' nursing task performances could be available throughout the course.

Delayed post-listening test and post-role play tasks

As mentioned previously, this study conducted post-listening comprehension tests and post-role play tasks after the completion of the professional TBLT project. However, the results drawn from these two instruments could not provide full information on the students' language retention after they had completed the course. To study longer term retention, it would be helpful to administer delayed post-listening tests and ask the students to perform delayed post-role play tasks.

8.5 Suggestions for further research

As discussed previously, the findings of this study indicate that the professional TBLT course had some positive effects on the students' language improvement. Nevertheless, the findings of one small action research study seem far from conclusive, and further research is required. The following are some suggestions for research that needs to be done in order to strengthen our understanding of the merits of TBLT for EFL pedagogic practices.

First and foremost, this study was designed to foster English language learning for 31 nursing undergraduates of a university in Thailand. Furthermore, the method adopted in this study was context-specific in design and findings. Accordingly, a replication of this study with other groups of students at the same university or at another university in Thailand may provide further insightful evidence about the applicability of TBLT. It is also worth moving to an experimental design, with a control group. This would help clarify how much of the language learning was due specifically to the TBLT experience, rather than just to 48 hours' general instruction. In addition, it is recommended to conduct a study which tracks language learning over a longer period of time. (12 weeks is a bit too short for emergence of full accuracy in the language patterns I have examined.)

Secondly, the results from this study show that the students were highly motivated to carry out the tasks given in each session. In addition, the students also reported that they gained more motivation and confidence to communicate in English with their friends or native speakers. Further research could concentrate on the aspect of motivation, in order to clarify to what extent motivation is variable and dynamic and can be promoted through different aspects of task design.

Thirdly, another feature of this study is that the students regularly changed their group membership across twelve sessions and the students also had freedom to form their own groups. As this study does not address this area, it could be helpful to study further how group composition affects the students' task planning or task performance. For

example, the researcher might study how group members' gender, learning achievement or language competency have an impact on task performance.

Fourthly, the overall implementation of this project took place solely in the classroom in that the students performed role play with their friends and had their classmates as their interlocutors. In further studies, it would beneficial to have NNS students to do role play tasks with native speakers (NS) as interlocutor. For example, nursing students should have experience of interaction with simulated NS patients.

Finally, the students suggested that they wanted to perform role play tasks in authentic settings such as in first aid rooms, health centres or hospital wards. It would clearly be advantageous to have students perform role plays in realistic contexts in which they can experiment more widely with their language use. To do this, research collaboration between subject experts and language teachers is needed so as to reflect on students' task outcomes in terms of both language and content.

8.6 Summary and conclusion

The current study has investigated the effects of professional TBLT on language development of nursing students studying Professional English at the UNT. Based on the findings discussed in Chapters six and seven, several conclusions can be drawn. First of all, the present study strongly suggests that the TBLT is valuable and positively affects students' language development in terms of listening comprehension, communication skill use, and vocabulary. The students also made gain in accuracy and complexity. The current study also lend support to previous TBLT pedagogic research as well as giving empirical evidence that the TBLT is possible and desirable for Thai learners of English, ESP students in particular. Furthermore, the results of this study suggest that professional TBLT with emphasis on communication skills in professional contexts can be applied as a basis to facilitate English oral communication. Lastly, the study provides useful insights into the relationships between TBLT framework, professional role play tasks, students' task performance and their opinions towards TBLT. Such insights offer clear directions for the further development of the teaching and learning of spoken English in Thai EFL contexts.

Appendix 1: Participant information sheet

UNIVERSITY OF Southampton
School of Humanities

Participant Information Sheet [02/10/2009] [Version 3]

Study Title: "Researching innovation in task-based teaching: authentic use of professional English by Thai nursing students"

Researcher: Khomkrit Tachom
Study ref:
Ethics reference number:

Dear Students

I am a PhD student enrolled at the University of Southampton, UK. I am conducting a research study on "Researching innovation in task-based teaching: authentic use of professional English by Thai nursing students". The study is specially designed for nursing students who learn English as a foreign language in Thailand. This study is a classroom-based research study and the students in the experimental classroom will study English through task-based approach which uses students' own subject knowledge and experiences in order to examine to what extent a task-based approach can improve students' communication proficiency, vocabulary, and fluency as well as support the development of motivation and confidence in using language. During the research data collection period, the students will be videotaped, interviewed and they will be asked to respond to the questionnaires.

All information provided to the researcher will be treated with confidentiality. No names of the participants will be identified in the research report and the thesis itself will not contain specific references or refer to organizations. In addition, the raw data

will be stored in a secure place at the School of Humanities, University of Southampton, UK. Only the researcher and supervisor will be able to access the data.

You may not directly benefit from the study but you will not be subject to any personal risks. Your participation and cooperation will be of great value to the development of teaching and learning English in Thailand. The research results will extend knowledge relating to task-based teaching in Thailand as a foreign language context.

During your participation in the research project, you will be free to withdraw from the study at any time without any effect to your study, status, treatment and care. There will be no financial payment or reimbursement. If you decide to participate in the study, you are required to complete the consent form provided by the researcher.

Should you require any further information regarding the research study, please contact Dr Martina Prude, University of Southampton Research Governance Manager, email: M.A.Prude@soton.ac.uk. She is an independent party and is not involved in the research study.

Thank you very much for your consideration of this request.

Khomkrit Tachom
PhD Student

Appendix 2: Ethical consent form

UNIVERSITY OF Southampton
School of Humanities

CONSENT FORM (Version 2)

Study title: "Researching innovation in task-based teaching: authentic use of professional English by Thai nursing students"

Researcher name: Khomkrit Tachom
Study reference:
Ethics reference:

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (insert date/version no.) and have had the opportunity to ask questions about the study	☐
I agree to take part in this research project and agree for my data to be used for the purpose of this study	☐
I understand my participation is voluntary and I may withdraw at any time without consequence	☐

Name of participant (print name):……

Signature of participant:……

Name of Researcher: **Khomkrit Tachom**

Signature of Researcher:……..

Date:……

Appendix 3: Lesson plan

Lesson plan 1

Task 1: Patient registration

Pre-task (40 minutes)

1. Teacher introduces the task topic to students and has students work in groups to brainstorm questions for collecting patients' data and write down questions on the worksheet provided. Do not give the patient's registration form to students at this stage as we want the students to use their existing knowledge to do this activity. Each group presents their patient information types and questions to the class.
2. Teacher teaches question forms and self-repairs to students.
3. Students working in pairs take turns to interview their partners and fill in a patient registration form.
4. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they will watch video of others doing a similar task.

Task phase

- Role-play situations are given to students working in groups of three (see role-play task instructions in Appendix 4).

Planning (40 minutes)

1. Students working in groups of three study their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses. The roles provided in the task are not fixed. Students can modify their roles according their preferences.
2. Students prepare their role-play by making notes and they are sometimes allowed to take a glance at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students working in groups watch their own performance from the video and transcribe questions and repairs found in their role-play.
2. Students working in groups examine and discuss questions formation and repairs found in the transcripts.
3. Students practise forming questions and repairs when communicating with others.

Task repetition (homework) (40 minutes)

- Students are asked to repeat performing role-play on the given topic with the same group members for their homework. They record their role-play and play it back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- A questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 2

Task 2: Preliminary examination

Pre-task (40 minutes)

1. The teacher introduces the task topic to students and has students do exercises to elicit useful words and phrases used for asking patient's chief complaints and preliminary examination and medical equipment by completing the worksheet provided.
2. Students play guessing games; work in group writing description of patients' symptoms. The group representatives from each group mine the symptoms and let other groups guess what the symptoms are. Each group describes 3 symptoms.
3. Teacher teaches asking for information and giving instructions when communicating with patients.
4. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they will listen to an audio CD of others doing similar task.

Task phase

- Role-play situations are given to students working in groups of three (see role-play task instructions in Appendix 4).

Planning (40 minutes)

1. Students working in groups of three study their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses. The roles provided in the task are not fixed. Students can modify their roles according their preferences.
2. Students prepare their role-play by making notes and they are sometimes allowed to take a glance at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students working in groups watch their own performance from the video and transcribe expressions for asking for information and giving instructions found in their role-play.
2. Students working in groups examine and discuss expressions for asking for information and giving instructions found in the transcripts.
3. Students practise asking for information and giving instructions.

Task repetition (homework) (40 minutes)

- Students are asked to repeat performing a role-play on the given topic with the same group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- Questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 3

Task 3: Introduction to an in-patient's room

Pre-task (40 minutes)

1. Teacher introduces the task topic to students and lets students working in groups play a game of listing the equipment used in a patient's room. The group with the most equipment will be the winner.
2. Students complete worksheet provided.
3. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they will look at photos showing facilities in a patient's room.

Task phase

- Role-play situations are given to students working in groups of three (see role-play task instructions in Appendix 4).

Planning (40 minutes)

1. Students working in groups of three study their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses. The roles provided in the task are not fixed. Students can modify their roles according to their preferences.
2. Students prepare their role-play by making notes and they are sometimes allowed to take a glance at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students watch their own performance from the video and transcribe expressions used for introducing patients to using room facilities and word stress found in their role-play.
2. Students listen to audio CD of native speakers performing the task similar to the given task and the students compare their transcript to that of native speaker's.
3. Students practise expressions used for introducing patients to using room facilities and word stress.

Task repetition (homework) (40 minutes)

- Students are asked to repeat performing role-play on the given topic with new group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- Questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 4

Task 4: Nursing round and general care

Pre-task (40 minutes)

1. Teacher introduces the task topic to students and has students to brainstorm what general cares on the ward are. Students working in groups complete the worksheet given to elicit useful words and phrases used for giving general care on the ward.
2. Teacher teaches expressions for giving general care on the ward.
3. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they listen to audio CD of others performing similar task.

Task phase

- Role-play situations are given to students working in groups of three (see role-play tasks instructions in Appendix 4).

Planning (40 minutes)

1. Students working in groups of three study their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses. The roles provided in the task are not fixed. Students can modify their roles according their preferences.
2. Students prepare their role-play by making notes and they are sometimes allowed to take a glance at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students watch their own performance from the video and transcribe expressions for giving general care on the ward and making small talk.
2. Students examine and discuss expressions for giving general care on the ward and making small talk found in the transcript.
3. Students practise expressions for giving general care on the ward and making small talk.

Task repetition (40 minutes)

- Students are asked to repeat performing role-play on the given topic with the same group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- Questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 5

Task 5: Giving intravenous fluids (IV.)

Pre-task

1. Teacher introduces the task topic to students and let students working in group brainstorm equipment and how to give I.V. fluids to patients. Each group presents their work to the class.
2. Students complete the worksheet given in order to elicit useful words and phrases used for giving I.V. fluids.
3. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they will video of others performing similar task.

4. Task phase

- Role-play situations are given to students working in groups of three (see role-play task instructions in Appendix 4).

Planning

1. Students working in groups of three study their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses. The roles provided in the task are not fixed. Students can modify their roles according their preferences.
2. Students prepare their role-play by making notes and they are sometimes allowed to take a glance at their notes.
3. The teacher monitors and assists students.

Rehearsing

- Students rehearse their role-play and the group members give feedback to one another.

Presenting

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development

1. Students watch their own performance from the video and transcribe expressions for giving I.V. fluids to patients.
2. Students watch video or audio CD of native speaker giving I.V. fluids to a patient and compare their transcripts with that of native speakers.
3. Students practise expressions for giving I.V. fluids to patients.

Task repetition

- Students are asked to repeat performing role-play on the given topic with new group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation

- Questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 6

Task 6: Taking samples

Pre-task (40 minutes)

1. Teacher introduces the task topic to students and has students to work in groups to brainstorm samples to be taken and how to take samples from patients by completing worksheet provided to them.
2. Students also complete given worksheet to elicit some useful words and phrases used for collecting samples.
3. Teacher teaches expressions for taking samples.
4. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they look at the photos and listen to audio of others performing similar task.
5. **Task phase**

- Students working in groups create their own role-play task on taking samples. Students must form a new group for each task. The same group members from the previous task are not allowed to work together.

Planning (40 minutes)

1. Students working in groups of three create their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses.
2. Students prepare their role-play by making notes and they are sometimes allowed to take a glance at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students watch their own performance from the video and transcribe pronunciation (stress) and medical vocabulary found in their role-play.
2. Students examine and discuss pronunciation (stress) and medical vocabulary found in the transcripts.
3. Students practise pronouncing words and phrases using different language sources e.g. by visiting online dictionary: *http://www.google.com/dictionary*,
4. **Task repetition** (40 minutes)

- Students are asked to repeat performing role-play on the given topic with new group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- Questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 7

Task 7: Mobilising the patient

Pre-task (40 minutes)

1. Teacher introduces the tasks topic to students and let students working in groups to brainstorm helping patients to move, equipment used, and how to instruct patients. Each group presents their work to the class.
2. Students complete worksheet given to elicit useful words and phrases used for helping the patient to move.
3. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they will look at photos and watch video of others performing similar task.

4. Task phase

- Students working in groups create their own role-play task on helping the patient to move. Students must form a new group for each task. The same group members from the previous task are not allowed to work together.

Planning (40 minutes)

1. Students working in groups of three create their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses.
2. Students prepare their role-play by making notes and they are not allowed to look at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students watch their own performance from the video and transcribe pronunciation (final sounds) and making small talk found in their role-play.
2. Students examine and discuss of pronunciation (final sounds) and making small talk found in the transcripts.
3. Students practise pronouncing words (final sounds) and phrases using different language sources e.g. by visiting online dictionary: *http://www.google.com/dictionary*,

Task repetition (40 minutes)

- Students are asked to repeat performing role-play on the given topic with the same group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- Questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 8

Task 8: Infection control and healthcare teaching

(Students should be assigned to read articles or books on Infection control and healthcare teaching prior to task cycle.)

Pre-task (40 minutes)

1. Teacher introduces the task topic to students and has students working in groups to brainstorm the cause and how to prevent infection in hospital. Each group presents their work to the class.
2. Teacher teaches expressions for healthcare teaching.
3. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they will look at photos showing the symptoms of infectious diseases in hospital.

Task phase

- Students working in groups create their own role-play task to teach patients to prevent infection in hospital or to explain to patients the reasons why they become ill. Students must form a new group for each task. The same group members from the previous task are not allowed to work together.

Planning (40 minutes)

1. Students working in groups of three create their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses.
2. Students prepare their role-play by making notes and they are not allowed to look at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students watch their own performance from the video and transcribe self-repairs and medical vocabulary.
2. Students examine and discuss self-repairs and medical vocabulary found in the transcripts.
3. Students practise self-repairs and medical vocabulary (see worksheet 4).

Task repetition (40 minutes)

- Students are asked to repeat performing role-play on the given topic with new group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- Questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 10

Task 10: Post-operative care

Pre-task (40 minutes)

1. Teacher introduces the task topic to students and has students working in groups brainstorming patient's post-operative side effects, how to handle side effects and things the patients are not allowed to do. Each group presents the symptoms and how to handle those symptoms to the class.
2. Students complete worksheet provided in order to elicit useful words and phrases used for giving post-operative care to patients.
3. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they will listen to an audio CD or watch video of others performing a similar task.

Task phase

- Students working in groups create their own role-play task on post-operative care. Students must form a new group for each task. The same group members from the previous task are not allowed to work together.

Planning (40 minutes)

1. Students working in groups of three create their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses.
2. Students prepare their role-play by making notes and they are not allowed to look at their notes.
3. The teacher monitors and assists students.

Rehearsing (40 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students watch their own performance from the video and transcribe expressions for giving care.
2. Students listen to audio CD and compare their transcript with that of native speakers forming similar task.
3. Students examine and discuss expressions for giving care found in the transcripts
4. Students practise expressions for giving care.

Task repetition (40 minutes)

- Students are asked to repeat performing role-play on the given topic with new group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- Questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 11

Task 11: Complaint handling

Pre-task (40 minutes)

1. Teacher introduces the task topic to students and has students working in groups brainstorm possible patients' complaints and solutions. Each group presents the complaints and solutions to the class.
2. Students complete worksheet provided in order to elicit useful words and phrases used for dealing with patients' complaints in the ward.
3. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they will listen to audio CD of others performing similar task.

Task phase

- Students working in groups create their own role-play task on dealing with complaints. Students must form a new group for each task. The same group members from the previous task are not allowed to work together.

Planning (40 minutes)

1. Students working in groups of three create their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses.
2. Students prepare their role-play by making notes and they are not allowed to look at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.
3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students watch their own performance from the video and transcribe pronunciation (final sounds) and self-repair.
2. Students examine and discuss pronunciation (final sounds) and self-repairs found in the transcripts.
3. Students practise pronouncing final sounds and expression for dealing with patient's complaint.

Task repetition (40 minutes)

- Students are asked to repeat performing the role-play on the given topic with same group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- Questionnaire concerning doing task given will be distributed to students at the end of the task (see Appendix 8).

Lesson plan 12

Task 12: Advising newly discharged patients

Pre-task (40 minutes)

1. Teacher introduces the task topic to students and has students working in groups brainstorm advice for newly discharged patients. Each group presents the advice to the class.
2. Students complete worksheet provided in order to elicit useful words and phrases used for giving advice to newly discharge patients.
3. Teach teaches expressions for giving advice for newly discharged patients. The teacher helps students understand task instructions and prepare for the task. To prompt students to have clear ideas on how to do the provided task, they listen to audio CD of others performing similar task. The medicine labels should be shown to students on how to give advice of taking medicine for the patient.

Task phase

- Students working in groups create their own role-play task on giving advice to newly discharged patients. Students must form a new group for each task. The same group members from the previous task are not allowed to work together.

Planning (40 minutes)

1. Students working in groups of three create their role-play situations and allocate their roles. One student will act as a patient and the other two as nurses.
2. Students prepare their role-play by making notes and they are not allowed to look at their notes.
3. The teacher monitors and assists students.

Rehearsing (20 minutes)

- Students rehearse their role-play and the group members give feedback to one another.

Presenting (50 minutes)

1. Students perform their role-play to the whole class.
2. The students' role-play is video recorded.

3. The teacher and students reflect on the role-play performance using the form given (see Appendix 5) and the teacher provides feedback to each group. The observing students provide written feedback to the performing groups.

Post-task

Language development (40 minutes)

1. Students watch their own performance from the video and transcribe expressions for giving advice.
2. Students examine and discuss expressions for giving advice found in the transcript of the recoding.
3. Students practise expressions for giving advice.

Task repetition (40 minutes)

- Students are asked to repeat performing role-play on the given topic with new group members for their homework. They record their role-play and play back to the next class. The students' role-play recordings will be randomly shown to the class.

Evaluation (10 minutes)

- Questionnaire concerning doing task given will be distributed to students at the end of the task 12 (see Appendix 8).

Appendix 4: Role-play task instructions

1. Pre and post role-play task

Scenario:

There is a patient waiting for taking x-ray at the Radiology Department. You have to ask for the patient information to complete an x-ray consent form before she will take an x-ray.

Direction: Work in groups of three and perform role play task using the following information:

1. Student A: you are a staff nurse. You have to interview the patient in order to complete the x-ray consent form, ask the patient to sign the form and report the patient information to an in-charge nurse, students C.
2. Student B: you are a patient. You have to use the information below to answer the nurse's questions.

Patient information

Name: …….

Past medical history: kidney disease (10 years), diabetes, no history of asthma

Allergies: seafood

Diabetes medication: insulin

Past x-ray: No

Pregnancy: No

Breastfeeding: No

3. Student C: you are an in-charge nurse. You have to ask for more details about the patient information from the staff nurse, student A, using the above patient information.

2. Role-play task instructions for actual classroom intervention

Session 1: Patient registration

Scenario:

A new patient comes to the hospital because he has hurt his hands from a motorcycle accident. This is his first visit to the hospital and he does not have any hospital information. He cannot fill out the hospital registration form. A nurse helps him to complete the forms.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1- you greet a new patient at the registration desk and introduce yourself to the patient. You ask a patient's personal information and present illness and offer to help him to fill out the registration form.
2. Nurse 2- you greet the patient and introduce yourself to the patient. You tell the patient to go to the primary examination desk. By accident, the patient goes to the wrong desk. You must take him back to the correct desk. After that, you come back to the registration desk and ask for more information about the patient's personal details and present illness. You will report the patient's case to the OPD ward conference.
3. Patient – you answer all questions asked by the nurse to complete the registration form. You have hurt your hands and you cannot fill out the form by yourself and you ask for help from the nurse. You also go to the wrong desk.

Session 2: Preliminary examination

Scenario:

At the OPD, a patient has been sick and he has had a terrible sore throat for five days. He also feels tired and coughs up a lot of phlegm. He does not feel like eating because his throat hurts when he swallows food.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 – you greet and introduce yourself to the patient and ask the patient about his symptoms and past illness. You measure the patient's weight and height, and check the patient's temperature and blood pressure. You tell the patient his temperature and blood pressure.
2. Nurse 2 – you take the patient to the waiting area to see the doctor for further investigation. You come back to the primary examination desk and ask for more information about the patient's present and past illness. You will report the patient's case to the OPD ward conference.
3. Patient – you answer all questions asked by the nurse and show signs of a sore throat. You feel weak and tired.

Session 3: Introduction to an in-patient's room

Scenario:

A patient is admitted to hospital today and he is unaware that he will have to stay in the hospital for ongoing treatment. The patient is quite nervous and worries about staying in the hospital. The nurse reassures him by encouraging him to stay in the hospital and not to worry. The nurse also takes him to his room in the medical ward and introduces him to room facilities, communication arrangements and where to keep his valuables.

Role-play task:

Work in group of three. Take turns being a patient and nurses in the following situations.

1. OPD nurse – you tell a patient that he must stay in hospital for treatment and try to lessen his worries about being in a hospital. You take him to his room in the medical ward. You also briefly summarise the patient's chief complaints and primary examination results to the medical ward nurse.
2. Medical ward nurse – you ask for more information about the patient's symptoms as much as you can from the OPD nurse. You greet and introduce yourself to the patient. After that, you take him to his room and introduce facilities, communication arrangements if he wants to call a nurse in case of an emergency, and the place for keeping valuables. Before you leave the room, the patient mistakenly presses the button to call a nurse and the other nurse comes quickly to the patient's room. You tell her that there is nothing wrong and advise the patient to be careful.
3. Patient – you show the signs of worry about being in the hospital and ask for more information about room facilities, how to adjust the bed, where to keep your valuables, food, and how to call a nurse in case of emergency. You accidentally press the button to call a nurse. You apologise to a nurse for your mistake.

Session 4: Nursing round and general care

Scenario:

An elderly patient has been hospitalized for his leg operation and he cannot move his leg. He needs changing as does his bed sheet and wound dressing. A nurse meets him every morning to change his bed sheet and clean his wound.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 – you greet and talk the patient. You ask about his symptoms and change his bed sheet. While you are changing the bed sheet, the patient falls from the bed. You help the patient back to the bed and apologize to the patient. You will report the incident to the ward conference.
2. Nurse 2 – you greet the make talk to the patient. You ask the patient about his symptoms and ask for permission to clean his wound and change his wound dressing. You tell the patient that his incision is getting better. You will report the patient case to the ward conference.
3. Patient – you have a leg operation and cannot move your leg. You ask for help from a nurse to move while she is changing your bed sheet and cleaning your incision and ask a nurse about your incision. You accidentally fall from the bed while the nurse is changing your bed sheet.

Session 5: Giving intravenous fluids (IV.)

Scenario:

A teenaged patient is admitted to hospital due to a motorcycle accident. He has a terrible wound on his body. He is nervous and in pain. He needs I.V. fluids and antibiotics to prevent infection.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 (head ward) – you have received a doctor's notes telling you that a teenaged patient needs I.V. fluids and antibiotics. You give a patient's chief complaints to your colleague (nurse 2) and ask her to give I.V. fluids and antibiotics to the patient. You are preparing to give an I.V. set and antibiotics to her.
2. Nurse 2 – you ask for information about the patient as much as you can from your colleague (nurse 1). You greet the patient and tell him that he needs to have I.V. fluids and antibiotics to prevent infection. You also reassure him about the pain and duration of having I.V. fluids. After giving the first I.V. fluids, there is a clot in the I.V. tube. You need to find a new vein to continue the I.V. fluids. You report the incident to the head ward.
3. Patient – you are nervous and worried about having I.V. fluids. You ask the nurse the reason for having I.V. fluids, pain, duration, drinking and having food, how to move your arm, and how to go to the toilet.

Session 6: Taking samples

Scenario:

A patient has been admitted to the hospital because she has severe diarrhoea. She has also noticed that there is blood in her stool. A doctor's note says that the patient needs to have her blood, stool and urine examined.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 – you are discussing the doctor's note with your colleague (nurse 2) how to take patient's blood, stool, and urine samples. You greet and talk to the patient. You tell her that you will take her blood sample. Before doing this, you must tell the patient the reason why you have to take her blood sample. You also explain the process of taking the sample and reassure the patient not to worry. You will inform the patient about the results of her blood examination.
2. Nurse 2 – You greet and talk to the patient. You tell her that you will take her stool and urine samples. You should tell her the reason why you have to take these samples. You must inform the patient the right amount of samples taken and when she will know her results of the sample inspection.
3. Patient – you ask the nurse the reason why they need to take your blood, stool, and urine samples and when you will be notified about the inspection results. You do not want to give the stool and urine samples to the nurse because you are shy.

Session 7: Mobilising the patient

Scenario:

A patient has had a hip replacement and has difficulty walking. She needs to go to the rehabilitation area every day for her exercise to walk. A nurse moves her to the area and takes her for the walk along a ward corridor.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 – you greet and make a small talk to the patient. You tell her that you will take her to the rehabilitation area. You help her to get into the wheelchair because she has difficulty with moving. While you are moving the wheelchair along the corridor, the porter moving a stretcher, accidentally hits the patient's wheelchair. The patient does not get hurt. You apologise to the patient for your mistake. You also take the patient back to the ward and report the patient's case to the ward conference.
2. Nurse 2 – you greet and talk to the patient. You tell her that you will take her for a walk. You prepare crutches for the patient, since she has difficulty walking. When the patient has pain, you calm her down and encourage the patient to continue walking. You also report the patient case to the ward conference.
3. Patient – you have a hip replacement and have difficulty walking. When you move, you show signs of pain and do not want to move to the rehabilitation section or walk along the corridor. Your wheelchair crashes with the stretcher. You also scream because you are frightened.

Session 8: Infection control and healthcare teaching

Scenario:

A patient has been admitted to hospital because of food poisoning. He will have ongoing treatment for several days. The in-charge nurse assigns her staff member to teach the patient how to prevent infection while he is staying in the hospital.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1(in-charge nurse) – you assign your staff member to teach the patient how to prevent the infection in the ward.
2. Nurse 2 (staff member) – you teach the patient to follow the guideline of infection control in the ward.
3. Patient – you ask more questions about preventing infection in the ward from the staff nurse.

Session 9: Breaking bad news and pre-operative care

Scenario:

A patient is diagnosed with appendicitis. He needs to have an appendectomy. The patient does worry about his symptoms and he does not know that he will have the operation. Before the operation, he is not allowed to have food and drink. He is hungry and he asks for food and drink. A nurse is dealing with his problems and prepares him for the operation.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 – you and your colleague (nurse 2) are working on a doctor's note telling them that the patient needs to have an appendectomy. You will tell the patient about the appendectomy. You have to reassure the patient not to worry too much about the operation. After the patient hears of his news, he insists on going home and not having the operation. You have to calm him down and cheer him up. You also advise him to keep his valuables.
2. Nurse 2 – you tell the patient not to have food and drink before the operation, the duration of the appendectomy, and the size of incision. You take the patient's vital signs and tell him what his vital signs are. You also clean the patient's abdomen. The patient asks your permission for having food and drink because he is hungry and thirsty. You decline his request and ask him to wait until the operation is completed.
3. Patient – you do not know that you will have the operation. After you have been given the news, you are nervous and worry about the operation. You want to go home and do not want to have the operation. You ask for the reasons for having the appendectomy and permission to have food and drink because you are hungry and thirsty.

Session 10: Post-operative care

Scenario:

A patient has been given an appendectomy and he is now in post-operative care. He does not feel well and feels dizzy due to the anaesthetic. He has severe pain around his incision which is very difficult to cope with. He asks for more painkillers. There is some blood around his wound. His wound dressing needs changing.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1(head ward nurse) – you are working on the patient's chart and give the patient's details to your colleagues (nurse 2), and tell her how to take care of the post-operative patient. You ask her to visit the patient in his room.
2. Nurse 2 – you have got the patient's details about his present illness and can ask for more information on the patient from the head ward (nurse 1). You visit the patient in his room and ask him how he is feeling and give him some advice on how to take care of himself. You give him some painkillers and look at his incision. You notice blood in his wound and change the dressing. You also report the patient's case to the ward conference.
3. Patient – you tell the nurse that you feel dizzy and have severe pain around you incision and your incision itches. You ask for more painkillers and you ask about scratching your wound, taking a bath, eating and drinking, exercising, and other things you can and cannot do.

Session 11: Complaint handling

Scenario:

A patient has been hospitalized for 3 days. She has been diagnosed with type 2 diabetes mellitus and is undergoing treatment for a wound infection on her left ankle. She has problems with hospitals daily meals, air conditioners buzzing all night and the bed squeaking. She asks to change the menu, have the air conditioner fixed and the bed replaced. A nurse is dealing with her problems.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 – You go to a patient's bed, greet and talk to the patient. You ask her about her symptoms. You listen to and solve her problem of the hospitals daily menu by changing the menu for the next day.
2. Nurse 2 - You go to a patient's bed, greet and talk to the patient. You ask her about her symptoms. You listen to and solve her problem of the buzzing air conditioner and squeaking bed. You will have the bed replaced and the air conditioner fixed. As the patient asks for more painkillers, you decline her request because she will overdose. You also give her an extra blanket as requested.
3. Patient – you tell the nurses' the problem about the hospitals daily menu because the food tastes terrible. You also do not feel well because the air conditioner is buzzing the whole night. The bed squeaks when you turn. You ask for a bed replacement, more pain killers and an extra blanket.

Session 12: Advising newly discharged patient

Scenario:

A patient has been diagnosed with type 1 diabetes mellitus. He is scheduled to be discharged home. The advice on insulin administration, diet, blood glucose monitoring, the signs and symptoms of hypoglycemia and hyperglycemia, should be provided to the patient.

Role-play task:

Work in groups of three. Take turns being a patient and nurses' in the following situations.

1. Nurse 1 – you have got a doctor's note explaining that the patient will be discharged home this afternoon. You discuss the note with your colleague (nurse 2) on how to give advice on insulin administration, diet, blood glucose monitoring, the signs and symptoms of hypoglycemia and hyperglycemia. You also prepare the equipment used that demonstrates how to administer insulin for the patient. You go to the patient's room with your colleague (nurse 2) to demonstrate the insulin administration to the patient.
2. Nurse 2 - you visit the patient in his room with your colleague (nurse 1). You greet and talk to the patient. You tell the patient the good news that he will be discharged home in the afternoon. You give the advice to the patient about diet, how to monitor blood glucose and the signs and symptoms of hypoglycemia and hyperglycemia, and how to keep the insulin administer set. You also make an appointment with the patient for the follow-up and tell the patient that he can contact the hospital immediately in case of emergency by giving the patient the hospital phone numbers.
3. Patient – you are happy and feeling good about going home. You ask the nurse about how to administer insulin, control your diet, monitor blood glucose, notice the signs and symptoms of hypoglycemia and hyperglycemia, how to take medicine, and how to contact the hospital in case of an emergency.

Appendix 5: Communication skills checklist for in-sessional role play performance

Topic:…… **Date:** ……

Name: ……

Direction: Put a tick (✓) in the columns which correspond with your opinions and write your comments on the space provided:

Statement to be observed	**Happen**	**Happen with problems**	**Not applicable**
1. Introducing self to a patient and family 2. Calling patient by preferred name 3. Asking a patient's permission before giving care 4. Explaining actions to a patient 5. Checking that the patient has understood explanation given 6. Asking appropriate questions to collect personal and health information from a patient 7. Checking that he/she has understood the patient correctly 8. Responding appropriately to a patient's comments or questions 9. Making 'small talk' when appropriate to create rapport with a patient 10. Giving a patient feedback about care given			
Total			

(Adapted from Miguel et al., 2006)

Suggestions/comments:……

……

……

……

Appendix 6: Listening comprehension test

Listening Test for Nursing Students

Directions: You will hear the nurses are talking to the patients in several situations. For each question, choose the correct answer by putting a cross (x) in the correct box in the answer sheet provided.

Dialogue 1: No. 1 – 2

1. What can we infer from the patient?
   a. The patient has difficulty spelling his name.
   b. The patient has never been to this hospital.
   c. The patient is unemployed.
   d. The patient can take antibiotics.
2. Which item is the nurse not asking?
   a. reason for admission
   b. working history
   c. allergies
   d. name and date of birth

Dialogue 2: No. 3 – 4

3. What is the nurse doing?
   a. removing the patient's shoes
   b. demonstrating how to lose weight
   c. explaining how to adjust the scale
   d. measuring the patient's weight and height
4. How tall is the patient?
   a. 170 centimetres
   b. 157 centimetres
   c. 175 centimetres
   d. 107 centimetres

Dialogue 3: No. 5 - 6

5. What kind of thermometer is the nurse using?
   a. armpit thermometer
   b. oral thermometer
   c. ear thermometer
   d. rectal thermometer
6. What is the patient's symptom?
   a. The patient has lesions in his mouth.
   b. The patient has tongue ulceration.

c. The patient has a minor ailment.

d. The patient has suffered from bad weather.

Dialogue 4: No. 7 - 8

7. What is wrong with the patient?

a. He is bleeding.

b. He hurt his upper arm.

c. His blood pressure is normal.

d. His blood pressure is abnormal.

8. What does the nurse do?

a. She asks the patient personal information.

b. She talks about the causes of blood pressure.

c. She takes the patient's Observations.

d. She explains reasons for giving care.

Dialogue 5: No. 9 – 11

9. How is the patient feeling at first?

a. The patient is feeling very good.

b. The patient is feeling very exhausted.

c. The patient is feeling comfortable.

d. The patient is feeling pleased.

10. What care is the nurse giving to the patient?

a. cleaning the patient's bed

b. cleaning the patient's gown

c. cleaning the patient's body

d. reliving the patient's hurt

11. Where does the conversation take place?

a. in the recovery

b. in the operating theatre

c. in the radiology

d. in the hospice

Dialogue 6: No. 12 – 15

12. What is the topic of the conversation?

a. The nurse needs a patient's stool sample.

b. The nurse needs a patient's stool.

c. The patient has difficulty using the bedpan.

d. The patient has difficulty mobilising.

13. Why is the patient's specimen needed?

a. for examination of his blood in the bedpan

b. for examination of bleeding in his abdomen

c. for examination of his bedpan use

d. for examination of his blood type

14. What can we infer from the patient?

a. The patient can help himself.
b. The patient needs help from the nurse.
c. The patient needs a bedpan.
d. The patient cannot move.

15. What does the word "one scoop" refer to?

a. bathroom
b. stool sample
c. container
d. bedpan

Dialogue 7: No. 16 – 17

16. What are the nurse and the patient talking about?

a. taking a bath
b. drinking some water
c. taking a urine sample
d. cleaning a container

17. How much is the specimen required?

a. about thirty minutes
b. about half an hour
c. about half of the container
d. about the amount indicated

Dialogue 8: No. 18 - 20

18. Which is not correct according to the conversation?

a. The patient is given an intravenous fluid.
b. The patient is given some medicine.
c. The patient has an infection.
d. The patient's treatment will last for six hours.

19. Why does the patient need an antibiotic?

a. to make him stronger
b. to treat his left arm
c. to protect him from infection
d. to help his right hand

20. What does the word "a pin prick" refer to?

a. a tube
b. a fist
c. a problem
d. a hurt

Dialogue 9: No. 21 – 24

21. How is the patient feeling?

a. He is excited.
b. He is worried.
c. He is awkward.
d. He is a coward.

22. How long will the treatment take?

a. 60 minutes
b. 30 minutes
c. 38 minutes
d. 13 minutes

23. What is the nurse doing?

a. taking about nursing profession
b. cleaning the patient's incision
c. examining the patient's abdomen
d. preparing the patient for an operation

24. What treatment is the patient having?

a. blood pressure treatment
b. abdominal surgery
c. treatment for a respiratory tract infection
d. arm operation

Dialogue 10: No. 25 – 28

25. What is the topic of the conversation?

a. The nurse is giving the patient medicine.
b. The nurse is giving the patient care after an operation.
c. The nurse is giving the patient paracetamol.
d. The nurse is giving the patient anesthetic.

26. Why is the patient not feeling well?

a. because of blurred vision
b. because of anesthetic
c. because of nausea
d. because of antiseptic

27. Which care will the nurse not do for the patient?

a. give the patient some medicine
b. dress the patient's incision
c. clean the patient's body
d. give the patient a bath

28. What does the nurse give to the patient to lessen itching?

a. painkillers
b. paracetamol
c. antihistamine
d. anaesthetic

Dialogue 11: No. 29 - 31

29. How can the patient have food at the moment?

a. by drinking
b. by intravenous fluid
c. by medicine
d. by a nasogastric feeding tube

30. Why does the nurse advise the patient to get up and walk?

a. to avoid producing urine
b. to avoid complications
c. to avoid drinking
d. to avoid thirst

31. Which activity is not advised by the nurse?

a. The patient can exercise vigorously.
b. The patient can walk in his room.
c. The patient can wash and take a bath as usual.

d. The patient can contact nurses when needed.

Dialogue 12: No. 32 – 34

32. What problem does the patient have?

a. He doesn't like the food. b. He doesn't have a menu.

c. He doesn't like the nurse. d. He didn't meet a nurse.

33. What will the nurse do for the patient's problem?

a. He will meet a menu organiser. b. He will have a new menu.

c. He will meet a nurse. d. He will have apologies.

34. What does the patient want?

a. The patient wants a nurse's check-up. b. The patient wants a nurse' round.

c. The patient wants a doctor's visit. d. The patient wants an emergency call.

Dialogue 13: No. 35 – 37

35. What is the cause of the patient's sleeping problem?

a. She didn't sleep. b. She is not feeling well.

c. Her bed was turned. d. Her air conditioner was noisy.

36. Why does the nurse decline the patient's request for the painkillers?

a. She is not feeling well. b. She didn't sleep well.

c. She has a pain. d. She will overdose.

37. What is the topic of the conversation?

a. The nurse is dealing with the patient's complaints.

b. The nurse is giving the patient some medicine.

c. The nurse is meeting the patient at 6 p.m.

d. The nurse is giving the patient an extra pillow.

Dialogue 14: No. 38 - 40

38. Why is the patient feeling good?

a. He is going home today. b. He has recovered from illness quickly.

c. He is having fruits and drinks. d. He meets a nurse today.

39. Which of the patient's symptoms can we infer from the nurse's advice?

a. He has a problem with his abdomen.

b. He has a problem with discharging.

c. He has a problem with following advice.

d. He has a problem with taking medicine.

40. What is the topic of the conversation?

a. The patient is having fruits and vegetables.

b. The patient is having an emergency call.

c. The nurse is taking some medicine.

d. The nurse is giving some guidance to the patient.

Listening Answer Sheet

Name: ……**Student ID:**…….

Date:……

You must transfer all your answers from the listening paper to the answer sheet.

No.	a	b	c	d	No.	a	b	c	d	No.	a	b	c	d	No.	a	b	c	d
1					11					21					31				
2					12					22					32				
3					13					23					33				
4					14					24					34				
5					15					25					35				
6					16					26					36				
7					17					27					37				
8					18					28					38				
9					19					29					39				
10					20					30					40				

Appendix 7: Questions for student focus group interview

1. Are you satisfied with the current classroom tasks?

……

……

……

2. Do the current classroom tasks meet your expectation?

……

……

……

3. How do you find the current classroom tasks?

……

……

……

4. What do you get from the current classroom tasks? e.g. knowledge of vocabulary or grammar / strategies for communication

……

……

……

5. How did you do/ handle the tasks given?

……

……

……

Appendix 8: In-sessional questionnaire

This questionnaire will be distributed to students after the completion of a task

Objective: To find out students' attitudes towards learning English through a Task-based approach.

Date: ……
Topic: ……

Put a tick (✓) in the circles which correspond with your opinions and write your comments on the space provided:

The tasks in this topic were:

	Yes	No		Yes	No
1. Fun:	○	○	Boring:	○	○
2. Good for me:	○	○	No use:	○	○
3. Appropriate:	○	○	Inappropriate:	○	○
4. Too easy:	○	○	Too difficult:	○	○

Suggestions/comments
……..
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Suggestions/comments:……
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Appendix 9: Post-sessional questionnaire

This questionnaire will be handed to students at the completion of task-based teaching period.

Part 1: Please tick (✓) the number which corresponds with your reaction.

Strongly agree = 5, Agree = 4, Undecided = 3, Disagree = 2,
Strongly disagree = 1

Statements to be rated	5	4	3	2	1
1. The class appeared to understand what was required all the times.					
2. Every student appeared to be involved at all times.					
3. Students were interested in the lessons.					
4. Materials and learning activities were appropriate.					
5. Class atmosphere was positive.					
6. The pace of the lesson was appropriate.					
7. There was enough variety in the lesson.					
8. There was genuine communication in this class.					
9. Students felt free and had fun in learning.					
10. Students participated well in learning process.					
11. Teaching aids were provided appropriately.					
12. Small group work was helpful to students.					
13. Set tasks using students' professional knowledge supported them to develop their language proficiency.					
14. Tasks could generate opportunities for students' language learning.					
15. Tasks selected and sequenced were relevant and meaningful to classroom activities.					
16. Tasks designed appeared to promote students' confidence and language performance.					

Source: Adapted from Nunan (1989: 109)

Part 2: Please provide your **comments/suggestions** towards learning English through task-based approach.

……

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Thank you very much for your cooperation.

Appendix 10: Students' listening comprehension test scores

No.	Name	Pre-test	Post-test
1	NS 1	15	22
2	NS 2	14	19
3	NS 3	14	17
4	NS 4	21	20
5	NS 5	18	20
6	NS 6	18	19
7	NS 7	18	31
8	NS 8	9	22
9	NS 9	9	11
10	NS 10	15	22
11	NS 11	9	11
12	NS 12	15	27
13	NS 13	16	19
14	NS 14	17	19
15	NS 15	15	21
16	NS 16	14	19
17	NS 17	14	14
18	NS 18	11	11
19	NS 19	8	16
20	NS 20	15	19
21	NS 21	15	14
22	NS 22	8	16
23	NS 23	12	16
24	NS 24	18	22
25	NS 25	15	23
26	NS 26	11	23
27	NS 27	11	10
28	NS 28	16	21
29	NS 29	11	21
30	NS 30	15	25
31	NS 31	16	17
Mean score		13.97	18.94
Standard deviation		3.31	4.77

Appendix 11: Pre and post role play transcripts

Transcript of Pre-role play /1

NS=nursing students, NS19 = nurse 2, NS28 = patient, NS30=nurse 1

(Nurse 1 interviews the patient before the patient takes an x-ray.)

NS30: Good afternoon. What is your name?
NS28: Please call me Atchara Sriwapa
NS30: How do you feeling?
NS28: I feel stomachache. I want to see the doctor
NS30: O.K. (..) I want to patient information. I want to know (..) past medical (...) history
NS28: I'm kidney disease for ten years ago and (…) diabetes but I am not asthma
NS30: Do you allergies?
NS28: Yes I am allergy to seafood
NS30: Past x-ray?
NS28: No
NS30: Diabetes *medi…medication*?
NS28: Insulin
NS30: *(nods head)* Pegnancy (pregnancy)?
NS28: No
NS30: *(nods head)* Breastfeeding?
NS28: No
NS30: *(nods head)* O.K. Thank you

(Nurse 1 reports the patient's information to nurse 2, the head nurse)
NS30: Hello I will *re…report* (…) the (...) patient information
NS19: O.K. what's her name?
NS30: Her name is Atchara Sriwapa
NS19: [...xxx…
NS30: [*His*…her is kidney disease for ten years ago and (…) diabetes but her don't have asthma (...) her never x-ray her (…) never pegnancy (pregnancy)
NS19: What's her allergy?
NS30: Seafood
NS19: What diabetes medication?
NS30: Insulin
NS19: O.K. thank you
NS30: Thank you

Transcript of Post-Role Play/1

NS=nursing students, NS19= patient, NS28= nurse 2, NS30=nurse1

(Nurse 1 interviews the patient before the patient takes an x-ray.)

1 NS30: Good afternoon madam
2 NS19: Good afternoon
3 NS30: What's your name?
4 NS19: My name is Sara
5 NS30: What past medical history?
6 NS19: I have kidney disease for ten years ago and diabetes
7 NS30: What are you allergy?
8 NS19: Seafood
9 NS30: You have to past x-ray?
10 NS19: No *(shakes head)*
11 NS30: Have you take any medicine?
12 NS19: Insulin
13 NS30: Are you pregnancy?
14 NS19: No *(shakes head)*
15 NS30: Are you breastfeeding?
16 NS19: No *(shakes head)*
17 NS30: O.K. next I will take you to the x-ray room
18 NS19: O.K.
19 NS30 Thank you

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

20 NS28: Good afternoon
21 NS30: Good afternoon
22 NS28: I want patient information. What is she name?
23 NS30: She name is Sara
24 NS28: What past medical history?
25 NS30: She has kidney disease for ten years ago and diabetes
26 NS28: What is she allergy?
27 NS30: Seafood
28 NS28: Past x-ray?
29 NS30: No *(shakes head)*
30 NS28: And medicine?
31 NS30: Insulin
32 NS28: Is she pregnancy?
33 NS30: No *(shakes head)*
34 NS28: O.K. Thank you

Transcript of Pre-role play /2

NS=nursing students, NS4=paitient, NS7=nurse 1, NS8=nurse 2, NS31=patient's next of kin

(Nurse 1 interviews the patient before the patient takes an x-ray.)
(relative takes the patient to the nurse)

1 NS7: Good afternoon
2 NS4: Good afternoon
3 NS7: Please sit down
4 NS4: Thank you
5 NS7: What is your name?
6 NS4: My name is Ampika
7 NS7: Why are you going to the doctor?
8 NS4: I have stomachache (touches stomach) and (…) feel dizzy.
9 NS7: Um.. what your past medical history?
10 NS4: I..um..have..(…).. kidney disease ten years ago. Um..
11 NS4: Um…
12 NS7: Um…
13 NS31: Oh. *She ..she.. have ur..diabetes.* No history of asthma, thank you
14 NS7: What is your allergy?
15 NS4: Seafood
16 NS7: What your past x-ray?
17 NS4: No
18 NS7: Um..What is your diabetes medication?
19 NS4: Um..sorry I am forget
20 NS31: Ah..*she she have insulin*
21 NS7: Do you pregnancy?
22 NS4: No
23 NS7: And do you breastfeeding?
24 NS4: No
25 NS7: Thank you. Just a moment please

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

26 NS7: Excuse me, head nurse
27 NS8: Yes. (…) Sit down, please
28 NS7: Thank you.
29 NS8: What's the patient name?
30 NS7: Her name's Ampika Chaimangua
31 NS8: What is the patient feeling when she come here?
32 NS7: Um..she have a stomachache and feel dizzy.
33 NS8: Past medical history and allergy?
34 NS7: Um.. she have kidney disease ten years ago and diabetes, no history of
35 asthma and she have allergy to seafood. (…) Um.. *she have, she don't*
36 *have past x-ray*, and pregnancy, don't have breastfeeding. She have
37 diabetes medication is insulin.
38 NS8: O.K. Thank you.

Transcript of Post-Role Play/2

NS=nursing students, NS7=nurse 1, NS8=nurse 2, NS31=patient

(Nurse 1 interviews the patient before the patient takes an x-ray.)

NS7: Good afternoon. Let me introduce myself. I'm Suchada *(points body)*, the nurse of this ward. It's nice to meet you.
NS31: Nice to meet you, too.
NS7: Have you ever been in hospital before?
NS31: No, I don't have.
NS7: O.K. What is your name?
NS31: My name is Monthamas.
NS7: What past medical history?
NS31: I have kidney disease for ten years ago and (…) *diabet diabetes*.
NS7: O.K. Do you have history of asthma?
NS31: No, I don't.
NS7: Are you allergic to any medication or food?
NS31: Yes, I have allergic to seafood.
NS7: Do you have past x-ray?
NS31: No.
NS7: What the medication of did you use?
NS31: Insulin.
NS7: Are you pregnancy?
NS31: No.
NS7: And you have breastfeeding?
NS31: No.
NS7: O.K. Thank you.
NS31: You're welcome.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

NS7: *Good morning Pair..ur.*. I'm sorry (laugh) *Good morning Pan.*
NS8: Good morning. What's her name?
NS7: Her name is Monthamas.
NS8: What past medical history?
NS7: She have kidney disease for ten years ago and she have diabetes and no history of asthma. She allergy to seafood and no past x-ray.
NS8: Do you have..ah..pregnancy and breastfeeding?
NS7: She don't know and present she use insulin diabetes medication.
NS8: Thank you for information.

Transcript of Pre-role play /3

NS=nursing students, NS2= nurse 1, NS16=patient NS18=nurse 2,

(Nurse 1 interviews the patient before the patient takes an x-ray.)

1 NS2: Hello. Good afternoon.
2 NS16: Hello. Good afternoon.
3 NS2: What's your name?
4 NS16: My name's Prachathorn Konkaew.
5 NS2: Can I help you?
6 NS16: Yeah, I have a headache *(touches head)*
7 NS2: Um..what's the past medical history?
8 NS16: Yes, I have ..ur..kidney disease for ten years. ..ur.. (…) it's diabetes.
9 NS2: Did you history of asthma?
10 NS16: No, I don't.
11 NS2: Do you have allergies?
12 NS16: Yes, it's allergy is the seafood.
13 NS2: Do you past x-ray?
14 NS16: No, I don't.
15 NS2: What are there diabetes medications?
16 NS16: Yes, your are diabetes medication is insulin.
17 NS2: O.K. Thank you.
18 NS16: Thank you.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)
19 NS2: Hello.
20 NS18: Hello.
21 NS2: My patient information. His name is Prachathorn Konkaew *(points to*
22 NS18: *patient)* What's the present medical?
23 NS2: He is a headache. Past medical history, kidney disease for ten years,
24 diabetes, no history of asthma. He is allergies ..ur..it's seafood. He
25 don'ts ur past x-ray. He's use insulin diabetes medication.
26 NS18: What's the information of pregnancy and breastfeeding?
27 NS2: No, because he is a man.
28 NS18: Yes, thank you.
29 NS2: O.K.
30 NS18: Goodbye.
31 NS2: Goodbye.

Transcript of Post-Role Play/3

NS=nursing students, NS2= nurse 1, NS16= nurse 2, NS18= patient

(Nurse 1 interviews the patient before the patient takes an x-ray.)

NS2: Hello. Good afternoon. (…) I'm nurse Hermany.
NS18: Good afternoon.
NS2: What's your name?
NS18: My name is Bella.
NS2: Can I help you?
NS18: I am accident from motorcycle. Um..I hurt my arm. *(touches arm)*
NS2: What's the medical history?
NS18: The past medical history are kidney disease for ten years, diabetes.
NS2: Did you have history of asthma?
NS18: No, I don't.
NS2: Do you have allergies?
NS18: Yes, I'm allergy to seafood.
NS2: Seafood?
NS18: Um.
NS2: Your past x-ray?
NS18: No, I don't.
NS2: What are diabetes medication?
NS18: It's insulin.
NS2: Insulin?
NS18: Um.
NS2: Do you have pregnancy?
NS18: No, I don't
NS2: Do you have breedfeeding (breastfeeding)?
NS18: No, I don't.
NS2: Because you have a broken… We will need to x-ray.
NS18: I see. Thank you.
NS2: You're welcome.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

NS16: Good afternoon, Hermany.
NS2: Good afternoon, William.
NS16: What happened?
NS2: Um..the patient *hurt…hurt* my arm *(touches arm)*from *accident motorcycle*.
NS16: What's the patient name?
NS2: Her name is ..ur..Bella.
NS16: *What's the patient…what's the past medical history?*
NS2: Ur…her is kidney disease for ten years, diabetes and no history of asthma.
NS16: What's the patient allergy?
NS2: She allergy is seafood.
NS16: Does she has past x-ray?

41 NS2: No, her don’ts. *(shakes head)*
42 NS16: Does her has medication?
43 NS2: Ur..yes, her use insulin.
44 NS16: Insulin?
45 NS2: Yes.
46 NS16: Does her has pregnancy and breastfeeding?
47 NS2: No.
48 NS16: O.K. Thank you.
49 NS2: You’re welcome.

Transcript of Pre-role play /4

NS=nursing students, NS6= patient, NS13= nurse 2, NS14=nurse1,

(Nurse 1 interviews the patient before the patient takes an x-ray.)

1 NS14: Good afternoon madam. Can I help you?
2 NS6: Good afternoon nurse. I'm headache. *(touches head)*
3 NS14: What's your name?
4 NS6: My name's Jenny.
5 NS14: How old are you?
6 NS6: Twenty-four years old.
7 NS14: Ur…are you never medical history?
8 NS6: Yes when ten years ur… when ten years ago and I have kidney disease
9 and diabetes.
10 NS14: What are you allergy?
11 NS6: I'm allergy to seafood.
12 NS14: Are you never x-ray?
13 NS6: No.
14 NS14: Now, what are *you …your…stomach medi…medicine*?
15 NS6: I use insulin for treat diabetes
16 NS14: Are you pregnancy?
17 NS6: No I'm single.
18 NS14: Just a moment, please.
19 NS6: O.K.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)
20 NS14: *Can I ur…May I come in please*?
21 NS13: Yes, you may.
22 NS14: Thank you.
23 NS14: This is um…patient information *(hands in the note)*. She's name is….
24 NS13: Um…do you saw she to other symptom?
25 NS14: Oh…no.
26 NS13: Um…you tell her to x-ray room?
27 NS14: Yes, sir.
(Nurse 1 tells the patient to go to x-ray room)
28 NS14: Jenny come on, please.

Transcript of Post-Role Play/4

NS=nursing students, NS6= patient, NS13= nurse 2, NS14= nurse 1

(Nurse 1 interviews the patient before the patient takes an x-ray.)

1 NS14: Good afternoon, madam. Can I help you?
2 NS6: Good afternoon, nurse. I am headache. *(touches head)*
3 NS14: Oh, what your name?
4 NS6: My name is Daoprakai.
5 NS14: How old are you?
6 NS6: Twenty-one years old.
7 NS14: Are you never past medical history?
8 NS6: When ten years ago, I have kidney disease and diabetes.
9 NS14: What's are your allergy?
10 NS6: I'm allergy to seafood.
11 NS14: Are you never x-ray?
12 NS6: No.
13 NS14: What are you use some medicine?
14 NS6: I use insulin to treat diabetes.
15 NS14: Are you pregnancy?
16 NS6: No, I'm single.
17 NS14: Just a moment, please.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)
18 NS14: This is a patient information *(hands in the note)* Her name is Daoprakai
19 Inkham. Ur…when ten years ago she has kidney disease, diabetes and
20 she (…) allergy to seafood. She never to x-ray and now she use insulin
21 to treat diabetes and she sick.
22 NS13: O.K. Ur…did you saw she to other symptom?
23 NS14: No.
24 NS13: You ur…*you*... *you* tell her to x-ray room?
25 NS14: Yes.
(Nurse 1 tells the patient to go to x-ray room)
26 NS14: Daoprakai, come in please.

Transcript of Pre-role play /5

NS=nursing students, NS10= nurse1, NS27= nurse 2, NS29= patient,

(Nurse 1 interviews the patient before the patient takes an x-ray.)

NS10: Hello
NS29: Hello
NS10: What's your name?
NS29: Um…please call me Jariya.
NS10: Jariya?
NS29: Yeah *(nods head)*
NS10: Can you spell?
NS29: Yeah, J-A-R-I-Y-A *(the patient spells her name.)*
NS10: What's the matter?
NS29: I have a headache *(touches head)*
NS10: Headache?
NS29: Yeah.
NS10: What's your past medical (…) history?
NS29: I have kidney disease, diabetes, no history of asthma.
NS10: Are you allergy?
NS29: Um…I'm allergy to the wood.
NS10: To wood?
NS29: Yeah.
NS10: Do you x-ray?
NS29: No.
NS10: No?
NS10: What's your diabetes medication?
NS29: I have insulin.
NS10: Good. Are you pregnancy?
NS29: No.
NS10: Are you breedfeeding (breastfeeding)?
NS29: No.
NS10: No?
NS10: O.K. Thank you.
NS29: You're welcome.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

NS27: Hello
NS10: Hello
NS27: Your problem?
NS10: Yeah, I have a case (…) patient information. She name is Jariya. She have a headache. Past medical history, she have diabetes. She (…) allergy to wood, no past x-ray. She diabetes medication is insulin.
NS27: (nods her head) Are you sure?
NS10: Sure, (…) she hasn't pregnancy and breastfeeding.
NS27: O.K. May I talk to the doctor?
NS10: O.K.
NS27: O.K.
NS10: O.K. You're welcome.

Transcript of Post-Role Play/5

NS=nursing students, NS10=nurse 1, NS27= patient, NS29= nurse 2

(Nurse 1 interviews the patient before the patient takes an x-ray.)

NS10: Good afternoon. My name is Kamonchanok. I'm nurse. What's your name?
NS27: Good afternoon. My name is Rimmy.
NS10: Can you spell that?
NS27: R-I-M-M-Y *(the patient spells her name.)*
NS10: What's your past medical history?
NS27: I have kidney disease for ten years, diabetes, and no history of asthma.
NS10: What are your allergy?
NS27: I allergy is seafood.
NS10: *(nods head)* Do you past x-ray?
NS27: No *(shakes head)*
NS10: What's you diabetes medication?
NS27: Insulin.
NS10: Are you pregnancy?
NS27: No *(shakes head)*
NS10: Are you breastfeeding breastfeeding?
NS27: No *(shakes head)*
NS10: O.K. Thank you.
NS27 Thank you.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

NS10: Good afternoon
NS29: Good afternoon. I want to patient information.
NS10: O.K.
NS29: What's her name?
NS10: Her name is Rimmy, R-I-M-M-Y (nurse 1 spells the patient's name)
NS29: What's her medical history?
NS10: Her is kidney disease for ten years, diabetes, and no history of asthma
NS29: What's her allergy?
NS10: Her allergy to seafood.
NS29: Her past x-ray?
NS10: No
NS29 Her diabetes medication?
NS10: Ur…insulin.
NS29: Does her pregnancy?
NS10: No.
NS29: Does she breastfeeding?
NS10: No.
NS29: O.K. Thank you.
NS30: You're welcome.

Transcript of Pre-role play /6

NS=nursing students, NS1= nurse 2, NS9= patient, NS25= nurse 1

(Nurse 1 interviews the patient before the patient takes an x-ray.)

NS25: Sit down, please. *(points to the chair)*
NS9: Thank you.
NS25: Good afternoon.
NS9: Good afternoon, Su.
NS25: What is your name?
NS9: My name is Nancy.
NS25: How old are you?
NS9: Nineteen.
NS25: Are you marry?
NS9: No.
NS25: What's your past medical history?
NS9: Kisney (kidney) disease ten years, diabetes and no history of asthma.
NS25: Are you allergy?
NS9: Yes, I am allergy to seafoods.
NS25: Did you past x-ray?
NS9: No.
NS25: What is your ..ur.. diabetes medication?
NS9: Insulin.
NS25: Are you pregnancy?
NS9: No.
NS25: Are you breastfeding (breastfeeding)?
NS9: No
NS25: Thank you.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

NS25: Excuse me
NS1: Oh, sit down, please.
NS25: Thank you. I have a case patient information.
NS1: O.K. Tell me please.
NS25: She name is Nancy.
NS1: Nancy? Can you spell please?
NS25: N-A-N-C-Y. She past …*medi*…medical history is kidney disease, diabetes and *no..his... history* of asthma.
NS1: Oh, how long kidney disease?
NS25: Ten years. She allergy to seafood. She doesn't x-ray. She use insulin medication and she doesn't pregnancy and she doesn't breastfeeding.
NS1: Thank you for patient information.
NS25: Thank you.

Transcript of Post-Role Play/6

NS=nursing students, NS1= nurse 2, NS9= nurse 1, NS25= patient

(Nurse 1 interviews the patient before the patient takes an x-ray.)

1 NS9: Good afternoon, madam. I am nurse Lusi. May I help you?
2 NS25: I would like to see a doctor.
3 NS9: This is your first visit to our hospital?
4 NS25: Yes.
5 NS9: I will help you fill out the registration form.
6 NS25: Thank you.
7 NS9: *May I help you….May I (…) have your name, please?*
8 NS25: I am Gibsi.
9 NS9: Have you ever been in hospital before?
10 NS25: I am kidney disease ten years, diabetes and no history of asthma.
11 NS9: Are you allergy to anything?
12 NS25: I am allergy to seafood.
13 NS9: Have you have an x-ray before?
14 NS25: No.
15 NS9: Are you taking any medicine?
16 NS25: Um.. I use insulin.
17 NS9: Are you pregnancy?
18 NS25: No.
19 NS9: Are you breastfeeding?
20 NS25: No.
21 NS9: Are you welcome?

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

22 NS1: Hello, nurse Lusi.
23 NS9: Hello, nurse Lese.
24 NS1: Can you give me the patient information, please?
25 NS9: Yes.
26 NS1: What is the patient name?
27 NS9: Miss Gibsi.
28 NS1: Has her ever been to hospital?
29 NS9: Yes, kidney disease ten years, diabetes (…) and no history of asthma.
30 NS1: Um…is she allergic (…) to anything?
31 NS9: Allergy to seafood.
32 NS1: Have you has an x-ray before?
33 NS9: No.
34 NS1: Is she taking any medicine?
35 NS9: Insulin.
36 NS1: Is she pregnancy?
37 NS9: No.
38 NS1: Is she breastfeeding?
39 NS9: No.
40 NS1: O.K. Thank you.
41 NS9: O.K. Good bye.

Transcript of Pre-role play /7

NS=nursing students, NS15= nurse 1, NS24= patient, NS26= nurse 2

(Nurse 1 interviews the patient before the patient takes an x-ray.)

NS15: Good afternoon, sir. What's your name?
NS24: My name is Thani
NS15: O.K. What's the matter?
NS24: That's so bad.
NS15: What's your past medical history?
NS24: I have two kidney disease, diabetes and no history (…) of asthma for ten years ago.
NS15: Are you allergies?
NS24: Yes, I'm allergy to seafood.
NS15: Do you have x-ray for the past?
NS24: No.
NS15: What's your diabetes medication?
NS24: Insulin.
NS15: Thanks for you give information to me.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

NS15: May I come in, please?
NS26: Yes, what's your problem?
NS15: Um…I have case…I have case patient which it's I will tell you for patient, um…His name is Thani, ur…he is medical history in the past of kidney disease, diabetes, and not history of asthma and his xxx…
NS26: Again please, what's his name?
NS15: His name is Thani, um…he's allergy to seafood and he's…ur..not x-ray in the past and his diabetes medication insulin.
NS26: Are you sure he is allergy to seafood the one?
NS15: Um…Yes, I'm sure.
NS26: Thank you.

Transcript of Post-Role Play/7

NS=nursing students, NS15= nurse 2, NS24= patient, NS26= nurse 1

(Nurse 1 interviews the patient before the patient takes an x-ray.)

NS26: Good afternoon. I'm nurse Lusi.
NS24: Good afternoon.
NS26: What's your name?
NS24: My name is Johnny.
NS26: What's your past medical history?
NS24: I am kidney disease in ten years ago, diabetes and (…) no history (…) of asthma.
NS26: What's your allergy?
NS24: I am allergy to seafood.
NS26: Are you past x-ray?
NS24: No.
NS26: Um…what's your diabetes medication?
NS24: I have insulin.
NS26: Thank you for your information.
NS24: You're welcome.
NS26: Um…today, I am going to take you go to the x-ray room, sign that consent form please. (the patient signs the consent form)
NS26: Thank you.
NS24: You're welcome.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

NS26: Hello, Laura.
NS15: Hello, what's your problem?
NS26: Um…today I have a case patient. His name is Johnny.
NS15: Are you tell me for his information?
NS26: Yes…um…he has kidney disease in ten years ago, diabetes, no history of asthma. He has allergy to seafood. He has insulin.
NS15: What's his name of medication?
NS26: He has insulin (…) O.K?
NS15: What else?
NS26: (…) No.

Transcript of Pre-role play /8

NS=nursing students, NS11= nurse 1, NS12= nurse 2, NS20= patient

(Nurse 1 interviews the patient before the patient takes an x-ray.)
(the patient touches his stomach walking to the nurse)

NS11: Hello. Good afternoon.
NS20: Good afternoon.
NS11: Can I help you?
NS20: Ur..yes, I stomachache.
NS11: What's your name?
NS20: My name is James.
NS11: How old are you?
NS20: Ah..I am sixteen years old.
NS11: What's the past medical history?
NS20: Ur..I am stomach disease and appendicitis ten ..(..) years.
NS11: What is allergy?
NS20: I allergy is crab.
NS11: Past x-ray?
NS20: Yes.
NS11: What (wait) for the doctor.
NS20: Yes, thank you.
NS11: You're welcome.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

NS11: Hello, head nurse.
NS12: Hello.
NS11: My patient information he name is James. He sixteen years old. He's stomachache. Past medical history stomach disease and appendicitis.
NS12: What's the patient allergy?
NS11: Allergy to crab.
NS12: What the past x-ray?
NS11: Yes.
NS12: O.K. Thanks.

Transcript of Post-Role Play/8

NS=nursing students, NS11= nurse 1, NS12= nurse 2, NS20= patient

(Nurse 1 interviews the patient before the patient takes an x-ray.)

1	NS11:	Good afternoon, sir. May I help you?
2	NS20:	Ur..good afternoon. Ur..I would like to see the doctor, please.
3	NS11:	Could you complete the registration form, please?
4	NS20:	O.K. Thank you.
5	NS11:	*May I help….May I have your name*, please?
6	NS20:	My name is Rachan.
7	NS11:	What is your date of birth?
8	NS20:	Ur…thirteenth of February 1991.
9	NS11:	How old are you?
10	NS20:	I am nineteen years old.
11	NS11:	Can you tell me your problem?
12	NS20:	Ur...I have stomachache (touches his stomach)
13	NS11:	Are you allergic to anything?
14	NS20:	Ur..I am allergic to seafood.
15	NS11:	What past medical history?
16	NS20:	I kidney disease ..ur. for last year, diabetes, no history of asthma.
17	NS11:	What past x-ray?
18	NS20:	No.
19	NS11:	*What diabet…diabetes medi.. medication*?
20	NS20:	Insulin.
21	NS11:	Wait for the doctor, please (points to the waiting area)
22	NS20:	O.K. Thank you.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

23	NS12:	Good afternoon.
24	NS11:	Good afternoon, head nurse.
25	NS12:	I want the patient information.
26	NS11:	My patient is name Rachan. Date of birth thirteenth of February, 1991.
27		He is thirteen years old.
28	NS12:	Is he allergic to anything?
29	NS11:	He is allergic to seafood.
30	NS12:	O.K. Thank you.
31	NS11:	You're welcome.

Transcript of Pre-role play /9

NS=nursing students, NS5= nurse 1, NS22= patient, NS23= nurse 2

(Nurse 1 interviews the patient before the patient takes an x-ray.)

1 NS22: Hello, good afternoon.
2 NS5: Hello, good afternoon. Can I help you?
3 NS22: I want x-ray.
4 NS5: O.K. What's your name?
5 NS22: My name is Walaiporn Deesom.
6 NS5: Do you medical history?
7 NS22: Kidney disease ten years and diabetes.
8 NS5: What's your allergy?
9 NS22: I am allergy to seafood.
10 NS5: Are you never x-ray?
11 NS22: No.
12 NS5: Do you take a medicine?
13 NS22: Yes, I take insulin.
14 NS5: O.K. Are you pregnancy and breastfeeding?
15 NS22: No.
16 NS5: Thank you. Just for moment…just moment please.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)
17 NS5: May I come in, please?
18 NS23: Yes.
19 NS5: Thank you. Warunee *(hands in the note)*, this is patient information.
20 NS23: Thank you. She is kidney disease, diabetes, allergy to seafood and
21 medicine insulin. Go to x-ray, please.
22 NS5: Yes.
(N1 leaves the room and tells the patient to go to x-ray room.)

23 NS5: Come in, please.
24 NS22: O.K.

Transcript of Post-Role Play/9

NS=nursing students, NS5= nurse 1, NS22 = patient ,NS23= nurse 2

(Nurse 1 interviews the patient before the patient takes an x-ray.)

1 NS5: Good afternoon. I'm nurse Kanlaya *(points to herself)*. Can I help you?
2 NS22: I am headache.
3 NS5: Oh, I want to information. Please ask the questions for me.
4 What's your name, please?
5 NS22: My name is Walaiporn Deesom.
6 NS5: Past medical history?
7 NS22: Kidney disease ten years and diabetes.
8 NS5: Do you have asthma?
9 NS22: No history of asthma.
10 NS5: Are you allergic to any medication or food?
11 NS22: Allergic to seafood.
12 NS5: Do you past x-ray?
13 NS22: No.
14 NS5: Are you use medicine?
15 NS22: Um… I use insulin.
16 NS5: Are you single or married?
17 NS22: I'm single.
18 NS5: O.K. Thank you. Just a moment.
19 NS22: O.K.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)
20 NS5: Hi, Warunee.
21 NS23: Hi, Kanlaya. I want patient information.
22 NS5: Her name is Walaiporn. She is past medical history kidney disease
23 ten years ago. She allergic to seafood, no past x-ray and she use
24 insulin diabetes.
25 NS23: She single or married?
26 NS5: She is single.
27 NS23: You tell her to x-ray room.
28 NS5: O.K.
(N1 leaves the room and tells the patient to go to x-ray room.)
29 NS5: Miss Walaiporn, you must go to x-ray, please.

Transcript of Pre-role play /10

NS=nursing students, NS3= patient, NS17= nurse 2, NS21= nurse 1

(Nurse 1 interviews the patient before the patient takes an x-ray.)

1 NS21: Good afternoon. What's your name?
2 NS3: I'm Patchara.
3 NS21: What's the matter?
4 NS3: That's so bad.
5 NS21: What is your past *medica*..(…)…*medical* history?
6 NS3: I have two kidney disease, diabetes and no history of asthma.
7 NS21: Are you allergy?
8 NS3: (…) Yes, I'm allergy to seafood.
9. NS21: Do you have x-ray for the past?
10 NS3: No.
11 NS21: What's you ...*prep*...*present* medication?
12 NS3: Insulin.
13 NS21: Thanks for you give information to me.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)
14 NS21: *May*... *may* I come in, please?
15 NS17: Yes, what are your problems?
16 NS21: I have a case patient next the I tell you for patient.
17 NS17: Are you sure?[
18 NS21: [Yes
19 NS17: [He's allergy to seafood?
20 NS21: Yes, I am sure.
21 NS17: Thank you.

Transcript of Post-Role Play/10

NS=nursing students, NS3= nurse 2, NS4= nurse 1, NS17= patient

(Nurse 2 tells nurse 1 to interview patient and ask patient to sign the x-ray consent form)

NS3: Hello, nurse Paula.
NS4: Hello, nurse Gipsy.
NS3: I get a doctor's notes. He want patient information, Mrs.Sara because completing x-ray consent.
NS4: …xxx…
NS3: You're welcome.

(Nurse 1 interviews the patient before the patient takes an x-ray.)

NS4: Hello, I'm nurse Paula. Are you Mrs. Sara?
NS17: Yes, I'm Mrs. Sara.
NS4: O.K. Now I want patient information because ..ur.. completing x-ray consent
NS17: O.K.
NS4: Your name is Mrs. Sara?
NS17: Yes.
NS4: You have medical history?
NS17: Yes, I have kidney disease ten years, diabetes.
NS4: O.K. What medication and you have asthma?
NS17: Insulin. I don't have asthma.
NS4: O.K. What are your allergy?
NS17: I am allergy (…) to seafood.
NS4: Seafood? O.K. Are you pregnancy?
NS17 No. (shakes her head)
NS4: O.K. Now pregnancy and breastfeeding?
NS17: No. (shakes her head)
NS4: O.K. Thank you, Mrs. Sara.
NS17: Not at all, nurse Paula.
NS4: Thank you.
NS17: Yes.

(Nurse 1 reports the patient's information to nurse 2, the head nurse)

NS4: Hello, nurse Gipsy.
NS3: Hello, nurse Paula.
NS4: I have patient information.
NS3: O.K.
NS4: The patient name is Mrs. Sara, past medical history kidney disease for ten years and have diabetes and not history of asthma
NS3: What's she allergy?
NS4: She allergy to seafood and diabetes medication insulin.
NS3: O.K. Thank you, nurse Paula.
NS4: You're welcome ..xxx…
NS3: O.K. Thanks

Appendix 12: Case study transcripts

Case study 1: Karla

Role play 1: Patient registration (Karla-1/M041)

1 Karla: Good after noon madam. I'm nurse Karla. Can I help you?
2 Patient: I have ..xxx.. a motorcycle accident
3 Karla: Do you come to the hospital at the first time?
4 Patient: Yes
5 Karla: *Could you…could you* please complete (…) the registration form?
6 Patient: No I cannot writing
7 Karla: OK, may I have your name (…) please?
8 Patient: Walla
9 Karla: Sorry, can you spelling the name?
10 Patient: W-A-L-L-A
11 Karla: When were you born?
12 Patient: I was born in nine November nineteen ninety
13 Karla: How old are you?
14 Patient: Twenty years old
15 Karla: Are you single or marry?
16 Patient: I am single
17 Karla: Where are you from?
18 Patient: I come from China. I am travel in Thailand
19 Karla: What is your permanent address?
20 Patient: No, I stay at hotel
21 Karla: What religion are you?
22 Patient: I am Christian
23 Karla: What do you do?
24 Patient: I am student
25 Karla: Can you tell me what your problem is?
26 Patient: I have hart (hurt) my hand
27 Karla: Are you allergy to any medicine or food?
28 Patient: I am allergy to seafood
29 Karla: OK, thank you. You must go to the next desk
30 Patient: OK

(Nurse 2, Waruna tells the patient to go to the primary examination desk and the patient goes to the wrong desk)
31 Nurse 2: Good afternoon, madam, my name is Waruna. You must go to the
32 primary examination desk, please
33 Patient: OK (the patient goes to the wrong desk)
34 Nurse 2: Oh! No! You must go to the next (…) desk (the patient moves to
35 the right desk). Just the moment, please
36 Patient: OK

(Nurse 2 asks for the patient information for OPD ward conference)

37 Nurse 2: I want patient information to conference to OPD ward
38 Karla: OK, her name is Walla. She is twenty. She is Chinese and she is
39 allergy to seafood. She come to hospital because has she hurt from
40 motorcycle accident
41 Nurse 2: She is single or marry?
42 Karla: She is single
43 Nurse 2: OK, thank you

Role play 3: Introduction to an in-patient's room (Karla-3/M062)

(Nurse 1 informs the patient that she must stay at hospital for treatment)

1 Nurse 1: Good afternoon, madam, I'm nurse Chuta
2 Patient: Good afternoon nurse
3 Nurse 1: What's your name?
4 Patient: My name is Pawina Thipa
5 Nurse 1: (nods) Er… the doctor tell me about you are admit to hospital
6 today for treatment because you have high temperature, coughs up.
7 I am afrai (afraid) that you will have flu. So we are to be on the
8 hospital to treatment. Are you
9 OK?
10 Patient: Oh! No! I don't live in hospital. I am alone and bored
11 Nurse 1: Don't worry we are take care you very well. Who is your next of
12 kin?
13 Patient: My mother
14 Nurse 1: OK, please you follow me to private room
15 Patient: OK
16 Nurse 1: Just moment, please
17 Patient: OK

(Karla ask for the patient information from Nurse 1)

18 Karla: Hi Poi
19 Nurse 1: Hi Can I help you?
20 Karla: Yes, I will need patient information
21 Nurse 1: Yes, she name is Pawnee Thira. She is high temperature and
22 coughs up. She has a terrible sore tros (throat) and coughs up a lot
23 of phlegm and she is very tired
24 Karla: OK Thank you

(Karla introduces the room facilities to the patient)

25 Karla: Good afternoon madam, my name is Karla. I'm nurse
26 Patient: Good afternoon nurse
27 Karla: What's your name?
28 Patient: My name is Pawnee Thira
29 Karla: OK, I will introduc (introduce) facility communication
30 arrangement. If you want to raise the head of the bed, please push
31 this bottom (button). The right is toilet. The left is oxygen tank. If
32 you want to call the nurse, please press this bottom (button)

(The patient accidentally presses the button to call the nurse and the nurse comes into the room to check what has happened)

33 Nurse 3: What wrong? Can I help you?
34 Karla: There is nothing wrong
35 Patient: Oh! I'm sorry
36 Nurse 3: Never mind, next time, you should (…) to be careful

Role play 5: Giving intravenous fluids (IV.) (Karla-5/M082)

1 Nurse 2: Hi Karla
2 Karla: Hi
3 Nurse 2: *I have received a doctor (...) I have received a doctor* note telling
4 IV fluid and antibiotic for patient
5 Karla: Could you tell me about patient please?
6 Nurse 2: She is Varna Bentham. She is twenty years old. Her a motorcycle
7 accident. She has a terrible wound on her body
8 Karla: What are they allergy to any drug?
9 Nurse 2: No, she don't
10 Karla: I have IV fluid and antibiotic for patient right?
11 Nurse 2: Yeah, I set it and I put it with this table
12 Karla: OK, I will going to give it for she now

(Karla is administering IV fluids to the patient)

13 Karla: Good afternoon madam, my name is Karla. I am nurse
14 Patient: Good afternoon nurse
15 Karla: What's your name?
16 Patient: I am Varna Bentham
17 Karla: Today, I will offer IV fluid and antibiotic to you
18 Patient: Oh! No! I didn't have some injection
19 Karla: Don't worry. It will help you lose …xxx… and wound intra
20 infected. I will injection in the back of your hand. Are you left or
21 right hand?
22 Patient: I am right hand
23 Karla: OK, I will use the left hand I will use the tourniquet to the arm and
24 inject blood vessel
25 Patient: Ah! (ouch)
26 Karla: I'm sorry. There is a clot in the IV tube. I need to drill new blood
27 vessel in the left arm. Tolerate a little pan (pain)
28 Patient: I see
29 Karla: I will put this tape over the needle to hold it firmly. Is that
30 comfortable?
31 Patient: Can I have some arm movement?
32 Karla: Certainly You can move your arm freely Please don't touch it
33 Patient: How long with it?
34 Karla: About three hours
35 Patient: I will go to the toilet How can?
36 Karla: If you want to go to the bathroom you can use the IV stand
37 Patient: Can I drink water and eat food have some?

38 Karla: Yes, you can. If you have any problem, please call the nurse
39 Patient: Thank you

(Karla reports incident of the patient's IV fluid administering to Nurse 2, head ward)
40 Karla: Hi Fai
41 Nurse 2: Hi
42 Karla: I have IV fluid and antibiotic to patient and have a problem
43 Nurse 2: What happened?
44 Karla: Her is nervous and in pan (pain), but I explained her understand. I
45 injected a patient and found a clot in the IV tube. I drill new blood
46 vessel in the left arm
47 Nurse 2: OK, thank you

Role play 7: Mobilising the patient (Karla-7/M099)

1 Karla: Hi Poi
2 Nurse 1: Hi Karla
3 Karla: Can you help me?
4 Nurse 1: What you …xxx…?
5 Karla: I want you help move the patient to a *physical physiotherapy*
6 Nurse 1: What's the patient information?
7 Karla: She is Chuta. *Her is he is* a secretary
8 Nurse 1: What do I do?
9 Karla: Help the patient to walk and take the patient to relax
10 Nurse 1: OK
11 Karla: Thank you

(Nurses move the patient to the physiotherapy)
12 Karla: Good afternoon madam, I'm nurse Karla and this is nurse Wara.
13 She will help us to do physiotherapy today
14 Patient: Good afternoon nurse
15 Karla: I'm going to take you to a physical therapy room
16 Patient: OK, but now I don't move my leg. I hurt it so much
17 Karla: No problem, we will get you a wheelchair. Let me give you a
18 wheelchair, please
19 Patient: OK

(Nurses help the patient to get into the wheelchair and help the patient to do physiotherapy)
20 Nurse 2: *I will help get… I will help you* get on the wheelchair. You have
21 come back and walking slowly
22 Patient: OK, I get it and I to follow you say

(Nurse 2 helps the patient to walk)
23 Nurse 2: OK, today you can do very well
24 Patient: Thank you
25 Nurse 2: Chuta, today are you finished? I will get to the private room
26 Patient: OK, thank you, nurse

Role play 9: Pre-operative care (Karla-9/M126)

1 Karla: Good afternoon, madam, I'm nurse Karla. Can I help you?
2 Patient: Good afternoon nurse, I felt discomfort and abdominal pain
3 Karla: Do you have a vomit blood?
4 Patient: Ur I feel nausea (nauseated) and (..) vomiting
5 Karla: It hurt me a long time?
6 Patient: I hurt from last night
7 Karla: Ur… you must go to the private examination desk and waiting for
8 test result please
9 Patient: OK (nods) Thanks
10 Karla: You're welcome

(Nurse2 talks to the patient at the examination desk)---
11 Nurse2: Good afternoon madam, I'm nurse Waruna. What's your name?
12 Patient: Good afternoon nurse, my name is Chuta
13 Nurse2: OK, Miss Chuta Doctor's diagnosis you need to have
14 appendic surgery
15 Patient: Oh! My god, are you want with us?
16 Nurse2: Don't worry I will suggest how to look for your to listen to
17 Patient: OK
18 Nurse2: *Before…before* the surgery *you… you* are for to eat or water six to
19 eight hours
20 Patient: I see
21 Nurse2: After surgery, don't lift anything heavy, dieting soft to clean the
22 wound every day and maintaining good dining habit to difficult
23 regularly and *relax…relaxing*
24 Patient: OK, thanks

Role play 11: Complaint handling (Karla-11/M141)

1 Nurse1: Hi, Karla
2 Karla: Hi, Poi. Can I help you?
3 Nurse1: Yes, I will discuss the method
4 Karla: What?
5 Nurse1: Ur…I open the cabinet complaint about problem in the hospital for
6 that there are many issues that must be changed
7 Karla: What are the problems?
8 Nurse1: There are many problems as the tab water run dry. Ur…the air
9 conditioner buzz the (…) whole night and the food tasted (…)
10 terrible
11 Karla: How can I will to help?
12 Nurse1: Ur…I will give you a survey of patient in the hospital
13 Karla: OK
14 Nurse 1: Thank you
15 Karla: You're welcome
(Karla asks the patient about the problem)
16 Karla: Good afternoon, I am nurse Karla

17 Patient: Good afternoon nurse
18 Karla: What symptom you have been like?
19 Patient: OK, but I feel frustrated at the toilet
20 Karla: Why?
21 Patient: Broken bathroom light don't make clear
22 Karla: Oh! I'm very sorry. I will give the technician to change the light
23 soon. What the cause madam?
24 Patient: Yes the food not …xxx…
25 Karla: Ur…because you did not discomfort should not eat spicy food
26 Patient: I see
27 Karla: Thank you very much

(Karla reports the patient's problem to Nurse1)
28 Karla: Poi, I can …xxx…and find that most patients have difficulty in
29 bathroom light on and off follow
30 Nurse1: OK, I will *provin provision* for repair the bathroom light now
31 Karla: The food I had taken to the patient to understand…xxx…
32 Nurse1: OK, you can do very well
33 Karla: Thanks

Case study 2: Machida

Role play 1: Patient registration (Machida-1/M043)

Nurse 1: Good afternoon madam. I'm nurse Demy
Patient: Good afternoon nurse
Nurse 1: Can I help you?
Patient: Yes
Nurse 1: Do you come to the hospital for the first time?
Patient: Yes I do
Nurse 1: Could you please fill out (…) the registration form?
Patient: No, I have hurt my hand
Nurse 1: OK. You have hurt your hand, so I will help fill out the registration form
Patient: Thank you
Nurse 1: *Can you tell me… can you tell me* your full name please?
Patient: My name is Noriko
Nurse 1: Sorry. Could you say that again?
Patient: Noriko
Nurse 1: (nods) When were you born?
Patient: I was born on nineteen April nineteen ninety-one
Nurse 1: How old are you?
Patient: Nineteen years old
Nurse 1: How much do you weight and height?
Patient: I weight fifty kilograms and high one hundred sixty centimetres
Nurse 1: Are you single or married?
Patient: I'm single
Nurse 1: Where are you from?
Patient: I'm from Japan. I come to Thailand for travel
Nurse 1: What's you permanent address?
Patient: Um…I stay at Gateway Hotel
Nurse 1: What religion are you?
Patient: I am Buddhism
Nurse 1: What do you do?
Patient: I am a student
Nurse 1: Can you tell me what your problem is?
Patient: Ur…I have (…) hurt my hand from a motorcycle accident
Nurse 1: Are you allergy to foods or *medi…medicine*?
Patient: No, I allergy to dust
Nurse 1: OK, thank you

(Machida tells the patient to go to the primary examination desk and the patient goes to the wrong desk)

Machida: Good morning madam, my name is Machida. You must go to the (…) primary examination desk, please
Patient: OK (the patient goes to the wrong desk)
Machida: Oh! No! You must go to the next desk
Patient: Desk?

42 Machida: Yeah, just a moment please

(Machida asks for the patient information for OPD ward conference)
43 Machida: Demy ur… could you tell me about the patient information please?
44 Because I want to conference about patient case to the OPD ward
45 Nurse 1: Her name is Noriko. She come from hospital because (…) she has
46 hurt her hand from a motorcycle accident. Her weight is fifty
47 kilograms and tall one hundred sixty centimetres and she allergy to
48 dust
49 Machida: Oh, is she tourism ?
50 Nurse 1: Yeah she is
51 Machida: OK, thank you very much

Role play 3: Introduction to an in-patient's room (Machida-3/M064)

1 Nurse 1: Good afternoon, madam, my name is Pawi. I'm nurse
2 Patient: Good afternoon nurse
3 Nurse 1: What's your name?
4 Patient: My name's Demy
5 Nurse 1: The doctor tell me about you are admit to the hospital today
6 ur…for (…) treatment
7 Patient: Oh! No! I don't want to stay at here. I want to go home. Why I stay
8 at here?
9 Nurse 1: Because you have high temperature, coughs up and tired. We
10 afraid that (…) you will have flu. So we are to be on the room out
11 for this solution
12 Patient: Oh! My god, I'm afraid and worry
13 Nurse 1: Don't worry you should stay at the hospital because we are follow
14 symptom, take care you and take you to (…) private room
15 Patient: OK, I comply stay at here
16 Nurse 1: Very good, could you follow me to at the private room

(Nurse 1 takes the patient to private room and gives the patient information to Machida, Nurse 2)
17 Nurse 1: Hello Machida
18 Machida: Hello Pawi
19 Nurse 1: I will need patient to (…) stay at this room
20 Machida: Can you tell me about what her problem is?
21 Nurse 1: She has high temperature, coughs up and tired, headache, sore
22 throat and have a fever
23 Machida: OK, thank you

(Machida introduces the room facilities to the patient)
24 Machida: Good afternoon, madam, my name is Machida. I'm nurse. I will
25 introduce ur…facility for you (point to the bed). This is an
26 adjustable bed. You can adjust the head and lower by the bottom
27 (button)

(The patient accidentally presses the button to call the nurse and Nurse 1 comes into the room to check what's going on.)

Nurse 1: What your problem?
Machida: There is nothing wrong. The patient mistaken ur...press the wrong button
Patient: Oh! I'm sorry. I will try (…) to press the button for adjust a raise and lower
Nurse 1: OK, never mind
Machida: Never mind, madam, next time you should to be careful, OK? The side rail can *be just adjust* um… to raise and lower by this button. Let me show you um…how to use adjustable bed (shows the patient how to adjust the bed). Do you know?
Patient: Yeah
Machida: There's a television, fis (fridge), sofa, telephone and a toilet in this room
Patient: Can I make a phone for this room?
Machida: Yes, you can and if you want to call a nurse in case of an emergency, please press this button
Patient: Where can I keep my valuables?
Machida: Your valuables can kept in the room safe and something can be kept in the locker. You don't worry to stay in the hospital ur…just think of the hospital of this room at your house. I want you're happy
Patient: OK, thank you nurse

Role play 5: Giving intravenous fluids (IV.) (Machida-5/M085)

Nurse 1: Machida, I have received the doctor note to give an IV (…) to a teenage patient is admit to hospital due (…) to a motorcycle accident
Machida: What's the matter of the patient?
Nurse 1: She has a terrible wound on her body. She is ur…nervous and in pain. She needs an IV fluid and antibiotic to prevent infection and this is IV set
Machida: Yeah, sir

(Machida is administering IV fluids to the patient)

Machida: Good afternoon, what's your name?
Patient: My name is Lilly
Machida: OK, Lilly I need to give you an IV now
Patient: No! I'm scared. No! No! No!
Machida: We need to find a good vein with. Take it easy. Lilly, can you make a fist, please?
Patient: No! Will it hurt me?
Machida: It won't hurt. I will put (…) the tourniquet around your fore arm. Relax, please. Stay still otherwise you hurt yourself (administers the IV fluid to the patient). Very good
Patient: Oh! (Ouch!)

Machida: Ops! I'm sorry. I need to find a new vein to continue the IV fluid
Patient: No! No! No! Will you find a new vein?
Machida: Because there is a clot in the IV tube (inserts a needle into a new vein)
Patient: Oh! Can I move my arm?
Machida: Certainly, you can move your arm freely, but try not to bend your wrist or raise on your hand higher than this bottle. Now, relax. If you make feel ur… make much better
Patient: I call for a nurse?
Machida: That's finished. You can call for the nurse if you have any problems. Goodbye
Patient: Goodbye

(Machida reports incident of the patient's IV fluid administering to Nurse 1, head ward)

Machida: Hi Pawi
Nurse 1: Hi Machida
Machida: I have IV fluid and antibiotic to patient and have a problem
Nurse 1: What happened?
Machida: Her is nervous and (…) in pain. I explain to understand. I give a patient and found a clot in IV tube. I drill new a blood vessel in the left hand
Nurse 1: Um…OK

Role play 7: Mobilising the patient (Machida-7/M102)

Machida: Good morning, Pawi
Nurse 2: Good morning, Machida
Machida: In the doctor note is the patient. His name is Sawut Loka. It can't move because he has accident by motorcycle. His leg is broke and pain. He should to physical therapeutic and the rehabilitation centre
Nurse 2: OK, I see. Um…I'm going to take him

(Nurse 2 takes the patient to the physical therapeutic and rehabilitation centre)

Nurse 2: Good morning, sir
Patient: Good morning, nurse
Nurse 2: How are you feeling this morning?
Patient: I'm so so
Nurse 2: Do you pain your leg?
Patient: Little
Nurse 2: Sir, you should physical therapeutic because you can remove arm …xxx…your by self. I'm going to take you to rehabilitation um…section today
Patient: Oh! I'm going to
Nurse 2: You must ready of your mental and physical
Patient: OK, I see. (…) How we to go?
Nurse 2: *We will you get ur…we will get you* a wheelchair. Are you ready?
Patient: I'm ready

21 Nurse 2: Let me lift your bottom on you wheelchair
22 Patient: OK, nurse don't worry
23 Nurse 2: Please (helps the patient gets into the wheelchair)

(Machida talks to the patient at the rehabilitation centre)
24 Machida: Good morning, sir, welcome to rehabilitation centre (…). Madam,
25 what is his the matter?
26 Nurse 2: He accident by motorcycle. She can't remove leg
27 Machida: OK, I see (…). So let me help you to move ur…your leg for you
28 will come back again
29 Patient: OK
30 Machida: OK? At the first, I will tain (train) to you to use patient for allow
31 walking. Are you ready?
32 Patient: I'm ready
33 Machida: Thank you, please (helps the patient to walk). If you feel very tired,
34 you can tell me
35 Patient: Um…um
36 Machida: *OK (...) OK*, you are very good. You can learning very fastly.
37 Today um…you can go back to your room for relaxing and
38 tomorrow you should come back this here at this time. See you
39 again next time
40 Patient: See you, bye
41 Machida: OK, goodbye

Role play 9: Pre-operative care (Machida-9/M3985)

1 Machida: Good morning, doctor
2 Doctor: Good morning, madam, please sit down
3 Machida: Thank you
4 Doctor: What's your name?
5 Machida: My name is Pawi
6 Doctor: You are the people who (…) *mono…monograph* last time, right?
7 Machida: Yes, ur…today I would like listen *to…to* the examination result
8 Doctor: Today, you come with here wich (with) another one?
9 Machida: I come here wich (with) my friend
10 Doctor: Can wait for to bring your friend take to listen to (…) the
11 examination result?
12 Machida: Yes
13 Doctor: Please

(The patient took her friend to listen to the examination result together)
14 Friend: Good morning, doctor
15 Doctor: Good morning, madam, please sit down
16 Friend: Thank you
17 Doctor: From the examination result to discover I found two tumour in the
18 blood beat
19 Machida: (scared) Oh! No! Again
20 Doctor: Don't just panic, Pawi. It won't cause serious

21 Machida: What should I do?
22 Doctor: No! You have early stage cancer. I will prepare to disappear
23 Machida: Ur…I should feel relieved. How to treat for them?
24 Doctor: You must operate
25 Friend: When do you do operate?
26 Doctor: I make on appointment you for come on January one, two-
27 thousand-eleven (2011). Are you OK?
28 Machida: Yes, how I make oneself ready?
29 Doctor: You must make ready about …xxx…body make your mind to
30 relax
31 Machida: OK, doctor, I will do which on you introduce. [What else?
32 Doctor: [No! No! You can
33 go back your home today. See you again on January one, January
34 two-thousand-eleven
35 Machida: Thank you
36 Friend: Thank you, nurse

Role play 11: Complaint handling (Machida-11/M171)

1 Nurse 1: Good afternoon. What a lovely day!
2 Patient: Good afternoon, nurse
3 Nurse 1: Can you tell me your full name, please?
4 Patient: Um…I'm Pawi
5 Nurse 1: Did you have a good sleep last night?
6 Patient: Yes I have
7 Machida: Time to have breakfast, madam. Please wake up to (…) have
8 breakfast, please
9 Patient: I don't want to have nurse
10 Nurse 1: What's your problem madam?
11 Patient: The food taste terrible. Ur… I would like to buy their own
12 Machida: I'm afraid not, madam. You must eat this food we are provide for
13 *your …your* health like this. So you have you must eat for your
14 healthiest
15 Nurse 1: If your treatment are successful, you can eat whatever
16 Machida: Please
17 Patient: OK, nurse
18 Nurse 1: You are very good. You should have too much, madam
19 Patient: OK

Case study 3: Parton

Role play 1: Patient registration (Parton-1/M037)

Nurse 1: [Hello good afternoon
Parton: [Hello good afternoon
Nurse 1: My name is Jana. *May I have your nam…may I have you name please*?
Parton: My name is Percyjecson
Nurse 1: How do you spell?
Parton: Per P-E-R-C-Y-J-E-C-S-O-N
Nurse 1: OK, *what your birth of…what is your date of birth*?
Parton: I was born is twenty-five January nineteen ninety
Nurse 1: OK, how are you?
Parton: I'm twenty years old
Nurse 1: Are you single and or married?
Parton: I'm single
Nurse 1: *What is ur… what is your* nationality?
Parton: I'm French
Nurse 1: What is your telephone number?
Parton: The telephone number is o-eight-seven-five-four-two-five-three and six and o
Nurse 1: What your permanent address?
Parton: I don't have the permanent address in Thailand. I stay at Wirunda Hotel at Wirunda Road
Nurse 1: *Where is … what religion (…) are you*?
Parton: I am Christian
Nurse 1: What is your tall?
Parton: I'm xxx
Nurse 1: Can you tell me what your problem is?
Parton: I hurt my hand from the motorcycle accident
Nurse 1: Have you had any accident ur…injury?
Parton: No I don't have
Nurse 1: Have you… have you any allergies?
Parton: It allergy is seafood
Nurse 1: Are you taking any drugs?
Parton: No, I don't
Nurse 1: Who is you next of kin?
Parton: Jell Julius
Nurse 1: What is your address ur…and telephone of Julius?
Parton: Telephone number is o-eight-two-four-eight-two-nine-three-o and two Her live as I
Nurse 1: Ur OK [thank you
Parton: [Thank you

(Nurse 2 tells the patient to go to the primary examination desk and the patient goes to the wrong desk)

41 Nurse 2: Hello, my name is Pawee Thiwa
42 Parton: Hello, my name is Percyjecson
43 Nurse 2: You must go to the next primary examination desk two
44 Parton: Yeah (the patient goes to the wrong desk)
45 Nurse 2: Oh! No! You must go to the next desk
46 Parton: I'm sorry
47 Nurse 2: You're waiting
48 Parton: Thank you

(Nurse 2 asks for the patient information for OPD ward conference)
49 Nurse2: Ur…I want the patient information the conference the five OPD
50 ward
51 Nurse 1: OK his name is Percyjecson. His birthday is ur twenty January
52 *ninety nineteen and ninety.* He is ur…twenty years old. He is
53 single. His is French nationality in. Telephone number is o-eight-
54 seven-five-four-two-five-three-six-o. His don't have a permanent
55 address in Thailand. He stay at Wirunda Hotel at Wirunda Road.
56 He is Christian. He is…he's hurt your hand from a motor cycle
57 accident. He's don't have injuries. His allergy is seafood. He is
58 don't taking drug. His emergency next of kin is Julius. Your
59 telephone number is ur o-o-eight-two-four-eight-two-nine-three-o
60 and two. Her stay at patients
61 Nurse2: [Thank you
62 Nurse 1: [OK

Role play 3: Introduction to an in-patient's room (Parton-3/M058)

1 Nurse 2: Hello Can you help me please?
2 Parton: Hello Pan
3 Nurse 2: I want information about the patient present and past history
4 Parton: OK, your patient have a problem upper respiratory tract and he has
5 asthma
6 Nurse 2: Um…OK
7 Parton: Thank you, bye

(Parton informs the patient to stay in hospital for ongoing treatment)
8 Parton: Hello
9 Patient: Hello
10 Parton: Good afternoon, my name is Parton. I am a nurse
11 Patient: Good afternoon, my name is Sawat Kawi
12 Parton: OK, from the doctor order you need to stay at hospital because *you*
13 *prob you have problem* upper respiratory tract. So, you have
14 asthma.
15 Patient: I don't want to stay in the hospital because I worry about my (…)
16 work. Can you help me?
17 Parton: Sorry sorry, you should get the permission from your manager
18 *taking your taking your* (…) sick leave
19 Patient: OK, thank you

20 Parton: Thank you

(Nurse 2 introduces the room facilities to the patient)
21 Nurse 2: *Good morning…good afternoon*, sir, my name is Montha. I'm
22 nurse
23 Patient: Good afternoon
24 Nurse 2: I will take to your private room. OK, this your room (points to the
25 room), let me tell you about our communication arrangement
26 Patient: (…) *What's… what about my valuables*? Can? *OK… OK*
27 Nurse 2: If you want to call the nurse in case of emergency, please press this
28 button (point to the button)
29 Patient: What about my valuables? Where can I keep them?
30 Nurse 2: Ur…your valuables can be kept in the room safe over there
31 Patient: OK, how to lower the head of the bed?
32 Nurse 2: Please press this button *and… and* if you want to move to lower
33 the side rail, please press this button
34 Patient: OK, thank you
35 Nurse 2: OK

(The patient unintentionally presses the button to call the nurse)
36 Nurse 2: What are your problem?
37 Patient: Oh! I'm sorry. There is nothing wrong. I mistakenly (…) press a
38 bottom (button) to call a nurse
39 Nurse 2: OK, you should careful. If you're having wrong I will be seeing
40 you. Have a good vacation
41 Patient: Thank you. That's very kind of you
42 Nurse 2: Not at all

Role play 5: Giving intravenous fluids (IV.) (Parton-5/M088)

1 Parton: Hey Jana the doctor sent a note telling that an…a teenage patient
2 need IV fluid and antibiotic
3 Nurse 2: What's the patient name?
4 Parton: Her name is Pawinee Simpson
5 Nurse 2: *Could you…could you* tell me ..ur.. about her?
6 Parton: The patient has a terrible wound on her body. She is nervous and in
7 pain
8 Nurse 2: Um…
9 Parton: Could you please give IV fluid and antibiotic to her? And you have
10 been to give an IV fluid set and antibiotic for you
11 Nurse 2: Of course
12 Parton: Thanks

(Machida is administering IV fluids to the patient)
13 Nurse 2: Good morning, are you miss Pawinee Simpson?
14 Patient: Yes, I am. I feel not good today
15 Nurse 2: How about you?
16 Patient: I'm in pain

Nurse 2: The doctor say ur…*tell the the note* telling I need IV fluid and antibiotic

Patient: Why?

Nurse 2: You need to have antibiotic to prevent infection

Patient: OK

Nurse 2: The duration about having IV fluids ur…is about four hours

Patient: Um…it along time

Nurse 2: Now I must put the needle in the back of your hand. After that I will find a suitable (…) vein by putting this tourniquet around your arm place. Ur…make a fist and stay still

Patient: I see

Nurse 2: I will put needle and I will put this tape over ur…*the need...ur.. the needle* to hold it *firmly...firmly*. Ur…do you hurt ur… the back of your hand?

Patient: Particularly it OK

Nurse 2: Well, how about your hand?

Patient: I think it's good

Nurse 2: Oh! There is a clot in the IV tube. I must find a new vein to continue the IV fluid

Patient: Really ?

Nurse 2: Yes

Patient: Now, I am worry about having IV fluid. Can I eat or drink something?

Nurse 2: Certainly, ur… you can eat ur…or drink anything that's provide that's for one

Patient: Please and can I move my arm?

Nurse 2: Yes, I can move your arm freely, but try not to raise your hand higher than this bottle. Now relax. This will make you feel better soon

Patient: I hope so

Nurse 2: Sure

Patient: What should I do when I want to go to the toilet?

Nurse 2: Now, when you want to go to the toilet, you can take the IV stand wich (with) you. Do it slowly and carefully. That's try it

Patient: I'm fine. Thanks you so much

Nurse 2: You're welcome

(Nurse 2 reports incident of the patient's IV fluid administering to Parton, Nurse 1, head ward)

Nurse 2: I would like to report the incident about Miss Paris Hilton

Parton: What happened?

Nurse 2: The doctor sent a in ur a note telling that she needs IV fluid and antibiotic. *Af..after* giving the first IV fluid *there …there is* a clot and the IV…IV tube. I need to find a new vein to continue the IV fluids. She nervous and worried about having fluid ..ah.. But now she is fine

Parton: OK, thank you

Role play 7: Mobilising the patient (Parton-7/M106)

1 Parton: Good morning, Miss Jana, I am nurse Parton
2 Nurse 2: Good morning Miss Jana, I am nurse Bella
3 Patient: Good morning
4 Nurse 2: Parton and I are going to help move you out of the bed
5 Patient: I see
6 Parton: We are going to tuck the slide sheet under your …xxx…
7 Patient: OK
8 Nurse 2: Roll over on to the left side
9 Parton: Bella is going to tuck the slide sheet
10 Patient: Sure
11 Nurse 2: Now roll over on to the other side
12 Parton: I will just put the slide to my …xxx…to my side
13 Patient: Alright
14 Nurse 2: Roll over again onto the other side
15 Parton: We are going to move you out of the bed
16 Patient: Good
17 Nurse 2 &Parton: One, two, three, ready?
18 Parton: I will take out the slide sheet now
19 Patient: I see
20 Nurse 2: I will lift the head of the bed so you can …xxx…your…xxx…
21 Patient: Thank you
22 Nurse & Parton: You're welcome

Role play 9: Pre-operative care (Parton-9/M124)

1 Nurse1: Good afternoon, we are nurse. I am nurse Kamon and this is
2 doctor Parton. What I do for you?
3 Patient: Good afternoon, I have very pain stomach on the right side
4 Nurse1: When is this or begin?
5 Patient: Last night
6 Nurse1: We need to have some future test
7 Patient: Yes, please

(Nurse1talks to the patient at the examination desk)
8 Nurse1: It is nothing. Examination is ok
9 Patient: OK
10 Nurse1: You need to have an operation and by admit to hospital
11 Patient: No I don't think so
12 Nurse1: You must admit to hospital for treatment
13 Patient: OK, I would like to do that

(The nurse is preparing the patient for the operation)
14 Parton: Let us prepare you for your appendectomy
15 Patient: I am worrying and …xxx…tomorrow appendectomy
16 Parton: Don't worry about that I will take care of for you
17 Patient: Thank you

18 Parton: You will be nil by mouth after mid night for appendectomy
19 Patient: OK
20 Parton: We will put you to sleep
21 Patient: Thank you so much. You are very kind
22 Parton: You're welcome

Role play 11: Complaint handling (Parton-11/M138)

1 Parton: Good afternoon Miss Jana and Miss Jessica
2 Patient2: [Good afternoon
3 Parton: I am a nurse Parton
4 Patient1: Good afternoon
5 Parton: How are you (…) Miss Jana?
6 Patient1: I don't so good
7 Parton: What's the matter with you?
8 Patient1: I did not sleep last night because the air conditioner buzzes the (…)
9 whole night
10 Parton: Oh! Really I am so sorry. *I will I will* have the air conditioner
11 checked as soon as possible
12 Patient1: Also, please change the bed (…) sheet right away. *I*... *I* think it
13 looks like dirty
14 Parton: Yes, of course
15 Patient2: Can you change a new pillow for me? *I am*... *I am* comfortable
16 Parton: Sure, madam. I will get you another extra pillow. Please wait a few
17 minutes
18 Patient2: Thanks a lot
19 Parton: You're welcome

(Nurses leave the patient room and come back)
20 Nurse2: Hello, Miss Jessica, I am nurse Elesia. This is your new extra
21 pillow
22 Patient2: Good
23 Nurse2: How do you feel?
24 Patient2: I am so happy
25 Nurse2: One moment, madam, I will take (…) you some drink
26 Patient2: Yeah, I think food was not good in the last morning
27 Nurse2: Is there anything wrong madam?
28 Patient2: The food tasted terrible
29 Nurse2: I am very sorry, madam. I can arrange for you (…) to have another
30 *me*...*menu*... this (…) ur..afternoon. Do you need something else?
31 Patient2: I want to leave because the television is not work
32 Nurse2: I apologise, madam. Let me have the television replaced ur…
33 immediately
34 Patient2: Well
35 Nurse2: What kind of food ..ur…do you like?
36 Patient2: I like medicine
37 Nurse2: I will bring you (…) medicine
38 Patient2: Thank you
39 Nurse2: You're welcome

Case study 4: Nula

Role play 1: Patient registration (Nula-1/M038)

1 Nula: Good afternoon, madam, I'm Nula. Can I help you?
2 Patient: Yes (nods)
3 Nula: (nods) Could you please complete the (…) registration form?
4 Patient: Yes (nods)
5 Nula: May I have your name, please?
6 Patient: My name is Rimmani
7 Nula: What is your date of birth?
8 Patient: (…) Sixteen October nineteen ninety
9 Nula: How old are you?
10 Patient: Twenty
11 Nula: (nods) Are you single or married?
12 Patient: Single
13 Nula: (nods) Where are you from?
14 Patient: I come from Korea
15 Nula: (nods)What is your (…) permanent address?
16 Patient: One Sundrom Road
17 Nula: OK, what's your telephone number?
18 Patient: O-eight-one-three-three-three-two-one-four-four
19 Nula: Could you say again?
20 Patient: Yes, o-eight-one-three-three-three-two-one-four-four
21 Nula: Thank you what *regi… religion* are you?
22 Patient: I'm Christian
23 Nula: What do you do?
24 Patient: I'm student
25 Nula: Tell me why you have come in today?
26 Patient: I hurt my hand from a motorcycle
27 Nula: Have you ever been in hospital before?
28 Patient: No! (head shakes)
29 Nula: Have you any allergy?
30 Patient: Yes, I allergy is weather
31 Nula: (nods) OK, are you taking any medicine?
32 Patient: No! (head shakes)
33 Nula: Who is your next of kin?
34 Patient: Mother, her name is Jandi
35 Nula: OK, thank you (nods)

(Nurse 2 tells the patient to go to the primary examination desk and the patient goes to the wrong desk)
36 Nurse 2: [Hello
37 Patient: [Hello
38 Nurse 2: …xxx…you must go to primary *exten…extension* nurse

(The patient goes to the wrong desk)
39 Nurse 2: Oh! No! You must go to next desk

40 Patient: Desk?

(Nurse 3 asks for the patient information for OPD ward conference)
41 Nurse 3: I want to the patient information to conference OPD ward
42 Nula: Good afternoon, madam. Her name is Rimmani. Her birthday is
43 sixteen October nineteen ninety. Her is twenty years old. She come
44 from Korea. Today she is hurt your hand. She is (…) allergy is
45 weather. She is single. OK? (nods)
46 Thanks
47 Nurse 3: Are you sure?
48 Nula: Yes (nods)
49 Nurse 3: OK, (nods) thank you

Role play 3: Introduction to an in-patient's room (Nula-3/M066)

1 Nula: Good afternoon, madam, I am Nula. I'm nurse
2 Patient: Good afternoon, I'm Cherry
3 Nula: OK, you must stay in hospital for treatment because the doctor (...)
4 *diagnosis you have a symptom same influenza*
5 Patient: Oh! No! I don't want to stay in hospital because I'm fear
6 Nula: OK I understand, but influenza is an infection. So you don't
7 meeting people and you don't worry
8 Patient: What do they have?
9 Nula: It have fis (fridge), television, air conditioner, fan, water heater,
10 sofa and bed
11 Patient: What food for me?
12 Nula: You have eat soft food, and joke (porridge), milk and soup
13 Patient: Where I keep valuables?
14 Nula: Your valuables (…) can be (…) keep in the room safe. The next
15 you waiting in the area

(Nurse 2 asks for the patient information from Nula)
16 Nurse 2: Hello
17 Nula: Hello, Thira
18 Nurse 2: I want to the patient information to patient
19 Nula: OK, her name is Cherry. Her has symptom as cold and high fever.
20 Her has a symptom about one week ago and temperature thirty-
21 nine degree Celsius, blood pressure one hundred twenty over
22 eighty (120/80), hard (heart) rate seventy-two, weight fifty and
23 high one hundred seventy-five
24 Nurse 2: What other symptoms?
25 Nula: No
26 Nurse 2: OK, thank you
27 Nula: Thank you, goodbye

(Nurse 2 introduces room facilities to the patient)
28 Nurse 2: Hello, I am nurse. My name is Thira. What's your name?
29 Patient: I'm Cherry

30 Nurse 2: OK, the next I take you the private room and follow me, please

(The patient follows the nurse to the patient private room)
31 Nurse 2: *OK, here is your room. Let me show you how to use the adjustable*
32 *bed. If you want to the raise of the head of, please press put this*
33 *button. The side rail can be adjust by using the bottom (button)*
34 Patient: What about my valuables? Where can I keep them?
35 Nurse 2: Your valuables can be kept in the room safe over there. OK?

(The patient accidentally presses the button to call the nurse)
36 Nurse 2: What happen?
37 Patient: Oh! I'm sorry
38 Nurse 2: *It don't…it doesn't* happen. Cherry this bottom (button) use call the
39 nurse. You can press when you want to. Be careful

Role play 5: Giving intravenous fluids (IV.) (Nula-5/M087)

1 Nula: Hello Sara
2 Nurse 2: Hello Nura
3 Nula: The doctor diagnosis patient need IV fluid and antibiotic
4 Nurse 2: I want the information patient
5 Nula: OK, her name is Rimmi. *Her pain she pain* (…) her leg and head
6 because she is a motorcycle accident and she has a wound. (…)
7 You must to give IV fluid and antibiotic. The next I will preparing
8 to give an IV set and antibiotic to you
9 Nurse 2: Thank you
10 Nula: Thank you

(Nurse 2 is administering IV fluids to the patient)
11 Nurse 2: Hello, Rimmi, how are you feeling?
12 Patient: I feel pain a wound
13 Nurse 2: Number one to to give the IV fluid and antibiotic
14 Patient: No! I'm scared
15 Nurse 2: Don't worry it doesn't scared
16 Patient: Will this hart (hurt) me?
17 Nurse 2: Not particularly, but *you feel… you will feel* a small pin prick.
18 Please keep your hand still. I will tape over the needle to told
19 (hold) it firmly. *That's… is that* comfortable?
20 Patient: Yes, it fine. Can I move my arm?
21 Nurse 2: (…) Certainly, you can move your arm freely. You have
22 …xxx…your strength ur…the mixturing will contain more fluids
23 such as antibiotic and other medicines. I will put this needle in the
24 back of your hand
25 Patient: I'm a right handed
26 Nurse 2: I will use the left hand. Now I will must find a suitable vein. I put
27 this tourniquet. OK? Around your forearm. Please make a fist. I
28 will put this the needle again
29 Patient: Oh! No! That's alright

30 Nurse 2: (…) Oh! I'm sorry. There is a clot in your IV tube. We will find a
31 new vein to continue the IV fluids
32 Patient: How long give IV?
33 Nurse 2: Ur…for the doctor …xxx…order
34 Patient: What food for me?
35 Nurse 2: Soft food, milk and joke (porridge)
36 Patient: I hope so nurse
37 Nurse 2: Now, when you want to go to the bathroom, you can take the IV
38 fluid (…) stand with you. Just will it with your right hand. You do
39 it slowly and carefully. That's fine. Until you get (…) used to it.
40 That's right.
41 Patient: That's fine. Thank you

(Nurse 2 reports incident of the patient's IV fluid administering to Nula, Nurse 1, head ward)
42 Nurse 2: Hello Nula
43 Nula: Hello Sara
44 Nurse 2: Intraven (intravenous) mixturing
45 Nula: What happen?
46 Nurse 2: When I give this IV fluids, there is a clot in the tube
47 Nula: How are you doing?
48 Nurse 2: I find a new vein to continue the IV fluid
49 Nula: That's very good. Thank you

Role play 7: Mobilising the patient (Nula-7/M103)

1 Nula: Hello, Pita
2 Pita: Hello, Nula
3 Nula: I am going to take the patient to the physical therapy.
4 Can I help you?
5 Pita: Yes, I can
6 Nula: OK

(Nula and Pita goes to the patient room to take her to the physical therapy)
7 Nula: Hello Pancake, did you have a good sleep last night?
8 Patient: No, I have pain my leg
9 Nula: Oh! It is normal. Don't worry. You our your lost may have
10 physical therapy
11 Patient: Can I will come back to walk?
12 Nula: Yes, if you always physical therapy
13 Pita: We will get you a wheelchair
14 Patient: OK, may I help you?
15 Pita: We will move you sit to the edge of the leg by the bed. We will
16 support to go up with the seat the wheelchair (get the patient into
17 the wheelchair). Let's go to the physical therapy room
18 Patient: OK
19 Pita: I tell you that you will use this equipment. It is the bar and swing.
20 The swing allow in front of the patient and hold to keep the bar

ur…steady. After that you walk slowly
Patient: (does walking exercise) Will I safety?
Pita: Certainly, I will help to support you
Patient: I need you
Nula: Just finished, I'm going to take you to the patient room. Tomorrow, I will take you to the (…) physical therapy
Patient: Thank you very much
Nula: You're welcome, goodbye
Patient: Goodbye

Role play 9: Pre-operative care (Nula-9/M121)

Nula: Good evening, Nara, how do you feeling?
Patient: Good evening, I feel stomach ache in right (…) side and vomiting
Nula: Let us prepare (…) you for your appendectomy
Patient: Oh! Really?
Nula: Yes, but don't worry
Patient: How I to do?
Nula: First, you will have a soft diet and not food or drink after midnight. Then you should wash your hair and body
Patient: Oh! OK, thank you
Nula: OK, goodbye, see you tomorrow

(The next day, in the morning Nurse 2 prepares the patient for the operation)
Nurse 2: Good morning, how are you today?
Patient: I feel so bad
Nurse 2: Please relax. I will put you to sleep and the operation will take only half an hour. The incision will be this (…) small and need. It doesn't hurt much
Patient: Oh! It has the hole?
Nurse 2: Yes, now let me check your vital signs. Your blood pressure is normal. Your temperature is thirty-eight (38) degree Celsius. Pulse and respiratory are OK.
Let me clean abdomen. It will be a little cold
Patient: Go ahead
Nurse 2: OK, it's done. Now, you will slow for to sleep

Role play 11: Complaint handling (Nula-11/M1146)

Nurse 1: Good afternoon, madam, I'm nurse Cindy
Nula: Good afternoon
Nurse 1: This is a sunny day, isn't it?
Nula: Yes
Nurse 1: How are you to sleep last night?
Nula: It's terrible
Nurse 1: What problem? Have you pain your wound?
Nula: No, I haven't pain my wound, but the main light is ficker (flickering). I can to sleep soundly and the bed squeak (points to

10		the bed) when I turn (turns her body). I feel so bad. I am afraid
11	Nurse 1:	Oh! I'm terribly sorry. I forget check your room. I'm very sorry
12	Nula:	Never mind, but today, you must check my room in the evening
13	Nurse 1:	No problem. I will have the bed replaced and the main light
14		checked this evening
15	Nula:	OK, but I want an extra pillow
16	Nurse 1:	Yes, of course. I will bring (…) you an extra pillow
17	Nula:	OK, thank you
18	Nurse 1:	You're welcome

Case study 5: Pita

Role play 1: Patient registration (Pita-1/M042)

1 Pita: Good afternoon, my name is Pita. I am nurse. May I help you?
2 Patient: Yeah, I hurt my hand form a motorcycle accident
3 Pita: Could you please complete the registration form?
4 Patient: No I couldn't (…) ur…because I hurt my hand
5 Pita: May I have you name please?
6 Patient: Yeah, you call me Nikkijang
7 Pita: What is your date of birth?
8 Patient: Eighteen February nineteen ninety-one
9 Pita: How old are you?
10 Patient: I'm twenty years old
11 Pita: Are you single or married?
12 Patient: I'm single
13 Pita: Where is your nationality?
14 Patient: I'm Japanese
15 Pita: What is your permanent address?
16 Patient: No, I'm tourist. I stay at Maeyom Hotel
17 Pita: What's your telephone number?
18 Patient: It's o-eight-seven-three-o-four-nine-two-one-o
19 Pita: What region (religion) are you?
20 Patient: Er…Buddhism
21 Pita: What do you do?
22 Patient: I'm a teacher
23 Pita: Have you ever been in hospital before?
24 Patient: No
25 Pita: Have you any allergy?
26 Patient: I'm allergy to weather and drug
27 Pita: Again please?
28 Patient: Ur… allergy to the weather (…) and drug
29 Pita: Who is your next of kin?
30 Patient: My mom, you call her Akiko
31 Pita: OK, thank you

(Nurse 2 tells the patient to go to the primary examination desk and the patient goes to the wrong desk)
32 Nurse 2: OK, the next *you ur…you* must go to the primary examination (points to the desk)

(The patient goes to the wrong desk)
33 Nurse 2: Oh! No! You must go to the (…) next desk
34 Patient: Sorry

(Nurse 2 asks for the patient information for OPD ward conference)
35 Nurse 2: OK, I want to the patient information to conference OPD ward
36 Pita: OK, her name is Nikkijang. She have hurt her hand from a

motorcycle accident. Em…she was born eighteen February nineteen ninety-one. Her age is twenty years old. Em…her is single (…). Her nationality is Japanese. She stays at Maeyom Hotel in Phrae. Her telephone number is o-eight-seven-three-o-four-eight-nine-two-one-o. Her religion is Buddhism (..) She allergy weather and drug. Her next of kin um…her mother name is Akiko

Nurse 2: Er…has she ever been in hospital before?

Pita: No

Nurse 2: OK, thank you

Role play 3: Introduction to an in-patient's room (Pita-3/M060)

Nurse 1: Hello I am Utcha. I am nurse. Your primary examination for temperature is thirty and seven (37) degree Celsius, BP is one-thirty over ninety (130/90). Respiratory is thirty and your pulse is one hundred and twenty (120). Your symptom is chest pain, heart beat quickly than usual and irregular beating. So you are the heart attack and you must stay in hospital for treatment

Patient: Oh! I am heart attack. Are you sure?

Nurse 1: Yes, but you don't worry because it can implement

Patient: OK, I try to understand

Nurse 1: OK, just a minute

(Nurse 1 reports the patient health information to Pita, Nurse 2)

Nurse 1: Hello

Pita: Hello, I want to the patient information

Nurse 1: OK, she is attack and symptom is chest pain. The heart beat quickly than (…) usual and irregular beating

Pita: OK (nods)

(Pita introduces the room facilities to the patient)

Pita: Hello, I'm Pita. I'm nurse. I will take you to the patient room

Patient: What facility in this room?

Pita: This will have television, telephone, air-conditioner, refrigerator and adjustable bed

Patient: How to adjust the bed?

Pita: If you want to the rail (raise) or lower of head to the bed, please put this bottom (button) or want the raise or lower the rail, please press this bottom (button)

Patient: How to call nurse in case of emergency?

Pita: If you want to call the nurse for emergency, you press this bottom (button)

Patient: Where to keep my valuables?

Pita: If you keep valuables, you can keep it here

Patient: What food for me?

Pita: Your food, soft food and fruit

(The patient accidentally presses the button to call the nurse and Nurse 1 comes into the room to check what has happened.)

31 Patient: Oh! I'm sorry
32 Pita: That's alright (touches the patient's shoulder)
33 Nurse 1: What happen?
34 Pita: Nothing wrong, it's accident
35 Nurse 1: OK
36 Pita: You must careful for press this bottom (button). You can press this
37 bottom (button) if you want to the helpful
38 Patient: OK

Role play 5: Giving intravenous fluids (IV.) (Pita-5/M080)

1 Nurse 1: Good morning
2 Nurse 2: Good morning, I want this patient information
3 Nurse 1: She is motorcycle. She has wound. She is nervous and in pain. She
4 needs intravenous and antibiotic to prevent infection
5 Nurse 2: What is her name?
6 Nurse 1: Her name is Pita
7 Nurse 2: What is her room number?
8 Nurse 1: She is private room number one-o-two (102)
9 Nurse 2: OK, thank you
10 Nurse 1: You're welcome

(Nurse 2 is administering IV fluids to the patient)

11 Nurse 2: Good morning, my name is Rati
12 Pita: Nice to meet you
13 Nurse 2: How are you?
14 Pita: That's so good. I have terrible my wound
15 Nurse 2: I understand. I am going to give you intravenous fluids and clean
16 you wound
17 Pita: Oh! What is it important?
18 Nurse 2: It is a mixture of fluid to help reduce under strength (…) mixturing
19 to contains more fluid such as antibiotic and other medicine. I will
20 put this needle in the back of your hand. *Are you …are you* right
21 hand or left hand?
22 Pita: I am left hand
23 Nurse 2: I will use the right hand. I will put this tourniquet around your
24 forearm. Please make a fist. I will put the needle here
25 Pita: I see. Will this hurt me?
26 Nurse 2: No! Particularly, but you will feel a small pin prick (puts the
27 needle into the patient's hand). I'm sorry. I did think that I need to
28 find a new vein to continue the intravenous (intravenous) fluids
29 Pita: No! I want to new nurse
30 Nurse 2: OK (nods), just a minute

(Nurse 2 reports the incident to Nurse 1)

31 Nurse 2: I am terrible. I (…) make the (…) mistake this intravenous fluid.

She wants a new nurse
Nurse 1: OK, I go to give her intavenous (intravenous) fluids, but you should to be careful

(Nurse 1 repeats IV fluids to the patient)
Nurse 1: Hello, my name is Kamocha. I'm head ward. I'm going to give you intavenous (intravenous) fluids
Pita: OK, I see, but you must careful
Nurse 1: OK (gives IV fluids to the patient). I put this tape over the needle to hold it firmly. Is that comfortable?
Pita: Yes, it is fine. Can I move my arm?
Nurse 1: Certainly, you can move your arm freely, but tire (try) not to bend your ris (wrist) or to raise your hand higher than this bottle. If you have any problem with needle sign, please don't touch it. Then call for the nurse. Now, relax. This will make you feel much better
Pita: I hope so nurse. How to go to the toilet?
Nurse 1: Now, when you want to go to the toilet, you can take this intavenous (intravenous) stand with you
Pita: How to drinking and having food?
Nurse 1: You use your left hand
Pita: How long bottom (bottle) duration intravenous fluid?
Nurse 1: Two bottles
Pita: Thank you
Nurse 1: You're welcome

Role play 7: Mobilising the patient (Pita-7/M103)

Nula: Hello, Pita
Pita: Hello, Nula
Nula: I am going to take the patient to the physical therapy. Can I help you?
Pita: Yes, I can
Nula: OK

(Nula and Pita goes to the patient room to take her to the physical therapy)
Nula: Hello Pancake, did you have a good sleep last night?
Patient: No, I have pain my leg
Nula: Oh! It is normal. Don't worry. You our your lost may have physical therapy
Patient: Can I will come back to walk?
Nula: Yes, if you always physical therapy
Pita: We will get you a wheelchair
Patient: OK, may I help you?
Pita: We will move you sit to the edge of the leg by the bed. We will support to go up with the seat the wheelchair (get the patient into the wheelchair). Let's go to the physical therapy room
Patient: OK
Pita: I tell you that you will use this equipment. It is the bar and swing.

The swing allow in front of the patient and hold to keep the bar ur…steady. After that you walk slowly
Patient: (does walking exercise) Will I safety?
Pita: Certainly, I will help to support you
Patient: I need you
Nula: Just finished, I'm going to take you to the patient room. Tomorrow, I will take you to the (…) physical therapy
Patient: Thank you very much
Nula: You're welcome, goodbye
Patient: Goodbye

Role play 9: Pre-operative care (Pita-9/M120)

Nurse 1: Good afternoon, Pita
Pita: Good afternoon, John
Nurse 1: Pita, a doctor diagnosis the patient. Her name is Milla. She has a problem about her digest and the appendix and colon. Now, she is inflammation and appendix
Pita: OK, how will I do?
Nurse 1: The doctor advise she should operative care
Pita: OK, I see. How we take operative healthcare patient

(Nurse 1 and Pita talk the patient and prepare the patient for the operation)
Nurse 1: Good afternoon, madam
Patient: Good afternoon, nurse
Nurse 1: How are you feeling this afternoon?
Patient: I feeling stomachache
Nurse 1: Where do you feeling?
Patient: At the right side
Nurse 1: (touches the patient's hand) Madam, a doctor advise you should treatment by operative care because your colon have inflammation and appendix. It must *appendect…appendectomy* …xxx…come with you
Patient: Oh! Really?
Pita: Madam, you don't worry. Please relax. We will put you sleep and the operation will take only half an hour. The incision will be this small. The doctor is very professional and it doesn't hurt much
Patient: Only half an hour, too?
Nurse 1: Yes, now let to check you vital signs (…) include your blood pressure, temperature, respiratory rate and pulse
Patient: OK, I see. What prepare I do?
Pita: Madam, you will have a soft diet and no food and ur…drink after midnight. Then you should wash your hair ur…and body. Next you will be shaved and giving enema. This will empaty (empty) and clean out your bowel
Patient: OK, I understand
Pita: Good luck for operation to you
Patient: Thank you

34 Pita: [You're welcome
35 Nurse 1: [You're welcome

Role play 11: Complaint handling (Pita-11/M140)

1 Pita: Good afternoon, madam. How are you today?
2 Patient: Good afternoon, nurse. (…) I feel good, but the bed squeak when
3 we turn-ned (turned)
4 Pita: Oh! Really? I'm sorry, madam. (…) Um… you wait for a half an
5 hour. I'm going to information a mechanical department for repair
6 Patient: Don't worry, nurse. I wait. Thank you very much

(Pita, Nurse 1, speaks to the maintenance staff)
7 Pita: Hello
8 Staff: Hello, can I help you?
9 Pita: At the Gynecology, it have problem about the bed of patient
10 Staff: How does the bed problem?
11 Pita: The bed have squeaked patient turned
12 Staff: OK, I get it
13 Pita: Um…what the people to repair?
14 Staff: I will go now
15 Pita: Thank you very much
16 Staff: You're welcome

(Pita and maintenance staff talk to the patient)
17 Staff: Good afternoon, madam. My name is Sawut. I come from
18 mechanical department and I will repair your bed
19 Patient: OK, I see. But I can't move because I get IV fluid
20 Pita: *I...I* will help you to remove over next to the bed (moves the
21 patient out of the bed)
22 Patient: Thank you very much for you

(The maintenance staff checks the bed)
23 Staff: I apologise, madam. I can't repair the bed because it all condition
24 of use
25 Pita: Um…(nods) how do I do?
26 Staff: I can arrange for you a new bed
27 Pita: OK, I see. Thank you very much
28 Staff: You're welcome

Case study 6: Kanok

Role play 1: Patient registration (Kanok-1/M040)

1 Nurse 1: Sit down, please
2 Patient: Yes
3 Nurse 1: Good afternoon
4 Patient: Good afternoon
5 Nurse 1: My name is Sila. Can I help you?
6 Patient: Yes, Sila
7 Nurse 1: Could you please complete the registration form?
8 Patient: (…) Yes
9 Nurse 1: May I have your name, please?
10 Patient: My name is Linping
11 Nurse 1: Er…sorry, could you say that again?
12 Patient: My name is Linping
13 Nurse 1: *When where(were) you…when where(were) you born?*
14 Patient: Twenty February nineteen ninety
15 Nurse 1: How old are you?
16 Patient: Twenty years old
17 Nurse 1: Are you single or marry?
18 Patient: Single
19 Nurse 1: Where are you from?
20 Patient: I'm from China
21 Nurse 1: What is your permanent address?
22 Patient: (…) I'm live in Dusit Island (hotel)
23 Nurse 1: What is your telephone number?
24 Patient: O-eight-five-five-two-two (…) four-seven-eight-five
25 Nurse 1: What religion are you?
26 Patient: (…) Chris (Christian)
27 Nurse 1: What do you do?
28 Patient: I'm student
29 Nurse 1: Can you tell me that your problem is?
30 Patient: I hurt my hand from motorcycle accident
31 Nurse 1: When did it start?
32 Patient: Today
33 Nurse 1: Have you ever been in hospital before?
34 Patient: No
35 Nurse 1 Have any allergy?
36 Patient: No
37 Nurse 1: Who is your next of kin?
38 Patient: My friend, name is Leejungki
39 Nurse 1: What is Leejungki telephone number?
40 Patient: O-eight-six-one-eight-three-eight-nine-two-four
41 Nurse 1: Can I just… can I have a look at it?

(Nurse 1 looks at the patient's hand)
42 Nurse 1: Oh! Thank you for the (…) registration form

(Kanok tells the patient to go the primary examination desk and the patient goes to the wrong desk)

43 Kanok: Hello, good afternoon, my name is Kanok nurse
44 Patient: Good afternoon Kanok
45 Kanok: *May I…may I* have your name?
46 Patient: My name is Linping
47 Kanok: You must to the primary examination desk

(The patient goes to the wrong desk)

48 Kanok: Oh! Linping, you must go to next desk
49 Patient: Yes

(Kanok asks for the patient information for OPD ward conference)

50 Kanok: I want the patient information to conference OPD ward
51 Nurse 1: Who is the registration form?
52 Kanok: Linping

(Nurse 1gives Linping health information to Kanok)

53 Kanok: How old are you?
54 Nurse 1: Twenty years old
55 Kanok: Where are you from?
56 Nurse 1: China
57 Kanok: Thank you

Role play 3: Introduction to an in-patient's room (Kanok-3/M061)

1 Nurse 1: Good afternoon, sir, I'm Kanja. I am a nurse. What's your name?
2 Kanok: My name is Kanok
3 Nurse 1: Can I help you?
4 Kanok: I'm (…) sick and stomachache
5 Nurse 1: *How long have…how long have it*?
6 Kanok: About for one day
7 Nurse 1: How is the symptom?
8 Kanok: I feel stomach, headache, tire (tired) and diarrhea. I *don'…t don't*
9 feel like eating because throat up
10 Nurse 1: May I check your blood pressure, please?
11 Kanok: (…) Yes
12 Nurse 1: Please puts your left arm on the table. I will put the cuff around
13 your upper arm. Then I wiss (will) upper the pressure and release it
14 slowly. Your blood pressure (…) is a little low
15 Kanok: What is my blood pressure?
16 Nurse 1: It's ninety over fifty (90/50). May I take your temperature, please?
17 Kanok: (…) Yes
18 Nurse 1: Please open the mouth. I will put the *tempara…temperature* under
19 your tongue. Close your for a minute. If you have a sign fever
20 Kanok: What's my (…) temperature?
21 Nurse 1: Your temperature is *thirty (…) thirty-eight* (38) degree Celsius.

22 Please see the doctor *in the in this* room
23 Kanok: OK, thank

(The patient has met a doctor and came back to give the examination results to Nurse 1)
24 Nurse 1: Ur… you have to stay in hospital for (…) ongoing treatment
25 Kanok: No! I don't like about stay in the hospital
26 Nurse 1: Oh! Don't worry because this hospital have the best treatment. Our
27 doctor very professional
28 Kanok: OK, I have to stay in the hospital
29 Nurse 1: Please follow to medical ward
30 Kanok: OK, medical ward

(Nurse 1 takes the patient to the medical ward and talks to Nurse 2 about the patient case)
31 Nurse 2: Hello
32 Nurse 1: Hello, Mai
33 Nurse 2: I want more information about patient symptom
34 Nurse 1: My *pa…my patient* information, he name is (…) Kanok. Her
35 symptom food poisoning. Her is blood pressure is ninety over fifty
36 (90/50|) and temperature is thirty-eight (38) degree Centigrade
37 Nurse 2: OK, thanks

(Nurse 2 introduces the room facilities to the patient)
38 Nurse 2: Hello, I'm Jira. I'm nurse. What's your name?
39 Kanok: My name is Kanok
40 Nurse 2: Please follow me go to your room
41 Kanok: OK
42 Nurse 2: Here (…) is your room. Let me show you how to use the adjustable
43 bed. If you want to raise the head of the bed, please press this
44 bottom (button) (points to the button). The side rail can be adjust
45 by using the bottom (button)
46 Kanok: What about my valuables? Where can (…) I keep them?
47 Nurse 2: Your valuables can be kept in the room (…) safe over there
48 Kanok: OK
49 Nurse 2: Let me tell you about our communication arrangement. If you want
50 to call a nurse, please press this bottom (button). There is also a
51 bottom (button). You can piss (press) in the bathroom if you wish
52 to call a nurse. When you are there, someone will come
53 immediately
54 Kanok: Can I make a phone call for this room?
55 Nurse 2: Yes, you can
56 Kanok: OK, thanks

(The patient accidentally presses the button to call the nurse)
57 Nurse 2: What happen? How are you?
58 Kanok: I'm sorry. I'm accidentally pess (press) the bottom (button) to call
59 a nurse

60 Nurse 2: You have to careful all about patient room because in case of
61 emergency
62 Kanok: OK, I get it
63 Nurse 2: OK
Role play 5: Giving IV.

Role play 5: Giving intravenous fluids (IV.) (Kanok-5/M089)

1 Kanok: Hello John
2 Nurse 2: Hello Kanok
3 Kanok: Now there is a patient. *She …she* accident from motorcycle. She
4 admit in the hospital. Her blood pressure is one-hundred thirty (…)
5 over seventy (130/70)
6 Nurse 2: Yeah
7 Kanok: Heart rate is sixteen (16). Pulse is sixty (60). Temperature is thirty-
8 seven (37)
9 Nurse 2: Yeah
10 Kanok: *The doctor…(…) the doctor give…give* order that acute patient (…)
11 need IV fluid and antibiotic
12 Nurse 2: OK, how is patient heart rate?
13 Kanok: *Heart rate is sixty* (60). *Heart rate is sixteen* (16). Then I pipare
14 (prepare) (…) set IV and drug *you…you* take it to patient
15 Nurse 2: OK

(Kanok gives an IV set to Nurse 2)
16 Nurse 2: Kanok, what is patient name?
17 Kanok: Her name is Kipsi
18 Nurse 2: Thank you

(Nurse 2 goes to the patient room and gives IV fluids to the patient)
19 Nurse 2: Good afternoon, my name is John. Ur…I am nurse. What is your
20 name?
21 Patient: My name is Kipsi
22 Nurse 2: Ur…Kipsi, I need to give you an IV now
23 Patient: No! I'm scared. No! No!
24 Nurse 2: Oh, we need to find a good vein first. Take it easy
25 Patient: Oh, yeah
26 Nurse 2: Puts your arm here. I will use the left hand, please
27 Patient: Will I feel (…) pan (pain)?
28 Nurse 2: I will put tourniquet around your forearm. This won't (…) hurt.
29 Relax, Gipsi
30 Patient: What is it medicine?
31 Nurse 2: Ur…it is antibiotic to help *prevent ur…prevent* (…) any infection.
32 Oh! Oh! A clot in *the IV fuse IV tube*, I must find
33 Patient: Really?
34 Nurse 2: Yes
35 Patient: What kind of food can I have drink?
36 Nurse 2: Ur…you can drink milk and having orange

37 Patient: Can I move my arm?
38 Nurse 2: No! You can't
39 Patient: How I go to toilet?
40 Nurse 2: Ur… now (…) when you want to go to the toilet, ur…*you can.. you*
41 *can* take the IV stand with you. Carry it slowly and carefully
42 very…xxx…much
43 Patient: That's fine. Thank you so much
44 Nurse 2: OK

(Nurse 2 reports incident of the patient's IV fluid administering to Kanok, Nurse 1, head ward)
45 Nurse 2: Ur…I would like to report (…) the incident about (…) Miss Gipsi
46 Kanok: What happened?
47 Nurse 2: Ur…*after having… after giving* the first IV fluid ur…there is a clot
48 in the IV tube. I need (…) to find (…) a new vein to continue the
49 IV fluid. (…) She is nervous and (…) worry (…) ur…about having
50 IV fluid (…) ur…,but now she
51 is fine
52 Kanok: OK, thank
53 Nurse 2: OK

Role play 7: Mobilising the patient (Kanok-7/M105)

1 Nurse 1: Good afternoon, I am nurse Renu
2 Kanok: Good afternoon
3 Nurse 1: What's your name?
4 Kanok: My name is Kanok
5 Nurse 1: How are you feeling?
6 Kanok: I don't well
7 Nurse 1: Let me help you get up to travel
8 Kanok: OK, I (…) promise
9 Nurse 1: I'm going to help you get up for your travel
10 Kanok: I can't (…) stand up because I hart (hurt) my back
11 Nurse 1: Don't worry. May I help you?
12 Kanok: OK, I believe it
13 Nurse 1: OK, hold the row ladder with both hands
14 Kanok: OK
15 Nurse 1: *Let me…let me take …take* your clothes
16 Kanok: OK
17 Nurse 1: Next, I will clean body and change your new clothes (cleans the
18 patient body and changes the patient gown). OK, finish.
19 How are you feeling?
20 Kanok: I feel comfortable
21 Nurse 1: OK, I will (…) call nurse Neena to take your you private traveling
22 around in hospital
23 Kanok: OK, goodbye
24 Nurse 1: Goodbye

(Nurse 2, Neena, comes get the patient to go for a walk around the hospital)

25 Nurse 2: Good afternoon, madam, I'm nurse Neena
26 Kanok: Good afternoon
27 Nurse 2: What's your name?
28 Kanok: My name is Kanok
29 Nurse 2: Today, I take you travel in around in hospital
30 Kanok: I can't to walk nurse
31 Nurse 2: I will get you a wheelchair, madam
32 Kanok: OK
33 Nurse 2: Let me help you sit up. Swing your leg down, please. (…) Step
34 down carefully, very good. Now sit up slowly well
35 Kanok: Thank you, nurse
36 Nurse 2: You're welcome

(Nurse 2 talks to the patient along the walk)

37 Nurse 2: How are you feeling?
38 Kanok: Oh! Beautiful, I like it
39 Nurse 2: Now, I am going to take you to the patient room
40 Kanok: OK, let's go
41 Nurse 2: OK

Role play 9: Pre-operative care (Kanok-9/M122)

1 Nurse 1: Hi, Kanok. How are you today?
2 Kanok: Hi, Gipsi. I'm fine. Thank you and you?
3 Nurse 1: I'm so good (…). I get doctor note he give result (…) diagnosis
4 Paula have (…) appendicitis
5 Kanok: Oh! Appendicitis?
6 Nurse 1: Um…let us prepare Paula for her appendectomy
7 Kanok: OK, I get it
8 Nurse 1: Yes, you are welcome
9 Kanok: Bye
10 Nurse 1: Bye

(Nurse 3 checks the patient vital signs)

11 Nurse 3: Hello, I'm nurse Kelly. How are you feeling today?
12 Patient: Hello, I'm Paula. I'm pain my stomach very very much
13 Nurse 3: Oh! Don't worry (touches the patient's arm). Please relax. Now let
14 me check vital signs. This include your blood pressure,
15 temperature, respiratory rate and pulse. Could you please lie still,
16 straighten your arm and pain (place) (…) this thermometer under
17 your tongue (takes the patient's temperature and blood pressure).
18 Your blood pressure is normal. Temperature is thirty-eight (38)
19 degree Celsius. Pulse and respiration are OK
20 Patient: OK?

(Kanok comes in and helps prepare to the patient for the operation)

21 Kanok: Hello, I'm nurse Kanok

Patient: Hello, I'm Paula
Kanok: Are (…) you pain right stomach very much?
Patient: Yes, I pain
Kanok: OK, let us prepare for you appendectomy
Patient: I'm worry very much
Kanok: You don't worry (Nurse 3 touches the patient's arm). I will the take care for you
Patient: Thank you
Kanok: You're welcome. First you will have a soft diet and no food or drink after midnight. Then you will wash your hair and body. Next you will be sha-ved (shaved) and given enema. This will empaty (empty) and clean out your bowel
Patient: What about my false teeth, ring and wrist watch? Should I keep these (…) off?
Kanok: Yes, please. Goodbye, see you again tomorrow
Patient: Goodbye
Kanok: [Goodbye
Nurse 3: [Goodbye

Role play 11: Complaint handling (Kanok-11/M139)

Nurse 1: Hello, I'm nurse (…) Lisa
Kanok: Hello, nurse
Nurse 1: What the problem, madam?
Kanok: Everything is very good so far, but can I ask for (…) a different menu?
Nurse 1: Oh! Is there something wrong, madam?
Kanok: The taste is terrible. There is not much variety
Nurse 1: My apologise, madam. I can arrange for *you have ...to have* another menu. I hope (…) you will like it
Kanok: Thank you
Nurse 1: OK, bye

(Nurse 1 leaves the room and Nurse 2 comes in and talks to the patient)
Nurse 2: Hello, I'm nurse Paula. What's your name?
Kanok: Hello, nurse. My name is Kanok
Nurse 2: Kanok, how are you feeling today?
Kanok: I'm not feeling well. I don't (…) sleep well. The bed squeak when I turn
Nurse 2: Oh! I'm sorry. I will have a bed adjust immediately. Can you wait a few minutes, madam and call us if there is anything else?
Kanok: OK, thank you
Nurse 2: You're welcome

Appendix 13: Students' vocabulary use in pre- and post-role play tasks

No.	Students' Pseudonym	Pre-role play		Post-Role play	
		Types	Tokens	Types	Tokens
1	CIT	19	23	33	46
2	JAR	57	88	67	105
3	PAT	21	23	27	34
4	CHA	25	33	52	101
5	KAL	37	55	62	97
6	DAO	32	42	29	36
7	SUC	57	107	73	120
8	NAP	21	25	19	21
9	KAN	27	31	61	96
10	KAM	42	83	50	82
11	POK	43	58	59	93
12	JIR	10	11	13	13
13	CHU	14	18	14	18
14	NAT	45	68	58	86
15	THI	54	105	16	18
16	PRA	33	46	26	40
17	THA	12	13	25	32
18	PAW	12	14	37	52
19	RAT	11	14	20	22
20	RAC	23	33	40	55
21	WAN	41	58	70	125
22	WAL	26	29	27	29
23	WAR	16	17	16	16
24	SAR	28	29	27	33
25	SIL	56	97	27	37
26	TUI	19	21	58	89
27	SUP	13	14	25	30
28	SRI	31	38	22	28
29	KHA	30	42	24	32
30	NON	54	78	42	63
31	MON	14	18	28	40
Σ		923	1331	1147	1689
$\bar{x}$		30	43	37	54

Appendix 14: Students' vocabulary use in case studies

Types and Tokens (role play tasks)

	Task 1		**Task 3**		**Task 5**		**Task 7**		**Task 9**		**Task 11**	
	Types	Token	Types	Token	Types	Token	Types	Token	Types	Token	Types	Token
Karla	71	130	50	71	105	221	49	83	35	38	64	94
Machida	44	62	97	169	104	179	82	141	9	13	25	40
Parton	74	122	44	65	45	68	38	61	29	37	45	60
Nula	77	140	97	128	45	72	45	71	39	45	47	59
Pita	93	163	57	118	70	102	53	86	72	102	46	70
Kanok	35	50	63	104	55	80	34	56	70	96	38	51
Σ	394	667	408	655	424	722	301	498	254	331	265	374
$\bar{x}$	66	111	68	109	71	120	50	83	42	55	44	62
S.D.	21.83	45.05	23.36	38.59	27.76	64.21	17.08	30.76	24.49	35.68	12.73	18.47

Types and Tokens (case study students)

	Karla		Machida		Parton		Nula		Pita		Kanok	
	Type	Token	Type	Token	Type	Token	Type	Token	Type	Token	Type	Token
Task 1	71	130	44	62	74	122	77	140	93	163	35	50
Task 3	50	71	97	169	44	65	97	128	57	118	63	104
Task 5	105	221	104	179	45	68	45	72	70	102	55	80
Task 7	49	83	82	141	38	61	45	71	53	86	34	56
Task 9	35	38	9	13	29	37	39	45	72	102	70	96
Task 11	64	94	25	40	45	60	47	59	46	70	38	51
Σ	374	637	361	604	275	413	350	515	391	641	295	437
$\bar{x}$	62	106	60	101	46	69	58	86	65	107	49	73
SD	24.39	63.75	39.68	71.12	15.12	28.27	23.24	38.76	16.89	31.99	15.59	23.84

Appendix 15: Teacher journal

Teacher's Journal 1

Session 1: Patient registration

Date: 15 November 2010

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1. The students paid more attention to the task actively and interestingly participated in the class activities.
2. The students asked a lot of questions when preparing task as they were not familiar with performing tasks. For example, they were not sure about the roles given to each member in their groups. To solve this problem, I explain their roles given in Thai and made sure that the student understood their roles correctly. They also had problems with vocabulary use and question formation.
3. The students were excited and eager to present their role play tasks because their performances were recording using video camera. This was because of video camera that made the students excited. The student's performances were ok because it was their first time to do role play. It needed times for them to get accustomed to doing role plays.
4. When performing role play tasks, the students forgot their given roles.
5. The students needed more time to practise or rehearse their role plays.
6. The students often looked at their notes when performing role plays.
7. The students needed pronunciation practice.
8. The students liked the class as the activities (tasks) were useful to them. They had learned what can be applied for their future career. They learned English by taking action. They also thought that the class was meaningful to them.
9. The students suggested changing the topic title because some topic titles were not appropriate and too long for them to remember, so my students and I cooperatively made changes to some topic titles. For example, session 1 title, 'welcoming patient and patient registration', has been changed to 'patient registration'; session 2 from 'asking patient's chief complaints and preliminary examination' to 'preliminary examination'; session 3 from ' introduction to

rooms to in-patients' to 'in-patients' room introduction'; session 4 from 'general care on the ward' to 'nursing round and general care'; session 7 from 'helping the patients to move' to 'mobilising patients'; session 11 from 'dealing with complaints' to 'complaints handling'; and session 12 from 'giving advice to newly discharged patients' to 'advising newly discharged patients'.

Teacher's Journal 2

Session 2: Preliminary examination

Date: 22 November 2010

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1. I decided to change the task group member by adding one more nursing student to the group members. Instead of working with 3 students as planned before, there would be 4 students in one group, 3 nurses, 1 patient. The role of nurse 3 is to be the nurse who was taking over the next shift. The 3rd nurse asked for more information from and nurse 1 about the patient's details. I also made some changes to the role of nurse 2. Instead of presenting patient information to OPD word conference. She must explain the patient's admission observation to the nurse who is taking over the next shift. The reason for changing is that the role of nurse 2 is similar to that of nurse 2 in session 1. This might be boring for the students. What's more, I tried to make it more real life situation practices for the students.
2. The students asked a lot of questions while preparing the task performance because the task given was more complex.
3. The students needed more time to practise as they were not confident enough to perform their role play at the limited time (time constraints).
4. I gave more exercises to the students to do and the students said that they were confused. They needed activities or exercise that are appropriate and lead them directly to prepare the task topic and use the given time efficiently. (The students needed more precise/direct and brief exercises).

Teacher's Journal 3

Session 3: Introduction to an in-patient's room

Date: 29 November 2010

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1. The students worked in groups to perform the tasks collaboratively. They asked a few questions. This was because the students got used to doing tasks.
2. The students did not show any signs of anxiety or worries. However, they needed more time to practise the language and rehearse their role plays.
3. It is better to have students perform their role plays in the places similar to the healthcare settings such as in the first aid room or make the room to be similar to the hospital ward. The students can use the real medical equipment or talk about in a way that activate their previous knowledge about medical words.

Teacher's Journal 4

Session 4: Nursing round and general care

Date: 13 December 2010

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1. The students presented their role plays as usual. After the students role play performance, I introduced a new topic to the students and had them to reorder the conversation strips. The conversation is related to the new topic the students had to work with. The students actively did the activity and they said that they liked the activity very much as it was interesting and useful and they had the opportunity to think and use their thoughts to handle the activity.
2. I used mind map activity to elicit the students' ideas on what the general cares on the ward were. It worked quite well. The students' group representatives shared their ideas: writing their ideas about the general cares on the ward.
3. The students were given the role play tasks. I asked them to create their own role play situations, but they still needed the task given by the teacher.
4. After giving tasks, the students planned and prepared their own role play tasks without the teacher's help.

Teacher's Journal 5

Session 5: Giving intravenous fluids (IV.)

Date: 27 December 2010

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1. The students presented their role plays as usual.
2. The teacher (researcher) provided the feedback to the students. The students still had the following problems:

- expressing the patients' symptoms: e.g. He is fever/diarrhoea. (He has a fever/diarrhoea)
- pronoun use: e.g. She name is…. (Her name is…)
- pronunciation: e.g. They pronounced the 'wound' as 'wow'
- self-introduction: e.g. Hello, I am Jinda. I am a nurse. (Hello, I am nurse Jinda.)

3. I decided to alter the worksheet because the picture of I.V. equipment in worksheet 1 was not clear. Instead, I used the materials adapted from Cambridge English for Nursing (Pre-Intermediate). It dealt with I.V. equipment and procedures of giving I.V. Ideally, we should use the authentic I.V. equipment because the students can learn from the real things. This will be more interesting to them and they can relate what they are learning to their professional knowledge effectively and it will be more meaningful to them.
4. I had the students did listening exercise by filling in the blanks after they listened to the dialogue of the nurse and the patient talking about giving I.V. The students had difficulty understanding and identifying the words for filling the blanks given. To help them to solve this problem, I had them listened to the dialogue several times and paused the dialogue after the blanks. This helped them to realize what words that would fit the blanks.
5. I also had the students reordered the dialogue strips. The dialogue is about the nurse and the patient taking about giving I.V. The dialogue used in this exercise was different from the listening exercise. The students worked in groups of three to reorder the dialogue strips. At this stage, the students seemed a bit bored as the activity was repetitive of the previous session. However, they could complete the exercise very quickly. Most of the students

got the right order of the dialogue strips. The reason was that the contexts of the dialogue were related to their subject matter.

6. The students asked for the opportunity to repeat the role play performance as they were not satisfied with their first performances. They wanted to do their recording by themselves as they thought that it was less pressured than the recording made by the teacher (researcher).

Teacher's Journal 6

Session 6: Taking samples

Date: 10 January 2011

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1. The students performed their role plays as usual. After their performance, I gave them some feedback.
2. The students requested the procedures of giving care to patients.
3. When the students performed the role plays, most of them resorted to the notes made when planning their tasks.
4. In previous sessions, I had my students reordered the conversation strip, but they tended to rely mostly on the dialogue provided and some of them memorized the dialogue when performing role play. It was not good as it was not their own language production. As a result, I did not apply reordering dialogue strips for subsequent sessions.
5. The students created their own role play situations and they were variety of situations. It was good for the students because they could use their own thoughts and creativity. They could prepare and perform role play in a less pressured class as they could use the language of their choices in performing the role play. They were happier and had more freedom. It led to successful learning language. Finally, they came up with numerous interesting and different role play situations.

Teacher's Journal 7

Session 7: Mobilising the patient

Date: 17 January 2011

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1. The students performed their role play tasks in group as usual. After the presentation, I gave them feedback and asked for their responses towards the tasks they had performed. The students suggested that they wanted to perform role play in a real healthcare setting so that they could use and call some medical equipment in English correctly.
2. After video recording, I pre-taught the topic "Mobilising patients' to the students. I decided to skip some activities that consumed a lot of time and added some useful activities to them. For example, the picture labelling (tool used to mobilize the patients).
3. When the students prepared their role play tasks in class, they asked a few questions. They tended to rely on their own thoughts and their friend's help. However, some students asked about pronunciation.

Teacher's Journal 8

Session 8: Infection control and healthcare teaching

Date: 17 January 2011

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1. When I pre- taught vocabulary and expressions to the students, I skip the activities which were not necessary for the students. I have learnt from the previous sessions that the students tried to copy or memorise the passages presented to them and recited some sentences from the passages provided without releasing their meaning.
2. I tried to persuade the students to think and use their own thought and experience to prepare role play. Whey they performed the role play tasks, I encouraged them tried not to read from their notes made while preparing the performance.
3. When the students presented their role play, they still had pronunciation problems. The pronunciation problems occurred regularly when Thai EFL

students speak English as they have not had enough opportunities to communicate in English outside their classrooms and had limited exposure to listening to English in their daily life.

Teacher's Journal 9

Session 9: Breaking bad news and pre-operative care

Date: 31 January 2011

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1. The activities which were not necessary to the students and were time consuming have been skipped. As the students prepared the role play, they had some problems of how to break bad news because this topic was new for them and they did not know how to do. The examples of breaking bad news should be given to the students. In addition, this topic should be taught separately as it is complicated and takes time. In fact, the students did not learn this topic in Thai. I made change to the topic title from 'breaking bad news and pre-operative care' to only 'breaking bad news'. However, the students sill worked with breaking bad news and pre-operative care. The students did not have any problems with preparing pre-operative care.
2. While they were preparing the role play, they asked me a few questions. In my opinion, they got familiar with preparing role play tasks from previous sessions. They knew how to cope with the difficulties.
3. As the students were performing the role plays, some of them still resorted to the notes made before. Some of them read the notes directly. The role plays seemed unnatural. The solution to this problem was to tell the students that they were not allowed to read notes while performing role play.
4. The students seemed happy with their performance.

Teacher's Journal 10

Session 10: Post-operative care

Date: 7 February 2011

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1. It seemed to me that the students did not have any problems preparing their role play tasks because they have learned from the previous sessions and they practiced vocabulary and expressions in pre-task phase. For the procedure of post-operative care, the students studied the procedure from their own text books. Some of them studied from online text.
2. The students performed their role play tasks quite well. However, some of them still read their notes or scripts made before. As a result, the performance did not look natural. After the performance, I asked them not to read the whole sentences from their scripts. I encouraged them to take a glance at their notes or scripts but not to read.
3. During pre-task phase, the students and the teacher should cooperatively write correct expressions as that the students can use them as model for subsequent performances.

Teacher's Journal 11

Session 11: Complaint handling

Date: 14 February 2011

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1. When the students performed their role play tasks, they copied the problems from pre-task phase. Therefore, the patients' complaints or problems were not different and new. The patients' complaints were not interesting as they were not the students' own problems. The best way to do this is to invite some senior experienced nurses to the class and talk about patients' problems and their own experiences in dealing the patients' complaints.
2. The students still had pronunciation problems. The solution to this problem was to have student-teacher group conference about the pronunciation problems right after the performance. The teacher should make a list of

pronunciation problems and record the correct pronunciation from the native speaker. The recordings should be distributed to the students for self-study.

3. The students were happy with their performances and they told me that they could freely work out their topic and situations as I did not provide them with fixed situations. They were happy to create their situations, but needed expression model for each situation. The teacher should collect expressions used for each situation and post them online so that the students can study by themselves.

Teacher's Journal 12

Session 12: Advising newly discharged patients

Date: 21 February 2011

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1. Worksheet 1 and 4 have been cut off as they were time-consuming and the students may try to remember them and recite them in their role play performance. It was not good for them to recite like a parrot without knowing the real meaning of those sentences taken from worksheet 1 and 4.
2. In pre-task phase, I assigned the students to create different situations in giving advice to newly discharged patients and they did very well. Before performing the role play, the students asked me to pronounce some words and review some expressions necessary for doing tasks for them. I have learned that the students had 2 main problems. The first problem was pronunciation. This was because they had limited time to learn to pronounce or say words in English and they did not have enough exposure to speaking English in their daily lives. They have learned only grammar rules. This might undermine their pronunciation skills. The second problem was expression use as their field of study was professional and very specific. As a result, they are not a wide range of English books or materials for medical or nursing students to study. Therefore, the ESP teachers should compile some certain expressions used for specific situation in healthcare settings and put them in CD or online for students' self-study.

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