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University of Southampton

Faculty of Arts and Humanities

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Navigating Official and de Facto EME Language Policy at a Saudi HE Setting: An Online Qualitative Case Study in the Medical School

by

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Thesis for the degree of Doctor of Philosophy

March 2024

Abstract

The field of education has seen a boom in English as a medium of instruction/education (EMI/E) as a model to be applied, particularly in higher education (HE). Many non-Anglophone institutions in different countries are involved in the implementation process as a strategic response to globalisation and internationalisation. Particularly, EME has become prevalent in both public and private universities in Saudi Arabia (SA) to internationalise Saudi HE institutions and facilitate engagement in the local and global markets. EME has been implemented by top-down agencies that pay little attention to the educational implications of learning through a second language that might affect millions of students. Moreover, the language policy (LP) associated with EME is often thought to endorse a monolingual and native-standard English approach by key agents involved in its application. This approach disregards the reality that EME is established in a multilingual community and imposes communicative and expressive restrictions on multilingual students and teachers. Numerous studies explore EME in various Anglophone and non-anglophone countries from a language policy perspective but with less focus on English as a lingua franca (ELF) and translanguaging perspectives. Besides, EME in the Middle East and North Africa (MENA) region is still under-researched, particularly in the Saudi context. A limited number of existing studies only focus on the usefulness of EME by examining its advantages and disadvantages, with data collected from mostly questionnaires, few interviews, and no classroom observation.

To gain a better understanding of the linguistic beliefs and practices of EME agents, an online qualitative case study was conducted to investigate the current language policy, including both official and de facto policies, in the medical EME programme from the lens of ELF and translanguaging. Through data collection and analysis, the study presents findings from online material and site documents, interviews with students and teachers, and classroom observations. It provides insights into what the current state of the LP appears to be in this institution, how far EME appears to be interpreted as an 'English-only' policy, where such ideas come from, and what their implications are for teachers and students, and how the key actors in the setting negotiate and construct de facto language policy in their daily pedagogical activities.

The findings of the study suggest that the documents emphasise the implementation of internationalisation (abroad, at home, and in the curriculum) at the national level and the medical school through having incorporation and agreements with international Anglophone universities to provide services to the medical school. However, the data suggests that the agents/managers behind most documents are either 'unknown' or 'invisible' to the participants involved in the study, as well as no clear guidance of explicit official LP is written in the documents regarding teaching, communication, and assessment. All medical students and teachers recognise the

intentional ambiguity of LP in the documents, which results in two consequences. First, they take advantage of using their rich linguistic resources, including reversed Arabizi, flexibly and creatively in teaching, communication, and assessment. Second, they find an opportunity to have more authority to negotiate and shape de facto LP based on their daily language practices and depending on the circumstances and expectations. Because of this absence, most EME agents disagree with having explicit LP because avoiding fixed explicit LP on official paper/website is harnessed as helpful to balance tensions between the accreditation that appears to push for English only to maintain the internationalisation and academic accreditation in the medical school *and* the classroom needs, which benefit from flexible and open policies to use overt translanguaging. On the other hand, a few students and teachers believe it is crucial to set flexible explicit LP to minimise bullying, mockery and fairness issues emerging in the classroom and assessment and solve the conflicts over variations of language practices among teachers due to the absence of clear LP. However, there are leading factors that influence the students and teachers from using their full linguistic resources via overt translanguaging and push them to a parallel-monolingual approach: 1) societal/religious/professional influence, 2) studying-related skills, 3) using technology, and 4) programmatic/institutional academic accreditation. Finally, the documents and EME agents' beliefs and practices tend to concentrate on meaning-making and intelligibility (content accuracy) as part of medical ELF, which is from a disciplinary-specific perspective. In contrast, there is a tendency to focus on linguistic accuracy (i.e., spelling and pronunciation) as a requirement for patients' safety in the medical/health sector.

Keywords: English as a medium of Education, language policy, (overt) translanguaging, (medical) English as a lingua franca, beliefs and practices, ideologies, linguistic resources, reversed Arabizi, internationalisation.

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Research Thesis: Declaration of Authorship

Print name: Hind Talal Abdulrahman Mashrah

Title of thesis: Navigating Official and de Facto EME Language Policy at a Saudi HE Setting: An Online Qualitative Case Study in the Medical School

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. 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;
7. Part of this work has been presented as oral presentation:

Mashrah, H. (2023, December 6). *Exploring the current EME agents' beliefs and practices of language policy (official and non-official) in the Saudi medical school*. EMI Symposium 2023, Oxford, United Kingdom.

Signature:

Date: March 25th, 2024

Acknowledgements

بِسْمِ

In the Name of Allah, the Most Merciful, the Most Compassionate

First and foremost, I would like to praise Allah the Almighty for The blessings He gave me during my studies and while I was completing this thesis. I thank Allah for all the opportunities, trials, and strength that have been showered on me so that I can finish writing the thesis. I experienced so much during this process, not only from the academic aspect but also from the aspect of personality. My humblest gratitude to the holy Prophet Muhammad (Peace be upon him), his family and his companions, whose way of life has continuously guided me.

I would like to express my gratitude, sincere thanks, and appreciation to my main supervisor, Dr Sonia Morán-Panero, who has given me her full support, efforts, time, and patience, as well as her guidance, corrections, comments, and suggestions in completing this thesis on time. Furthermore, I also express my gratitude to my second supervisor, Dr Virginie Pignot-Shahov, for guidance and advice. Thanks and appreciation to Dr Kari Şahan and Dr William Baker as the examiners who gave suggestions, criticism, improvements, and valuable inputs for the thesis. My great honour is also bestowed upon all lecturers and staff of the Linguistics, Cultures and Languages Department for their invaluable knowledge and assistance they gave me during my study in the iPhD programme.

Moreover, I would also thank my sponsor the university, where I work, for granting me this scholarship to achieve my dream and facilitating my journey to collect my data and obtain my PhD degree. I would also thank and highly appreciate the administrators, academic staff, and students in the school of medicine, who gave me the opportunity and permission to conduct this study in their respective school and devoted their time to complete this study.

My ultimate thanks are dedicated to my beloved mother, father, brothers, and sisters for their endless support, love, and prayer in completing this thesis, who have fought with me since the first letter of this thesis was written. My big thanks and love also extend to my beloved husband, who accompanies me in every condition with support, love, patience, and prayers during my journey in the UK. Also, my special thanks go to my aunts and cousins for always support and prayers whenever I met them and talked to them.

Last but not least, my thanks go to my dear colleagues in the Department for every single moment of joy and sorrow we cherished together, to my best for their constant prayers and wishes, and to many others whose names cannot be mentioned one by one for their help and support.

Finally, I have a great expectation that my study will be beneficial and valuable for anyone who is interested in reading this final project.

March 25th, 2024

Hind Mashrah

Definitions and Abbreviations

(N)NES(s)	(Non-)Native English Speaker(s)
AATSS	Academic Achievement Test for Scientific Specializations
AMI	Arabic as a Medium of Instruction
CDA	Critical Discourse Analysis
CF	Consent Form
CLIL	Content and Language Integrated Learning
CMI	Chinese as a Medium of Instruction
CoE	Colleges of Excellence
CSA	Classical Standard Arabic
DA	Discourse analysis
EAP	English for Academic Purposes
EFL	English as a Foreign Language
ELF	English as a Lingua Franca
ELT	English Language Teaching
EME	English Medium Education
EMEMUS	English Medium Education in the Multilingual University Settings
EMF	English as a Multilingual Franca
EMI	English as a Medium of Instruction
EMP	English for Medical Purposes
ENQA	North America and the European Association for Quality Assurance in Higher Education
ERGO	Ethics and Research Governance Online
ESP	English for Specific Purposes
ETEC	Education and Training Evaluation Commission
GAT	General Aptitude Test
GCU	Gulf Country University (pseudonym name)
GE	Global Englishes
GMC	General Medical Council
GP	General Practitioner
HE(Is)	Higher Education Institutions
IA	Internationalisation Abroad
IaH	Internationalisation at Home
IC	Intercultural Communication
ICT	Information and Communication Technology
IELTS	International English Language Testing System
IHES	Internationalisation of Higher Education for Society

INQAAHE	The International Network for Quality Assurance Agencies in Higher Education
IoC	Internationalisation of Curriculum
L1(s)	First language(s)
L2.....	Second Language
LDIC	Linguistic Diversity on the EMI Campus
LM	Language Management
LP(s)	Language Policy(ies)
LPP	Language Policy and Planning
MCCQE	The Medical Council of Canada Qualifying Examination
MCQ.....	Multiple Choice Questions
MELF.....	Medical English as a Lingua Franca
MENA	Middle East and North Africa
MoE	Ministry of Education
MoH	Ministry of Health
MSA.....	Modern Standard Arabic
NCAAA.....	National Center for Academic Accreditation and Assessment
NSA.....	Non-Standard Arabic
OPCE.....	Objective Procedural Clinical Examination
OSCE	Objective Structured Clinical Examination
PIS.....	Participant Information Sheet
SA	Saudi Arabia
SCFHS	Saudi Commission for Health Specialties
SLA	Second Language Acquisition
SLE	Saudi licensure examination
SMSE	The Saudi Medical Selection [or licences] Exam
STEP.....	Standardised Test for English Proficiency
TA	Thematic Analysis
TOEFL	Test Of English as a Foreign Language
UK.....	The United Kingdom
UoS	University of Southampton
USA.....	The United States of America
USMLE	United States Medical Licensing Examination
WE	World Englishes

**Navigating Official and de Facto EME Language Policy at a Saudi HE Setting: An Online
Qualitative Case Study in the Medical School**

Chapter 1 Introduction

‘English’-medium education (EME) (also known as EMI ‘English’-medium instruction) spreads rapidly across the global higher education (HE), and Saudi Arabia (SA) is an example of a country that has sought to implement it even though English has never played any internal official language locally. As explained below, the policymaking of English as a ‘sole’ language of education in a multilingual setting has generated several linguistic, symbolic, and educational concerns that need academic investigation.

This chapter will introduce the aim of this study and explain why it is necessary to investigate language policies and practices in the SA EME context. The chapter discusses the background of emerging EME in the Saudi context by highlighting linguistic diversity, the country’s education and language policy (LP), and the transition from English language education to EME. Then, I focus on internationalisation in the Saudi HE and how it resorts to EME implementation as a key strategy. After describing the context, I will briefly introduce the main theoretical and methodological approaches that shape this study, the concrete research questions I investigate, and the study’s main contributions.

1.1. The Rationale of the Study

In numerous international HE contexts, LPs of EME have been problematised by researchers when promoting a monolingually oriented approach that often clashes with the multilingual realities and the needs of EME classrooms (Jenkins, 2014; 2018; Karakaş, 2016a; Smit, 2018). These criticisms emerged after spreading EME rapidly and widely in most non-Anglophone contexts. The proliferation of EME LPs, which emphasise monolingual and ‘native-standard English’ orientations, appears in different shapes. Some come through explicit official policy, whereas others appear through ‘de facto’ bottom-up ‘English-only’ policies with an assumption of such shared perceptions that ‘English-only’ is ‘*the*’ policy, as the case in the Saudi context. However, these policies, whether on paper or believed into existence, deny the fact of multilingual practices of students and teachers that occur in EME contexts, and there are reported negative impacts of applying ‘English-only’ policy in other contexts (e.g., see Gupta et al., 2017 in India; Joe & Lee, 2013 in South Korea; Yang et al., 2019 in China). Therefore, there is growing research on employing translanguaging as pedagogy and practice that helps multilingual students and teachers to learn and teach smoothly in EME HEIs settings (Masak, 2017; Jenkins & Mauranen, 2019; Paulsrud, Tian & Toth, 2021). Additionally, as Baker and Hüttner (2017) put it, there are particular “concerns about language ideologies which advantage native speakers of English ... and the promotion of Anglophone varieties of English internationally resulting in domain loss for other languages of academia” (p. 503).

After more than a decade of implementing EME programmes and their policies in Saudi HE, similar concerns, issues, and complaints have been voiced by Saudi educators, students, and citizens at large, who criticise this type of education (Al-Zumor, 2019; Khan, 2020). They claim that the sudden and ‘top-down’ rush for EME implementation by institutional administrators has left students unprepared to cope with EME and created a conflict between the policy and practices in the Saudi EME programmes (Phan & Barnawi, 2015). Saudi universities introduced EME in a range of crucial degrees in medical streams (e.g., nursing, pharmacy, medicine, dentistry, and applied medical science), business administration, and STEM disciplines (Science, Technology, Engineering, and Mathematics).

However, students who graduate from Arabic-medium instruction (AMI) primary and secondary education reported struggling to transition into EME programmes, even after engaging in preparatory- or foundation-year programmes in their first year at universities. Furthermore, they seem to face a considerable jump from ‘English’ as a foreign language (EFL) in primary and secondary schools (which is claimed to be ‘weak’) to ‘English’ as a tool for studying and teaching content subjects and for communication in HE (Al-Kahtany et al., 2016). This ‘drastic’ change is believed to translate into students’ low academic performance scores, poor communication skills, and a sense that their learning experience is being damaged (Al-Kahtany et al., 2016; Al-Zumor, 2019; Khan, 2020) and even cause confusion and failure among students in an EME context (Barnawi & Al-Hawsawi, 2017; Mahboob & Elyas, 2014).

To deal with students’ issues, teachers reported their need to develop their own teaching strategies to make learning successful. However, these require additional time, effort, and training, which actually complicates their teaching processes. Issues reported in existing surveys (see Alhamami, 2015; Louber & Troudi, 2019; Shamim et al., 2016) point to teachers’ and students’ low ‘English’ proficiency as an issue, which in turn implies struggling to maintain the same levels of communication with students when keeping to the ‘English-only’ policy. This also means devoting significant amounts of time and effort to developing ‘unofficial’ multilingual approaches that help address students’ needs (e.g., preparing bilingual glossaries, designing materials in ‘Arabic’, conducting many mock exams to familiarise students to use ‘English’, working as translators, teaching students techniques how to study the contents in ‘English’, repeating the same information in ‘Arabic’ and ‘English’).

All these identified struggles seem to highlight apparent contradictions at different levels of engagement in the country (e.g., Ministry of Education (MoE) vs. university’s management) and also for those that implement and experience EME education (e.g., students and teachers). Besides, these issues appear to identify policymakers’ beliefs as being more monolingual-

oriented, reflecting their beliefs when designing these policies. Yet, they ignore that their students and teachers are multilingual, and it is impossible to leave their 'Arabic' on their backs unexpectedly. For example, the national education policy from the MoE officially emphasises on the website that 'the Arabic language', Islamic religion, and Arabian culture should be maintained in curricula, syllabi, and materials. The MoE gives Arabic-speaking students the right to be taught in their 'L1' by saying, "medium of instruction is Arabic in all levels and materials" (the Ministry of Education website, 2021). At the same time, the MoE gives institutional administrators some freedom to make their own decisions to meet their needs. In turn, universities managers, heads of departments or/and deans of colleges take this opportunity to apply EME without consulting educational policymakers at the MoE or without considering bottom-up/micro-level agents' perspectives (e.g., students and teachers) and whether they are sufficiently equipped or what being 'equipped' might mean (Al-Kahtany et al., 2016; Shamim et al., 2016). Additionally, the MoE did not try to cover the gap by providing any regulations, training and/or additional support to guide HE professionals on how to go through complex tasks of implementing EME curricula and syllabi to match their needs (Al-Kahtany et al., 2016), seemingly the process of making EME policy an institutional and individuals' responsibility.

On a personal level, from my teaching experience, I worked as a full-time ESP teacher and course coordinator in the English language centre and as a part-time EME teacher in the English Language department. I could observe students struggling to understand what I had discussed when I adhered to 'English only'. I realised that later when one of the students spoke on behalf of her classmates by addressing their struggle to understand 'English'. She asked me to speak more 'Arabic' and translate the subject contents into 'Arabic' to facilitate their learning processes and pass the course successfully. Besides, I noticed students did not engage and participate when I spoke 'English-only' in the EME classrooms. Instead of making a discussion class as intended, the classes transferred to a lecture, and students acted as listeners. Due to the policy that was believed to be in place at my workplace, I sometimes had to abide by monolingual ideology. By then, I was not familiar with research emerging from the field of Applied Linguistics on how multilingual practices may be more conducive to learning than strict monolingual policies (e.g. García & Wei, 2014 on Translanguaging), nor was I acquainted with 'English' as a lingua franca (ELF) research and the importance of deconstructing what may count as 'appropriate or correct' English use in light of the lingua franca function that English resources play in academic domains nowadays (e.g. Baker & Hüttner, 2017; Jenkins, 2014).

While ELF researchers highlight how 'English' may work as a multilingua franca (EMF) without having to displace other languages, and Translanguaging researchers argue for the beneficial effects of using all resources in multilinguals' repertoires for teaching and learning, and

we need to investigate empirically “whether such multilingual and multicultural perspectives on EMI enter into key stakeholder perceptions and become sanctioned EMI practices” (Baker & Hüttner, 2017, p. 503). In this study, I take the Saudi context as a case of investigation to explore the LP of EME in HE from the compatible lens of ELF and multilingualism perspectives. Additionally, research on EME (also known as EMI) has boomed worldwide from a wide array of lines of inquiry in the last decade.

I, therefore, take the Saudi context as a case of investigation by carrying out a holistic and in-depth exploration of official (documents) and non-official LPs (agents’ beliefs and practices). In this study, I will explore not only what is said about the role of ‘languages’ in EME but also understand what bottom-up agents believe toward the current official LP of EME to be, how they seem to have come to know what they think the LP should be, as well as what actually occurs on the ground and what motivates *de facto* language policymaking. That is, how ‘English’ and ‘other languages’ are perceived, regulated, negotiated, and used in everyday classroom practices, and for what purposes, in a context where the implementation of EME is often constructed as a ‘failure’ or a ‘struggle’. To the best of my knowledge, no studies explore how LP of EME is perceived, ‘made’ and negotiated by bottom-up agents between teachers and students in the classroom in the Saudi context. A few EME empirical studies are available in the Saudi context, yet these studies rely heavily on self-reporting surveys and questionnaires among students and teachers. Hence, they only offer a partial and somewhat de-contextualised understanding of the actual roles of ‘English’ and ‘other languages’ in this setting and the effects attributed to ‘language’ in these programmes. To contribute to this gap, I draw from critical approaches to EME, ELF, multilingualism, and LP research in HE to identify:

1. Whether there is un/official LP promoted by university management and/or a medical EME programme, what these policies’ regulations and expectations regarding agents’ language practices are, and how these policies look at the roles of ‘English’ and ‘other languages’.
2. What EME teachers and students *say* about EME policies and classroom language practices in elicited interview talk. That is, how these micro-level agents claim to view using ‘English’ and ‘other languages’ in their classroom interactions, what they consider ‘official’ or ‘de facto’ LP, and the perceived and experienced impact of official and *de facto* policies.
3. How EME has been implemented in the classrooms by exploring agents’ language practices and the situated rationalities behind their practices, how agents negotiate the LP in a bottom-up fashion regarding when and how much to use different linguistic

resources, and how they regulate what linguistic practices are valid, appropriate, or 'sanctionable' in what seems to be a highly ambiguous LP context.

All these objectives need to be examined in more detail. Therefore, I will start by discussing the background of the Saudi education system at the tertiary level in the next section.

1.2. Background of Linguistic Diversity and Emerging EME in the Saudi HE

To closely examine the Saudi context, this section is divided into four angles identified in the literature as crucial dimensions behind the above-discussed EME issues in the country. These are linguistic diversity, educational and LP, English language education, and internationalisation and EME in the Saudi HE.

1.2.1. Linguistic Diversity in the Saudi Context

The 'Arabic language' is not limited to SA but is widely used throughout the Muslim world, particularly in the MENA region. Therefore, there is a complexity of the 'Arabic language' in Arabic-speaking countries. There is a kind of common LP that follows in Arab countries regarding what type of Arabic can be used, when and where. According to Hagheh (2021), Hopkyns et al. (2018) and Al-Bataineh and Gallagher (2018), there are two main varieties: Standard Arabic and dialectal Arabic or vernacular (Non-Standard Arabic (NSA)). Standard Arabic has two types: Classical Standard Arabic (CSA) and Modern Standard Arabic (MSA). MSA is considered a simplified version of CSA, which is the language of the Quran, the holy book of Islam. CSA is used when performing rituals like supplication, praying, and reading the Quran and Prophet Muhammad's sayings. MSA is used for formal events as taught in schools and used as written in official documents, books, textbooks, newspapers, magazines, and as spoken, e.g., conferences, news, and TV programmes, while NSA includes various dialects of Arabic that are used for daily communication (e.g., with family and friends) which differs significantly in every Arabian country "at phonological, morphological, syntactic and semantic levels" (Hopkyns et al., 2018, p. 164), see Figure 1.1 below that shows the types of 'Arabic language' and its use.

Due to the complexity of the 'Arabic language', Arab countries, mainly Gulf countries including SA, believe in so-called parallel/double monolingualism as the most prominent ideology followed in these countries (Hopkyns, 2022; Al-Bataineh & Gallagher, 2018). That is, "bilingualism is positive as long as the languages involved are not mixed" (Hopkyns, 2022, p. 80). Therefore, 'Arabic' and 'English' are believed to be ideologically, pedagogically, and practically separate.

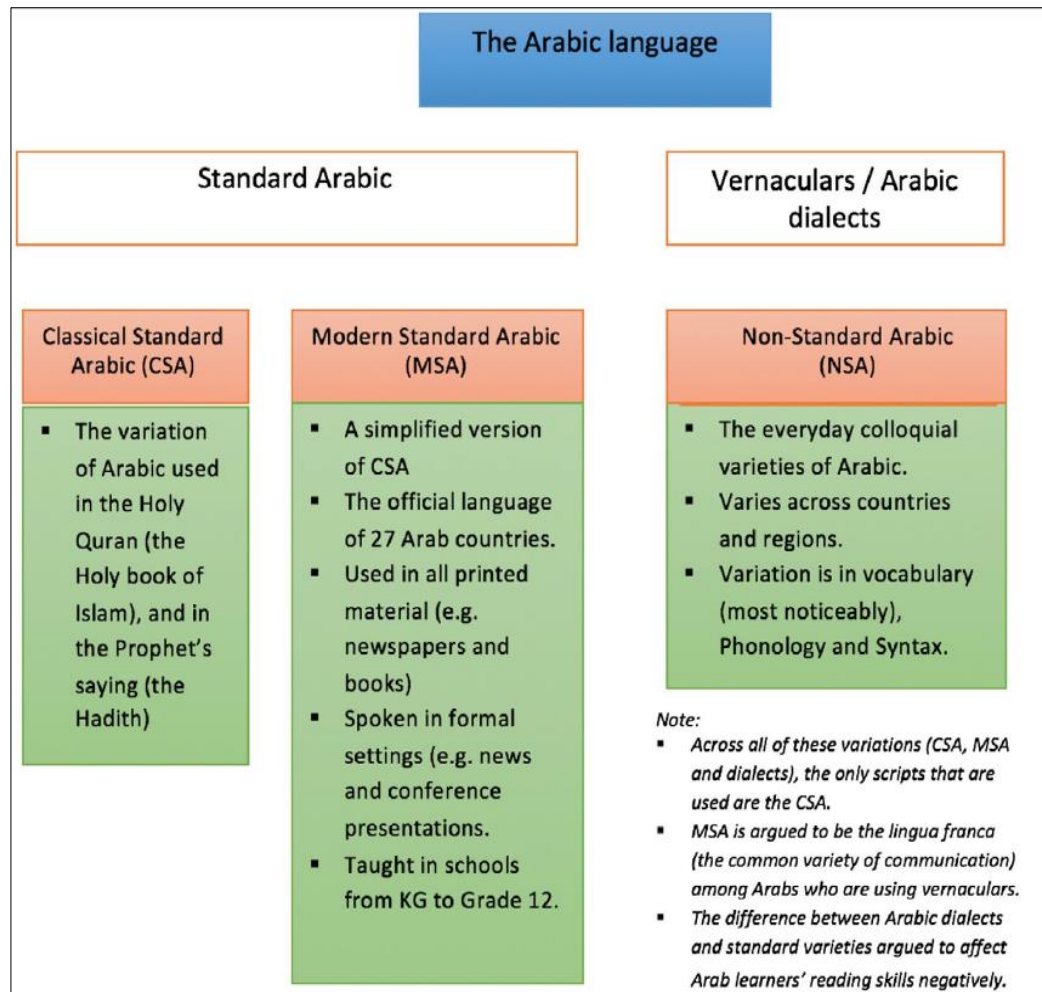


Figure 1.1: *Heterogeneity of Arabic (Hopkyns, Zoghbor & Hassall, 2018, p. 164)*

From an ideological perspective, when some Arabic speakers use overt translanguaging (mixing Arabic and English resources), they are said to feel uncomfortable and guilty. For example, some Emirati students in the EME programme in the studies of Hopkyns et al. (2021) and Palfreyman and Al-Bataineh (2018) have negative feelings when using overt translanguaging, see Chapter 3, because they believe it is 'wrong' or 'bad' and both named languages become polluted or distorted, while others see it as an unprofessional and improper way for communication (Hopkyns et al., 2021, p. 13; Palfreyman & Al-Bataineh, 2018, p. 9). When it comes to education, a good example that shows this separation is when the MENA region, particularly the Gulf HE, believes English is a language of education, science, and research publication; therefore, they implement an EME 'English-only' policy in HE. On the other hand, they view Arabic to perform or practise religious rituals and use them for everyday communication and interaction for work, home life, and social events (Al-Bataineh & Gallagher, 2018; Cook, 2016b; Hopkyns et al., 2021).

Finally, from a practical perspective, another reason supporting this segregation between Arabic and English is the complexity of mixing both named languages in writing. For instance, in the study of Al-Bataineh and Gallagher (2018), the teachers refuse to mix Arabic and English on

the same page or line because of the distinctive linguistic features that Arabic is characterised by. Arabic differs from the Latin or Roman alphabets regarding “scripts, directions of writing, and a few cognates” (Hopkyns, 2022, p. 81), where Arabic starts from right to left. Thus, integrating English with Arabic on the same page or line confuses the students on which side they should start reading the texts first. Using translanguaging in writing is claimed to negatively affect the writing quality by changing the organisation and the structure of the text and reducing creativity in writing (Al-Bataineh & Gallagher, 2018). Therefore, all the public signage and bilingual books are side-by-side or one named language (e.g., Arabic) on one page and its translation on the other page (e.g. English) rather than mixing both named languages in one line and page (Hopkyns, 2022). After demonstrating the linguistic diversity in the Saudi context, the following subsection will discuss how Saudi educational and language policies work.

1.2.2. Educational and Language Policy in SA: How the System Works

Since SA is considered the birthplace of Islam and holds it as the only official religion in the country, Islam impacts our lives, cultures, beliefs, and governmental rules and policies. The ‘Arabic language’ is the only official and national language in the country. Religious tradition dictates that a unique bond between Islam and ‘Arabic’ was established when Allah revealed the Quran (the Holy book) in ‘Arabic’ to convey Allah’s messages and foster Islamic culture and beliefs. Cooper (1989) states that the Arabic language is connected to Islam in maintaining sacred texts and practising religion. According to Liddicoat (2012), some countries apply religious policies and treat their language as a holy language that should be used whenever possible. This is because religion is considered a powerful tool for making any changes in a language and its LP to spread the language (Ferguson, 1982, as cited in Spolsky, 2004). Therefore, Islam and the ‘Arabic language’ are promoted to be applied in all types of communications and sectors, e.g., health, business, education, and every aspect of daily life. Therefore, Saudi education (and language) policy is generally conceptualised around maintaining Islamic values and practices, ‘Arabic language’, and Arabian culture and identity, as reflected in national education policy and Vision2030.

Another aspect of conceptualising LP in SA is that the national education policy is traditionally characterised as a hierarchal system starting from a top-down policy (e.g., macro-level individuals and policymakers in the MoE). Therefore, according to Al-Hoorie et al. (2021), all the curricula are standardised in all schools and universities in the country. All subject teachers, including English language teachers, should follow curricula and syllabi where “national identity frames the educational system, language practices and pedagogy” to produce educated, patriotic and proud Muslim students (Elyas & Picard, 2010, p. 140). Besides, the national education policy is considered an explicit policy: an official, written policy available on the MoE’s website. However,

this policy has a lack of coherence and consistency in its structure and content with no clarity because it is full of “vague terms, too general terminologies” (Barnawi & Al-Hawsawi, 2017, p. 214), which makes it difficult to predict what it means and can hold several interpretations, which may contradict agents’ beliefs and practices in the classrooms.

However, according to Al-Tamimi (2019), there are contradictions between the national and institutional policies and their implementation due to vague planning, lack of direction, transparency, and inconsistency in the policy and its implementation. This often leads many Saudi universities to develop *covert, implicit* EME policies in their departments or colleges (Alnofaie, 2017). There are two studies conducted by Almoaily and Alnasser (2019) and Alnasser (2018) to explore the perspectives of the academic staff (teachers and administrators) of English Language departments in different Saudi universities about whether or not they have or prefer explicit LP in their departments as they implemented EME. After distributing questionnaires and interviewing teachers in the English Language Departments, the results show that 45.2% of academic staff do not prefer having explicit written LP in their department because it limits their use of natural language. 59.7% of participants argue that ‘Arabic’ should be used to save time, facilitate communication, avoid miscommunication, and ensure their messages are delivered successfully. So, they are looking for more flexible LP in their departments that match their linguistic practices within the domain of the departments. On the contrary, 30% of them find it important to maintain consistency inside and outside the class (i.e., within the department domain), encourage communication with students and their teachers and administrators to develop and maintain their English proficiency and create a working and learning environment. It is important to acknowledge that both studies focused on the academic staff’s perspective on using ‘English’, yet they did not consider students’ views on this issue. Additionally, they only covered one EME department, the English Language Department, in several universities in SA, where the nature of their specialist required them to maintain using English to teach the subject content, e.g., English history, sociolinguistics, English literature, theoretical linguistics (e.g., phonetics, phonology, syntax, stylistics, morphology).

The findings of Alnasser (2018) and Almoaily and Alnasser (2019) highlight that such contradictions likely appear at grassroots levels when teachers and students are encouraged to ‘deviate’ from following strictly ‘English-only’ policies. Moreover, the teachers develop a sense that ‘one language’ is not enough when engaging in multilingual practices that are thought to be ‘inappropriate’ or some form of ‘wrong-doing’, even if it is effective in making sense of content subjects (e.g. Carroll & Hoven; 2017; Karakaş, 2016b; Reilly, 2021). Therefore, more research is needed to understand how teachers and students make sense of what the official LP of EME is or how it should be, how ‘English’ and ‘Arabic’ are conceptualised as media of education and how

they implement and navigate it in everyday classroom practices, for what purposes and with what local effects. The following section will discuss how English language education has changed over time in SA and how English has shifted from a 'foreign' language to a medium of education while generating different forms of discontent in the process.

1.2.3. English Language Education: From EFL to EME

The 'English language' in the Saudi education system is viewed as a mandatory 'foreign' language to be taught for several reasons. First, learning English aligns with Islam's priorities since Allah (God) mentions in the Holy Quran that knowing or learning languages is a way to communicate and know people from different cultures: *Oh mankind, We have created you all out of male and female and made you into nations and tribes, so that you may come to know one another* (Chapter 24, Al-Hujraat, Verse 13).

Another verse in the Quran admits the existence of other languages on the earth: *And among His signs is the creation of the heavens and the earth, and variation in your languages and your colours, verily in that are signs for those who know* (Chapter 30, Al-Room, Verse 190). Therefore, we could infer from the two verses that knowing languages other than Arabic is crucial to meeting and interacting with people from different cultural backgrounds. Second, knowing English could also be seen as protection and security as Omer Ibn Al-Khatib (the companion of Prophet Muhammad, May Allah be pleased with him) encouraged to learn languages: *"Whoever learns other people's language will be secured from their cunning"* (narrated by Al-Bayhaqi).

Besides this saying, learning languages has become a global demand in the 21st century that regulates access to science, research, technology, and business and uses them in economic, religious, political, social and medical domains. Currently, learning 'English' has become a popular demand to continue HE, and it is used for international communication because it is "highly practical, opportunistic and prestige" (Rahman & Alhaisoni, 2013, p. 114).

The importance of teaching English started emerging after the oil discovery in the 1930s due to the relationship between SA and the USA for business interests in the oil industry (Alrashidi & Phan, 2015; Alshahrani, 2016). So, the government encouraged the MoE to integrate English language teaching (ELT) in schools and universities to speed up Saudi economic and social development. However, English was not taught officially in secondary school until the 1960s. In the 1970s, English was then expanded as a compulsory subject in the syllabi of public schools from grades 7 to 12 (intermediate and secondary/high school) (Faruk, 2013; Mahboob & Elyas, 2014). However, some clerics, educators, and Saudi citizens were against introducing English in public primary/elementary schools because it was too early to teach a foreign language, which might negatively affect Arabic learning (Alotaibi, 2014). However, private schools offer to teach

English starting from kindergarten as an extra curriculum and as the main subject from grade 1 in primary/elementary schools (Al-Hoorie et al., 2021; Elyas et al., 2021). The other type of school is called an international school, where the medium of education is English, and it is more expensive than the previous one (MoE, 2019). After 11/9, the MoE introduced ELT in public primary/elementary schools, in addition to modifying its secondary school curriculum. In 2004, English was introduced in grade 6, then in grade 5 and finally in grade 4 in 2012 (Alshahrani, 2016; Elyas et al., 2021; Mitchell & Alfuraih, 2017). In 2021, students started learning English from grade 1 based on the declaration of the minister of education to the news (Arab News, 2020).

At the university level, the first English compulsory course started in 1949 at one university. Then later, 29 public universities and 35 private universities and colleges, along with many other training institutions, amended their curriculum to introduce intensive English language programmes (Alshahrani, 2016; McMullen, 2014; MoE, 2019). Most English language teachers were Arab (e.g., Egypt and Jordan as Extending Circle countries) and non-Arab (Inner Circle, e.g., UK and USA and Outer Circle, e.g., India) due to the shortage of Saudi English language teachers. Consequently, in the 1980s, the MoE implemented teacher preparation programs by establishing English language departments in many universities, and more Saudi students were involved in teaching (Al-Seghayer, 2014; Javid et al., 2012). Currently, all public and some private schools are dominated by Saudi teachers.

However, ELT is often characterised as lacking a “clear direction in Saudi English language policy”, and this is held as a reason for the ‘weak’¹ English literacy that leads to low academic achievement among EME students at the tertiary level, especially after they graduate from school (Barnawi & Al-Hawsawi, 2017, p. 210). Additionally, SA attempts to develop English language education by sending some teachers abroad for training in Anglo-phone countries for one year, suggesting that ELT in SA still prioritises Anglophone countries for teacher development and receives updated curricula, syllabi, and textbooks from these countries. For this reason, it is relevant to question to what extent Saudi educators may follow native-standard English ideologies, although native-standard norms do not always reflect how diverse English speakers actually use the language as a global language. In the next section, I will explain the historical background of internationalising the Saudi HE.

¹ I use inverted commas in ‘weak’ to signal that what we may consider to be weak or strong is potentially open to debate depending on how we conceptualise the English language in curriculum and English competence.

1.2.4. Introducing Internationalisation and EME in the Saudi HEIs

Since English was introduced in SA after the oil discovery within the trade context, internationalising the Saudi HE is vital to involve the country in globalisation. It began when the MoE encouraged Saudi institutional managers to internationalise their universities by establishing the English language/foreign languages department to increase the number of Saudi graduates who can teach English in schools and universities. The first department established was in King Saud in 1957; later, in the 1980s, more and more universities established the Department of English Language or Foreign Languages (Al-Hoorie et al., 2021; Javid et al., 2012) as the first EME programme that focuses on linguistics, translation and literature. In the 1990s, EME programmes expanded rapidly as a new education system in STEM disciplines.

Although there is no recent and well-documented statistics and data to estimate how many universities and colleges apply to EME, Phan and Barnawi (2015) estimated that the number of EME programmes within a decade increased from 19 to over 127 among colleges and departments in public and private universities in different disciplines like medical streams (e.g., nursing, pharmacy, medicine, dentistry, and applied medical science), business administration, and STEM disciplines. However, the data provided by Phan and Barnawi (2015) is outdated, and there is a need for recent and accurate statistics regarding the actual number of EME programmes in SA². Furthermore, internationalisation is not limited to HE; there is internationalisation to local companies and organisations that provide training to their employees by using EME, e.g., Saudi Aramco, Saudi telecommunication, and Saudi airlines (Phan & Barnawi, 2015).

In this case, the government desires to develop the Saudi HEIs by implementing two types of internationalisation: Internationalisation at Home (IaH) and Internationalisation of Curriculum (IoC), which are implemented together among universities and colleges. First, there is a partial implementation of EME among many public universities, where EME programmes are only found in STEM departments while other departments, like history, sociology, Islamic studies, Arabic language, etc, are in AMI. The second type of IaH is the STEM-oriented full EME implementation in a few public universities like King Fahd University of Petroleum and Minerals (KFUPM) and King Abdullah University of Science and Technology (KAUST). No AMI departments can be found in these public universities because these types of universities are specialists in providing specific and intensive knowledge, studies and science that might not be taught in other public universities

² Despite all these issues, there is a lack of official documents and statistical data regarding EME and its LPs in the Saudi HE. Therefore, all the interpretations I provided are based on the available data, my experiences and my understanding of the context and the network from fieldwork.

in the first type (i.e., the universities that have partial implementation of EME as they are not specialist in certain studies). However, both types of EME implementation in the Saudi context have partnerships with Anglophone universities, mainly the USA and the UK, for providing services (e.g., the curriculum) (Lasagabaster, 2022). Yet, it is important to acknowledge that the lack of recent statistics and available data makes it difficult to estimate how many universities apply to EME among public universities.

The last type of IaH found in Saudi HE is a full implementation of EME in the branch campuses coming from non/Anglophone universities such as the Colleges of Excellence (CoE), which are private colleges. According to Lasagabaster (2022), the local universities of the MENA region, particularly in the Saudi context, have so-called branch campuses, which are a popular strategy to invite a university located in an English-speaking country to have a branch in non-Anglophone countries, where students receive highly regarded degree granted by a reputable English-speaking university. Phan and Barnawi (2015) expand on the CoE, one of the most prominent Saudi government projects for internationalising HE, providing technical and three-year vocational training programmes as a post-secondary degree for Saudi students. Such training programmes prepare students to engage in the job markets after equipping them with professional skills to be qualified local labourers by importing English curricula, textbooks, and teachers from Anglophone countries (Alshahrani, 2016; Weber, 2011). CoE has 37 international branch campuses across the country. These institutions are from Canada, Australia, the UK, New Zealand (as Inner Circle or Anglophone countries), Spain, Germany, and the Netherlands (Expanding Circle or non-Anglophone countries), see Figure 1.2.

Country	Name of institute/training provider	Number of college campuses operated in KSA by each institute/training provider
Australia	Australian Aviation: Riyadh College of Excellence	1
Canada	Algonquin College	3
Canada	Niagara College	1
Germany	GIZ-Festo Training Services LLC	1
Netherlands	CINOP Middle East Company	3
Spain and New Zealand	Mondragon (MEI, Spain) and Wintec (New Zealand)	5
UK	TQ Education and Training	3
UK	GEMS Education and Moulton College	3
UK	ESG	3
UK	Lincoln College	3
UK	NESCOT	1
UK	Laureate International Universities	8
UK	Hertfordshire London college	3

Figure 1.2: *Western-based colleges and training companies operating in SA (Phan & Barnawi, 2015, p. 551).*

However, since EME is spreading rapidly in the Saudi context, there is criticism and blame from Saudi educators and citizens for EME implementation. Phan and Barnawi (2015) criticise CoE, which is implemented in a top-down fashion by individuals who create “an unregulated market of English medium institutes in the country” (Phan & Barnawi, 2015, p. 547). They believe that EME programmes, in general, and CoE, particularly, are overindulged in the country due to over-relying on international providers to offer services and products (e.g., NES teachers, curricula, syllabi and textbooks). This turns EME from education to business, where Western and Anglophone countries compete to establish businesses in SA by accessing the educational field as a gate for investment to increase their profit. However, some changes have occurred in the MoE since Vision2030 was introduced, as I will explain in the next subsection.

1.2.4.1 Changes of Internationalisation in Saudi Education Toward Implementation of Vision2030

Since the emergence of Vision2030, the country has different priorities and goals for reforming the public sector, economy, and society at large. Vision2030 works to improve the effectiveness of government, increase growth and investment, open the country to the world through investment and tourism, and enhance the quality of life via, e.g., developing transportation. Therefore, Vision2030 has goals and strategies for long-term economic success and is built around three major areas: a vibrant society, a thriving economy, and an ambitious nation (I discuss each in Chapter 6).

One of the changes that took place to reach Vision2030 is to reform the MoE, mainly Saudi HEIs. The first change happened on the branch campuses. The MoE has started to promote certain disciplines and specialities that help achieve the country's goals and missions. The recommended fields are business and management, computer science and programming, information technology, engineering, aviation, mathematics, and engineering (Ministry of Education's website, 2022). Therefore, the MoE seems to eliminate the number of international colleges and training providers of CoE that do not provide the required disciplines and keep only four 'international' Anglophone colleges as the best knowledge providers that serve Vision2030, see Table 1.1.

Table 1.1: *The remaining Western-based colleges and training companies of CoE as strategic partners still operating in Saudi Arabia*

Country	Name of institution/training provider	Vocational disciplines
Canada	Niagara College	Business Management, Information Technology, Graphic Design, Occupational Safety and Health, mathematics, English, Building and Construction, computer science, Event Management and Planning.
UK	Lincoln College	Technology management, small business management, Tourism and Hotel Management, Occupational Safety and Health
Australia	Aviation Australia Riyadh College	Civil and Military Aviation
UK	Burton and Highbury Group (New agreement)	Business Management, Information Technology, Graphic Design

The second change in the Saudi HE occurred, which, I assume, could be a result of limiting the number of branch colleges. The MoE, along with the Education and Training Evaluation Commission (ETEC), introduces a system of academic accreditation that exerts an influence in terms of LP that should be followed to earn or maintain this accreditation. It aims to adopt "a systematic global approach to evaluating, developing and improving the educational process at the university" (Daradkah et al., 2018, p. 110). There are two types of academic accreditation programmatic and institutional, which are implemented at the national level and obligate Saudi public and private universities and colleges to ascertain the prestige and quality of the EME programme. Programmatic accreditation focuses on a department or faculty (e.g., medical school), while institutional accreditation focuses on local/public universities (e.g., GC University, the context of the study).

The analysis in Chapter 6 will demonstrate that Anglophone connections seem even to be a gatekeeper to obtaining this accreditation, where establishing international agreements and collaborations is believed to positively impact the EME programme/university to become more confident about what they have provided and offered to obtain a certificate of academic

accreditation. There is an increasing number of Saudi universities obtaining academic accreditation and status as internationally recognised universities and offering programmes on that basis. According to the ETEC statistics for 2022, 80% of Saudi private and public universities have now obtained institutional accreditation. Obtaining institutional accreditation prepares for the next step, which is internationalising the programmes of the STEM disciplines (programmatic accreditation). The number of officially accredited programmes in Saudi HE reached 178, with 683 partnership agreements with many international universities and institutions (ETEC, 2022).

The academic accreditation starts from ETEC, which works as a mediator to connect international and Saudi universities. ETEC is “a government organisation responsible for planning, evaluation, assessment, accreditation of educational and training systems in SA in coordination with the MoE with the aim of enhancing their quality and improving their efficiency, as well as their contribution to national economy and development” (ETEC’s website, 2021). So, ETEC simply works as follows: it establishes agreements and collaborations with international universities by obtaining their educational requirements and standards and then implementing them in the national universities. To ensure these criteria are applied, the National Centre for Academic Accreditation and Assessment (NCAAA), along with ETEC, is “responsible for the evaluation and accreditation of all higher education institutions and programs in the public and private sectors in Saudi Arabia” to achieve “national and international competitiveness and gaining the confidence of the local and international communities in the Saudi education system and its outcomes” (Academic Accreditation Policies, 2022, p. 6).

Interestingly, the policies of NCAAA are actually based on ‘international’ quality assurance networks from Anglophone countries. The key agencies are the International Network for Quality Assurance Agencies in Higher Education (INQAAHE) from North America and the European Association for Quality Assurance in Higher Education (ENQA) (Academic Accreditation Policies, 2022). Although there is no explicit mention of countries that help to shape the requirements and the standards, it appears that becoming an ‘international’ department, faculty, or university requires, to some extent, demonstrating links with, and perhaps even imitating, similar programmes in the UK and USA. As noticed, there is an apparent reliance on Western international standards to award a quality certificate to national programmes and universities. Western experts can decide when Saudi HEIs can be claimed to provide quality education. So, they have the most influence in implementing Anglophone countries’ HE criteria and standards.

Although there is an unclear explanation and procedures for both academic accreditations on the ETEC and NCAAA websites, both academic accreditations follow similar procedures and apply all standards and criteria provided by the same international and local (e.g. ETEC and NCAAA) institutions. The national (Saudi) bodies from ETEC and bodies from

international universities and institutions make several visits from time to time by meeting the administrators of each department and university. The goal of the visits is to evaluate the performance and outcomes of how a university, in general, and department/faculty in particular, implement criteria and standards coming from NCAAA and whether the university's programmes are successfully maintaining the implementation of NCAAA's requirements.

Through these processes, the MoE could have an indirect influence on what linguistic resources are seen as useful to increase the 'quality' of HE programmes and their 'international' status while underestimating the impact that the medium of education and language may cause and lead to complex sociolinguistic needs 'on the ground' (Kirkpatrick, 2017). As Walkinshaw et al. (2017) state, non-Anglophone universities do not expect any difficulties and complications among students and teachers who are not ready to engage with EME in their departments. Such rush implementation is called "policy-level short-sightedness" (ibid, p. 7), and it may lead students and teachers in non-Anglophone contexts to blame the schools for not preparing them adequately, especially when they believe that EME programmes are taught, judged, and assessed based on native-standard English ideologies (see, e.g., Murata & Iino, 2018 on Japan). In a context of such lack of specificity and indirect guidance, it becomes crucial to study the processes of LP development, construction and negotiation that take place at the levels of institutions to throw light on how language and perceptions of 'appropriate' or 'good' language use (e.g. as monolingual vs multilingual-friendly, as native-oriented or as NS-diversity-friendly) intertwine or inform discourses of 'success' or 'failure' in EME programmes in Saudi HE. I, therefore, set out to explore how or to what extent EME agents implement academic accreditation's criteria by examining their experience regarding official and de facto LP-making in the selected medical HE context.

1.3. The Aim and Research Questions of the Study

This study aims to explore the processes of (re)construction and implementation of the LPs (official and de facto/non-official) of a medical EME programme at a Saudi university to understand how multilingual students and teachers perceive and use their linguistic resources in everyday EME classrooms and how they negotiate what practices and views of language are 'appropriate' and even 'allowed' across situated educational contexts of the medical programme. To achieve the aim of the study, this study carries out an exploratory agenda by trying to answer the following research questions.

RQ: What are the official and non-official language policies in the EME medical programme, and how and why are they produced?

1.1. What roles do English and other named languages play in the policy documents that inform this EME medical programme at the national and institutional levels, and why?

1.2. How are the nature, functions and outcomes of English and other named languages conceptualised by medical students and teachers in elicited talk?

1.3. What linguistic resources are used in the EME classrooms, and how do teachers and students enforce, challenge, or negotiate what is the 'acceptable' and/or 'appropriate' language use in everyday EME medical classrooms and why?

It is important to note that I planned to conduct the study in-person. However, when COVID-19 hit, I was forced to move online because there was a lockdown in SA. Thus, the MoE asked to transfer all classes online. As far as I know, the online classes lasted around four academic semesters (two academic years) in online education, which was the time that I was supposed to collect data based on my PhD timetable.

1.4. Theoretical and Methodological Approaches to the Study: A Roadmap

To carry out this investigation, this thesis draws from and contributes to five main research areas in Applied Linguistics and each area is fully explained in a subsequent chapter. In Chapter 2, I focus on EME as a strategy for internationalising HE. First, I discuss in detail the internationalisation concept by providing definitions, different types of internationalisation, and the opportunities and limitations of implementing internationalisation. Then, I explore the definition and conceptualisation of EMI and the reason for EME as an alternative to EMI. I narrowed my focus to discussing the role of EME in medical education by reviewing some empirical studies conducted internationally, in the MENA region and the Saudi context. Chapter 3 highlights the conceptualisations of ELF and Translanguaging perspectives. Since multilingualism is a key defining component of EME and a relevant issue to explore in SA, I also explain why this study takes a holistic and post-structuralist view of language and multilingualism to understand multilingual practices for meaning-making actions. I then discuss an example of a translanguaging practice that Arab speakers use when communicating in the chat box, called 'Arabizi'. After that, I demonstrate empirical studies of different EME contexts and how EME agents view and practise translanguaging and its functions as pedagogical and social practices. Finally, I discuss ELF and medical ELF and its role in EME programmes.

Chapter 4 discusses LP research by illustrating the evolution of LP research and explaining the well-known framework of Spolsky (2004; 2012; 2019) that will help me to answer the research questions of this study. Within the chosen LP framework, I adopted the contextual/sociocultural approach to explore agents' language beliefs and practices from the LP perspective. I also discuss the concept of the ideologies and their types: standardisation, native-speakerism, English

ownership and how they are connected to beliefs and LP. Then, I review recent empirical studies that examine the LP of EME contexts in different contexts. To answer the research questions, Chapter 5 explains the methodology of the study, which is an online qualitative case study and employs classroom observations with in-depth semi-structured interviews, and the analysis of online materials and site documents. These tools allowed me to interrogate how official and de facto EME policies are perceived, made, and practised by teachers and students in the school of medicine. This chapter explains the relevance of thematic analysis to approach the data. Chapters 6, 7 and 8 present the processes of analysis and the findings of documents, interviews of students and teachers, and classroom observation, with a summary at the end of each chapter. Finally, Chapter 9 demonstrates the discussion, where I answered the research questions and connected with literature in Chapters 2, 3 and 4, and the conclusion, which focuses on theoretical, methodological, and educational contributions and implications and the limitations of the current study and the directions for future studies.

1.5. Gaps and Contributions of the Study

The contributions of this study will add to the existing literature on EME research. This study aims to have the knowledge, contextual and methodological contributions in the Saudi EME setting, where a few recent studies have been conducted to explore agents' beliefs (students and teachers) toward EME implementation in the medical stream, e.g., Al-Kahtany et al. (2016), Almoallim et al. (2010), Alrajhi et al. (2019), Alshareef et al. (2018) and Khan (2020). However, everyday EME practices and how LP is negotiated from below are not yet examined. Due to limited studies in the Saudi context, I expanded my search to include more studies in the MENA region, which are very few in the medical stream, e.g., Abi Raad et al. (2016), Ahmed et al. (2015), Alazemi (2017, 2020), Khallof et al. (2019), McLean et al. (2013), Sabbour et al. (2010) and Tayem et al. (2020) by identifying students and teachers' attitudes toward EME. Yet, none of the Saudi and MENA settings investigate language policies and practices of students and teachers in the EME context. Therefore, this study contributes to the work of other researchers who investigate language policies and practices in EME settings, mainly in Europe, East and Southeast Asia, like Baker and Hüttner (2019), Hu et al. (2014), Jane-Ra and Baker (2021), Jenkins (2014; 2019), LDIC project of Jenkins and Mauranen (2019), Rahman and Singh (2019), Tri and Moskovsky (2021), Wang (2017) and Zhang (2018). However, there is a need to investigate how LP works at grassroots levels, how students and teachers construct and regulate language practices or negotiate various emerging beliefs in the classroom and, thus, how they construct policies on 'appropriate' language use through a bottom-up approach, which are not explored yet in the previous studies. Also, considering Spolsky's (2019) recent re-theorisation of LP, which I will explain in Chapter 4, we should also explore to what extent different top-down and bottom-up

EME agents might operate as ‘language managers’ and influence the language management (LM) of the medical school. Furthermore, taking critical and more holistic theoretical approaches like ELF and Translanguaging that deconstruct linguistic practices and understand them as social and pedagogical practices will also enhance our understanding of how language ideologies influence the dynamics of these EME agents.

Most EME beliefs studies in the Saudi and MENA context claim that students, some teachers, and administrators hold unfavourable beliefs toward EME programmes because they have difficulties understanding or delivering the subject content in English and prefer AMI instead. On the other hand, others see EME as a promising way to go globally and develop knowledge and technology (Alhamami, 2015; 2019; Al-Kahtany et al., 2016; Almoallim et al., 2010; Alrajhi et al., 2019; Al-Zumor, 2019; Khan, 2020; Louber & Troudi, 2019; Shamim et al., 2016). However, the literature tends to operate with the cognitive and fixed beliefs approach by using the quantitative approach as the only method to assess the agents’ language beliefs without in-depth interviews with EME grassroots and considering classroom observation to examine how agents could perceive and shape their beliefs through language practices (or classroom interactions). Instead, this study looks at agents’ language beliefs and practices from a contextual/sociocultural perspective of language beliefs by employing a qualitative perspective and data collection tools. In addition, little to no Saudi studies have engaged with Translanguaging or ELF perspectives in their approaches to EME. However, I believe these frameworks are crucial, especially in the given on-going debates around what kind of language use is ‘acceptable’ or ‘allowed’ for intelligibility in high-stakes medical interactions and how teachers and students ‘regulate’ practices in medical EME programmes, in which a very few studies explore medical ELF or MELF.

Furthermore, Masak (2017) argues that few empirical studies look at translanguaging in HE in multilingual contexts, with most existing studies concentrating on translanguaging in primary and secondary classrooms in the USA and UK. Attention to HE is required given the complexity and variety of teaching and learning practices, especially in non-Anglophone universities where EME is implemented to internationalise their HE (Masak, 2017). Furthermore, HE tends to host higher levels of linguacultural diversity, which is often more attuned to international dimensions and focused on preparing students for future intercultural communication in their disciplines. Hence, Mazak and Carroll (2017) include several empirical studies from different contexts that investigate translanguaging in HE in their edited book. Recently, more studies have started exploring translanguaging in EME programmes through publishing books, for example, Carroll and Mazak (2017), Jenkins and Mauranen (2019), Paulsrud et al. (2021), Tsou and Baker (2021). These books encompass many studies taken place in various

settings. Then, several article publications emerged in this field, e.g., Şahan, Gallowy and Mckinley (2022), and Williams (2023). Most of the previous publications heavily examined the benefits of using translanguaging in HE, especially in non-Anglophone universities. Yet, until recently, very few empirical studies investigated in-depth the functions of using translanguaging in HE, e.g., Kırkgöz, Morán-Panero, Karakaş and Kavak (2021; 2023) and Hopkyns et al. (2021). Thus, the study contributes to this trend by investigating both the contextualised functions and experienced effectiveness of translanguaging, including the positive and negative impacts in everyday practices of teaching and communication.

Methodologically, I decided to undertake a qualitative case study because all previous studies in the Saudi and MENA contexts heavily focus on quantitative research with little attention to qualitative research by focusing on the agents' (students and teachers) beliefs toward EME implementation through distributing close-ended or open-ended questionnaires. However, a qualitative study allows us to go beyond general trends. Also, the fact that the study included observation of *online* classrooms was crucial to help investigate written forms of online communication and address Spilioti's (2019) concern about how "respellings of English-related forms in other writing systems are largely underexplored" (p. 4). Interestingly, this kind of online observation revealed a type of technology-mediated practice that I have termed 'reversed Arabizi', which differs from previously discussed practices called 'Arabizi' (further explained in upcoming chapters). The next chapter will mainly discuss internationalisation in HEIs and EME/EMI as a strategy for internationalising universities.

Chapter 2 Internationalisation and EME in HEIs

2.1. Introduction

As indicated in Chapter 1, while Saudi HE has followed the trend of adopting EME programmes, LP decisions have not been uncontroversial. Therefore, this chapter highlights the main constructs used to achieve the aim of the study and answer the research questions. First, it is necessary to discuss the role of internationalisation in HEIs as all universities set their goals in relation to this dimension. Then, within the disciplines that have implemented EME, I narrow my focus to discuss the role of EME in the medical stream/education and review relevant existing studies that have examined agents' beliefs toward EME and its effect internationally and in the MENA and Saudi contexts.

2.2. Internationalising Higher Education Institutions (HEIs)

Globalisation has long led to a series of economic and cultural changes globally; naturally, HEIs are closely tied to these changes. According to Blommaert (2010), the concept of globalisation is a historical process: "The current globalisation processes are best seen as part of longer, wider and deeper globalisation processes, in which they represent a particular stage of development" (p. 6). On the other hand, Knight (2014) defines the concept as follows: "process that focuses on the worldwide flow of ideas, resources, people, economy, values, culture, knowledge, goods, services, and technology" (p. 1). Thus, globalisation is a dynamic process of growing interconnectedness, interdependence, and convergence between nations worldwide. These processes reflect flows of developments and changes at social, political, economic, and technological levels, as well as transformations in local, national, or global dimensions. Currently, globalisation has been accelerated and intensified because of technological developments, e.g., computers and the internet. Therefore, it significantly influences people's beliefs and practices in HE in more dynamic, international areas like policy and research.

The concept of internationalisation is not new and has been used for centuries in politics and science, though it became popular in the education sector in the early 1980s (Knight, 2003; Marginson & Wende, 2006). Knight (2003; 2014) defines internationalisation as follows: "the process of integrating an international, intercultural or global dimension into the purpose, functions or deliver of HE at the institutional and national levels" (Knight, 2003, p. 1-2). Knight (2003) explains, in some detail, what her definition means. She describes internationalisation as an on-going effort to be developed as a concept while integration is used to show the embedment of the "international and intercultural dimensions into policies and programs" (ibid, p. 3). Three terms, namely international, intercultural, and global dimensions, are complementary to create

richness and depth in internationalisation. Knight defines the *purpose* of internationalisation as the missions or objectives of HE in a country, whereas *functions* of internationalisation refer to primary tasks in an individual institution that provides services to a community, such as teaching and research. The final construct is *delivery* of internationalisation, which refers to offering courses and programmes delivered “domestically or in other countries” (Knight, 2003, p. 3).

Due to the overlooked role of agents who impose internationalisation in HE, Doiz et al. (2013) argue that “the decisions to boost internationalisation have overwhelmingly been made by education authorities (a typical top-down approach), rather than as the result of grass-roots initiatives” (p. 1407). Therefore, internationalisation seems to be more widely promoted and controlled by top-down agents with authority like the national governments or groups of governments (e.g., the European Union (EU)). Altbach (2006) also highlights the role of policymakers in HE, who describe internationalisation as positive progress in developing universities by setting an internationalisation agenda.

Regarding how universities may implement internationalisation, de Wit et al. (2015) argue that no single method exists to apply it. Although almost all HEIs should respond to some extent to globalisation and increase the rate of competition for knowledge, research, and students, internationalisation is a matter of choice for the universities because it “accommodates a significant degree of autonomy and initiative” (Altbach, 2006, p. 123). Moreover, Knight (2014) believes that internationalising HE does not have a particular set of indicators because it is “a process of change to meet the individual needs and interests” by determining the goals, rationales, and expected outcomes for each HE institution (ibid, p. 1). Therefore, internationalisation does not provide a “one-size-fits-all” model (ibid, p. 1). However, Tsui and Tollefson (2007) suggest two indicators/tools universities should obtain to reach globalisation: English and technology. These global tools have pushed many countries to equip their populations with them. Consequently, HE has become a domain that promotes ELF and the medium of education globally.

Gardner (2012), Jenkins (2014), and Unterberger (2018) have discussed the benefits that HEIs often refer to when implementing EME programmes in non-Anglophone contexts. For example, some universities seek research collaboration with international universities from different countries, facilitate students’ and staff’s mobility to study or work in other EME universities regardless of their ‘L1s’, and improve their English skills. Therefore, many universities have exchanged linguistic and cultural diversities with home and international students and staff

to promote global citizenship³, which is “a result of study abroad (SA) and its links, if any, to EMI and the English language” (Baker & Fang, 2021, p. 1). This system is called ‘internationalisation abroad’ (IA), which focuses on the mobility of students and staff in other universities (Meda, 2019).

Dafouz (2017) adds that introducing an EME programme is a means of establishing internationalisation at home (IaH) and promoting the internationalisation of curriculum (IoC) in non-Anglophone contexts. Beelen (2011), Beelen and Jones (2015), Dippold (2015), and Kettle (2017) distinguish between both types of internationalisations. IaH is “the purposeful integration of international and intercultural dimensions into the formal and informal curriculum for all students within domestic learning environments” (Beelen & Jones, 2015, p. 76). The formal and informal curricula are differentiated by Leask (2015). The formal curriculum is an “orderly planned schedule of experiences and activities that students must undertake as part of their degree program”. In contrast, the informal curriculum is “various support services and additional activities and options organised by the university that are not assessed and do not form part of the formal curriculum, although they may support learning within it” (Leask, 2015, p. 8). IaH involves internationalising national universities by giving the monolingual group or home students opportunities to learn and use English rather than travelling abroad. In this way, IaH helps promote global citizenship by preparing home students to become intercultural and international players in the globalised world and push national universities to be more active and aim for transformation by allowing new cultural and social practices to appear when internationalising their curriculum.

Hence, IaH leads to employing what is so-called IoC as “the incorporation of international, intercultural, and/or global dimensions into the content of the curriculum as well as the learning outcomes, assessment tasks, teaching methods, and support services of a program of study” (Leask, 2015, p. 9). IoC includes “curriculum content, international subjects” to prepare the home students for “international professional careers and joint/double degree programmes with international partners” (Dippold, 2015, p. 11). This curriculum is thought to enhance the quality of internationalisation outcomes in HE, increase students’ readiness for the globalised world, enhance the opportunity for national universities to gain an international profile, have an excellent reputation, respond to public policies, and increase research collaborations with international universities. Moreover, Unterberger (2018) explored the actual reasons for

³ Baker and Fang (2021) define it as “the extension of citizenship beyond national borders, through recognition of the global scale of social relations, the need to respect and value diversity, and participation in and responsibility to communities at multiple levels from the local to the global” (p. 3).

implementing EME programmes in non-Anglophone countries and concluded that their primary motive is to attract students and staff from different countries, increase revenue from international students, increase university ranking, and gain higher status and prestige among universities.

As seen, the previous understandings of internationalisation place the primary goal behind it as economic reasons, e.g., long- and short-term economic gains, mobility, international reputation and visibility, the training or recruiting of talented students, teachers, or researchers, increased competition on the job market, and collaboration to exchange resources, knowledge, and research (Wilkinson, 2013). However, a recent definition does not see internationalisation as “a goal in itself, but a means to enhance quality” (de Wit & Hunter, 2015, p. 3). Therefore, the new understanding of internationalisation in HE explicitly aims to include the social responsibility component for benefiting the social community and making a meaningful contribution to developing society. This definition is referred to Internationalisation of Higher Education for Society (IHES), which de Wit and Hunter (2015) define as follows:

The intentional process of integrating an international, intercultural, or global dimension into the purpose, functions and delivery of post-secondary education, in order to enhance the quality of education and research for all students and staff, and to make a meaningful contribution to society. (p. 3, italicised initially)

According to Brandenburg et al. (2019), the new definition links internationalisation with society as a more comprehensive strategy to internationalisation, which goes beyond HEIs' boundaries. There are three core characteristics of IHES. First, it intends to benefit the wider community by planning and evaluating its impact on society. Second, it helps prepare students to live and work globally by bringing the local to the global and vice versa. Finally, IHES is active in any areas of HEIs, e.g., enhancing education, research, service, and engagement. Thus, IHES attempts to develop citizens outside HEIs because “students –just like professors or staff members–become actors or agents who, by answering the global needs of citizens, become better global citizens themselves” (Brandenburg et al., 2020, p. 19). To make it possible, there is a need to improve research and education by embracing IaH and/or IoC, as advocated by Beelen and Jones (2015) and Leask (2015), as discussed earlier. Furthermore, this definition values the social engagement of community members to conduct joint activities with macro-level individuals and beyond the Anglo-Western regions for mutual benefit (Brandenburg et al., 2019; 2020).

However, implementing internationalisation in HE normally appears to translate into superficial but apply noticeable changes, e.g., attracting international students, teachers, and

researchers, collaborating with international universities in Anglophone countries for research and development, and importing English (text)books, materials, and curricula. Moreover, Killick (2011) argues that there is a lack of profound understanding of internationalisation as it is “not simply a matter of presenting an English curriculum” (p. 77). Some universities understand internationalisation as a motivation to change the medium of education to obtain high-ranking status while, at the same, attempting to meet local needs. Internationalisation is frequently seen as a rhetoric rather than a reality because many institutions lack a clear direction of how they will implement internationalisation (Reid & Spencer, 2013), with a lack of support from policymakers and administrators to implement it as intended (Biddle, 2002).

laH might not be suitable for all non-Anglophone countries when their strategy depends on importing curricula from Anglophone universities. These curricula might contradict the different teaching and communicative norms and cultures found in non-Anglophone countries. Another example is when some curricula may not be applicable in a community with high diversity among students and teachers with different language abilities and expectations (Macaro et al., 2019; Hughes, 2008) or because there are unclear regulations to guide HEIs. Accordingly, the agents involved find it better to follow LP, where EME is guided by monolingual, native-standard English approaches as the only acceptable and quick way to internationalise HEI (Wong & Wu, 2011). This is where Doiz et al. (2011) and Jenkins (2014) criticise the monolingual nature of HE when implementing EME without considering the linguistic diversity of the students and staff.

EME implementation may even be a questionable strategy in specific settings. Dearden (2014) explains that, although non-Anglophone countries have high expectations when internationalising HEIs, students and teachers may not be prepared and/or qualified to learn and teach through EME. Moreover, the official LPs of EME lack clarity regarding the role of ‘L1s’ and other linguistic resources in agents’ multilingual repertoires, leading to different language practices in EME classrooms (Barnard, 2018). Several empirical studies exploring non-Anglophone universities have found that English is not the only language used in EME classes, and the ‘English-only’ policy is not implemented fully, as discussed in detail in this chapter. Additionally, teachers’ role in EME classrooms is believed to change from content to language teachers in some cases. However, in some studies, EME teachers have rejected being a language teacher (e.g., Cherif & Alkhateeb, 2015). Moreover, laH may prevent some home students from accessing HEIs in their ‘L1s’ because they apply an ‘English-only’ policy, which is even said to go against linguistic human rights (García, 2009; García & Wei, 2014). Some students cannot cope with EME programmes due to insufficient proficiency in English skills (Barnard, 2014). Therefore, EME programmes are believed to transfer an adverse effect of devaluing students’ national/mother languages and give

them a feeling that their languages “are inadequate vehicles for the transmission of 21st century knowledge”, as this issue already exists in South Korea and Malaysia (Barnard, 2014, p. 14) and may decrease scientific and academic research published in languages other than in English (ibid).

There are similar empirical studies show that implementing EME programmes may develop fears over affecting their cultural identity (e.g., Hopkyns, 2022; Alazemi, 2017; 2020; Belhiah & Al-Hussien, 2016; Alshareef et al., 2018; Masri, 2020; Solloway, 2016) and causing fear over domain loss for local languages (Hopkyns et al., 2021; Phillipson, 2015; Hultgren, 2016; Jenkins, 2018). Additionally, students believe that EME seems to create more disadvantages for them, e.g., less communication with their families and less exposure to using Arabic, either orally or in writing, which threatens the maintenance of their language and identity (Tayem et al., 2020; Belhiah & Elhami, 2015; Denman & Al-Mahrooqi, 2019; Cherif & Alkhateeb, 2015; Solloway, 2018).

As mentioned in Chapter 1, it is important to highlight how internationalisation, particularly IaH, connects with the role of EME in the Saudi context. This is clearly seen through three types of IaH that predominate in the country. First, there is a partial implementation of EME among many public universities, where EME programmes are only found in STEM departments while other departments, like history, sociology, Islamic studies, Arabic language, etc, are in AMI. The second type of IaH is the STEM-oriented full EME implementation in a few public universities like King Fahd University of Petroleum and Minerals (KFUPM) and King Abdullah University of Science and Technology (KAUST). No AMI departments can be found in these public universities because these types of universities are specialists in providing specific and intensive knowledge, studies and science that might not be taught in other public universities in the first type (i.e., the universities that have partial implementation of EME as they are not specialist in certain studies). However, both types of EME implementation in the Saudi context have partnerships with Anglophone universities, mainly the USA and the UK, for providing services (e.g., the curriculum) (Lasagabaster, 2022). Yet, it is important to acknowledge that the lack of recent statistics and available data makes it difficult to estimate how many universities apply to EME among public universities.

The last type of IaH found in Saudi HE is a full implementation of EME in the branch campuses coming from non/Anglophone universities (Canada, Australia, UK, New Zealand, Spain, Germany, and the Netherlands) such as the Colleges of Excellence (CoE), which are private colleges. According to Lasagabaster (2022), the local universities of the MENA region, particularly in the Saudi context, have so-called branch campuses, which are a popular strategy to invite a university located in an English-speaking country to have a branch in non-Anglophone countries, where students receive highly regarded degree granted by a reputable English-speaking

university. Phan and Barnawi (2015) expand on the CoE, one of the most prominent Saudi government projects for internationalising HE, providing technical and three-year vocational training programmes as a post-secondary degree for Saudi students. Such training programmes prepare students to engage in the job markets after equipping them with professional skills to be qualified local labourers by importing English curricula, textbooks, and teachers from Anglophone countries (Alshahrani, 2016; Weber, 2011).

The motivation behind this implementation began after the oil discovery when integrating English as a mandatory single subject into schools and universities' curricula and syllabi (Alrashidi & Phan, 2015; Alshahrani, 2016), as explained in Chapter 1. However, I believe the MoE might view this step as insufficient and desire the country to have more involvement in globalisation. This led the MoE to consider internationalising the Saudi HE as a crucial step by encouraging university managers to internationalise their universities for the following reasons. First, internationalising Saudi HE is seen as an access gate to reduce the concept of 'Othering' that Western countries stereotyped SA, which creates cultural distance and encourages openness and a peaceful relationship with non-Muslim countries (Elyas & Al-Hoorie, 2023; Barnawi & Al-Hawsawi, 2017). Moreover, 'English' is viewed as a way to increase economic and intellectual capital, develop the nation linguistically for future communication with non-Arab nations, motivate students to learn languages for better achievement in the future (Alrahaili, 2018), and increase the presence of EME to attract investments when Saudi local universities have partnerships with Anglophone universities, mainly with the USA and UK (Lasagabaster, 2022). Besides that, Saudi institutional managers believed that they hold a responsibility to enhance the country when implementing EME programmes to assist the government in emerging Saudisation, which is a process of affirmative action for Saudis to have jobs in the core industries (e.g., hospitals, tourism, commerce, hotels, and restaurants) and minimise the number of foreign 'expatriates' who consist of 32% of the population in SA when students have a good command of English (Alshahrani, 2016).

Therefore, the MoE, along with university managers, find that Saudi citizens need to have good English skills to work in these industries and be involved in the local and global job market. This can be achieved through internationalising HEIs and introducing EME programmes in major disciplines, e.g., the medical field, computer science, engineering, and natural science. This step is seemingly seen as an excellent opportunity to enhance education quality in general and English literacy in particular and improve language learning and teaching services (Mahboob & Elyas, 2014). From a professional perspective, EME programmes are supposed to facilitate students' path to smoothly access the global market as a bright future for them, achieve the country's initiatives, visions, and missions, and speed up its development.

After introducing Vision 2030, the MoE requires public universities to follow specific standards and criteria adopted from European and Anglophone educational systems to obtain institutional and programmatic academic accreditation, as discussed in Chapter 1. Obtaining academic accreditation is viewed as a way for local universities to be among the top 200 university rankings (Vision Plan 2030 website). It is thought to encourage students to choose the ‘best’ local universities that apply international standards with a ‘high-quality’ education to build their communities and simultaneously achieve their ambitions. Moreover, academic accreditation is seen to improve the quality of education (i.e., “inputs, processes, outputs, management and services provided”) and evaluate the quality of future teachers to ensure that those teachers are acquiring the minimum knowledge and skills (Daradkah et al., 2018, p. 111).

Therefore, I set out to explore official documents in Saudi HE and the medical school to understand how Saudi HEIs implement internationalisation, what type of internationalisation is considered and encouraged, and whether they equate internationalisation and receive services from the Anglophone HE system only. The following section explores EME definitions and conceptualisation from multiple perspectives to understand the EME concept more accurately.

2.3. Conceptualising English as a Medium of Education

An EME programme is a fast-growing educational system that many HEIs have adopted. The predominance of English is connected to colonial and post-colonial history, in which Britain imposed English on the colonising countries for political and economic purposes. This imposition of English has promoted Western education via EME in colonial schooling in Malaysia, Singapore, and India (Evans, 2006; Milligan & Tikly, 2016). After EME started spreading in Europe in the 1980s and 1990s, many researchers became interested in EME, particularly its relation to multilingualism and language policies in these contexts (Barnard, 2018). This programme has attracted students from inside and outside the EU because EME was not limited to colonising countries and Europe, but it has expanded to be applied in non-Anglophone countries like China and Korea (Kirkpatrick, 2012).

Since then, there has been a significant shift in non-Anglophone education from teaching English as a foreign language (EFL) to EME in HE for academic purposes; this shift has increased the number of universities implementing EME among non-Anglophone countries since 2000 (Barnard, 2018; Kirkpatrick, 2017). For example, according to Dearden’s (2014) statistics, over 90% of private universities and over 78% of public universities applied EME. Macaro (2015) describes this phenomenon as an “unstoppable train” (p. 7) due to the vast and rapid spread of EME. Accordingly, many scholars have attempted to define EMI/E. A prominent definition was

presented by Dearden (2014) and Macaro et al. (2018) as follows: “The use of the English language to teach academic subjects (other than English itself) in countries or jurisdictions where the first language (L1) of the majority of the population is not English” (p. 2; p. 37). Dearden (2014) developed the definition after exploring 25 lecturers’ beliefs toward EMI programmes and their language policies in 55 countries. Macaro et al. (2018) adopted the exact definition as the only acceptable definition to describe EMI when conducting a systemic review of EMI in HE by reviewing 83 in-depth studies.

However, this definition has been criticised by many scholars like Baker and Hüttner (2017; 2019), Jenkins (2014), and Murata and Iino (2018), for being limited to discussing non-Anglophone universities and excluding Anglophone universities. Excluding Anglophone settings from EME research suggests that Anglophone universities may continue ‘business as usual’ without adapting their language policies to increase linguacultural diversity emerging among students and staff. This would suggest that international students and staff need to accommodate themselves to the ‘national’ way of doing things at Anglophone universities rather than spreading the ELF phenomenon (Jenkins, 2014, 2018). Thus, EME fails to acknowledge ELF interaction as a crucial part of HE in many Anglophone universities despite being deeply multilingual and intercultural settings. Furthermore, due to the increasing number of international students at Anglophone universities, the idea that native-standard English models are ‘natural’ in Anglophone HEIs has been questioned (Kuteeva, 2019a). According to Murata and Iino (2018), the first ‘E’ in EME based on Dearden’s and Macaro et al.’s definition is “solidly and without any doubt based on native speakers’ ‘E’” (Murata & Iino, 2018, p. 403), which advocates for monolingual native-standard English ideologies in HEIs whether in a non-/Anglophone setting. This approach, therefore, ignores the possibility that *any* multilingual HEIs, regardless of the geographical location, may see, expect, and even ‘value’ English being used in variable and diverse ways by multilingual and multicultural speakers (Baker & Hüttner, 2017; 2019). Additionally, the definition of Dearden (2014) and Macaro et al. (2018) does not discuss using ‘other L1s’ explicitly as an additional tool for pedagogy (Kuteeva, 2019b).

Accordingly, Kuteeva (2019b) foregrounds the importance of the concept of ELF and multilingualism by arguing that “English as a lingua franca is understood as the main communicative resource available to students and teachers in a multilingual EMI environment, which can integrate the use of the local language” (p. 46). Her claim includes Anglophone contexts because they are a meeting point for international students to interact and communicate with other students and staff from different backgrounds and native languages. Furthermore, she prioritises ELF interactions and a multilingualism perspective by specifying the kind of the first ‘E’ in EME as ELF and diminishing the roles of monolingual native-standard English ideology. Her view

also considers a situation where teachers and students could share their same 'L1s' and linguacultural backgrounds in contexts where non-Anglophone universities adopt EMI programmes.

Baird (2013) argues that, when observing EME classrooms at East Asian universities, students and teachers use their 'L1s' due to fewer international students and less linguistic diversity among students. Thus, the medium of education and communication is students' native languages most of the time. Thus, including multilingualism and ELF in the EME definition is essential because multilingualism can occur even in Anglophone universities where international students are surrounded by students and staff who may share the same 'L1' (Baker & Hüttner, 2019). In contrast, this definition does not clarify how EME may resemble or differ from other forms of bi-/multilingual education (e.g., immersion or content and language-integrated learning (CLIL)). Therefore, Ou et al. (2022) assume that EME, as a term, "lacks a clear and consistent definition due to its ubiquity in different educational sectors, disciplines, and social contexts with diverse linguistic, cultural, and political complexities" (p. 8). This is because they believe EME remains fluid as a definition and practice, and the policymakers need "to examine EMI within its embedded socio-political and linguistic contexts and to provide targeted support that responds to the educational needs as well as social and linguistic challenges of local stakeholders" (ibid, p. 8).

There has been debate about whether it is possible to draw clear-cut boundaries around English as a learning target or tool in EME. Despite the apparent differences between EME and CLIL in theory that used to be drawn in the past where CLIL is joint learning by teaching students the subject content and a 'foreign language' (usually English) in an integrated manner (Coyle et al., 2010), it is crucial to distinguish CLIL from "foreign language educational practices, where the focus is reaching proficiency in the target language" (Smit & Dafouz, 2012, p. 1). Baker and Hüttner (2017) clarify that the difference between CLIL and EME is blurred in practice within tertiary education. EME classrooms sometimes use language components to develop students' English proficiency while learning their subject content. In this way, EME universities believe they can achieve their dual aim "to kill two birds with one stone" (Galloway et al., 2017, p. 6; Rose & Galloway, 2019). Therefore, integrating content and language in EME classes usually happens incidentally or implicitly and depends on EME instructors' personal beliefs (Samantha et al., 2020). EME universities believe that content teachers have a crucial role in improving students' language-related needs, although most content specialists did not receive knowledge and training in language education (Galloway & Ruegg, 2020; McKinley & Rose, 2022). Yet, learning and developing their language-related skills in EME appears to be a perceived goal by the policymaker (Galloway & Rose, 2021; Şahan et al., 2021).

However, there is a lack of evidence that EME might develop English as “the relationship between EMI and language development is tenuous” (Rose & Galloway, 2019, p. 195; Galloway & Rose, 2021). Moreover, Brown and Bradford (2017), Rose and Galloway (2019) and Galloway and Rose (2021) argue that developing language is not an objective of EME programmes, making it clear that EME is different from CLIL because the official LP lacks explicit language learning in EME programmes. Accordingly, many EME programmes provide little or no support to improve students’ language needs because they assume that language entry requirements could ensure students’ ability to study via EME programmes. In contrast, other EME programmes integrate language support into the curriculum, which operates as ICLHE (integrating content and language in higher education) (Rose & Galloway, 2019).



Figure 2.1: Continuum of programmes integrating content and language learning (Source: Samantha et al., 2020, p. 13)

Figure 1 presents different programmes that show to what degree EME teachers integrate language and content (explicit or implicit) in the EME programme. Research has found that “different stakeholders, often within the same programme, place the EMI programme at different points on the continuum” (Samantha et al., 2020, p. 13).

2.3.1. Defining EME(MUS)

Due to the current multilingual practices emerging in non-Anglophone EME contexts that have drifted away from apparent ‘English-only’ EME policies and practices, there is a growing literature of evidence that shows EME as a multilingual phenomenon in Williams (2023), Şahan et al. (2022), Hopkyns et al. (2021), Baker and Tsou (2021), Kırkgöz et al. (2021; 2023), Paulsrud, Tian and Toth (2021), Jenkins and Mauranen (2019), Baker and Hüttner (2017; 2019), Murata (2018) Bradford and Brown (2018), Fenton-Smith et al. (2017), Carroll and Mazak (2017). However, this phenomenon has not been fully captured by the initial definitions proposed in EME research (Dafouz, 2017). Dafouz and Smit (2016; 2020) find it necessary to change the label of ‘EMI’ to more accurately reflect the complex nature of observed emerging practices across different EME settings. Dafouz and Smit (2020), therefore, offer a different labelling of English-medium Education in Multilingual University Settings (EMEMUS, EME for short) and then define it as *EMEMUS (English medium Education in Multilingual Universities)*, which, they argue, “is conceptually wider in the sense that it is inclusive of diverse research agendas, pedagogical

approaches and of different types of education, comprising, for instance, online programmes and teacher pedagogical development” (ibid, p. 3).

The new label emphasises this multilingual dimension; at the same time, it retains English as a key language in the acronym “because of the particular role that English plays both as an academic language of teaching and learning as well as a means of international communication” (Dafouz & Smit, 2016, p. 399). In their development of EMEMUS, the authors modify and widen the concept of EME by proposing a multilingual framework that includes other constructs, e.g., multilingualism, ELF, and ICLHE, that have emerged in EME programmes throughout agents’ practices. The label EMEMUS is “semantically wider” (ibid, p. 399), i.e., it does not promote any research agenda and/or pedagogical approach. Therefore, researchers can conduct comparative studies in multiple contexts (Baker & Hüttner, 2019). Dafouz and Smit (2016; 2020) have changed the label from EMI to EME by omitting “instruction” and replacing it with “education” because “education” gives a more comprehensive sense by embracing all types of education and pedagogical approaches. Furthermore, the term “education” represents transparency and includes both “learning” and “instruction” rather than emphasising one dimension over the other.

The second part of the acronym Multilingual University Settings (MUS) emphasises the flexibility of HEIs in multilingual contexts; they are more likely to use English resources and/or ‘other languages’ in variable ways in EME programmes. Also, EME has been practised in Anglophone settings for a long time, but its application is likely changed when expanded in non-Anglophone settings. Therefore, I adopt using the label EMEMUS (EME for short) in this study as a future indication to investigate the official and de facto policies in the Saudi context as a non-Anglophone country that has implemented EME programmes in different disciplines, especially in medical/health stream. Additionally, Saudi HE is considered multilingual, where staff and students use English as an additional language for teaching, learning, assessment and communication. After discussing EME conceptualisation, definition, and its issues in general, I narrowed my focus to examining EME programmes in the medical/health stream.

2.4. EME Programmes in the Medical/Health Stream

This section specifies the medical stream as one major discipline among many implementing EME at universities. However, students and teachers in this field have slightly different challenges from STEM and business administration disciplines. According to Joe and Lee (2013), in non-Anglophone countries, studying medicine means obtaining a higher level of English in the International English Language Testing System (IELTS) and Test Of English as a Foreign Language (TOEFL) exams than in other disciplines when students want to study, e.g., engineering

or business administration. Moreover, during their degree, students should learn basic medical science and clinical content in the classroom and hospitals/clinics, mainly using English. Their entire curriculum (content subjects, assessment, communication, and professionalism) requires using English, besides many terminologies that are historically linked to named classical languages like 'Latin' and 'Greek' (Antić, 2010; Gupa et al., 2017; Hossain et al., 2010). Therefore, the medical stream is considered the most competitive school in HE worldwide.

However, EME medical students start their learning journey with a challenge as they are introduced to the curriculum in a 'foreign language' and have "to cope with this vast number of terminologies from textbooks written by English speaking background writers" (Hossain et al., 2010, p. 33; Yang et al., 2019), in which these terminologies are in different 'foreign languages'. Consequently, the language barrier is the most reported challenge among students in medical education, particularly in the first year (Sabbour et al., 2010; Mandal et al., 2012; Ahmed et al., 2015; Gupa et al., 2017; Alrajhi et al., 2019; Tayem et al., 2020; Chan et al., 2022).

When graduating from university, they tend to encounter another dilemma associated with a poor ability to communicate with patients in their local communities (Gupta et al., 2015; Joe & Lee, 2013; Mandal et al., 2012). This is because the medical education system of some non-Anglophone countries appears to generate a communication gap and confusion in studying subject content and dealing with their teachers in English while they need to deal with patients in their 'L1s' because they do not share the same linguistic resources (Alrajhi et al., 2019; Yang et al., 2019). On the other hand, there are advantages to reading and writing medical journals and participating in conferences using English (Dearden, 2014), reading and writing medical reports and articles, and participating in medical discussions (Antić, 2010). Also, most "scientific, technological and academic information in the world is expressed in English" (Sabbour et al., 2010, p. 1264).

Compared to STEM disciplines and business administration, students in these disciplines are less likely to use English to communicate with local people and their communities as in the studies of the Arabian Gulf contexts (Alhamami, 2022; 2019; Al-Zumor, 2019; Louber & Troudi, 2019; Alazemi, 2017; 2020; Shamim et al., 2016). This is true especially when some students are hoping to become teachers in schools where the subject content is taught in their 'L1s' (e.g. Arabic) after graduation. Others plan to live and work in their home countries, which means that English may not be used in all professions, although some jobs may require English for professional purposes. Yet, English does not seem used to a large extent since they work in their home countries where the chance to use English is minimal (Alazemi, 2017; 2020). Therefore, students find that implementing EME in science does not serve their goals, which is said to affect their grades negatively. Thus, the students find that using English is limited in the EME classes for

communication and studying to pass exams, although most students would prefer to use their 'L1s' as a medium of education.

2.4.1. Medical/Health Stream in the Saudi Context

Particularly, entering a medical stream at a Saudi university is different to some extent. As far as I am aware, when students graduate from secondary school and plan to have their future career in medicine, the general requirement to be accepted in medical school is obtaining a high score/average in high/secondary school grades (Tayem et al., 2020), besides other measurable tests like Academic Achievement Test for Scientific Specializations (AATSS) (called Tahsili). This exam measures knowledge, understanding, and application in four areas: biology, chemistry, physics, and mathematics (ETEC, 2021). Another test that must be completed is the General Aptitude Test (GAT) (called *Qudurat*), which measures students' analytical and deductive skills by testing two areas: verbal (language-related) and quantitative (mathematics) (ETEC, 2021). All these tests for university admission are conducted in 'Arabic' by the National Centre for Assessment in Higher Education (called *Qiyas*). Saudi students must obtain certain marks on these tests to apply to their desired universities and get accepted (ETEC, 2021). Nevertheless, although the medium of education in all medical/health streams is in English, there is no requirement to take any international or national language tests to enrol at universities for medical streams (Kaliyadan et al., 2015). However, this differs from one university to another, and there is a lack of studies to show the exact criteria required from each university regarding language proficiency. To the best of my knowledge, the universities requiring international tests are mostly private and international universities or colleges in the Saudi context to increase competition among universities and gaining prestige and reputation.

However, as far as I know, in the Saudi context, when students explore the university and their favourite discipline through universities' websites, most universities do not explicitly mention much information regarding the language as a medium of education to help the new students decide before joining any major. Such ambiguity regarding the medium of education might lead students to miss an opportunity to choose another discipline taught through AMI instead of EME. Even if all students are informed somehow regarding what language is as a medium of education, there is no option for them to study medicine in AMI because all medicine and applied for medicine at Saudi universities offer their programmes through EME.

To soften the blow and help students cope with the medical EME programme, the curriculum is designed to start with a so-called 'foundation year' in the first year of the programme. Although, recently, the institutional administrators in the medical streams do not call

it foundation or preparatory year anymore, it is still acting as foundation/preparatory year. This year consists of intensive English language courses, like English for academic purposes (EAP) and English for specific purposes (ESP) or English for medical purposes (EMP), besides basic medical science knowledge related to medicine and applied medicine (Kaliyadan et al., 2015; Khan, 2020; Tayem et al., 2020). However, the first-year system may vary from one university to another, where the students are exempted from studying intensive English language only from the first year if they obtain a specific score in either IELTS or TOEFL and submit it in their application process, while other content subjects are mandatory to take them as basic knowledge of their discipline.

The issue is extended to even after undergraduate graduation if students plan to obtain their fellowship and postgraduate degrees abroad. The options for medical students are limited to mostly Anglophone countries, and there are few opportunities in non-Anglophone countries where the medium of education is not Arabic, like French and German. Although there is no data or statistics to show students' preferences to study in which country, the reason for students to hold back from choosing other media of education programmes than EME, I believe, is that the Saudi licensure examination (SLE) should be taken only in English when students return to SA for work. Thus, implementing EME programmes to study medical streams and taking their examinations in English results from the agreement between university administrators, MoE and the Ministry of Health (MoH). Since there is a lack of research to confirm how much English is used in the medical stream at universities and as a means for SLE examination in the Saudi Commission for Health Specialties (SCFHS), my experience and knowledge of the field and context through the network suggest that English is thought to be a de facto medium of teaching, studying, communication and examination. All these issues identify how universities administrators, MoE and MoH regard themselves as major gatekeepers of English by restricting students' trajectories to study and take their exams only in English.

The following section reviews the most recent, relevant studies on various agents' (students, teachers, and administrators) perceptions toward medical EME programme and its impact on their teaching and learning to understand the specific needs and concerns of medical agents and what the actual LP is based on agents' reported beliefs. These studies help to provide a vital background for understanding the nature of the EME medical programme and how to connect when investigating the official and de facto LP in the medical school in the Saudi context.

2.4.2. Understanding Medical EME from Agents' Perspectives

This section reviews recent studies in different countries that have explored agents' beliefs and attitudes toward implementing EME programmes at their universities and their impact on teaching and learning in these contexts. The agents in these studies are from different colleges and departments in the medical stream, e.g., medicine, dentistry, pharmacy, and applied medical science (nursing, physiotherapy, radiology and clinical laboratory). I divide the section into three subsections, starting with studies in international contexts and then focusing on the MENA region. Finally, in the Saudi context, this research mainly focuses on the Saudi EME programme in the medical school. The purpose of these organisations is to critically evaluate previous studies to highlight this study's contextual, theoretical, and methodological contributions.

2.4.2.1. International Contexts

Researchers all over the world have begun to explore what the massive implementation of EME means for agents involved and directly affected, particularly views on monolingual or multilingual LP approaches to the classroom. It is necessary to review literature across contexts as their findings may be relevant to interpreting the Saudi context; I investigate myself. For instance, a study in South Korea by Joe and Lee (2013) suggests that students prefer Korean as a medium of education. Even though a pre and post-test demonstrated that students learned similarly through 'Korean' or 'English' medium education and performed well in both named languages, the survey findings indicate that students disliked EME because the lectures were difficult to comprehend, which caused students to feel anxiety when attending EME class. These negative attitudes led to the unsuccessful implementation of EME programmes because of the limited use of 'Korean' in these programmes. Therefore, it is important to consider students' desire to use their 'L1' as it creates a comfortable environment and reduces the stress and anxiety associated with EME classes. Additionally, students suggest taking ESP courses for medical English, adjunct models using ICLHE, or disciplinary team teaching for academic success.

In another study in China, Yang et al. (2019) conducted a mixed-method case study to examine students' and teachers', and administrators' challenges, beliefs, teaching and learning strategies in the EME and non-EME medical programmes. The data collection used was an interview, a questionnaire, and a focus group. The findings show that EME students and teachers have 'limited English proficiency', preventing them from teaching and learning subject content and creating obstacles to communicating actively in classrooms. Moreover, teachers expressed difficulties in simplifying the concepts and terminologies in English. On the contrary, non-EME teachers used an interactive approach efficiently in their classes. Another challenge for EME teachers is the lack of English speciality textbooks, which creates a barrier in expecting what they

will teach next because the imported textbooks from Anglophone countries contradict the local needs and clinical practices, whereas non-EME teachers have the required textbooks in 'Chinese'. Hence, the researchers found that teachers require EME training to improve their teaching strategies, whereas students need to learn how to study and think independently and actively.

Similarly, in Italy, Rowland and Murry (2019) explore students' and teachers' attitudes regarding their teaching and studying MSc in Biomedical Sciences via EME. The study followed a qualitative approach by interviewing the teachers and having a focus group with students. The findings reveal that the participants believe their level of English is sufficient because proficiency in English is less important because the main concern is understanding the content without focusing on mastering and penalising for low English proficiency. The teachers show greater flexibility by using 'Italian' as a safety net to reduce students' anxiety in class and oral exams and valuing understanding of the content. The students also have a favourable view of using 'Italian' along with English. The teachers reported their teaching strategies like summarising, repetition, checking students' understanding, and asking students for feedback on their teaching styles to guarantee students' comprehension of content.

A recent study in Malaysia conducted by Chan et al. (2022) explored medical students' views on the importance of English language skills through a focus group only. The findings reveal that students admit the importance of English in accessing medical resources, doing research and as a professional language for communication in hospitals and any external events. Although students find EME helps them to strengthen their English proficiency, some students encounter difficulty in studying and communicating in English, especially those from multilingual and multicultural backgrounds. This is because they had less or no exposure to English. So, they decided to go with self-development to cope with the EME programme. Besides, students expressed their challenges in understanding the medical resources as they need more time and effort to grasp the content and feel afraid to ask teachers to repeat parts of the lecture. They also encounter difficulty in English when it comes to oral assessment and writing the medical report, which affects them negatively in the assessment and prevents them from participating in the class. The students indicated some embarrassing situations where they were looked at as rude and/or awkward due to misunderstandings and providing wrong instructions to the patients, which is also relevant in the Saudi context, as will be shown in the findings' chapters.

In summary, very few studies have been conducted internationally regarding EME in the medical/health stream, with various focuses on exploring the EME agents' beliefs (students and teachers) about EME. However, in all the abovementioned studies, there was a limitation in excluding classroom observation to notice how students and teachers interact and teach subject

content and how they negotiate/challenge their official LP and appropriate it to suit their needs. The following sub-section focuses on the EME agents in the MENA region.

2.4.2.2. The MENA Region

Several studies have been conducted in the medical EME programmes in North Africa and Arabian Gulf countries. These contexts have a similar educational system to SA and share the same 'L1', which is 'Arabic'. Therefore, the participants might have similar experiences, and the findings could inform interpretations emerging from the Saudi context.

For example, Sabbour et al. (2010) in Egypt, Ahmed et al. (2015) in Libya, Abi Raad et al. (2016) in Lebanon, Khallof et al. (2019) conducted their studies in many Arab countries, and Tayem et al. (2020) in Bahrain explored medical and dental students, teachers, and practitioners' perspectives regarding the current EME programmes and on towards transferring medical curriculum from 'English' into 'Arabic' by distributing questionnaires. The results reveal that most students found that studying in a 'foreign language' was considered a barrier during their study, especially in the first year, complicating their clinical practices and causing many issues through increasing anxiety when understanding subject content, dealing with patients, writing patients' medical histories, explaining patients' conditions and their treatment plans. For example, 87% of participants in Abi Raad et al.'s (2016) study were not confident enough to use either English or French to take a medical history.

Therefore, most teachers and students use a mix of 'Arabic' and 'English' in the lectures to improve their academic performance, gain a more accurate understanding of the subject content, increase classroom discussions, save time and effort in not translating the materials, learn how to communicate and explain the disease to their patients and learn the target language faster. Some students show their resistance toward the English-only policy when translating their course materials into 'Arabic' to facilitate understanding and use more 'Arabic' when taking a patient's medical history, explaining patients' conditions, prescribing medication, and communicating with them. Additionally, 65.6% of the participants in Khallof et al.'s (2019) study preferred to take their examinations in 'Arabic' along with 'English' in oral, written, and practical exams. In the case of Abi Raad et al. (2016), students (29%) complained about taking their practical exam (Objective Structural Clinical Examination (OSCE)) in a 'foreign language' as it affected them negatively when communicating with their patients in 'Arabic'. On the same page, Sabbour et al. (2010) reported that many students actually use 'Arabic' when taking their written exams despite being instructed to answer in 'English'. This indicates the contradiction between the official policy of using English and the students' de facto policies because the students show their resistance to the English-only policy.

However, some teachers in Sabbour et al.'s (2010) study disagree with mixing 'Arabic' and 'English' because students will not learn the content subjects in 'English' to find resources, communicate with professionals at events and conferences, write medical reports, and continue education abroad. However, at the same time, students and other teachers could not deny the role of 'Arabic' in facilitating the content subjects and communicating with patients. Moreover, most students in Tayem et al.'s (2020) study did not think that EME could cause any harm or create a language barrier in their academic performance because the students were in their final year and had already overcome the language barrier and improved their English over the six years of studying medicine. However, a small percentage of students believed that implementing the EME programme negatively affected their exam performance due to their low English proficiency. The students in Ahmed et al.'s (2015) study disagreed that EME programmes could threaten their native language, as 88% of students were confident enough to take a medical history in 'Arabic' in the study of Abi Raad et al. (2016). This is because students may be exposed to using 'Arabic' more often in extracurricular activities (working at volunteer services).

To conclude, most participants in these studies highlighted the importance of integrating 'Arabic' into the curriculum and assessment as a part of the course grades to help students communicate effectively in their clinical practices in order to be competent in both named languages when dealing with their patients. For example, in Abi Raad et al.'s (2016) study, 64% of students preferred adding courses for communication in 'Arabic' as they helped them learn how to deal with future patients. Students also suggested some pedagogical implications of using 'Arabic' in classrooms by preparing bilingual glossaries, giving real-life examples using 'Arabic', translating textbooks into 'Arabic', and using them beside 'English' materials. Another reason revealed by Tayem et al.'s (2020) findings is that using 'Arabic' is crucial as a language of Islam and preserves the culture and identity.

Other studies by McLean et al. (2013) in UAE and Alazemi (2017; 2020) in Kuwait implement different methodologies to explore the current medical EME programmes by conducting a mixed-method approach (using questionnaires and interviews) with the students. Particularly, McLean et al. (2013) examine students' generic skills (e.g., information-handling, managing learning, communication and presentation, critical thinking, and problem-solving) in their study. Similar to the findings of the previous studies, the findings reveal that low proficiency in English created a barrier to developing generic skills and harmed students' psychological well-being and classroom participation. Therefore, students found 'Arabic' to be more comfortable because it allows them to enjoy their learning journey at university with a language with which they are familiar. Although, in Alazemi's (2017; 2020) case, 82% of participants admitted the importance of English for greater job opportunities, 62% preferred AMI and 22% preferred EME.

Students in the medical EME programmes encounter several issues and concerns. First, in the case of McLean et al. (2013), many expressed fears of making mistakes in public when speaking English; therefore, they stopped participating in the classrooms to retain their dignity, which is translated as poor self-confidence. For the most part, female students reported feeling shy and nervous; their lack of proficiency in English prevented them from communicating effectively and making their oral presentations because students in UAE (Arabian Gulf countries in general) attend single-sex public schools. When these female students enter university, they are taught by male teachers, which is considered a new experience for them. However, students reported not speaking until they were asked to or in a small group. This issue makes it difficult for teachers to determine whether non-participation means a lack of knowledge, cultural factors, or English proficiency. The second issue is that, in the case of Alazemi (2017; 2020), students complained that their 'Arabic' writing was negatively affected because all the attention was given to 'English' with less focus on 'Arabic'. Additionally, using too much 'English' in classrooms affects daily conversation; they cannot produce a complete sentence in 'Arabic' because they tend to replace 'Arabic' phrases with 'English' terminologies. On the contrary, some students did not think that EME affected their 'Arabic' and could separate the two named languages because they read magazines and wrote poetry in 'Arabic'. Similar to the previous studies above, students suggested bilingual education or a dual medium of education programme to understand technical terminologies in 'English', explain knowledge in 'Arabic', and minimise the time they spend translating and understanding the content. Alazemi (2020) refutes the idea that 'Arabic' can only be used in social contexts because the 'Arabic language' is crucial in every aspect of our lives. The researcher blames policymakers and the authorities for the current failure in 'Arabic' because "there is a missing correlation between the aims proposed by the implementation of EMI and its outcomes" (ibid, p. 62).

To summarise, it has been found across previous research that EME might negatively impact medical students and teachers; yet a few studies have contradictory findings, e.g., Ahmed et al. (2015), Alazemi (2017; 2020) Abi Raad et al. (2016) and Tayem et al. (2020) that EME does not harm students' academic performance and affect their identity or create language barrier. However, all these studies focused on one aspect: examining students' and teachers' reported beliefs and experiences without considering LP in their programmes. Furthermore, all previous studies have used a quantitative approach throughout questionnaires for students and teachers, except McLean et al. (2013) and Alazemi (2017; 2020), which used a mixed-method approach by only employing student interviews and questionnaires. Thus, the qualitative aspect has not yet been fully employed in the form of in-depth interviews with students and teachers and classroom observations to investigate how students and teachers negotiate and regulate their classroom

interactions. Furthermore, few studies have considered teachers' perspectives via questionnaires, as Sabbour et al. (2010) and Khallof et al. (2019), whereas the rest have focused on students' perspectives. In the following section, I review empirical studies in the context of Saudi EME programmes in medical streams.

2.4.2.3. The Saudi Context

There has been limited research in this field in the Saudi context. Almoallim et al. (2010), Al-Kahtany et al. (2016), Alrajhi et al. (2019), and Khan (2020) explored medical EME students and teachers' attitudes toward the EME programme and any difficulties they encounter in the college of medicine by distributing questionnaires. The results show that some students and teachers prefer EME programmes for coping with globalisation, continuing HE, easy access to medical resources, facilitating communication with medical communities, finding better job opportunities, and gaining higher status.

Although the students are aware of the importance of 'English', most reported challenges while studying in the EME programmes, especially in their first year. This is because they believe that their 'English' proficiency is inadequate. They found that 'English' complicated their learning process and affected academic outcomes negatively. For instance, in Almoallim et al.'s (2010) study, 53% of students never asked questions or communicated with their teachers during the lectures because teachers strictly followed the 'English-only' policy and refused to speak 'Arabic', which created a negative impact on students by preventing them from participating in the classes and following teachers' lectures and taking notes due to their reported lack of English proficiency. Students also complained about the heavy academic workload that depended on reading and memorising the information, which was challenging since they had 'low English' proficiency. Additionally, the participants also reported difficulties in understanding lectures, which negatively impacted studying for exams because they needed extra time to study and take exams in English. Moreover, most teachers reported that students constantly seek help and support to understand and submit English tasks and assignments. Therefore, although students believe that English is a critical element in education, it should not compromise students' achievement, as EME programmes are thought to harm students' future by limiting their achievement and weakening their performance.

Accordingly, students prefer 'Arabic' in difficult courses and keep EME for easier courses because they found the effectiveness of blending bilingual education or dual medium of education in the medical field because using 'Arabic' provides less time and effort for the translation process, develops autonomous learning and studying rather than seeking support all the time from their teachers or external tutors, helps to increase accurate understanding of

subject content, and reinforces the Arabian and Islamic identity. Moreover, using 'Arabic' can promote care quality by explaining patients' conditions and understanding patients' complaints. Therefore, students suggested pedagogical implications by recommending teachers follow more flexible approaches when delivering information, like speaking 'Arabic' and 'English' in class. Some researchers, e.g., Khan (2020), suggest introducing more ESP courses as prerequisite courses to cover schools' educational gap that use AMI while the universities use EME. I believe it is necessary to explore to what extent students and staff judge their abilities negatively due to standard and native-speaker ideologies that expect them to sound and write like NESs and whether ELF-informed views of proficiency or competence would alleviate some of the reported stress.

However, Alshareef et al. (2018) followed a different approach by focusing on decision-makers' perspectives regarding EME implementation in the medical college and the consequences of using 'Arabic' and 'English'. This study employed a qualitative approach by conducting semi-structured interviews with eight decision-makers as participants from different universities and the MoE. The findings suggest that the participants expressed positive attitudes toward implementing EME because all medical resources, international conferences, taking international exams, continuing their education abroad, and working internationally require English. On the contrary, similar to the findings of previous studies, six participants expressed negative perceptions of using EME because they encountered difficulties in communicating with patients due to the lack of knowledge of 'Arabic' terminologies. Additionally, using 'English' increases students' academic burden for not understanding the lectures, which results in low academic performance and the threat of losing their 'Arabic language', identity, and culture. The participants suggested using multiple languages to achieve learning outcomes and allow students to benefit from resources, e.g., books, conferences, and interactions with researchers and scientists. Most participants believed that communication skills, lectures and exams should be taught and conducted in 'Arabic' and 'English'. Therefore, most participants sought to implement AMI to understand lectures and subject content, improve their academic performance, cover the communication gap between patients and physicians, and express themselves clearly. However, the disadvantage of using AMI is the lack of 'Arabic' resources because they are limited and updated slowly. Alshareef et al. (2018) conclude that, although the participants advocate for implementing AMI in the College of Medicine, they recommended exploring students' and faculty's perspectives on whether they prefer AMI or EME.

As seen, all the existing studies are built based on agents' learning and teaching experiences and reported beliefs about EME implementation in the medical/health stream from multi-level agents' perspectives and their impact on their teaching and learning. These studies

have reached the same conclusion that there is a general agreement that EME creates a language barrier by preventing students from understanding subject contents, achieving low academic performance, decreasing students' and teachers' self-confidence, and causing anxiety and stress due to students' low English proficiency and the educational gap between schools of using 'L1s' and universities using EME. Furthermore, these challenges have led to another dilemma, namely creating difficulties in communication between students and teachers and between students and their patients due to the language barrier that creates limited knowledge of using suitable terminology to explain the patients' situations using their 'L1'. Nevertheless, all agents cannot deny the importance of English as a promising means of ensuring that it is in line with globalisation because it is a language of science, research, technology, and international communication. However, neither of the previous studies international, MENA region nor Saudi context had looked at how agents actually navigate official and de facto LP in the day-to-day, which is especially necessary when the participants challenge the EME programme and show their resistance to using their 'L1s'. Besides, almost no study in the MENA region, particularly in the Saudi context, examines 1) the effectiveness of translanguaging and its functions when students and teachers use it in everyday classroom practices and 2) what 'English' is considered in the medical EME programmes either native-speakerism perspectives or intelligibility to investigate how teachers and students regulate and make decisions about what practices are appropriate or needed for intelligibility.

Existing empirical studies in the Saudi context and the MENA region, therefore, have significant contextual, methodological, and theoretical limitations. First, most studies depended on a quantitative approach through surveys and questionnaires to examine agents' beliefs towards EME implementation to generalise their findings, resulting in a lack of in-depth analysis and descriptions of the context regarding how agents perceived 'English' and 'other languages' in the EME programme, what actually happens in EME programme by observing their linguistic practices and how they regulate their practices. Second, much research has ignored the roles of interviews and classroom observation to complement the questionnaire findings. However, very few studies have applied the qualitative approach by employing semi-structured interviews, like Al-Kahtany et al. (2016) with students and teachers and Al-Alshareef et al. (2018) with administrators and policymakers; yet they lack in-depth investigation and rich data. Third, the limitations of the previous studies when using questionnaires, may affect the validity of the studies' findings. It can be through participant bias (participants' responses correspond with the researchers' preferences), issues of response sets (the questions are not written clearly, long sets of questions, lengthy questionnaires, or the layout of the questionnaires) or issues resulting from the participants (e.g., answers are chosen before thoroughly reading the question, respondents

skip some questions for being reluctant to disclose certain information). Therefore, most researchers in the MENA region and the Saudi context have called for the need to delve into a qualitative approach in future studies by employing other tools (e.g., classroom observations, interviews or/and focus groups, and document analysis) to strengthen the existing findings.

Accordingly, I consider all these recommendations and the limitations of previous studies as helpful guidelines in shaping the current study and developing methodological and contextual contributions for this research. This is along with Rose's et al. (2020) statement that the "clarity of methods used in research is essential if future researchers are to build on the findings of previous studies or to methodologically innovate them" (p. 242).

2.5. Summary of the Chapter

This chapter first discussed the role of internationalisation that impacts HEIs and then defined and conceptualised EME. I then narrowed my focus to discussing the role of EME programmes in medical education and reviewed all relevant existing studies that have examined the medical agents' perspectives toward EME conducted internationally, in the MENA region, and in the Saudi context. The following chapter discusses multilingualism, mainly from a translanguaging perspective, and ELF, particularly medical ELF or MELF.

Chapter 3 Multilingualism and English as Lingua Franca in EMEMUS

3.1. Introduction

Since we have established that EME agents' linguistic practices are variable and complex and do not always match 'English-only' and native-standard assumptions informing official policy, I find it necessary to theorise 'English' as a lingua franca and 'multilingual practices' related to this study. This is especially important given that such notions have been debated and significantly redefined by different groups of scholars in Applied Linguistics research during the last few decades. Thus, this chapter discusses the conceptualisation of multilingualism and translanguaging, particularly as a theoretical, practical/social, and pedagogical approach. Then, I discuss an example of translanguaging practice used among Arab speakers who use Arabic and English, which is called Arabizi. After that, I present recent empirical studies regarding the role of translanguaging in EME programmes. Finally, I discuss ELF and medical ELF orientations.

3.2. Multilingualism: Defining the Second 'M' in EMEMUS

Over time, the concept of multilingualism has evolved in its theorisation. It has become more central in Applied Linguistics research due to realisations of its pervasiveness across societies, e.g., there are more named languages around 6,000 to 7000 living languages spoken than countries (200 independent countries), which means that many people are multilingual in the world, in the traditional sense (Walter & Benson, 2012). However, clarifying how we understand and explain this phenomenon becomes complicated since many disciplines are interested in exploring multilingualism, e.g., applied linguistics, psycholinguistics, education, linguistics, and sociolinguistics (Cenoz, 2013), with different perspectives and assumptions being put forward.

Some scholars attempt to distinguish multilingualism from bilingualism and plurilingualism, e.g., García (2009), García and Wei (2014) and Kemp (2009). Bilingualism indicates that individuals know two languages, while plurilingualism refers to individuals who know several languages with different degrees and for multiple reasons. However, both terms refer to individuals' abilities to speak several languages. Franceschini (2011) argues that multilingualism "conveys the ability of societies, institutions, groups, and individuals to have regular use of more than one language in their everyday lives over space and time" (p. 346). So, multilingualism is in a bigger paradigm encompassing bilingualism and plurilingualism and includes individual and societal dimensions. Some regions or communities have more than one named language to use (societal multilingualism). At the same time, most individuals in these regions or communities can speak more than one language daily (individual multilingualism) (Deumert, 2011). Although the

previous terms are slightly different in their meanings, all of them share one concept that “they refer to a plurality of autonomous languages, whether two (bilingual) or many (multilingual), at the individual (bilingual/plurilingual) or societal level (multilingual)” (García & Wei, 2014, p. 11-12). Therefore, I use multilingualism in this study as a comprehensive concept.

However, we need to clarify how we understand language at large to theorise concepts like ‘English’ and ‘multilingualism’. Cenoz (2013) illustrates two main approaches: atomistic and holistic approaches. The atomistic view adopts a structuralist perspective and draws from psycholinguistics, neurolinguistics, and linguistics to study multilingualism. De Bot (2016) and García and Wei (2014) explain further that this view focuses on analysing/studying particular language features like a lexicon or phonetics and developing and acquiring these features, e.g., how to acquire Wh-questions. Additionally, Canagarajah (2013) views the monolingual orientation as “self-standing systems, pure and separated from each other, based on grammar rather than practice” (p. 20). Therefore, multilingual speakers should be fully competent in one language by learning one language at a time, and an individual should be monolingual in each language s/he knows. Any visible use of translanguaging is considered problematic because it indicates a lack of language competence and evidence of their deficiency in the languages they know. So, when multilingual speakers want to use their rich linguistic resources, they should separate between different languages and use only one language at a time without mixing. This linguistic practice is called double/parallel-monolingualism (Heller, 1999). Madiba (2012) argues that the ideology of an ‘English-only’ EME policy adopts the atomistic view by following native-standard English as the leading way to develop language abilities.

On the contrary, Cenoz (2013) and García and Wei (2014) argue that anthropological, sociological, and sociolinguistic scholars adopt the holistic approach that views multilingualism and multilingual individuals from a post-structuralist perspective. It sustains that the system of multilingualism is based on a social construct or series of social practices, not on a fixed linguistic system because the term ‘languages’ emphasises the idea of separating the linguistic resources and adopts the monolithic fixed system, which is a myth that was developed in western Europe in 18th century (Canagarajah, 2013). In the holistic view, the interactions among multilingual speakers occur in social contexts, and they are described as multi-competent for their ability to learn new language skills and use their linguistic resources to fit in a community they are expected to interact (Cook, 2016b; García & Wei, 2014; Otheguy et al., 2015). The term multi-competence has been adopted by the holistic view of multilingualism and proposed by Cook (2016b). Cook (2016b) defines it as “the overall system of a mind or a community that uses more than one language” (p. 3). Being multicompetent speakers or listeners is not meant to have equal proficiency in all languages or know more than one language. It is extended to include knowing

different ways of using them (styles or dialects) and languages with various proficiency levels. Therefore, these named languages and/or varieties become a part of people's disposal as multilingual resources (Franceschini, 2011).

Furthermore, Makoni and Pennycook (2007) and Pennycook (2010) believe that named languages are invented because it is a social process that speakers construct and reconstruct continuously to communicate, articulate thoughts, create meaning and gain knowledge. Therefore, language is not determined by norms and structure; language is a practice (Wei, 2018), and through this practice, patterns and norms of use are made and reshaped. The holistic approach views that the boundaries between languages at the disposal are softened; this leads multilingual speakers to use any linguistic resources available during communication. This phenomenon is called *translanguaging*, which I will discuss in the next subsection as an example of the complexity and fluidity of understanding languages.

In short, the new shift to look at multilingualism and multilingual individuals has challenged the traditional perspective (Stroud & Heugh, 2011). I believe that the holistic approach reflects the fluidity and diversity of multilingual communities and speakers. Furthermore, it shows the complexity of multilingual practices when investigating how multilingual speakers construct meaning and how to use multiple languages as various linguistic resources to communicate and interact effectively. Therefore, I argue that multilingualism becomes a vital component of the education curriculum to prepare students to be socially multilingual speakers and multilingual professionals. One approach to understand multilingualism holistically is through conceptualising a *translanguaging* perspective, as I will discuss in the following sub-section.

3.2.1. *Translanguaging*

The scholars of the holistic view become particularly interested in investigating how multilingual speakers can use their linguistic resources in flexible and creative ways to make sense of their world (García & Leiva, 2014). Therefore, *translanguaging* has gained some attention recently in describing the language practices of multilingual speakers, and I adopt the *translanguaging* perspective due to its ability to show the complexity of multilingual practices as a pedagogical, theoretical, and practical approach.

Translanguaging comes from a Welsh word (*trowsieithu*) by Cen Williams, and the first one who translated it into English (*translinguifying*) was Colin Baker (2001, as cited in Wei, 2018). *Translanguaging* has been a pedagogical method since William (1994, as cited in Wei, 2018) observed a teacher taught in Welsh, and the students responded in English. Another situation was when the students were asked to read in Welsh, and the teacher explained the lesson in English.

García (2009) defines this term as “multiple discursive practices in which bilinguals engage in order to make sense of their bilingual worlds” (p. 45). García and Wei (2014) and Wei (2018) analyse the term Translanguaging, that the prefix *trans-* indicates the move from one language to a new one, which shows how language exchanges become more complex, allowing multilingual people to go beyond fixed language systems. The word *languaging* emphasises the on-going process of making sense of the meaning throughout interactions among multilingual speakers while shaping language variables in the process. It breaks the static conventions and traditions around a particular language when authorities (macro-level individuals) in a community set out these rules (García & Leiva, 2014; Liu, 2016).

Some terms have emerged to capture visible multilingual practices, e.g., code-meshing and code-switching/mixing (García & Wei, 2014; Wei, 2018). Michael-Luna and Canagarajah (2007) define code-switching as “a communicative device used for specific rhetorical and ideological purposes in which a multilingual speaker intentionally integrates local and academic discourse as a form of resistance, reappropriation and/or transformation of the academic discourse” (p. 56). Code meshing is used to shuttle between different repertoires in writing to achieve rhetorical effectiveness (Canagarajah, 2011, p. 403). On the other hand, code-switching/mixing simply refers to a shift or a shuttle between two separate language systems (Canagarajah, 2011; García & Wei, 2014; Otheguy et al., 2015). These terms are criticised for shifting between two language codes, thus reproducing language separation, which leads to having low criticality and creativity in describing the language practices of multilingual speakers.

On the contrary, Translanguaging differs from the previous notions that multilingual speakers can construct complex discursive practices, which “cannot be easily assigned to one or another traditional definition of a language”. Therefore, they make up their own repertoire (García & Wei, 2014, p. 22). Translanguaging is more flexible and dynamic, arguing that speakers utilise all their linguistic resources in their repertoires without boundaries between ‘named languages’ and ‘language varieties’ to construct meaning and convey a comprehensible message (García & Wei, 2014). Therefore, García and Leiva (2014), García and Wei (2014) and Wei (2018) have challenged all the previous terms and believe translanguaging is an umbrella that includes other terms because it can “capture the trans-systemic and trans-formative practices as a new language reality emerges” (García & Wei, 2014, p. 36). Thus, the named languages they have co-exist in their minds; hence, they always involve and construct complex interactions (Franceschini, 2011).

From the cognitive aspect, the functions of translanguaging relate to the theory of the Dynamic Bilingual Model, which suggests that the practices of multilingual speakers are interrelated and complex because there is only one linguistic system that encompasses many

languages' features to produce new practices. Accordingly, this leads to the belief that the boundaries between languages and language 'varieties' or ways of speaking are blurred in multilingual speakers' repertoires (García & Wei, 2014). From the sociolinguistic aspect, translanguaging is also a method for creativity and criticality when multilingual speakers use various linguistic resources to create and reproduce meaning and accommodate themselves among other speakers without being fully competent in all named languages to communicate with multilingual people and communities. Translanguaging also "wides out the hierarchy of languaging practices" that value some languages over others (García & Leiva, 2014, p. 200). In this way, translanguaging increases multilinguals' sensitivities toward ideological and political aspects to protect and maintain multilinguals' cultural identities (Wei, 2018). The following sub-section illustrates translanguaging space in educational settings, particularly in EME programmes.

3.2.1.1. Translanguaging Space

Translanguaging Space is defined by Wei (2018) as "created by and for Translanguaging practices, and [it is a] space where language users break down the ideologically laden dichotomies between the macro and the micro, the societal and the individual, and the social and the psychological through interaction" (p. 23). According to García and Wei (2014), translanguaging space "has its own transformative power" (p. 24) by providing a place for multilingual speakers to practice translanguaging without restrictions because they have rich linguistic resources to practice criticality and creativity when meeting people from different backgrounds. It is a place to develop creativity by breaking all the boundaries between named languages, language 'varieties' and linguistic behaviours; besides, it develops criticality by enabling multilinguals to "question, problematise and articulate views" of any linguistic practices (Wei, 2018, p. 23). Thus, multilinguals can respond critically to any political and historical events and use some structural features they acquire creatively and create and change their socio-cultural values and identities depending on their social practices while they interact using translanguaging as they can transform creatively into new resources (Wei, 2018). When multilingual speakers translanguage in their space, they do not ignore the existence of their languages and language varieties because, in their view, these languages and varieties are constructed for ideological and historical purposes (Otheguy et al., 2015).

García and Wei (2014) consider the education institution suitable for generating translanguaging spaces in a multilingual environment. Students and teachers can go between and beyond social norms and the education system by encouraging creativity and criticality through constructing meanings, generating language practices, and challenging traditional language forms. When William (1994, as cited in Wei, 2016; 2018) observed the classroom, he revealed that this

method helps students and teachers increase linguistic resources through problem-solving and constructing knowledge. Furthermore, it strengthens students' and teachers' identities by using their social skills and experiences to communicate effectively. Consequently, I find it necessary to discuss the role of translanguaging in EME programmes. The next section highlights how Arab speakers integrate their 'Arabic' and 'English' in a particular translanguaging practice that emerged in this study's findings when students type in the chat box called Arabizi.

3.2.2. Arabizi from a Translanguaging Perspective

A form of communicative practice that appears to be a translanguaging practice has been observed among Arab speakers, as more and more have added English resources to their linguistic repertoires, especially when using technology to express their creativity, criticality, and flexibility when communicating with friends in writing. Arab youth are thought to have started using a new written 'variety' of Arabic, called Arabizi, at the end of the 1990s (Haghegh, 2021). Arabizi is a combination of the term 'Arabi' (Arabic) and 'Englizi' (English), and it is characterised by using Roman or Latin alphabets and numbers to write Arabic words and sounds (Bianchi, 2012; Palfreyman & Al Khalil, 2003). Bianchi (2012) and Allehaiby (2013) use the term 'arithmographemes' in Table 1.3, which means using English numbers to produce Arabic letters or sounds that have no spelling equivalent in English, so the readers need to activate Arabic-related pronunciations of numerals (see Figure 1.2 for examples of Arabizi).

Phonetic Description	Arabic Letter	Romanization Possibilities		Example
		Arithmographeme	English Letters	
/ʔ/	ء	2	a	so2al (question)
/ħ/	ح	7	h	7elm (dream)
/x/	خ	5 - '7	kh	So5na/Sokhna (hot)
/sʕ/	ص	9	s	9aber (patient)
/dʕ/	ض	'9	d	'9arab/ darab (hit)
/tʕ/	ط	6	t	6ayyara (airplane)
/ðʕ/	ظ	'6	z	'6abi (gazelle)
/ʕ/	ع	3	'	yal3ab (play)
/ɣ/	غ	'3	gh	'3ayoor (jealous)
/q/	ق	8, 2	q/a	8areeb/2reeb (relative)

Figure 3.1: Arabizi Characters (Allehaiby, 2013, p. 54-55). *Arithmographemes =English numbers

The reason behind using Arabizi is because technology in its appearance was supported in English only in the language setting of all the keyboards in computers, laptops, and mobile phones. Thus, multilingual Arab speakers created Arabizi as a solution to use advanced technology, and they heavily use it in online communication, e.g., through instant messaging apps and social media (Instagram, Twitter, Facebook) when texting each other (Bianchi, 2012; Allehaiby, 2013). The example below, taken from Haghegh's (2021) study, shows how Lebanese

users use Arabizi when they converse in a texting app. The users apply English letters and numbers (e.g., 7 and 5) to activate Arabic-related pronunciations.



English Translation & Arabic Script:

Friend: Hi, how are you?

(كيفك؟)

Mira: Hi, hi! I'm good, thanks to God. How are you?

(هلا هلا تمام الحمد لله، كيفك إنت؟)

Friend: Good, thank God. What's up?

(منيح الحمد لله شو أخبارك؟)

Mira: All well, we give thanks to God.

(الحمد لله كله تمام بنشكر الله)

Figure 3.2: An example of a conversation in Arabizi between two Lebanese friends (Haghegh, 2021, p. 164).

Several studies examine Arabizi by exploring the attitudes of Arab users regarding their uses, functions, and usefulness of using Arabizi. Alghamdi and Petraki (2018) and Alanazi (2022) conduct a mixed-method approach, Alsulami (2019) distributes a questionnaire (close-ended and open-ended questions), and Haghegh (2021) employs a qualitative case study of 3 participants from different generations. The findings reveal that the participants use it as a secret code to avoid judgement or criticism from older people, ensure their privacy, strengthen solidarity among their groups, and perform social identity. Arabizi is also seen as stylish and trendy among young Arabs who are educated, multilingual users and allows them to express themselves freely. They mostly use it in informal communication when texting their friends in instant messaging apps and/or strangers on social media, but not with older people or for work, as they consider it a formal context. Another use of Arabizi is to overcome the difficulty of the Arabic language, especially in spelling. Some users indicate the lack of Arabic keyboards on their devices; therefore, they use Arabizi for communication. All studies agree that Arabizi is viewed negatively as if it contributes to damaging the Arabic language, and these negative views are shaped by older generations or people who disagree with using Arabizi (see also Hopkyns et al., 2021, and Palfreyman & Al-Bataineh, 2018). In this study, I, therefore, remain attentive to whether agents in the Saudi medical context investigated whether EME agents produce, talk about, praise, condemn or sanction practices known as 'Arabizi' and how they are used in the chat box of the online classroom and why. The following section will discuss the role of translanguaging EME programmes.

3.2.3. *Translanguaging as a Medium of Education in HE: The Role of the 'L1'*

Using 'L1s' in language classrooms has been criticised widely among SLA scholars for encouraging students to think in 'L1' and translate their ideas into 'L2' (most likely English) (Richard & Rodgers, 2014). Cook (2016a) discusses some claims regarding using 'L1' in English language education. The old assumption is when children start acquiring their 'L1s', they do not depend on another language to develop their 'L1s'. The same thing goes, they would argue, for 'L2' students in EME programmes: they should follow the same procedure to acquire the second language without falling back on their 'L1s'. Additionally, the more students are exposed to English, the better results will be achieved. Therefore, using 'L1' in English classrooms will impede the development of thinking and learning processes in English and cause failure to acquire standard English. Mainstream SLA researchers have traditionally maintained that the 'right' way to learn and teach English is to follow the NES (i.e., prescriptive grammar) version as a norm; this assumption, unfortunately, extends to be applied in EME programmes (Jenkins, 2015). After increasing the importance of EAP approaches in EME programmes, Tardy (2004) argues that English is not only viewed as a lingua franca for spreading knowledge. Yet, it is also a way of establishing linguistic dominance that marginalises students' L1s skills to access HEIs. Besides, students and teachers view EME programmes as a real threat to students' academic performance and achievement for not implementing their 'L1s' as a medium of education (Al-Zumor, 2019; Tardy, 2004).

Similarly, Jenkins (2018) argues that implementing EME programmes with the 'English-only' policy is a way to promote using English, suppress multilingualism in EME classrooms and prevent home students in non-Anglophone countries from accessing so-called 'international' universities. It may negatively affect the 'L1s' in many non-Anglophone universities and cause domain loss and inequalities among staff and students. Hultgren (2016), Jenkins (2018), and Stickel (2010) explain the concept of domain loss⁴ that the spread of English in HE leads to underestimating 'L1s' to be used in academia. It is believed that they are insufficient to contribute to science and research and incompatible with being a media of education since non-Anglophone contexts want to internationalise their universities. These assumptions may result in losing communicative domains in 'L1' speakers' local contexts, developing their English for publications, teaching, and gaining higher rank among other national universities. Therefore, García and Leiva (2014) believe that the encouragement of using translanguaging with 'L1s' resources in education

⁴ Hultgren (2016) defines domain loss that "the growing use of English in key transnational domains, notably higher education and multinational corporations, will lead to the official national languages ceasing to develop, losing status and eventually not being used at all" (p. 153).

can work as a mechanism for social justice⁵, which attempts to look for solutions and alternatives to the existing problems in linguistic practices that create social injustice. In doing so, the domain loss and fairness issue may be decreased to the minimum and allowed to use ‘L1s’ to teach and learn the subject content and communicate with each other confidently and successfully (Duarte & Ploeg, 2019; García & Wei, 2014).

However, some critical SLA scholars believe that using ‘L1’ is a facilitator and positively impacts the development of ‘L2’ because ‘L1’ is a pedagogical and communicative strategy in multilingual settings (Cook, 2001). Hüttner (2018) and Merino and Lasagabaster (2018) believe that using two or more languages in classrooms might foster multilingualism instead of delivering the class using the ‘English-only’ policy in non-Anglophone contexts. Multilingual students might enhance their linguistic repertoires to make sense of academic learning and create knowledge in their research (Liu, 2016). Mainly, translanguaging via using ‘L1s’ is considered a scaffolding technique for less proficient students to increase their academic success (Cook, 2016a) and decrease their lack of comprehension to make sense of subject content (Adamson & Fujimoto-Adamson, 2021; Madriñan, 2014). When students feel that their ‘L1s’ are valued via translanguaging, it strengthens their identities, builds rapport among students and teachers and increases self-confidence and self-inclusion for facilitating the understanding process to succeed academically (Kamwangamalu, 2010; Kelleher, 2013).

Therefore, employing translanguaging in EME values students’ ‘L1s’ to access knowledge and scientific discourses and helps students and teachers use their rich linguistic resources to make sense of subject content. Thus, it is crucial to question the traditional adherence to EME ‘English-only’ policy in multilingual contexts because asking students to leave their ‘L1s’ behind their backs while studying in EME programmes is challenging. Additionally, language education policy should shift from a monolingual ideology of separating named languages into entities to a multilingual ideology by permitting translanguaging when using different linguistic resources as scaffolding and pedagogy (Adamson & Fujimoto-Adamson, 2021; Şahan & Rose, 2021), as some studies prove the crucial role of using ‘L1s’ in teaching and learning in the following sub-section. Next, I will demonstrate recent empirical studies exploring the usefulness and functions of translanguaging in EME programmes.

⁵ Williamson, Rhodes and Dunson (2007) define social justice from an educational perspective as: “reflected in curriculum and school personnel who honor students’ languages and cultures, foster appreciation of difference, and engage in a moral use of power that resists discrimination and inequity” (p. 195).

3.2.3.1. Translanguaging in EME: Practices, Evaluations, Functions and Outcomes across Contexts

Due to EME and translanguaging being closely connected, Smit (2021) calls it “translanguaging EMI” (p. 173), and I call it translanguaging EME. Some benefits emerge from adopting a Translanguaging pedagogy, particularly an overt approach when reviewing previous empirical studies. For example, Jenkins (2018) and Mauranen and Jenkins (2019) argue that if the universities encourage using a translanguaging approach in EME programmes instead of the native-standard-English policy, they will find positive impacts when applying this pedagogy. Recently, a growing number of studies have explored the de facto policy (agents’ beliefs and practices) toward using translanguaging in EME classrooms. It is also important to review and contrast findings across contexts to build a comprehensive picture of the functions, motivations, evaluations, and outcomes when translanguaging is produced by EME agents’ ‘L1s’ L1 in HE settings.

To begin with, Mazak and Carroll (2017) dedicated their edited book to encompassing several empirical studies from different contexts that investigate translanguaging in HE (e.g., Doiz and Lasagabaster in Spain, Yanaprasart and Lüdi in Switzerland, Carroll and Hoven in UAE, Groff in India, Goodman in Ukraine, He et al. in Hong Kong, Mazak et al. in Puerto Rico, and Hansen et al. in Denmark). These studies were mixed method or qualitative; the main data collection tools were interview (classroom) observation, focus groups, and questionnaires with teachers and students. These studies' findings show that translanguaging facilitates students’ understanding of subject contents and achieves effective communication among students and teachers. Besides, such practices create feelings of belonging/inclusiveness, achieve learning outcomes, and develop interpersonal skills. Furthermore, using translanguaging helps to accommodate teachers’ talk to suit the linguistic needs of their students and teach unfamiliar technical terminology or explain complex concepts or ideas. It is also an opportunity to expand students’ linguistic and academic resources and meaning-making repertoire while teachers are aware of their students’ sociolinguistic, cultural and historical backgrounds. Like Carroll and Hoven's Emirati context, many Arab teachers admit that using ‘L1’ in EME classrooms facilitates students’ understanding and makes their teaching more comprehensible. However, using ‘Arabic’ in EME classrooms is taboo, which jeopardises their job due to low job security. Therefore, researchers like Doiz and Lasagabaster (2017) recommend training teachers and policymakers to change their mindsets toward a multilingual view to help students understand their subject content. Similarly, Groff (2017) calls for policymakers to respect and build official LPs based on the natural practices of multilingual communities because the current official LPs prioritise English and underestimate their ‘L1s’.

There is also an edited book by Paulsrud et al. (2021) that encompasses many studies in various settings of deploying translanguaging in EME settings (e.g., Şahan & Rose in Turkey, Adamson & Fujimoto-Adamson in Japan, Boun & Wright in Cambodia, Dalziel & Guarda in Italy, Goodman et al. In Kazakhstan, Luckett & Harosh in South Africa, and Reilly in Malawi). All these studies applied the same research approaches, either qualitative or mixed-method approaches, by employing the same key data collection tools to elicit the data like interviews, focus groups, classroom observation, questionnaires, and site documents and recruiting students and teachers. A few studies highlight their approaches to analysing the data; one study applied DA (Adamson & Fujimoto-Adamson in Japan), and three studies follow the process of thematic analysis (TA) (Reilly in Malawi, Dalziel & Guarda in Italy, Boun & Wright in Cambodia).

Similar findings from previous studies reveal that translanguaging is used as a scaffolding to explain scientific and disciplinary concepts. Translanguaging is also applied for assistance to avoid potential miscommunication and misunderstanding. It is viewed to activate student-student collaboration to negotiate knowledge and construct meaning more than in oral speech like lecturing and presentation due to the nature of these activities involved. In group work, students are free to use their full linguistic resources to increase communication as it is a less formal activity, while the presentation is more formal, and students need to abide by the official LP of this subject content due to their performance being evaluated. Besides, translanguaging allows students and teachers to employ all their linguistic resources in the class. From a social aspect, it is seen to transfer the cultural identity, e.g., conjunction, pause fillers, and exclamations used in 'L1s'. Through translanguaging, teachers use examples from their local contexts while the materials of the EME curriculum are from Anglophone countries that are not locally applicable and relevant. Translanguaging is used as an icebreaker to create a comfort zone to encourage students to talk and interact, whereas other teachers use their 'L1s' when students lose concentration in class.

However, in Kazakhstan, students do not appear to engage in translanguaging as much as they do in their informal everyday interactions. The authors of the study refer to the reason that they might have high English proficiency, so they can understand subject content and communicate easily using English only. Yet, the ideological norms about what is acceptable in class or after class appear to be at play as well. Similar to the Kazakhstani context, translanguaging is not applied frequently in the Cambodian context because it is seen as an informal strategy that can be used for group work and one-to-one interaction, although students and teachers believe that translanguaging helps facilitate understanding of subject content and provides an excellent opportunity for leading to success because students are struggling in EME programmes. There are some implications from the previous studies. Goodman et al. (2021) recommend policymakers to

modify the policies to be more flexible to allow using ‘other languages’ rather than ‘English-only’ policy. Similarly, Reilly (2021) suggests having a multilingual policy that reflects the reality of the participants’ linguistic practices. Şahan and Rose (2021) encourage students and teachers to use their entire linguistic resources via translanguaging for teaching, learning and communication.

Another edited book was published by Tsou and Baker (2021) regarding translanguaging in EME programmes in Southeast Asian HEIs. In the study of Huang (2021), the researcher focuses on students by employing interviews, classroom observation, and weekly journals to examine their linguistic practices. The findings show that students seem to apply translanguaging more frequently in group activities because there is more time and space, while, in lectures, their use of translanguaging is limited for effective and accurate communication or cultural references. During group activities, students employ linguistic choices by using ‘L1s’ to help them understand complex theories. Translanguaging also helps students be part of their identities, appreciate their ‘L1s’, and establish friendships. Additionally, teachers use translanguaging to draw students’ attention, thinking, and understanding of the subject matter and show appreciation and respect for students’ identities to promote rapport between teachers and students. Translanguaging also empowers students to achieve their purposes, for example, accomplishing their tasks efficiently and obtaining good marks. However, the LP of EME constrains using an ‘English-only’ policy. In the final chapter, Tsou and Baker (2021) recommend raising awareness of employing translanguaging pedagogy among teachers and policymakers through EME professional development.

A current study by Şahan, Galloway and McKinley (2022) explores the role of English and ‘L1s’ in EME classrooms. They collected data from EAP and EME programmes in 17 universities in Thailand and Vietnam using questionnaires, interviews and focus groups. The findings from the questionnaires show that the students and EAP and EME teachers prefer using their ‘L1s’ along with English, where their ‘L1s’ are seen as “a pedagogical tool to support content learning” (ibid, p. 16). They find translanguaging helps to create rapport and a safe environment for learning. Also, the teachers show their flexibility in employing translanguaging to suit students’ needs. At the same time, the participants were against the extensive use of ‘L1’ in the class and saw using their ‘L1’ as a supplementary in case they did not understand the subject content study. Another result from the questionnaire reveals that the students and teachers prefer adopting NES accents as a characteristic of being successful EME teachers. Therefore, they found it important to obtain their PhD from anglophone countries. Regarding their reported practices, the researchers noticed that the teachers in Vietnam implement three teaching styles: “teach in English and speak in English, or write in English and speak in Vietnamese, or write in Vietnamese and speak in English” (ibid, p. 15). The researchers call for raising awareness of integrating translanguaging in EME

programmes, challenging the 'English-only' and native-speakerism ideologies "through teacher training programs, new support systems, and practical implementation guidelines" (ibid, p. 17).

A very recent study is by Williams (2023), who investigates students' views toward using translanguaging in EME classrooms in South Korea. The researcher has applied a qualitative approach by interviewing students. The findings show that students and teachers are disadvantaged when using English, especially when some Korean teachers have difficulty articulating the content comprehensibly when using English. This results in students not understanding the content, leading to poor quality. Due to 'low' English proficiency among students, non-Korean teachers attempt to include some Korean to help students understand the content. Yet, the students struggle to ask and participate in English using English with non-Korean teachers. Nevertheless, the students find advantages in using translanguaging to leverage an understanding of their knowledge.

Since the above studies examine the effectiveness of translanguaging in HE classrooms, a few studies investigate the functions and strategies of employing translanguaging. In the Turkish EME context, Kirkgöz et al. (2021) employ interviews with the language beliefs of students and teachers and classroom observation to examine students' and teachers' language practices in EME classrooms via analysing their interaction. The findings are relatively similar to the findings of previous studies. Translanguaging is used for different purposes like establishing/building rapport between students and teachers, facilitating understanding of the complex content subject by employing various strategies (e.g., highlighting important information, summarising the lesson, checking comprehension), and encouraging students' participation in the class. Also, translanguaging is practised to convey the same information in different languages to draw students' attention to key points or issues and avoid misunderstandings. They believe that translanguaging increases knowledge acquisition, which helps compensate for any knowledge gap caused by English. However, sometimes, English is better for novice students who need to familiarise themselves with their field and the terminologies in their discipline. To conclude, students and teachers go against the 'English-only' policy at the practical level for pedagogical purposes, and translanguaging is practised as a secondary source for scaffolding in education. Regarding the beliefs throughout the interview, students agree that translanguaging is used either orally or in writing regardless of whether the macro-level agents approve of it or not. They even use translanguaging outside the classroom to increase understanding, acquire the content and familiarise themselves with the terminologies in their 'L1'. Translanguaging is used to ask or answer questions in class and take notes to increase comprehension. Thus, students perceive translanguaging as a positive sign to be integrated into EME classes. From teachers' perspective, translanguaging enhances classroom interaction, participation, and attention to the content

subject. It is regarded as a resource that students need to utilise from their existing linguistic varieties to produce output and reduce “their cognitive load and affective barriers” (Kırkgöz et al., 2021, p. 72).

Within Tsou and Baker’s (2021) book, there are two chapters where the scholars examine the functions and strategies of translanguaging. First, Kao et al. (2021) explore EME teachers’ practices and beliefs in Taiwan using their linguistic resources in their classrooms through interviews and observation. The findings of this study somewhat match the conclusions of Kırkgöz et al. (2021) study. Two main strategies have been implemented when interviewing the teachers and observing their classrooms. Firstly, interactional translanguaging is when teachers shift from ‘English’ to ‘L1’ and continue talking in ‘L1’ without repeating or explaining in ‘English’. This strategy is common in EME classrooms to engage students in active participation, manage the class, maintain fluent communication, and increase their attention (e.g., telling jokes). It is applied among students who are competent in both languages. However, sometimes, this strategy is also used to help students with lower ‘English’ levels who might miss key information. This strategy has a drawback when international students study in non-Anglophone countries. They might lose their attention easily because they are not competent in both ‘languages’ (‘English’ and ‘the national language’). Secondly, instructional translanguaging is used to help students understand the content knowledge. They prefer introducing and explaining new concepts in ‘English’ first because their programmes employ EME. If there is a general lack of comprehension among students, they use instructional translanguaging. During observation, teachers use different modalities and visual semiotic resources besides translanguaging, e.g., pictures, PowerPoint, drawing equations on the board and multimodality, to increase students’ engagement and understanding in lectures.

The second chapter of Tsou and Baker’s book by Zhang and Wei (2021) investigates teachers’ teaching practices in China to understand their strategies to employ ‘L1’ in EME classrooms through classroom observation. The findings of this study are relatively similar to Kao’s et al. (2021) study. There are four types of using ‘L1’. First, after introducing the concepts in ‘English’, employing ‘L1’ for domain-specific knowledge is used when explaining concepts and terminologies in subject matters. Second, using ‘L1’ to complement ‘English’ is applied to integrate “both languages with each responsible for different information” (Zhang & Wei, 2021, p. 109). Students need to combine the information in both ‘languages’ to comprehend subject knowledge. The students need to be proficient in both languages, as Kao et al. (2021) indicate in their study. Third, the ‘L1’ recast, which is less likely to be applied, is similar to translating acknowledged by Kao et al. (2021) by introducing ‘English’ content and then repeating it in ‘L1’. Finally, adopting ‘L1’ for localised knowledge is when teachers provide examples from students’

local context to increase understanding of complex theories. Both studies conclude to increase teachers' awareness of encompassing translanguaging in their teaching styles by providing more pedagogical training for EME teachers to understand when and how they use translanguaging and its importance in being included in EME programmes. As noticed, using translanguaging is not random in these contexts, and teachers know when and how to employ any of these strategies. These strategies are used not because of the assumption that students have a low 'English' level but for better teaching pedagogy and to show teachers' resistance against the 'English-only' policy from bottom-up agents and their ability to decide their 'language' choices and practices as multilingual speakers.

Finally, Hopkyns et al. (2021) explore the functions of using translanguaging among Emirati students in an EME university. The researchers use mixed-method questionnaires for self-reported observation and classroom notes. The findings show that 77% of students use both 'Arabic' and 'English' in EME classrooms when communicating with their classmates and Arabic-speaking teachers and taking notes, especially when they are in a rush due to time limits. Additionally, students tend to use more English in academic writing while speaking in academic presentations, searching, and reading academic sources and prefer to use both languages as a scaffolding technique. Students attempt to justify using 'Arabic' in academic presentations because they feel nervous and rely on speaking both languages unconsciously. Moreover, 78% of students use translanguaging at the level of sentences as a convenient practice to limit the translation process of some words and help them to provide precise meaning when they do not know some words in one language. It also helps to enhance meaning, aid communication, and explain complex concepts with their classmates. The researchers conclude that translanguaging among grassroots was clearly against the monolingual ideology of the 'English-only' policy of the EME University. Recognising translanguaging gives value to various linguistic resources that multilingual speakers have in their repertoires and reflects on what actually happened on the ground rather than following blindly what policies state.

As seen, there are almost no studies to explore translanguaging and its functions in the Saudi context, with very few studies in the MENA region (only in UAE) in general to examine the effectiveness of using translanguaging and its functions in EME classrooms in HE. Therefore, the above reviews help me inquire whether translanguaging is used in EME classrooms in the Saudi HE context and for what purposes. Doing so is necessary to examine students' and teachers' beliefs and practices (the de facto policy) by employing suitable data collection tools like classroom observation to look at agents' practices in classroom interactions and interviews to explore their beliefs and attitudes toward this phenomenon. These tools are crucial sources "to combat ideologies of EMI as 'English-only' and English-always" (Şahan & Rose, 2021, p. 2).

Furthermore, I believe it is vital to investigate how translanguaging practices are oriented in Saudi EME settings, whether they are approved or condemned and what the positive and potentially negative consequences are when using 'Arabic' in teaching, learning, communication, and assessment attainment. From a symbolic level, it is important to examine who benefits from translanguaging and how and who may be excluded by using either 'English-only' or translanguaging in the context. Using 'Arabic' via translanguaging in the Saudi EME context might help achieve social justice, where agents can use 'Arabic' flexibly and explicitly without being restricted or afraid to use it implicitly, as in Carroll and Hoven's (2017) study. Yet, it is essential to consider some limitations when applying translanguaging in the classroom, as the next section will discuss the disadvantages by reviewing some studies.

3.2.3.2. Drawbacks of Translanguaging

Jaspers (2019) argues that while researchers disagree with monolingual ideology in teaching and learning, advocating merely using translanguaging in classrooms is not always ideal, and he calls for a "critical spirit" (p. 101). Some drawbacks occurred when translanguaging was applied as pedagogical and social (symbolic) practices from sociolinguistic evidence. Pedagogically, translanguaging may socially exclude some international students when a context is highly diverse with students from different backgrounds and use various 'L1s' (Mauranen & Jenkins, 2019). For example, the EME lecturers in Turkey report that practising translanguaging creates a problem for international students when 'Turkish' is used to enhance comprehension and participation for Turkish students (Karakaş, 2016b; Kirkgöz et al., 2021). On the same page, Hillman et al. (2018) also show that students in Qatar universities have a negative view toward translanguaging because it excludes non-Arab students; so, the Arab teachers are aware of them and try to avoid using translanguaging as they can.

Additionally, Sierens and Avermaet (2014) experimented in a school⁶ in Belgium where students, including Turkish students, were encouraged to use home languages besides 'Dutch' to learn and interact with their peers. However, the learning outcomes of allowing translanguaging in the classrooms are less than expected. Turkish students do not progress significantly in 'Dutch', and their attainment level does not improve, although there are positive attitudes toward practising translanguaging in the classrooms. Therefore, translanguaging decreased students' learning outcomes when they could not master the target language to pass the content subjects (Jasper, 2018). In their study in Turkey, Kirkgöz et al. (2021) report that students find

⁶ It is important to acknowledge that the issues that emerged in primary/secondary EME contexts may be less likely to happen in HE contexts with more mature students.

translanguaging hinders the development of their oral English skills. They claim that EME classrooms are the only opportunity to expose and practice English. Besides, they choose EME programmes intentionally in hopes of mastering English academic skills. However, more research is required to understand how these views are justified or informed by monolingual ideologies around language learning and use because students, in the end, will be assessed and evaluated in monolingual tradition. Yet, the assessment is not yet considered using translanguaging as a pedagogical practice to allow students to use various linguistic resources (Baker & Tsou, 2021; Jenkins & Leung, 2019; Kuteeva, 2019a; Murata, 2018; Jaspers, 2018).

Symbolically, using translanguaging as pedagogy to encourage students to use their 'L1s' does not always seem to empower students. On the contrary, it may demotivate students from expressing their identities or cultural backgrounds, as in Charalambous's et al. (2016) study in the Greek context. Although the school is described as multilingual and diverse, the Greek teacher encourages the Turkish students to use their 'L1' through translanguaging. Yet, students reject to do so because they are afraid to 'reveal their national identity' due to the historical conflicts in the past by connecting being Turkish to being an 'enemy', leading to a problematic identity among students that prevents them from practising translanguaging in the classroom. Also, the negativity of using translanguaging shows in the Arabian Gulf countries in the EME contexts. For example, Palfreyman and Al-Bataineh (2018) show that UAE students found using translanguaging to be an 'improper' and 'inarticulate' practice of interactions. This is because the students whose English is good excluded the ones whose English is low to participate in educational activities and interactions for being unable to speak English fluently and cover their lack by using 'Arabic' via translanguaging.

Another study by Al-Bataineh and Gallagher (2018) explores integrating translanguaging in writing. The teachers believe that blending the two named languages reduces creativity by negatively affecting the quality of writing. This is because 'Arabic' and 'English' are linguistically distant that Arabic is written from right to left. Therefore, integrating translanguaging in writing "impacts the overall organization and structure of the text" (bidi, p. 7). This will create confusion for the readers on which side they should start reading the texts, resulting in a lack of organisation and coherence of the texts. Recently, Hopkyns et al. (2021) also have the same findings that students in UAE felt 'bad' and 'wrong' when using translanguaging because it contributes to distorting or polluting Arabic (p. 13). So, the students create feelings of guilt, discomfort and shame from their translanguaging practices. However, in some cases, rather than concluding that the problem is with translanguaging as a practice, we may argue that the issue could be a 'failure' to construct a safe 'translanguaging space', as discussed in earlier sections.

After theorising multilingualism and translanguaging, I turn now to conceptualise the ELF perspective.

3.3. English as a Lingua Franca (ELF)

3.3.1. Defining and Locating ELF

Due to the spread of English worldwide as an international language used in all sectors like trade, politics, medicine and healthcare, and academia, the number of NNEs exceeds NESs, i.e., most English speakers in the world are no longer native speakers. When NNEs use English for interaction, they do not limit themselves to using English with NESs, but they use it with other NNEs (Jenkins, 2015). Jenkins (2018) explains that ELF “refers to communication among people who do not share a first language” (p. 4), although various definitions have been provided over time. ELF started with a simple notion as a contact language among NNE communication, but the definition developed quickly to acknowledge that NESs also participate in ELF communication. ELF researchers explored how English resources are variably used in such interactions and various domains, e.g., schools, HEIs, business, technology, diplomacy, tourism, and media. More than twenty years of inquiry suggest that NNE speakers are significant contributors to the development of ‘English’ use (Seidlhofer, 2011).

Therefore, it is crucial to differentiate how ELF research conceptualises ‘English’ and the opposed EFL paradigm, reflecting part of SLA assumptions (Cogo & Dewey, 2012; Jenkins, 2014). First, EFL belongs to the Foreign Languages paradigm, where students learn English to communicate with NESs. It looks at English as a static or monolithic variety. However, ELF comes from the Global Englishes (GE) paradigm. Instead, this paradigm argues that NNEs’ linguistic innovation and the variability of using English cannot be deemed ‘illegitimate’ because they result from their pragmatic needs and multilingual repertoires-in-flux (Jenkins, 2015). Second, ELF researchers come from a *difference* perspective where uses and variations of English produced by NNEs cannot be dismissed as ‘deficiencies’ in a contextual manner. These differences show the dynamic and variable ways the NNE interlocutors use the language through ELF interactions because they apply pragmatic strategies to make semantic and social meaning (Mauranen, 2003, 2012; Mauranen, Hynninen & Ranta, 2010). This differs from the EFL perspective, which describes them as ‘illegitimate’ and ‘problematic’ forms of English use and comes from a *deficiency* perspective, arguing that NNEs have a knowledge gap when their English departs from native-speaker standards. Third, ELF researchers draw metaphors from *language contact and change*, focusing on effectiveness and mutual intelligibility and accepting English variations. This leads to logical thinking that English should be diverse, and diversity means English needs to be mutually intelligible to meet international communities’ interests.

After a brief comparison between ELF and EFL, there is a need to distinguish ELF and another term under Global Englishes, World Englishes (WE). Cogo and Dewey (2012) and Jenkins (2014) explain the similarities and differences between ELF and WE. Both paradigms emphasise the pluricentricity of English, i.e., they accept the idea of the 'language change', especially when English works as a contact language in multilingual settings. Besides, emerging English variations help NNEs express their identities rather than expecting to imitate NESs' identities. Additionally, both paradigms are against the idea that learning English should be based on the NES version to facilitate communication with NESs and study Anglophone cultures only. These need to be decentred instead. NNEs in ELF interactions are skilled communicators and can construct and negotiate meanings by benefiting linguistic diversity (Cogo & Dewey, 2012; Mauranen, 2003; 2012).

Although ELF was influenced mainly by the WE paradigm in the beginning, there are significant differences. First, WE focuses on nativised varieties that "involves the study of bounded varieties" where varieties of native English are a result of post-colonisation, e.g., Singapore, India, and the Philippines (Cogo & Dewey, 2012; Jenkins, 2014, p. 27), and classified as Outer Circle countries by Kachru's (1992) concentric circles. On the other hand, ELF researchers view English as a contact language. It works *across* national boundaries and captures the negotiations in ELF interactions that are full of fluidity and flexibility in using English. Second, WE takes a place in communities that are defined geographically and/or politically and have been identified with key pragmatic and linguistic features of a particular variety of that community, e.g. Indian English, and they are described as static and stable English varieties. However, ELF is more hybrid and dynamic in socio/linguacultural networks as observable variability in using English in ELF interaction. Third, according to Jenkins (2017), WE looks at Expanding Circle Countries (e.g. Korea and China, Kachru's (1992) concentric circles) as a 'norm-dependent', i.e. they still need to depend on NES norms. Outer Circle norms (as nativised varieties and norm-providers) look at the Expanding Circle's English as unstable varieties. Thus, any differences that depart from recognisable national varieties are considered 'deficit and incorrect' English. Once again, ELF scholars go beyond and do not classify ELF speakers based on their 'L1s' or nations. In the initial descriptive phase of ELF research (ELF1 in Jenkins, 2015), scholars believed that ELF could be codified as an emergent variety or umbrella of varieties. Corpora-informed studies showed that the vital operating processes in ELF interactions were variability and fluidity in use rather than stable varieties.

In the second phase of ELF studies, scholars move from a variationist approach to describe the exploration of ELF as a social practice (*ibid*), where the focus would be on speakers of English and their pragmatic functions that drove the observed linguistic variations rather than

focusing on systematic linguistic features (e.g., Baker, 2015; Morán-Panero, 2018), still without dismissing it a priori as ‘errors’. In seeking to provide linguistic explanations of the process observed without relying on traditional and fixed notions of ‘variety’, Mauranen (2012) proposes that NNEs first develop their use of ‘English’ in parallel with those who share their first ‘L1’ in a classroom, thus creating what may call a ‘similect’. Differences in English use from native models result from the influence of ‘L1s’ and ‘other languages’ that occur through ELF interactions, and she calls it (second-order language contact), where English works as a mediator. She defines the linguistic dimension of ELF interactions as “a large number of languages are each in contact with English, and it is these contact varieties (similects) that are, in turn, in contact with each other” (Mauranen, 2012, p. 30), where the uses continue to change and evolve. It is, however, less clear how much linguistic similarity is behind the proposed notion of similect due to less linguistic evidence or empirical studies to examine similects.

More recently, Jenkins has sought to evolve the theorisation and definition of ELF even further by arguing that multilingualism is not just a small practice that may be observed every now and then in ELF interactions, but we should instead see ELF communication as multilingual practice (ELF3). She has proposed a new definition of EMF (English as a multilingua franca) as “multilingual communication in which English is available as a contact language of choice, but it is not necessarily chosen” (Jenkins, 2015, p. 73), which maintains understanding that EMF is emergent and dynamic practice and integrates a Translanguaging perspective to theorise multilingualism from holistic rather than atomistic perspectives, which means translanguaging is getting along with the ELF dimension (Wei, 2016).

To clarify how ELF3/EMF and Translanguaging views are compatible, it is helpful to draw from two notions proposed by Cogo (2016; 2021): covert and overt translanguaging. Covert translanguaging is used to refer to a cognitive process of influence among resources in a multilingual repertoire that is difficult to see. Although practices that we may call ‘covert translanguaging’ seem English on the surface, beneath this surface is a complex underlying set of processes that is motivated by “how speakers “make” their repertoire, what resources they bring with them, and the knowledge and experience that shapes their language” (ibid, p. 63; 41) because it goes through a process of *transformation* where the linguistic resources become something new and different, but not as a literal or direct translation from language A to language B. On the contrary, overt translanguaging includes multilingual practices that would be usually marked and recognised as ‘mixing’ linguistic resources that are seen to ‘belong’ to different named languages.

When Jenkins (2015) theorises EMF by emphasising “how the user’s L1 (and other languages) influence their use of English” (p. 61), she clarifies that EMF refers to translanguaging

where English is potentially available and overtly present. However, there is a hidden influence of other linguistic resources ‘somewhere in the mix’ in speakers’ repertoires-in-flux regardless of whether and how much English is actually used (ibid). So, anyone who knows other different resources and speaks English is using their full multilingual repertoires in ELF interaction because there are more or less various degrees of influencing speakers’ L1s on how they use English in ELF interactions. Jenkins (2015) calls this ‘language leakage’ (i.e., it has potential influence on all ‘other languages’, not only ‘English’ or what Cogo (2016; 2021) calls ‘covert multilingual influences’. This is an indication that the linguistic boundaries of ELF are more hybrid, dynamic, and comprehensive, and multilingual speakers are free to use any existing linguistic resources that are available in their repertoires to produce successful and effective communication and deliver meaningful messages without worrying about the constraints of separating languages (Cogo, 2017).

Therefore, Jenkins (2018) and Smit (2018) conclude that the kind of first ‘E’ in EME should be understood as ELF communication by definition in any university that implements EME programmes in non-/Anglophone settings, and any ELF scholars interested in investigating EME contexts should start from an ELF position due to the linguistic and cultural diversity of students and staff in HEIs. However, there is a case when EME programmes run in non-Anglophone countries where the students and teachers share the same cultural backgrounds and native languages. Even though these cases have not traditionally been considered an ‘ELF interaction’, ELF research is still relevant to inform approaches to the first ‘E’ in EME because students (like the ones investigated in this PhD) are being prepared to use ELF internationally in their profession (Murata & Iino, 2018). More recently, some ELF scholars extended the label of ELF to interactions where all interlocutors may share ‘L1’ because speakers may still have different multilingual repertoires to the meaning-making situation and draw from different cultural and semiotic resources to make transcultural references, even if they share the same national background (e.g., Ishikawa & Baker, 2021). While Mauranen (2012) would classify the linguistic result of these interactions as ‘first-order language contact’ (similects) to explain the ‘L1s’ influence on ‘L2’ (e.g., ‘English’), I prefer to refer to these interactions more openly as translanguaging in my context because translanguaging is considered as an umbrella that embeds all these terms.

An area where ELF interactions can be spread and found extensively is in the medical field. As this study focuses on the medical EME programme, it is crucial to explore the linguistic features of medical (M)ELF and compare it with ELF in the following section.

3.3.2. *Using 'English' from the Medical Disciplinary Perspective: Medical English as a Lingua Franca (M)ELF*

The healthcare sector is one of many domains where ELF interactions can be found predominantly in hospitals and clinics. Tweedie and Johnson (2018a; 2018b) adopt the term *medical English as a lingua franca* (MELF) to describe the healthcare contexts where ELF interactions are prominent due to the migration of expatriates from health workers and physicians across the globe and the status of 'English' in medical research and professional communication. Hence, ELF interactions in medical environments result from the global flow of medical professionals who come across the world to be involved in the global job market, bringing their 'L1s' with them (Amery et al., 2019). The intersection of medical professionals usually takes place in either Anglophone countries (e.g., UK or USA, where 'English is a native language') or non-Anglophone countries (e.g., SA), where 'English' is viewed as a prominent additional 'language', where the linguistic norms of 'native-standard English' have been deviated (Amery et al., 2019; Tweedie & Johnson, 2019).

The MELF context can be seen clearly in the Gulf countries, particularly SA because there is "massive infrastructure expansion due to the development of oil and gas resources in the region, which has been carried out by a large expatriate workforce" (Tweedie & Johnson, 2018b, p. 76). Thus, the proportion of foreign health workers and physicians in the Saudi healthcare sector is significantly high due to a considerable shortage of national/local healthcare workers and physicians (Almalki et al., 2011; Almutairi & McCarthy, 2012; Alsadaan et al., 2021). For instance, recent statistics in 2018 shows that the number of expatriate nurses in SA is around 60–70%, mainly from India, the Philippines, and Malaysia. On the other hand, the number of Saudi nurses is about 38% of the total nurse population (Alsadaan et al., 2021). Therefore, "ELF in the Arabian Peninsula is rather forcibly moved to a practical level", where the expatriates' interactions have given rise to the function 'English' as a de facto or default 'language' of communication between patients and medical professionals and among professionals themselves (Tweedie & Johnson, 2018b, p. 76).

However, 'English' might serve as 'L2' or 'L3' among many healthcare professionals; beside their 'Arabic' is insufficient to communicate with local patients and their families whose 'Arabic' is their 'native language'. Yet, they have been able to deal with and interact with an open community. Thus, there are noticeable challenges in communication that exist between local patients on one side and among healthcare professionals themselves on the other side, which may raise concerns over the difficulties of communication as a pressing problem (Almalki et al., 2011; Almutairi & McCarthy, 2012). Lack of intelligibility during the interaction in a situation may

expose threats and concerns toward patient safety and link to patient medication errors (Tweedie & Johnson, 2018a; 2018b; 2019).

Few empirical investigations have, in fact, sought to establish the link between ‘proficiency’ and ‘successful’ MELF communication, although interpretations may vary depending on how ‘proficiency’ is understood and measured. A study conducted by Wilson et al. (2005) explored the effect of limited ‘English’ proficiency when comprehending medical situations and medications. The findings show that most patient participants report issues understanding their medical situations and how to use their medication labels. Additionally, less proficiency in ‘English’ is considered a barrier for patients to understand their medical conditions, leading to an increased negative reaction toward their medication. Another study by Foronda et al. (2016) explores the relationship between miscommunication and poor patient outcomes. They discovered that “ineffective communication in healthcare results in delayed treatment, misdiagnosis, medication errors, patient injury, or death” (p. 36). Therefore, “accurate communication and comprehension are potentially, and quite literally, a matter of life and death” (Tweedie & Johnson, 2018a, p. 65).

To identify what makes effective and precise comprehension and communication in the MELF context, Tweedie and Johnson (2019) identify little about linguistic features of MELF in the healthcare context, e.g., “lexical/structural simplification, approximation, or enhanced explicitness” (p. 4). Moreover, MELF may share many features with ELF regarding the “emerging patterns of lexical and grammatical forms” (Jenkins et al., 2011, p. 289), e.g., “removal of the third person present tense -s, dropping definite/indefinite articles, nonstandard question forms”, regularisation of nouns (countable/uncountable) and verbs (using *taught* for *taught*), and preference of using progressive verbs -ing (Tweedie & Johnson, 2019, p. 7). Additionally, MELF aligns with research about ELF communication in other contexts regarding pronunciation by de-emphasising NES as the preferred accent to be used and understood in healthcare (ibid, 2018b).

Yet, Amery et al. (2019) and Tweedie and Johnson (2019) find that ELF research is limited to exploring academic and business contexts, described as relatively low-stakes communicative situations. However, healthcare interactions are considered high-stakes situations that actually require “an exceptional degree of precision, often in expeditious circumstances” (Amery, Tweedie & Johnson, 2019, p. 1). Some communicative strategies, which are frequently used by ELF interactants to show mutual support and collaboration in low-stakes interactions (Archibald et al., 2011), like *whatever works* or *let-it-pass* (waiting for unclear meanings to become clear), are difficult to apply in critical situations, where precise medical terms and expressions are required. However, ELF scholars, e.g., Jenks (2012) and Cogo and House (2018), argue that the *let-it-pass* or *make-it-normal* strategy is highly contextual, where the interlocutors can decide the level of

formality of the interactions. For instance, when high-stakes situations like critical medical situations exist, “the preservation of the speaker’s face may not be seen as important” (Kirkpatrick, 2018, p. 143). In this situation, ELF speakers could employ *other-repairs*, i.e., the pre-emptive and negotiating strategies, by requesting further information for clarification and confirmation.

Besides, it seems that physicians, nurses and other health workers should be proficient in medical English, and they need to adhere to prescribed linguistic norms when providing certain details, e.g., “numbers, measurements, amounts, abbreviations and spelling” because they are crucial to avoid “wrong patient, wrong diagnosis, wrong drug, wrong dose, wrong delivery, wrong timing errors” (Hudson & Guchelaar, 2003, p. 1010, as cited in Tweedie & Johnson, 2022, p. 175). Therefore, using precise medical lexis and expressions either in writing or speaking is crucial because a lack of using precise and correct medical terms or expressions could threaten patients’ safety and “delay diagnosis of a potentially dangerous issue, such as an overdose of potassium chloride” (Tweedie & Johnson, 2018b, p. 88).

From the ELF perspective, creativity and diversity in use are also observable in writing practices (Shohamy, 2018, p. 588). Yet, in the healthcare setting, variable spellings in writing in medical histories and prescriptions may lead to erroneous diagnoses of patients’ conditions with a different disease or prescribing a different medication. Thus, there is a pressing need to understand the MELF phenomenon by examining the strategies employed by ‘English’ speakers in healthcare (ibid, 2019). It is also necessary to understand how HE medical professionals make decisions around the need to adhere to prescribed norms in medical programmes, and particularly whether they do so for intelligibility purposes and/or because of the influence of native-speaker ideologies. I, therefore, take on the aim of exploring how teachers and students in the Saudi HE context under investigation negotiate or regulate what linguistic uses are ‘appropriate’ for professional engagement in the medical domain.

Although the ELF community is described as transient and short-lived, where the norms of ELF interactions are “socially negotiated and socially ratified” (Hynninen & Solin, 2018, p. 270), there is a kind of regulation, which refutes *whatever-works* or *anything-goes* strategy. Thus, the work of Hynninen (2016) on *language regulation* in HE settings is particularly useful for understanding “practices through which language users monitor, intervene in and manage their own and others’ language use” (Hynninen & Solin, 2018, p. 270). Language regulation helps “represent more organised forms of regulation (e.g., institutional language policies), in which norms are created, maintained and resisted, and the processes through which normative expectations and beliefs are expressed” (ibid). There are situations where speakers encounter sanctions if they fail to abide by the norms that are relevant to that specific situation, and this

may be motivated by either the need to convey meaning accurately or by standard and native-speaker ideology-informed tradition. An example of the former is provided by Tweedie and Johnson (2018a & 2018b) when a nurse described a patient's condition as *funny* and *crazy* rather than using precise lexis like *disoriented*, which is not acceptable and may delay a patient's diagnosis. So, ELF interlocutors are not free to choose whatever works for them and depend on creativity during ELF interactions because there are several factors, like "interlocutors, the setting and what kind of speech event they are participating in" (Hynninen & Solin, 2018, p. 269) that help to map how "language users are constrained, whether it is through top-down language policies or more ad hoc practices of intervening in language in everyday situations" (ibid, p. 272).

However, Tweedie and Johnson (2018a; 2018b) also criticise ESP/EMP (English for Specific/Medical Purposes) for following a traditional approach to teaching medical 'language' (Khan et al., 2016) and the prioritisation of 'native-standard English' ideologies and 'British/American English' accents as a single way for comprehension and interactions (Tweedie & Johnson, 2018a; 2018b; 2019). So, there is less attention to communicative intelligibility and effectiveness through considering different 'English' variations, where health carers and physicians will find themselves working in the MELF environments in the future.

Another issue to consider is the role that students' and teachers' 'L1' should play in medical EME programmes. Bran (2017) highly recommends using 'L1' to optimise medical students' communication skills. Notably, she advises EMP/ESP teachers to encourage students to use their 'L1s' in the class to increase their confidence and prepare them to communicate with the local community. She believes that "in ESP, and moreover Medical English, a bilingual approach is sometimes compulsory" (p. 107). This is further corroborated by the study of Mebrouk (2008), who explores female nurses' perspectives regarding their jobs in the Saudi context. The findings revealed the importance of using 'Arabic' when communicating with local patients because this increases patients' satisfaction and their families and improves nursing care outcomes. Therefore, using 'L1s' should not be surprising in multilingual EME contexts; it is necessary to think beyond 'English-only' (Şahan & Rose, 2021).

4.5. Summary of the Chapter

This chapter discussed first conceptualising language from a multilingual perspective, particularly a translanguaging perspective. Based on that, I reviewed some empirical studies that consider translanguaging in EME classrooms as a pedagogical and practical method and mentioned some drawbacks of using translanguaging. After that, I focused on an example of language practice that is viewed from a translanguaging perspective, which emerged in my data,

called 'Arabizi'. Finally, I discussed ELF by conceptualising and defining ELF and the role of ELF in the medical setting. The next chapter will be directed to explore in-depth language policy in EME.

Chapter 4 Language Policy in EMEMUS

4.1. Introduction

The last few chapters established the need to investigate the ways in which English has been introduced as a medium of education in the Saudi HE, particularly in high-stakes disciplines like medicine. I have argued for the relevance of understanding how and why the role of English is defined in official language policy (e.g. whether it is the *only* medium of education), how multilingual grassroots agents navigate seemingly ambiguous top-down and bottom-up processes of policy-making, and how they regulate what linguistic resources are to be used in the classroom or which uses are 'appropriate' for medical students in this context. As the aim of the study is positioned within the line of inquiry in the field of LP studies, in this chapter, I review LP scholarship and available theoretical framework. After I explain the approach that guides this study, I move on to review relevant LP studies in educational contexts and highlight existing gaps in knowledge and the expected contributions of this study.

4.2. The Historical Background of Language Policy

LP is a rapidly growing field and an interdisciplinary subject. This field investigates processes of creating, designing, and enforcing policy and the socio-political implications of LP activity (Jernudd & Nekvapil, 2012). In this study, I adopt the term *language policy* as a bigger umbrella covering all the issues related to language policy and planning (LPP). Spolsky (2004) used this term to combine language policy and language planning under one label because the term *language policy* shows the opposite of *language planning* in the early period. Along with Spolsky, Shohamy (2006) looks at LP from a broader perspective as a “primary mechanism for organizing, managing and manipulating language behaviors as it consists of decisions made about languages and their uses in society” (p. 45) and as a multi-directional process either from the top-down or bottom-up level. The following subsections illustrate the evolution of LP through three main periods (Tollefson, 1991; 2011; Lo Bianco, 2010; Johnson, 2013; 2018). During these periods, the field has been reconceptualised numerous times by changing the name, goals, and topics to meet the population’s needs and suit contemporary language issues.

4.2.1. Early Language Planning (Structurist Approach)

The early work of language planning was called ‘neoclassical language planning’ by Tollefson (1991, p. 26) or ‘classic language planning’ by Ricento (2000, p. 206). According to Johnson (2018), it emerged from Haugen when standardising the language in Norway. Scholars in this period tended to believe that language planning helped solve language problems, achieve political stability, develop the economy, and improve language education in emerging/post-

colonial countries (Baldauf, 2012; Heller, 2018; Jernudd & Nekvapil, 2012). Therefore, this period is called a 'problem-oriented/solving response' (Wardhaugh & Fuller, 2015). LP was understood as developed by a few top-down, authoritative agents who made decisions regarding policy and planning (Johnson, 2018; Ricento, 2000).

Their epistemological direction was structuralism, which suggested that language planning is "scientifically neutral" (Johnson, 2013, p. 39) or based on "a practical objective science" (Tollefson & Pérez-Milans, 2018, p. 5). This perspective came from policymakers, planners and decision-makers who used presumptions of definite reality and could predictably analyse and change their assumptions. The researchers also in this period interpreted their data drawing from their own understanding and previous knowledge. The social contexts were excluded from language planning because "science is deep and culture is superficial", and their view toward sociolinguistic concepts (e.g., language) had fixed meanings and clear-cut boundaries (Tollefson & Pérez-Milans, 2018, p. 8). The research methods concentrated on writing reports about the language planning process via observation and historical research (Tollefson & Pérez-Milans, 2018; Johnson, 2018).

Due to the limited field of LP, linguists were interested in expanding the field by designing a framework (Tollefson, 2011). Haugen (1959, cited in Hornberger, 2006) developed *corpus planning* that focused on language forms, e.g., developing dictionaries, writing systems, and grammar, while Kloss (1969, cited in Johnson, 2013) developed *status planning* that focused on how a society could choose the best forms or functions of a particular language. Later, early LP was expanded further by targeting education to build and make changes to emerging/post-colonial countries. The first author who talked about the role of education in language planning was Chris Kennedy (1983, as cited in García & Menken, 2010), who emphasised the power to make changes in education by using teachers to achieve successful national LP. Later, Cooper (1989) expanded the field by adding *acquisition planning*, which is "organised efforts (e.g., providing more opportunities or incentives) to promote the learning of a language" (p. 157). However, García and Menken (2010) criticise acquisition planning for using teachers as a passive tool to achieve a successful language policy without any significant role for teachers in developing language planning.

4.2.2. Critical Language Policy

Scholars in this period criticised policymakers and planners in the early period and changed the term to *language policy* because the previous period ignored the role of people at the micro-level and their languages. They argued that *language planning* aimed to maintain inequality, enforcing the power of colonised/developed countries to use their languages in

developing/colonising countries (Tollefson & Perez-Milans, 2018). Therefore, the critical movement showed no confidence in early LP and challenged structuralist perspectives when separating languages from socio-cultural contexts (Goundar, 2017). Cooper (1989) criticised the word 'plan' because it was misleading and gave the impression that language planning means solving language issues while it is a tool "to influence language behaviour" (p. 35). Hence, critical LP emerged to minimise inequality and promote the power of developing/colonising countries' languages (Heller, 2018).

The research methodology of this period also changed to focus on power and inequality. For instance, the historical-textual analysis emerged and depended on collecting un/official policy texts and historical documents. However, this approach has been criticised for focusing on the macro-level with less attention to the appropriation and interpretation of LP in a specific context. Then, Tollefson (1991) generated a similar approach and called it a historical-structural approach. His approach integrated the critical theory when analysing social-class and historical issues and examining social power from governmental documents and media discourses. However, Hornberger and Johnson (2007) and Ricento and Hornberger (1996) criticised his approach for lacking more methodological tools to collect data and the role of actors in capturing language planning processes. His approach heavily depended on textual and historical analysis to understand the ideologies and attitudes attached to the policy documents. However, analysing policy documents alone makes it difficult to capture how these policies could be created, interpreted, or appropriated by whom and what kind of procedures were followed to implement them (Tollefson & Pérez-Milans, 2018; Johnson, 2018). Thus, "the texts are nothing without the human agents who act as interpretive conduits between LP levels (or layers of the LPP onion)" due to underestimating the role of actors (Hornberger & Johnson, 2007, p. 528).

Concerning the education field, Kaplan and Baldauf (1997) developed Cooper's (1989) notion of acquisition planning and suggested *language-in-education policy* by highlighting the roles of micro-and macro-levels in shaping LP that could impact people's lives and ideologies. Besides, they gave value to bottom-up agents to develop LP education for reviving and maintaining their languages (García & Menken, 2010; Johnson, 2013). However, the scholars in early and critical LPP periods still value the roles of organisations, e.g., government or agencies or individuals who have power and authority to develop LP, e.g., linguists, administrators, writers or legislators critical for economic and political purposes, without giving the educators as micro-level agents any role to make critical decisions regarding LP creation and implementation (Ou et al., 2022; Ricento, 2000; Tollefson, 1991, 2002).

4.2.3. Revival Period or Contemporary LPP (Post-structuralist Approach)

In the Mid-1990s, LP has been significantly developed when adopting a post-structuralist perspective (Goundar, 2017; Tollefson, 2011). In this period, the terms *language planning* and *language policy* were joined by Fettes (1997, as cited in Hornberger, 2006) and became *language policy and planning* to discuss issues related to LPP from a broader perspective and to have a clear understanding that they are complementary to each other (Darquennes, 2013). These scholars criticise several issues that emerged from the previous phases. First, there is segregation and discrimination among developed and developing nations because it depends on the hierarchisation that LP passed from macro-level individuals and imposed the colonised languages as superior to local/colonising languages. Additionally, there was a fixed and limited understanding of the critical meanings (e.g., language) through atomistic and holistic approaches (see Chapter 3). Third, there was a lack of focus on the consequences of implementing LP and its outcomes (Johnson, 2018; Tollefson & Pérez-Milans, 2018). Revival scholars, however, emphasised how LP has been applied in low- and middle-income countries and what modifications guided planners and policymakers may make when implementing LP (Ricento & Hornberger, 1996). Finally, there is a missing role of bottom-up agents to have an active participation to make decisions and interact with top-down agents. Therefore, revival scholars encouraged investigating how language ideology and socio-political aspects interact with LP processes by motivating local agencies to negotiate and interact with macro-level agents and resist any exploitation in LP (Johnson, 2018).

Theoretically, most scholars in this revival period adopted a post-structuralist perspective. From a post-structuralist perspective, LP becomes more complicated, especially in the current time. Albury (2016) argues that LP “is much more than official policy alone” because the actual LP encompasses “the multitude of actors, contexts, processes, interpretations, negations and contestations of official policy directives” (p. 358). Accordingly, the post-structuralist approach emphasises bottom-up (or micro-level or grassroots) perspectives to examine their engagements with language as a policy phenomenon in their community (Johnson, 2013) to “offer a balance between policy power and interpretive agency” and be “committed to issues of social justice” (Johnson & Ricento, 2013, p. 15), instead of narrowing the studies to focus on official discourses.

Similarly, Johnson (2013) argues that the definition of LP needs to be expanded to cover the contemporary issues surrounding LP by including language beliefs and practices as crucial parts of LP research and highlighting the role of multi-layer agents in developing LP in their communities. He argues that a comprehensive approach to the study of LP pays attention to the following:

A language is a policy mechanism that impacts the structure, function, use or acquisition and includes official regulation, unofficial (overt, de facto, implicit) mechanisms connected to language beliefs and practices, not just products but processes, and policy texts and discourses across multiple contexts and layers of policy activity. (Johnson, 2013, p. 9)

Johnson (2013) explains each aspect of his definition. First, the official regulation is usually a written document to change a language's structure, function, use or acquisition, which can affect educational or political opportunities. Second, he connects unofficial mechanisms "to language beliefs and practices that have regulating power over language use" within communities (ibid, p. 9). The third element describes the policy as a *verb* to show agents' roles in different layers in creating, appropriating and implementing the policies. Finally, the ideologies surrounding a particular context affect the policy texts and discourse. According to Johnson (2013), his definition attempts to balance between structure (considering the policy as a mechanism of power) and agency (micro-level understanding of the power of LP when they interact with policy processes) in LP research. Thus, Johnson's (2013) definition focuses more on agents' beliefs and practices (de facto policy) and how multi-layer agents can contribute to developing LP.

Relating to LP in education, the scholars in the contemporary LPP address a multidimensional phenomenon by giving the role to the bottom-up agents (e.g., practitioners, educators, and students), where they "can serve as language policy arbiters and exert agency in shaping a policy process" (Ou et al., 2022, p. 13; Johnson, 2013). Shohamy (2006), in her expanded LP, focuses on language education policy (LEP) as "a mechanism used to create de facto language practices in educational institutions, especially in centralised educational systems" (p. 76). In her concept, she encourages micro-level agents to develop, negotiate or resist LP throughout their classroom practices. Yet recently, Johnson (2021) criticises Shohamy for giving little room for bottom-up actors as she argues that educators are "servants of the system...[who] follow orders unquestioningly" (p. 79). Besides, Johnson (2021) believes Shohamy is not described as postmodernist or poststructuralist because her critical framework focused on the power of LP without paying enough attention to how the bottom-up agents (e.g., the educators) develop and negotiate the policy.

Relating to the EME context, this could occur if students accept the EME policies without negotiation and resistance to such policies that may cause discrimination against students whose 'English' is not their 'L1' if this negatively impacts their scores and affects their future

professionals. Several studies highlight the role of EME agents in negotiating and challenging the LP at the institutional level and developing their own LP that reflects their identities and social practices. For example, Källkvist and Hult (2016) explored the process of developing LP and noticed that multi-layer agents (national and institutional documents, university administrators (top-down) and students and teachers (bottom-up)) interplay to form the LP through interacting with each other. To sum up, all these studies conclude that the power in EME education needs to be negotiated among the multilayer agents, which later brings policy changes.

The post-structuralist approach is in line with my research purposes as I seek to identify how 'English' and 'other languages' are used and whether potentially restrictive and exclusionary 'English-only' policies are in place. I explore how and whether micro-level agents (students and teachers) have a role to challenge/develop, resist, or negotiate the current LP of EME from the classrooms and how they develop their de facto (or non-official) LP. I am also interested in examining the effects of the current LP and practices on teaching and learning as experienced by individuals involved in EME in HE programmes. Thus, I need to go beyond texts to explore beliefs and the practices of both micro- and macro-level agents.

Within the revival/postmodernist period, several methodological approaches to studying LP emerged to examine "agents, processes, and the discourses with empirical data collection and analysis" (Johnson, 2018, p. 59). For example, LP research tends to entail longitudinal studies by adopting traditional ethnography that helps to focus on the creation, interpretation, appropriation, and negotiation of LP texts and discourses from multi-level agents across different contexts. These approaches combine the marginalising power of policy with a focus on the agency to create the power of local and societal policy texts and discourses (Johnson, 2009; 2013). Another approach to studying LP is through Discourse Analysis (DA), particularly critical discourse analysis (CDA). It puts the social context and the issue of power and inequality in the centre when analysing the texts. Yet, sociolinguistic ethnography integrates ethnography and DA to better understand the context and link between local practices and macro-level social processes, showing that they are neither monolithic nor static (Johnson, 2018). Therefore, I take the importance of avoiding 'snapshot' approaches to the study of policy, and this informs my choice to undertake a qualitative case study analysis that allows me to spend an extended time in the context with the participants (within the limitations of a PhD programme timescale). Now, turn to a discussion of Spolsky's LP framework that helps to guide this investigation.

4.3. Contemporary Framework for LP: Spolsky's LP Framework

Spolsky (2004) claims that LP can be found within different domains, e.g., family, schools, workplace, and country, where every domain has its own policy. To understand LP in a domain

like education, Spolsky's (2004; 2012) LP framework encourages us to look at three interrelated components: language management, language practice, and language beliefs (Figure 4.3).

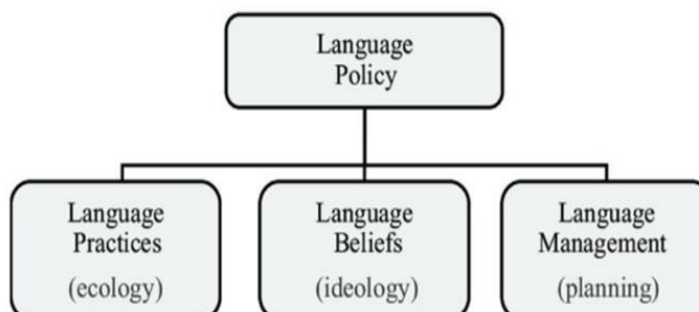


Figure 4.1: LP of Spolsky's (2004) framework (Source: Shohamy, 2006, p. 53)

The first component is that Spolsky (2009) uses the term *management* as an alternative to *planning* for two reasons. First, "it more precisely captures the nature of the phenomenon" (ibid, p. 4). Second, the term *planning* refers to the post-war era that emerged in the early 1950s and 1960s to solve language issues in developing/colonising countries. In contrast, LM "refers to the formulation and proclamation of an explicit plan or policy, usually but not necessarily written in a formal document, about language use" (Spolsky, 2004, p. 11). He also defines it as "the explicit and observable effort by someone or some group that has or claims authority over the participants in the domain to modify their practices or beliefs" (Spolsky, 2009, p. 4). His definitions give some characteristics of LM. It is seen as an explicit, overt policy that could be written or spoken about language use, and these policies are derived from either language beliefs or practices. On the other hand, some top-down agents could also produce unofficial, implicit/covert policies to conceal some agendas (Spolsky, 2004). Such intervention is caused by macro-level agents who have the power to change current language beliefs and practices of micro-level agents by either forcing or encouraging them to use a different 'variety' or named language (e.g., when students and teachers opt to follow the 'English-only' and native-standard policy in EME programmes in non-Anglophone countries).

However, Ball (2006) believes that when textual policies (or LM) are intervened in the practice, they may create issues for their people when using their language. He problematises LM as "some policies may be deployed in the context of practice to displace or marginalise others" (ibid, p. 47). On the same page, Björkman (2014) criticises LM efforts and claims that due to developing advanced technology and the globe becoming more heterogeneous, it becomes difficult to design LM as people's interactions become less manageable and unpredictable, especially when using social media that makes it hard to control language practices. Spolsky

(2004) argues that even if there is an official or national LP, it does not guarantee the consistency in language practices people should abide by. Therefore, some educational institutions may have implicit/unwritten LM because their members hold different language beliefs and practices than the LM of their institutions. This indicates that LM affects language practices by imposing particular language changes, leading to using ‘*good language*’ and limiting using ‘*bad language*’. An example of LM is when non-Anglophone countries attempt to internationalise their universities by implementing the native-standard and ‘English-only’ policies in EME programmes while neglecting students and teachers’ ‘L1s’ because ‘English’ is a language for science, research and business, and national languages are not compatible with the internationalisation of HEIs. Thus, although some EME policies are not explicit and written in official documents, their ideologies behind EME programmes greatly influence shaping agents’ language beliefs and practices (Karakas, 2016a).

The second component is *language practice*. It encourages us to observe “behaviors and choices –what people actually do” as it is “the real policy although participants may be reluctant to admit it” (Spolsky, 2009, p. 4), and this component is considered the heart of the LP framework (Baker & Hüttner, 2019). For this reason, it may seem that those who lack ‘official’ power and authority are best studied as part of language practices to show bottom-up agents’ disagreement and resistance to existing LM from macro-level individuals. Although Spolsky (2004) describes language practice as an implicit/covert mechanism, Zhang (2018) believes that language management and practice are best understood as explicit/overt because they are observable. Sociolinguists relate language practice with language ecology so that language ecology underpins the conceptualisation of multilingualism (Johnson, 2013). Phillipson and Skutnabb-Kangas (1996) argue that *ecology-of-language* promotes language diversity and maintenance of minority languages and supports linguistic human rights without spreading some languages at the cost of others. The ecology-of-language approach also helps societies and their people to create an environment of language practices and establish social networks to generate different linguistic groups to be more powerful than policies (Creese & Martin, 2003), and this is similar to what García and Wei (2014) call translinguaging space (see Chapter 3). Any change in society directly affects linguistic diversity and language practices as a social policy, but these changes are not often reflected in LM (Spolsky, 2007). Therefore, “the success or failure in language management can be reflected in language practice” (Wang, 2017, p. 49). Ricento (2000) calls on policymakers to constantly change and update LP to match language practices and the identity of the micro-level agents. This happens in EME programmes, for instance, when most universities depend on Anglo-centric exams (e.g., IELTS and TOEFL) to regulate EME access. These policies and regulations do not reflect how English is widely used as an academic (multi)lingua franca (Jenkins & Leung, 2019).

Jenkins (2014) invites HEIs to modify the EME policies to match the practices of students and teachers.

Language beliefs and ideologies are the third key interrelated component, which helps examine multilingual multi-level agents' beliefs regarding LP in the EME programme. Spolsky (2004) pointed out language ideology as "a general set of beliefs about appropriate language practices" (ibid, p. 14). The set of beliefs of particular community members is generally formed from consensual ideology "on what value to apply to each of the language variables or named language varieties" (ibid, p. 14). This complex concept has also been widely studied in other subdisciplines. A well-known definition from Linguistic Anthropology is Silverstein's characterisations of ideology as "sets of beliefs about language articulated by users as a rationalization or justification of perceived language structure and use" (Silverstein, 1979, p. 193). Language ideologies represent naturalised or taken-for-granted beliefs that reflect the interests of certain groups of speakers (Kroskity, 2015). They are considered 'sociocultural' or 'analytical' constructs or collectively shared narratives reproduced through various discourses and practices (ibid). On the other hand, the terms *beliefs* and *attitudes* are used to refer to individuals' own conceptualisations and evaluations in a given context (e.g., Ishikawa & Morán-Panero, 2016).

Johnson (2013) explains that it is important to understand that language beliefs and practices are not just external factors interfering with LP but "language policies *in and of themselves*" (p. 6, italicising originally). Therefore, understanding both components is crucial to exploring what bottom-up or grass-roots policy(ies) emerged from a context that may or may not correspond with top-down official policy. However, how we conceptualise beliefs and practices and their relationship has developed in multiple and complex ways in the Applied Linguistics field. I, therefore, pick up this relationship in sub-section 4.4.1 after reviewing LP frameworks. I additionally find the need to conceptualise language ideologies crucial for my research in sub-section 4.4.2 to understand how students' and teachers' beliefs are shaped and influenced by the existing ideologies surrounding their current situation and by ideologies gained from teaching and learning experiences when using their various linguistic resources and negotiating de facto LP.

4.3.1. Redefining/Retheorising Spolsky's Framework

However, Albury (2016) and Williams (2012) criticise the classical top-down understanding approach of the process of LM in Spolsky, who seems to exclude the role of bottom-up agents in developing official LP along with macro-level individuals or authorities, because some community members' beliefs and values might be influential in regulating LP beyond official policy. For example, Menken and García (2010) describe the teachers' role as

language regulators when designing their own policies beyond governmental LP. Similarly, Spolsky (2019) realises the existing role of other competing forces, e.g., bottom-up agents, who have their own LP that can influence and be influenced by different levels and domains, e.g., when school administration sometimes interferes in family LP or when religious leaders interfere into LPs of companies and hospitals by instructing their employees not using specific languages in front of their customers or patients. Therefore, Spolsky (2019) refined his model more recently, particularly the management component, by adding two additional aspects.

First, his previous framework suggested a language manager is one who controls and modifies community members' beliefs and practices. For example, at the state level, an agency used to be assigned to a specific government (Spolsky, 2004), and he recently points to 'advocates' (either groups or individuals) as other groups of people who lack official authority and seek influence by reaching their voices through public action (Spolsky, 2018). Examples of advocates are language activists, e.g., grammarians or writers who wish to revive a language or a variety, e.g., Irish, Maori, or Welsh. However, they usually cannot intervene directly, so their efforts to 'manage' may be ineffective. In EME, ELF or Translanguaging researchers may be 'advocates' who seek to influence official HE managers toward designing more inclusive and context-informed LPs.

Second, Spolsky adds 'self-management', where "speakers modifying and developing their linguistic repertoire and proficiency according to their sociolinguistic environment" (ibid, p. 327). For example, children acquire a language variety from their parents, but when they grow up, they start to widen and adjust their linguistic repertoires when exposed to other languages or language varieties from interacting with different people. These changes are unconscious and internal processes called *simple language management*. However, there is a situation where the speakers consciously perceive a "lack of proficiency to operate in a needed or desirable linguistic environment" (Spolsky, 2019, p. 327). So, they adjust their linguistic repertoires to fit in a particular community by learning 'target language' norms. An example is when students and teachers in the EME context need to learn and master English to study, teach and interact with each other and set or take exams. In this case, the students and teachers need external management by attending, e.g., "private commercial language teaching schools to fill gaps in language teaching provided by state institutions" (ibid). This is what Spolsky calls *formal self-management*. Accordingly, self-management in this example may show agents' acceptance of the existing LP of the EME. On the other hand, there is also a case when the agents resist the current LP of the EME when students and teachers utilise various linguistic resources by employing translanguaging. Therefore, self-management should be regarded as a crucial aspect of LP that

may show people's resistance to or acceptance of existing national (or international) management efforts.

Thus, Spolsky, in his recent article, argues that being a manager is not limited to top-down individuals anymore; bottom-up (or micro-level or grassroots) agents also have a significant role in influencing language practices. Therefore, Spolsky (2019) modifies the LM component to show the conflict between top-down and bottom-up agents regarding who has the power to influence and what linguistic practices should be used in a particular context and calls for a balance among various interests and forces at all levels and domains when designing LP. Despite bottom-up agents often lacking authority, they have a hidden power that may work against the existing LM, resulting in unsuccessful LP implementation or may even eventually shift official LP. I believe that the addition of self-management to the LM dimension appears to make sense, but it may also overlap with other components, especially with the 'practices' component. Therefore, for the purpose of this study, I extend the definition to include 'advocates' to check the level of EME agents' role who might seek to influence LM and explore how far grassroots actors like teachers and students appear to operate as 'language managers'.

4.3.2. Justifications for Adopting Spolsky's Framework in this Study

In this study, I adopt Spolsky's (2004; 2012; 2019) three interrelated components as a helpful underpinning theoretical framework for LP that helps me shape this research and guide my exploration in the fieldwork and as an analytical framework to inform the approach to data collection and analysis for several reasons.

I consider Spolsky's framework as a multi-directional approach that allows to examine macro-level agents' ideology when designing LM (Wang, 2017) and micro-level agents' practices and their beliefs who are informative and valuable sources to convey their concerns (Dafouz & Smit, 2016; 2020), rather than focusing on one direction either from the top-down or bottom-up view or marginalising micro-level agents by top-down individuals and policy-makers (Johnson, 2013). Second, like Zhang (2018), I find that the three components of LP depend on each other and help me explain their relationships, where language belief could provide a basis for and can be modified by language practices and LM. Therefore, the LP framework of Spolsky values all three interdependent elements as they can affect each other without underestimating any of these components. Third, Spolsky's framework is designed to examine covert/implicit and overt/explicit LP from authoritative agents and bottom-up agents' beliefs and practices (de facto policy). Despite criticisms, the framework highlights the role of language practice in different domains as the actual representation of LP and provides a window to explore how authority and

power are built and enacted by grassroots agents and through different dimensions in a particular context that creates a shared LP activity.

Since this study's domain is applied in the Saudi EME medical context, I find Spolsky's three components help: 1) to examine whether LP explicitly mentions the roles of English and multilingualism in EME, and how to compare the official documents with agents' beliefs and practices; 2) to explore how EME teachers and students orient to, reproduce and/or resist and transform *what* official and de facto EME policies in their classrooms and what they think and say about these policies; and 3) to examine the bottom-up agents' practices who lack official power and authority to see whether they can decide or regulate what language practices are 'allowed', 'ideal' or 'appropriate' for medical students and how, and therefore, to what extent students and teachers can be non-official managers or active bottom-up agents by their language practices in the classrooms.

Regarding the methodology followed in this study, the ethnographic and discursive perspectives of critical sociolinguistics researchers inspired my decision to undertake a qualitative case study in a particular institution and invest time among key agents investigated to directly observe and experience their context and understand their experience from emic perspectives, without forgetting to consider how different scales of policy-making (e.g. international, national, institutional, local) influence the defence or restriction of the interests of EME teachers and students. Therefore, I believe this perspective of LP complements well with theoretical frameworks outlined in previous chapters, such as a critical orientation to internationalisation and EME in Chapter 2 and a MELF and Translanguaging-informed view of language as dynamic social practice in Chapter 3. The following section will discuss in-depth theorising beliefs and their relation to practices/behaviours and ideologies, their types and connection with beliefs and LP.

4.4. Beliefs and ideologies

4.4.1. *Understanding Beliefs and their Relationship to Practices*

As I pointed out in Section 4.3, what exactly is meant by beliefs and practices and how these relate to each other requires further theorisation and discussion. To clarify the nature and relation of these key notions, I have also drawn from the literature on Teacher Cognition and Language learners' beliefs, which have extensively analysed these terms in useful ways. According to Speer (2005), there is an ongoing debate around the definitions and the characteristics of beliefs. Pajares (1992), for instance, simply describes beliefs as "an individual's judgement of the truth or falsity of a proposition" (ibid, p. 316), whereas others offer broader and more complex

definitions like Speer (2005), who defines it as “conceptions, personal ideologies, worldviews and values that shape practices and orient knowledge” (p. 365).

However, Borg (2018) argues that beliefs are a more complex and multidimensional concept, and Pajares (1992) describes it as a messy construct. Its complexity makes it difficult to reach a consensus definition due to inconsistency of understanding. Thus, Barcelo (2003) and Mercer (2011) draw general conclusions about how beliefs are viewed. First, they refer to the nature of language, language use and language learning. Second, beliefs are “not linear or structured, but complex and embedded within sets of beliefs forming a multi-layered web of relationships” (Barcelos, 2003, p. 26). Therefore, beliefs cannot be understood as mental and fixed entities because they are changeable and dynamic over time, depending on the context, and “are born out of our interactions with others and with our environment” (Barcelos, 2003, p. 8). Third, beliefs should be related to specific contexts (which are situated and social in nature).

Another layer of belief complexity comes in relation to the debate on how beliefs relate to practices. Borg (2018) explains that “beliefs and practices are mutually informing and mediated by socio-cultural contexts” (p. 87). Thus, any expectation of consistency between beliefs and practices is naïve. Instead, inconsistency between beliefs and practices should be perceived as normal (Borg & Alshumaimer, 2019), and they should be studied together in a particular context. Thus, Borg (2018) proposes to distinguish between ‘stated’ beliefs (i.e., professed or espoused) and ‘enacted’ beliefs (i.e., in-action or attributed). The former focuses on what participants say they believe, while the latter relates to what participants do, i.e., their observed practices. The complexity of the relationship between belief and practice is explained in two different ways. From Borg’s (2018) perspective, when stated beliefs clash with observed practices, practices are likely consistent with another belief that significantly influences an individual’s overall belief system. Mercer (2011) considers another explanation for this contradiction that the stated beliefs may differ from practices because beliefs may be fluid and change in the interaction in a particular context. How exactly beliefs and practices relate to and influence each other is explained differently depending on theoretical perspectives or approaches that guide different researchers. In this study, my examination of students’ and teachers’ (stated) beliefs and practices (enacted beliefs) aims to contextualise by going beyond through interviewing and observing how Saudi agents situate and negotiate their beliefs in everyday classroom practices, resulting in the bottom-up policy.

Within language beliefs, Barcelos (2003), de Costa (2011), Li (2017; 2020) and Speer (2005) discuss two theoretical frameworks or approaches: normative/cognitive and contextual/socio-cultural perspectives. Holliday (1994) uses the normative/cognitive approach by

referring to students' culture to explain their class behaviours and predict their future behaviours. The implicit assumption of this approach is that students' beliefs are false while scholars' opinions are correct, which is identified as one correct way of thinking (Barcelos, 2003). It is relatively stable and fixed because it views beliefs as a mental trait Wenden (1999; 2001). Therefore, it is examined from the etic perspective using Likert-type questionnaires to explore the participants' beliefs, and the data analysis is through descriptive statistics. However, this way of methodology has received criticism because "questionnaires only measure beliefs in theory and not on actual occasions of talk or writing" (Kalaja, 1995, p. 197) and are inadequate to capture the complexity of beliefs (Benson & Lor, 1999).

However, Kalaja (1995) and Li (2017; 2020) criticise this approach because beliefs are seen as a fixed mental entity, which is an incomplete definition for eliminating the experience-based nature of belief. Besides, beliefs are viewed to guide participants' decisions and actions; therefore, people's beliefs remain static across situations. It is also seen as a cause/effect relationship, where people's beliefs and knowledge influence the practices. The context has no significant role in shaping and developing beliefs. Instead, the context explains why individuals might have practices different from their beliefs. Thus, they often highlight inconsistency between beliefs and practices. Therefore, beliefs are recently investigated from a socio-cultural perspective (SC) or contextual approach (Li, 2017; 2020; Speer, 2005). This approach attempts to understand people's behaviour and development through particular social groups and contexts they belong to (Bailey, 2017). Lantolf and Beckett (2009) define the term 'socio-cultural' "as a way of capturing the notion that human mental functioning results from participation in, and appropriation of, the forms of cultural mediation integrated into social activities" (p. 459). Kalaja (1995) proposes a discursive aspect in this approach to examine beliefs by seeing the context as socially constructed and situationally conditioned because the context is not "a static concept or a recipient for social interaction" (Barcelos, 2003, p. 20). This is because beliefs are embedded in participants' contexts and experiences as people try to make sense of their world, negotiate meanings, and collaborate in activities (Mercer, 2011).

In relation to educational contexts, Peng (2011, as cited in Bailey, 2017) finds the classroom as a context where students change their beliefs, which indicates that learning and the learner actually respond to the context. Thus, beliefs are more complex, dynamic, and context-dependent and may vary within the same context or over time (Barcelos & Kalaja, 2011). Bailey (2017) and Borg (2003) state that without considering the role of context, the study of beliefs will be incomplete, if not flawed, because any choice or decision-making occurs within complex socially, historically, and culturally situated contexts. The SC/contextual approach focuses on the

macro context, e.g., socio-political/cultural contexts, to learn and develop individuals' understanding, beliefs and knowledge because beliefs are connected to broader contexts (Barcelos & Kalaja, 2011). An example of this approach is that teachers are considered learners in teaching activities which continuously develop and construct their identities and beliefs in their professional contexts because teachers' beliefs, knowledge and understanding "are shaped by the professional contexts they are in and the lived experience they may have" (Li, 2020, p. 6).

Therefore, I adopt the contextual/socio-cultural perspective in this study to examine EME agents' language beliefs and practices in the Saudi EME medical context. Following this approach is considered compatible with Spolsky's (2004; 2012) holistic framework of LP, which sees beliefs and practices as inseparable and interrelated components. Understanding how EME agents' beliefs are contextually constructed and negotiated and potentially transformed in the interview and classroom-based context will help me to explore how they interact with official institutional language policies, if in place, and how and why they may (re)shape them in teaching and learning practice. Hence, this approach will contribute to understanding the role of interactionally- and practice-shaped beliefs in constructing bottom-up policies while I investigate for what purposes, with what effects, and to which extent these may deviate from the 'official' LP that is often thought to emphasise a monolingual (native-standard) 'English-only' in EME. The next sub-section will discuss language ideologies and their types.

4.4.2. *Conceptualising Language Ideologies*

Language ideology emerged in the last of the 20th century under the field of linguistic-anthropological study, combining linguistic ethnography and the social-scientific study of ideology (Blommaert, 2006). Although there are several definitions and approaches to theorising language ideologies, two main divisions can be distinguished in the field: neutral and critical approaches.

The neutral approach views language ideology as "encompasses all cultural systems of representation" (Woolard & Schieffelin, 1994, p. 57). In other words, ideas and beliefs regarding a language are shaped by cultural systems without any variations within or across these systems. Thus, the language ideology of this approach is a representation of one culture or community. The second way of viewing language ideology is negative, characterised by Marx (1977), who states that ideology is a set of false ideas, or "false consciousness", derived from the Marxist theory of social class. This is by inserting ideology "in the concrete struggle for political dominance and identified 'hegemony' as dominance by a particular class-bound ideology in the cultural and ideational-political field" (Blommaert, 2006, p. 510). That is, the elite or powerful class exploits the working or subordinate class (e.g., workers and farmers) for their personal sake and controls

the wealth to be limited to the elite circle. The ideology is applied here as a tool to be used by the elite to manipulate the less fortunate people unconsciously by making them submissive to the first group's ideas and eventually follow them (Woolard, 1992; 1998; 2016; 2021). Recently, Woolard (2021) combined both understandings "as shared systems of knowledge, but it more often has a pejorative meaning of false consciousness or distortion in service of domination" (p. 3). An example of this is when considering 'native-standard English' as the only accredited and acceptable form of education as a medium of instruction in different educational programmes around the world due to the political and economic power of Anglophone countries as an elite group. We often talk about the influence of standard and native-speaker ideology (e.g., Jenkins, 2007). However, due to the globe becoming more heterogenous and the use of English spreading globally in different domains, with more non-native than native speakers of English who are considered multilingual, recent critical scholars find an urgent need to modify the way to look at language and how to use it to be more oriented toward multilingualism and English as a *lingua/multilingual franca*.

According to Woolard and Schieffelin (1994), some scholars view language ideology from a social perspective and emphasise the cultural aspect of a community. For example, Kroskrity (2010, p. 192) defines it as:

Beliefs, feelings, and conceptions about language structure and use which often index the political economic interests of individual speakers, ethnic and other interest groups, and nation states. These conceptions, whether explicitly articulated or embodied in communicative practice, represent incomplete or "partially successful", attempts to rationalize language usage; such rationalizations are typically multiple, context-bound, and necessarily constructed from the sociocultural experience of the speaker (p. 192).

I believe his definition is more inclusive, showing the diversity of ideologies within a specific community, i.e., the different ways the multilingual speakers view language based on the speakers' social practices.

Ideology can also be considered a strategy to maintain social power and connect it to the position of power and its legitimation, either social, political/, or economic. It can be viewed as "ideas, discourse, or signifying practices in the service of the struggle to acquire or maintain power" (Woolard, 1998, p. 7; 2021, p. 2), where the subordinate groups can resist, challenge and

change the ideology of the top-down groups through their social practices. This strand of language ideology reflects the interests of specific groups in a community, and these interests are linked with people's social, economic, and political experiences to "promote, protect, and legitimate those interests" (Kroskrity, 2005, p. 501; 2010, p. 195). This perspective linked with Spolsky's new theorisation of LP when he added 'advocates' to language management to increase the complexity of his theory and to emphasise the vital role of varied agents who can work as 'language managers' along with top-down agents, like bottom-up agents who can question, resist, negotiate and produce LP matching their language beliefs and practices. Spolsky's definition does not quite sufficiently address the issues of power and struggle in terms of *how* people's language practices are viewed and performed as appropriate to express their choice of language policy. Thus, some researchers argue that the concept of choice is more accurately discussed as a myth (Gal, 1998).

Critical scholars in LP, such as Tollefson (1991; 2011) and Shohamy (2006), take this further and relate the language ideology with power relations. For instance, Tollefson (2011) describes language ideology as unconscious beliefs that create hegemony, and the ideology of LP is linked to struggle and coercion more than consensus and choice, as Spolsky claims. Blommaert (1999) explained further saying that ideologies are reproduced by different "institutional, semi-institutional and everyday practices" as a social reproduction system, which may lead to normalisation, i.e., "a hegemonic pattern in which the ideological claims are perceived as 'normal' ways of thinking and acting" (Blommaert, 1999, p. 10-11). Thus, no social consensus and public opinion "can be detached from real processes of hegemonisation" (ibid). Similarly, Shohamy (2006) connects LP with power relations when ideologies behind LP might work implicitly through covert mechanisms (e.g., "rules and regulations, language educational policies, language tests, language in the public space as well as ideologies, myths, propaganda and coercion" (Shohamy, 2006, p. 56)).

When relating to the EME context, using Anglophone models of English as a medium of education and as a requirement to internationalise the HE gives more power to English, its native speakers, and monolingual and native-speakerism ideologies and creates de facto LP through mechanisms by turning these ideologies into practices (Shohamy, 2006). However, there are occasions when students and teachers in EME programmes implicitly use their rich linguistic resources to show disagreement and resistance.

I, therefore, consider ideologies socially constructed over time, power-laden, and serving particular people's interests without disregarding others' interests. I believe the LP of EME and HE campuses are a social context that is ideologically loaded, where students and teachers are

influenced by ideologies that policymakers and top-down individuals put into practice through either implicit or explicit LP in EME programmes (Jenkins, 2014). Yet, this policy can be easily manipulated, resisted and contradicted in the classrooms. As a result, I am interested in examining how bottom-up or micro-level agents navigate, negotiate, and produce their de facto LP, matching their ideologies based on their social practices in the classroom.

Regarding the similarities and differences between beliefs and ideologies, language beliefs and ideologies have some similarities. Dyers and Abongdia (2010) find:

Both deal with the issue of status and how this affects patterns of language shift and maintenance in societies - in Schiffman's terms, the status of a language, the status of its speakers or the status of the variety (standard/non-standard) of the language, or its use in certain domains (p. 123).

That is, both language beliefs and ideologies have a shared concern about the perceptions associated with different named languages, varieties, speakers and domains and how these shared beliefs about status can shape the way named languages evolve and change within a society. These perceptions or shared beliefs affect people's attitudes towards specific named languages and/or varieties and how and where they are used. Therefore, language beliefs and ideologies are seen as powerful forces that can significantly influence language use and the complexity of language change and maintenance.

However, there are more differences than similarities. First, language ideologies are based on collective ideas rather than individual behaviour about language (Kroskrity, 2005; 2010). On the other hand, language beliefs are different "depending on factors such as age, gender, social class and level of education" as they are constructed in a particular situation (Dyers & Abongdia, 2010, p.123). Another difference that Martínez (2006) states is that not all language beliefs can be perceived or produced ideologies, yet language ideologies are considered a bigger umbrella and encompass beliefs. This is because language ideologies are viewed as collective and shared agendas developed by certain powerful or interest groups in a community. In contrast, language beliefs are understood as more specific, subjective, and individual (Woolard & Schieffelin, 1994).

Dyers and Abongdia (2010) distinguish between language ideologies and attitudes⁷, as summarised in Figure 4.2.

Language ideologies	Language attitudes
Group/community beliefs	Individual thoughts, feelings, reactions
Develops in interests of powerful groups	Possessed by individuals
Shaped by socio-historical events	Rooted in individual experience
Long-term, deeply rooted and resistant to change	Can be both short- and long-term, but more mutable than ideologies
Strong effect on language learning and motivation	May affect language learning and motivation, but not always
Play a central role in language policies and their successful implementation	May play a role in the creation of language policies, but not their implementation
Conscious, overt assessment of languages and their speakers	Often unconscious, covert assessments; sometimes distinguishes between languages and speakers of those languages

Figure 4.2: A summary of the differences between language ideologies and language attitudes (Dyers & Abongdia, 2010, p.132).

The following subsection will explore the varieties of language ideologies identified as the way of using language.

4.4.2.1. Types of Language Ideologies

In this sub-section, I discuss the most common language ideologies traditionally connected to 'English'. Starting with standard language ideology, Lippi-Green (2012) defines it as:

A bias toward an abstracted, idealized, homogenous spoken language which is imposed and maintained by dominant bloc institutions and which names as its model the written language, but which is drawn primarily from the speech of the upper, middle class (p. 64; 67).

Milroy and Milroy (2012) also have a similar definition of standardisation as an ideology that is "an idea in the mind rather than a reality – a set of abstract norms to which actual usage may conform to a greater or lesser extent" (p. 19). Both definitions promote the standard language and its mainstream culture as an ideal excellence by dominant/top-down individuals while they devalue nonstandard and its associated culture (Kroskrity, 2005; 2010; Milroy & Milroy, 2012). This ideology seems to be transferred through a traditional educational system and

⁷ I believe language beliefs and attitudes have the same understanding and fall under a bigger umbrella of language ideologies. According to Pajares (1992), the belief substructures are attitudes and values; it is a group of organised beliefs around an object or situation, and this holistic organisation becomes an attitude. By the time, beliefs might become values that include judgemental, evaluative and comparative functions. Hence, values, beliefs and attitudes create one's belief system/network/web (Pajares, 1992).

happens in classroom language, textbooks, exams and policy documents (Seidlhofer, 2011). Therefore, there is a focus on transferring the most correct and desirable language use found in grammar books, dictionaries, and primary books as an academic language (Gal, 2006). In this way, the language is claimed to be protected from changes and manipulation because there is no space for any variations (Milroy, 2007). Additionally, the standard language is also connected to prestige, where social dimensions, e.g., power, are considered and valued when attaching to an elite group in a community because of the higher status they perceive. Lippi-Green (2012) explains further that the superiority of standard language, English in particular, does not come from its structure and communicative efficiency; it comes from the economic and political influence of upper and middle social classes who take advantage of this dichotomy to continue using their privileged position. Anyone who attempts to produce the standardisation of the language can gain a prestigious position and receive a positive impression. Therefore, any deviation and innovations from the standard norms are not allowed and are seen as non-standard versions (Woolard, 1998; 2016; 2021; Milroy, 2007).

Another type of language ideology that is associated with English is nativespeakerism or native-speaker ideology. Underlying the ideologies of nativespeakerism are similar to standard language ideologies, yet they differ in the way who speaks this language and how these people perceive other speakers who speak their native language. The first description of a native speaker is by Davies (1991), who defined it as “the first language a human being learns to speak in his native language; he is a native speaker of this language” (p. ix, as cited in Dervić & Bećirović, 2019, p. 115). Later, Pannycok (1994) describes it as the “idealised person with a complete and possible innate competence in the language” (p. 175). Lee (2005, p. 54) identifies six features or characteristics of a native speaker after reviewing the field of SLA and ELT to create a clear picture of nativeness:

1. “The individual acquired the language in early childhood and maintains the use of the language.
2. The individual has intuitive knowledge of the language.
3. The individual is able to produce fluent, spontaneous discourse.
4. The individual is communicatively competent and able to communicate within different social settings.
5. The individual identifies with or is identified by a language community.
6. The individual does not have a foreign accent”.

The ideologies implied in these characteristics are as follows. First, it is impossible for non-native speakers or second language learners to become native speakers regardless of acquiring all the previous features because they are a matter of competence and performance of the speaker.

Cook (2005) concluded that anything that has been learnt in their later life is not sufficient and does not qualify them to be native speakers since they do not have their childhood acquisition and acquire the language when they are at an early age. The second language the speaker tries to master will be seen as a recognisable foreign accent in his or her speech. Second, the dichotomy between natives and non-natives creates a discourse of racism, colonialism and superiority (Amin, 2004). There are developing negative connotations or impressions that are associated with non-natives, such as “minority, of marginalization and stigmatization, with resulting in discrimination in terms of employability and professional advancement”, while natives indicate “birthright, fluency, cultural affinity, and sociolinguistic competence” (Braine, 2010, p. 9). Third, Pennycook (1994) argues that the ideology of being a native speaker of a language is equated to being a citizen of a particular nation, which seems to guide the nationalist view by connecting one nation to one language and one identity. Thus, that language is characterised as stable and devoid of variation because it belongs to a homogenous community.

Concerning these ideologies to ‘English’, all English speakers, either NESs or NNEs, are required to follow native-standard English norms, regardless of their linguistic and cultural backgrounds, to limit variations of English that are produced by NNEs because they are considered unstable (Seidlhofer, 2011). This kind of English is strongly associated with prestigious people who are educated speakers of ‘English’ as an ‘L1’ and associated with the prestigious kind of English to teach NNEs by NES teachers who are falsely identified as autonomous and organised (Milroy, 2007) while NNE teachers are falsely described as deficient (Holliday, 2018). Such a division between native/non-native could lead to discrimination or what Holliday (ibid) calls ‘neo-racist’, which creates a negative perception about oneself and implies the cultural Othering to NNE teachers because they are not from the West or Anglophone culture. This leads NNE teachers to be rejected from joining EFL training programmes and employment in English language institutions, or their research articles were turned down in prestigious international journals for their ‘English’ deficiency (Jenkins, 2014; Holliday, 2018).

A third ideology connecting to the previous two ideologies is the ownership of English or authenticity. Woolard (2016) defines it as locating “the value of a language in its relationship to a particular community” (p. 22). A similar term called ‘monoglot’ was developed by Silverstein (1996 as cited in Blommaert, 2006). This ideology believes that the speech variety of a community must be viewed as socially and geographically rooted to have value (ibid). The authenticity is usually connected to the fiction of ‘one nation, one language’ derived from the 18th century, in the colonisation era (Jenkins, 2014). Widdowson (1994) and Pennycook (1994) discuss the ill-formed perception found in English that NESs are seen as ‘authentic owners’ of English and are

linguistically competent. Such a false perception affects people's way of communication, most specifically NNEs.

All the above ideologies create so-called linguistic imperialism, according to Philipson (2019). The linguistic imperialism forms structural and cultural/ideological inequality between 'English' and 'other languages'. Structural inequality means that "more material resources and infrastructure are accorded to the dominant language than to others", whereas cultural/ideological inequity is that "beliefs, attitudes, and imagery glorify the dominant language, stigmatize others, and rationalize the linguistic hierarchy" (Philipson, 2019, p. 3470). Therefore, NES is seen as a superior model and teacher, and these ideologies were advertised by American and British agencies in the 1960s to spread English as a global product (ibid), and NNEs should adopt a "franchise language" (Widdowson, 2003, p. 50).

However, such ideologies constructed around 'English' push many scholars to harshly criticise the authenticity or ownership of English and 'native-standard English' ideologies. Widdowson (1994) argued that "standard English is no longer the preserve of a group of people [i.e. the British] living in an offshore European island, or even of larger groups [i.e. Americans] living in continents elsewhere" (p. 382). This is because the status of English has shifted from a national language to an international and lingua franca in the 21st century, where NESs become a minority in front of the high number of NNEs (Baker, 2021). Therefore, "no nation can have custody over English" because having its custody means it is necessary "to arrest its development and so undermine its international status" (Widdowson, 1994, p. 385). Hence, anyone is entitled to claim English ownership (ibid). However, most NNEs still believe in these ideologies, and this creates a mismatch between the kinds of English used by ELF speakers (influenced by their 'L1s') and the LPs that enforce the way the ELF speakers should speak, most likely 'native-like standard English' (Jenkins, 2014).

Another false understanding of 'native-standard English' is that English is a coherent, fixed entity and cannot be invariant. However, this misperception goes against the nature of language, which is lively, unstable, and variant, especially when the interactions happen in intercultural events and communities like HEIs (Jenkins, 2014; Baker, 2021). A third criticism comes from ELF and intercultural communication scholars that to what extent these ideologies of 'native-standard English' would successfully be maintained in hybrid communities where intercultural communication occasionally occurs, and 'English' is not the 'L1' for many speakers as in EME programmes. Jenkins (2015) and then Baker (2021) argue that using English is "multilingual in nature since other languages are always present due to the different L1s of the interlocutors" (p. 5). Besides, ELF speakers use complex and dynamic ways to communicate meaningfully and

effectively (*ibid*). Even sometimes, NESs need to adjust their way of talking to make themselves comprehensible and accommodate the same way as other interactants (Seidlhofer, 2011).

Hence, 'native-standard English' is considered difficult to maintain, irrelevant and unachievable in hybrid contexts and inappropriate as a language learning objective (*bidi*). A final point I would like to draw attention to is addressed by Widdowson (2003) and Seidlhofer (2011) that these ideologies are problematic for limiting NNESS' agency of choice and forcing them to adopt or follow native-standard English norms only, preventing them from altering their English to suit their communicative purposes. Conforming to these ideologies may not serve their needs, protect their identity, help them accommodate themselves in a particular community or do not believe that 'native-standard English' is superior to other varieties. Appropriating NNESS' English encourages them to preserve their identity without mimicking NESs' ways of speaking, giving them a vital role in developing and spreading English because the main purpose of ELF interaction is intelligibility and communicative efficiency (Mauranen, 2012; Jenkins, 2014).

In the next section, I will review the most recent empirical studies that examined EME from the LP perspective in different universities across the world to look at the roles of ELF and translanguaging in their contexts.

4.5. LP in the EME Studies: Insights from Empirical Studies in Various Settings

Several recent empirical studies explore the LP in different EME contexts. The purpose of reviewing these studies below is to see how these studies approached the LP when examining the ELF and translanguaging perspectives, how they apply Spolsky's framework in their studies, what methodology they follow to accomplish their studies, and their theoretical and methodological limitations in order to seek contributions in this study.

Several studies explore the LP by applying comparative studies in different contexts, like Jenkins (2014; 2019), Jenkins and Mauranen (2019), Baker and Hüttner (2019), and Jane-Ra and Baker (2021). These studies examine the current EME policies and agents' perceptions of HE from an ELF perspective and apply a variety of data collections like policy documents (including official websites), interviews, focus groups, classroom observation, landscape linguistics, and questionnaires. The findings show that most universities' documents and websites and EME agents' perspectives seem to equate internationalisation with English. Mainly, native-standard 'English', either American or British, is the most acceptable medium for education and communication. However, very few are aware of how policies are regulated and by whom without any involvement of teachers and students to develop EME LPs. Particularly, Baker and Hüttner (2019) examine the named languages written on the official websites. The Austrian website offers

bilingual: English and German, while Thailand and UK websites offer only English (excluding the local language in the Thai context), with no mention about the role of ELF and multilingualism. However, a recent study by Jane-Ra and Baker (2021) reveals that there is some recognition of ELF in ASEAN (The Association of Southeast Asian Nations), and the availability of bilingual policies ('English' and 'Thai') in Thai national and institutional policies show somehow flexible view of language by including multilingualism and ELF perspectives and disassociating the ideology of native-speakerism.

Jenkins and Mauranen (2019) find that under-investigated universities demand their students and teachers to change their own English to NES and do not appreciate their teachers' English for not speaking like NESs. This is along with Baker and Hüttner's (2019) findings that students in the UK and Thailand prefer standard English policy and consider the 'variety' of Anglophone English as prestigious, while students in Austria have mixed answers in preferring Standard English and ELF. Yet, there is some awareness of the importance of intelligibility. Lecturers prioritise intelligibility and content knowledge over native-standard English; some need adaptability depending on the audience. On the other hand, lecturers in Thailand and the UK are unaware of any LP in their institutions, while Austrian lecturers are aware of it. As Jenkins (2014; 2019) argues that there is little awareness about focusing on intelligibility, effectiveness, and clarity. However, international students (NNEs) seem to adopt an ELF perspective and realise the harmful impact of adopting native-standard English ideology in the EME programmes on their self-esteem and academic identities. Regarding EME agents' view toward multilingualism, there is a generally negative view of multilingualism in the study of Baker and Hüttner (2019). Yet Jenkins and Mauranen (2019) reveal that the participants realise the importance of translanguaging to facilitate understanding, study, and communicate effectively. However, translanguaging is not helpful among international students who are not fluent in 'other languages' except their 'L1' and English, and UK university refuses to use this strategy.

When it comes to practice, Baker and Hüttner (2019) notice that multilingual practices exist outside the classrooms and in other activities (e.g., workshops, side-talk, group, and pair work). On the contrary, there is more use of translanguaging for communications and lecturing in the study of Jenkins and Mauranen (2019). Therefore, the above studies concluded that there is no inconsistency between the official LP and de facto policy (agents' beliefs and practices), with LM lagging behind.

Researchers such as Hu et al. (2014), Hu and Lei (2014), Wang (2017), Zhang (2018) in the Chinese context, Rahman and Singh (2019) in Bangladesh and Tri and Moskovsky (2021) in Vietnam investigate students' and staff's engagement in EME programmes and their LP,

employing documents and websites, interviews, focus groups, classroom observation, and questionnaire. The finding reveals there is a mismatch between LM and administrators' beliefs (at the macro-level) and students' and teachers' practices (at the micro-level). National and institutional policies, including the administrators' beliefs, strictly apply the 'English-only' policy to promote internationalisation by implementing more EME programmes for future career and education quality. This is because students need to develop their English skills in a short time. Yet, there is no indication of whether the kind of 'E' in EME programmes is native-like in the Chinese context (Wang, 2017).

However, the students and teachers resist the 'English-only' policy due to their lack of high proficiency in English, time-constrained and peer pressure, especially the last two reasons that occurred in the Vietnamese context (Tri & Moskovsky, 2021). Therefore, they use 'L1s' in daily classes to increase students' understanding of complex disciplinary terminologies and concepts. Wang (2017) points out that teachers' beliefs and practices tended to support the ELF perspective by focusing on meaning-making and achieving comprehension in their teaching and assessment, with no reference to following nativeness, but not yet explored in-depth. Therefore, Zhang (2018) recommends balancing EME and CMI to avoid monolingual ideology resulting in domain loss and linguistic imperialism (Widdowson, 1994; Phillipson, 1997; Skutnabb-Kangas, 2000), whereas Tri and Moskovsky (2021) highly encourage having a flexible policy to integrate 'L1' within EME programmes. In contrast, Hu et al. (2014), Hu and Lei (2014) and Rahman and Singh (2019) support more engagement in the 'English-only' policy and encourage the aspect of monolingual ideology to develop the economy and express their preference for using English as a tool for education due to the high status of English as an international language. Yet, none of these studies of Hu et al. (2014), Hu and Lei (2014), Rahman and Singh (2019) and Tri and Moskovsky (2021) examined the official LP and EME agents' perceptions from the lens of ELF or/and translanguaging perspectives.

In summary, all previous studies show that universities' LPs equate internationalisation with English, and LM still holds monolingual and native-speakerism ideologies. Some of these studies emphasise the need to reconceptualise the LP of EME by moving away from monolingual native-standard English orientation and consider the multilingual reality of HE because agents' beliefs and practices (de facto policy) contradict official LP ideologies as most participants show high variations of language use. The agents tend to believe in a more practical level by implementing multilingualism and ELF perspectives in their language practice for "effective academic and professional communication in multilingual contexts" (Xu et al., 2019, p. 217), while some still believe in a monolingual approach in EME programmes. Therefore, considering ELF and

translanguaging provides significant insights when developing LP in EME, where the LP is shaped by considering the diverse and flexible use of multilingual and multimodal resources for teaching, learning and communication, as can be seen in Jenkins and Mauranen's (2019) project.

However, these studies have some shortcomings. First, a few studies embrace the fundamental aspect of examining the LP (management, beliefs, and practice), e.g., Jenkins et al. (2019), Murata et al. (2019), Tri and Moskovsky (2021), Vázquez et al. (2019), Wang (2017), Xu et al. (2019), and Zhang (2018). Particularly, almost none of these studies had a chance to implement Spolsky's new understanding of LM by considering whether bottom-up agents are or can work as 'language managers' along with the top-down agents and policymakers to emphasise their key role in designing LP. Second, although some studies explore the LP from the lens of ELF and/or multilingualism (or translanguaging), there is a further need to investigate how LP works or is negotiated to produce official LP in the EME medical programme and whether bottom-up agents have any role to be as 'language managers' and work collaboratively with top-down agents to formulate LP.

Therefore, this study aims to apply Spolsky's LP framework (management, beliefs, and practices) with his new understanding of LP to address this knowledge gap by exploring the official LP and agents' beliefs (medical students and teachers) and their linguistic practices from a lens of ELF and multilingualism orientations and how LP has been worked and negotiated in the Saudi medical EME context. This is because, to the best of my knowledge, the MENA region, particularly the Saudi context, is underexplored in LP, ELF, and multilingualism and lacks in-depth investigation to understand how teachers and students make sense of what the official LP of EME is, how it should be, how they implement and navigate it in everyday classroom practices, for what purposes and with what local effects, and to what the extent the bottom-up agents negotiate, resist and change the policies in the Saudi EME classrooms. Besides, I also look at whether EME bottom-up agents might have a role as 'language managers' to influence the LP running currently in the medical school and work collaboratively with top-down agents. In this way, I can better understand how 'English' and 'Arabic' are conceptualised as media of education, how they are implemented, for what purposes, and what implications may derive from agents' reports and practices when using their rich linguistic resources in EME.

All current studies in the MENA region in Chapter 2 explore only one aspect of LP, agents' perceptions by identifying the experienced effectiveness of the EME implementation through surveys and questionnaires among students and teachers. Therefore, reviewing previous studies in this section helped me visualise what I should consider when exploring the LP in the Saudi EME context by employing neglected elements, e.g., analysing documents (management), interviewing

grassroots agents (students' and teachers' beliefs), and observing their practices in classrooms (practice).

In terms of the methodology of the study, the previous studies conducted their studies in-person when employing their data collection interview or/and classroom observation. Yet, in this study, I decided to conduct an online qualitative case study by transferring data collection to be applied via an online setting because the planned data collection was in concordance with the COVID-19 pandemic. A full lockdown had been put in SA, so all types of the education system transferred from in-person to online for four academic semesters (two academic years). Particularly, online observation in the classrooms helps to emerge interesting findings, which might not have these findings if I applied it in-person.

4.6. Summary of the Chapter

In this chapter, I have demonstrated the history of LP until the current period. Then, I illustrate some previous definitions of LP, how they have been criticised, and the new definition of LP that suits the contemporary period. Then, I discussed Spolsky's framework and his retheorisation of LP and the reasons for adopting his three components to be applied in this study. Finally, I reviewed some empirical studies that applied Spolsky's framework in different contexts worldwide. The next chapter will discuss the methodology used to conduct this study.

Chapter 5 Online Methodology

5.1. Introduction

After having established the theoretical groundings of this project and identified knowledge, methodological and context gaps in the literature review, this chapter discusses the research paradigm used, along with the research design, research questions, and justification for adopting the design. I then discuss the research methods used in data collection and how they relate to the aim and research question by employing policy documents, interviews, and classroom observation in the Saudi EME context. After that, I describe my role as the researcher in this study and how I positioned myself before and during data collection, and then focus on the trustworthiness/validity of the data collection tools used here. Finally, I discuss the ethical considerations of the research, both before and during data collection.

In light of the theorisation of EME, translanguaging, ELF, LP and their related studies, this guides me to the aim of the study to explore the processes of (re)construction and implementation of the LPs (official and de facto/non-official) of a medical EME programme at a Saudi university to understand how multilingual students and teachers perceive and use their linguistic resources in everyday EME classrooms and how they negotiate what practices and views of language are 'appropriate' and even 'allowed' across situated educational contexts of the medical programme. The aim of the study led me to set out to answer the following research questions:

RQ: What are the official and non-official language policies in the EME medical programme, and how and why are they produced?

1.1. What roles do English and other named languages play in the policy documents that inform this EME medical programme at the national and institutional levels, and why?

1.2. How are the nature, functions and outcomes of English and other named languages conceptualised by medical students and teachers in elicited talk?

1.3. What linguistic resources are used in the EME classrooms, and how do teachers and students enforce, challenge, or negotiate what is the 'acceptable' and/or 'appropriate' language use in everyday EME medical classrooms and why?

5.2. Research Paradigm

The above research questions guided my decisions about the nature of the research. This involved determining the philosophical foundations that would best underpin the research and locating the research somewhere within the three broad forms of quantitative, qualitative, and mixed-methods research (Merriam & Tisdell, 2016). Each of these three has a different way of looking at the nature of reality and knowledge since researchers must be “guided by a set of beliefs and feelings about the world and how it should be understood and studied” (Denzin & Lincoln, 2018, p. 19). These beliefs, known as paradigms, are driven by *ontology*, which asks, “What kind of being is the human being? What is the nature of the reality?” as well as by *epistemology*, which considers “the relationship between the inquirer and the known, and *methodology*, which asks, “How do we know the world or gain knowledge of it?” and considers data collection and its relationship to the ontology and epistemology of the research (bidi, p. 19). Finally, there is *axiology*, which is “the role of values in research” (Creswell, 2013, p. 20).

The most common competing paradigms are positivism (which often underlies quantitative research) and interpretivism⁸ (often used in qualitative research). In this study, the rationale for using qualitative research, particularly under the interpretivism paradigm, is determined by the research aim and the research questions. The nature of this study requires collecting data from the participants in their natural learning environment in EME classrooms, observing their linguistic behaviours in learning and teaching practices without seeking to manipulate or ‘control’ the situation in the context (Merriam & Tisdell, 2016), and exploring their beliefs and practices regarding how LP is constructed and negotiated and when and how they use ‘Arabic’ and ‘English’.

Qualitative research is “a set of interpretive, material practices that make the world visible”. These practices transform the world using a series of interpretations by implementing different data collection tools, e.g., interviews, field notes, and recordings (Denzin & Lincoln, 2018, p. 10). However, although traditional qualitative research requires the researcher to be physically present in the fieldwork to make sense of everything surrounding them, I decided to conduct qualitative e-research due to the COVID-19 pandemic. Qualitative e-research is “an umbrella term used to describe methodological traditions for using information and

⁸ Merriam and Tisdell (2016), Gary (2018), and Creswell and Creswell (2018) combine constructivism or social constructivism with interpretivism.

communication technologies to study perceptions, experiences or behaviors through their verbal or visual expressions, actions or writing” (Salmons, 2022, p. 8). Online and traditional qualitative research share some features because they value the critical role of human exchange. It should be noted that online qualitative research follows the same philosophical foundations or paradigms as traditional qualitative research (Salmons, 2022).

The ontological perspective of the interpretivism paradigm holds that multiple realities or interpretations of a single reality exist in people’s minds because they can generate multiple and complex meanings or interpretations by considering their contextual influences and experiences (Merriam & Tisdell, 2016; Cohen et al., 2018; Flick, 2018). From an epistemological perspective, interpretivism allows researchers to identify social issues or phenomena from the participants’ perspectives by studying them in their natural settings to understand the meaning of their behaviours or events (Hennink et al., 2020). Therefore, if there is inadequate information about a phenomenon, researchers might adopt an exploratory perspective towards more in-depth investigation by observing people’s actions and how their beliefs, behaviours and experiences are shaped in the particular setting they live (Hammersley, 2013; Creswell & Creswell, 2018; Gary, 2018). From the methodological perspective, qualitative research is driven by a flexible, inductive research design. This form of design thus allows the participants to explain and describe in detail through semi- or unstructured interviews. At the same time, the researcher may observe and note what happens in that context, resulting in rich, unstructured data with thick descriptions (Hammersley, 2013). Within this type of research, recruiting a small number of cases to investigate each in more depth is also helpful, leading to a more complex understanding of the social phenomena at work (Phakiti & Paltridge, 2015). In the interpretivist paradigm, the researchers require ‘Verstehen’ to understand the world and study the participants’ subjectivity (or subjective meanings). Verstehen means the insider or emic perspective that provides information from insiders’ (e.g., participants’) points of view when they attach their beliefs and meanings to particular experiences or events (Cohen et al., 2018; Hennink et al., 2020). A different way to look at subjectivity is to look at it from the axiological perspective that focuses on researchers’ role in their studies, as explained in section 5.8 in this chapter.

Thus, I decided to position my study under qualitative research, using the interpretivist paradigm, because the nature of this study involves an exploratory orientation that elicits thick description and gains rich data in an area that has not been explored previously and attempts to understand the research issues of the specific context in a more nuanced and more detailed way (Hennink et al., 2020). I found it crucial to adopt an exploratory and qualitative approach to fulfil

the research aim of exploring processes of construction or contestation of the official and non-official LP of EME programmes in the medical school at GC University. Notably, adopting an insider perspective requires building rapport with the participants, observing their classroom interactions, and using interviews to elicit their beliefs regarding the current implementation of LP in the EME programme and their experiences while studying and teaching in this programme. Furthermore, I believe the qualitative inquiry will help ascertain how different agents construct bottom-up policies, challenge the official, existing LP, and how and when they use/regulate their language use (or linguistic resources). This is particularly important because the processes under investigation (language practices, policymaking) are understood as situational, social practices that emerge in specific contexts and are shaped by intersubjective interaction (see Chapters 2, 3 and 4).

As seen in Table 5.1 below, each research question focuses on one element of Spolsky's framework by (a) using several data collection tools to extract data from the students, teachers, documents, and materials, (b) determining what kind of data might result from those data collection tools, (c) what types of participants (students and teachers) to collect data from, and (d) identifying the rationales behind each research question. The table below helped me look at each question from different angles and perspectives to compare the findings of each tool and each type of participant. Because qualitative research allows for a complex design to explore the phenomenon in more detail, I decided to employ a qualitative case study research design, as I will explain in the next section.

Table 5.1: Connecting research questions with data collection, rationales and areas of focus

Research Questions	Data Set	The Rationale Behind the Question	Elements in Focus
<p>RQ: What are the official and non-official language policies in the EME medical programme, and how and why are they produced?</p>	<p>Policy site and online documents, materials, and websites</p>	<p>This question draws from the first component of the LP framework by investigating language management in the EME context. Based on the literature in my context and my own experience, there is no clear indication of whether there is an official LP, either on the website or in documents, that makes ‘English’ the sole acceptable medium of education or indicates whether English should be the ‘only’ language used for this purpose. Thus, the source of how agents perceived official LP needs to be investigated. This question also examines whether bottom-up agents play any role in working as ‘language managers’ to set their own de facto LP or are allowed to work collaboratively with top-down agents to set LP.</p>	<p>Analysis of language management by looking at site documents and online materials, e.g., official language documents via the website, course specification, curriculum, and exam rubrics in the EME programme to find out how macro-level individuals and policymakers conceptualise English and other languages and whether they reproduce certain perspectives that align with ‘native-standard English’ approaches or linguistic diversity-friendly policies (i.e., ELF and multilingualism).</p>
<p>1.2. *How are the <i>nature, functions</i> and <i>outcomes</i> of English and other named languages <i>conceptualised</i> by</p>	<p>Students & teachers’ interviews</p>	<p>This question draws from the second component of the LP framework by exploring agents’ beliefs regarding using English and other languages. RQ2 is informed by the translanguaging theory to understand whether translanguaging is helpful as a</p>	<p>Exploration of 1) the beliefs of agents (students and teachers) about the LP followed in the EME programme, 2) how they construct perceptions of English (whether they have native-standard English or ELF perspective)</p>

medical students and teachers in elicited talk?

pedagogical/social tool in this programme, how and when. It will also help understand how agents view and respond to multilinguals' linguistic practices if they do not meet 'native' or 'standard-like' expectations. Finally, this question will help understand agents' orientation toward using English and other languages in this programme across contexts of interaction and how these orientations contribute to creating *de facto* language policies in the EME classroom.

and other languages (whether they have monolingual or multilingual perspective) in interaction with the researcher and classroom interactions, and 3) how they perceive the pedagogical/social purposes of using different linguistic resources and their effects for classroom practices.

1.3. What linguistic resources are used in the EME classrooms, and how do teachers and students enforce, challenge or negotiate what is the 'acceptable' and/or 'appropriate' language use in everyday EME medical classrooms and why?

Classroom observation

This question draws from the third component of the LP framework by examining agents' language practices. It helps me see how enacted beliefs emerge and are shaped throughout classroom interactions and communication. Additionally, it helps me explore how the agents use English and other languages in the classrooms and for what purposes. I focus on observation due to the lack of literature in my context to explore language practices, whether the agents use various linguistic resources or follow 'English-only' EME policies in the class, and why and how they can establish their *de facto* LP through negotiation.

Analysis of 1) how students and teachers use different linguistic practices inside the classrooms and for what purposes, and 2) how they negotiate a bottom-up policy through their actual practices.

*A short explanation is provided here to clarify what I mean by the *italic* terms in this question. First, conceptualisations are used to refer to beliefs. Conceptualisations of the *nature* refer to the views on what language and multilingualism 'are' (e.g., whether they believe all linguistic resources are one entity or separate entities, whether language is seen as a fixed and monolithic language system of features and structures or as dynamic social practice) and how they understand what 'good' language use is in academic contexts (e.g., in terms of 'E' in EME, whether it is perceived as native-standard English or variable ELF communication). Second, the *functions* are about understanding what specific actions are (perceived to be) accomplished or performed through the agents' use of English and Arabic resources through classroom-based practice (e.g. identification, humour, religious acts, bridging understanding, etc.). Third, the *outcomes* indicate the perceived/experienced results or negative and positive impacts of using or restricting the use of their various linguistic resources (e.g. reported feelings of inclusion/exclusion/repression, being advanced/disadvantaged, sense of learning being affected positively or negatively).

5.3. Research Design: Online Qualitative Case Study

In this study, the research design that I adopted is the qualitative case study, which aligns with the interpretivist paradigm and helps to better understand the research context in the natural environment and to capture the complexity of a social situation and answer qualitative, open research questions that seek to address the “whats”, “whys”, and “hows” of a phenomenon (Creswell, 2013; Merriam & Tisdell, 2016; Yin, 2014).

Several scholars contribute to defining a case study. For example, Creswell (2013) and Yin (2014) have similar definitions that researchers explore a real-life, contemporary, bounded system(s) or case(s) over time by employing multiple data collections for reporting an in-depth and detailed case description and case themes. On the same page, Merriam and Tisdell (2016) define it as an “in-depth description and analysis of a bounded system” (p. 37). It “seeks a holistic description and explanation” that depends on “inductive reasoning in handling multiple data sources” (Merriam, 1998, p. 10, 16). Within these definitions, Merriam and Tisdell (2016) illustrate the characteristics of the case study. First, the case study is a bounded system that has “a single entity, a unit around which there are boundaries” (ibid, p. 38), and it is bounded by time and place (Stake, 1995; 2005). In these terms, then, the context of this study is bounded by its place in the medical school at the GCU, and it is also bounded by the time during which the study took place, i.e., during the three months (full academic semester). Second, there are different types of case studies. Several researchers recognise four different units of analysis in the case study: single-case, embedded single-case, multiple-case and embedded multiple-case designs (Creswell, 2013; Yin, 2014; Merriam & Tisdell, 2016). However, Stake (1995; 2005) divides the case study into three types as follows: (a) an *intrinsic* case study focuses on the case itself and presents a unique and unusual situation, (b) an *instrumental* case study selects one bounded case to focus on an issue or concern in that case, and (c) a *collective* or *multiple* case study is when the researchers explore one issue in multiple sites. The most suitable type of case study for the current study is an instrumental (or single) case study because it allows the in-depth examination of an EME programme as a contemporary phenomenon within one site, the medical school at the GCU. I have also incorporated a single-case embedded design within one case study by employing subunits of analyses, so the case of this study is the medical EME programme in the GCU as a whole with different subunits of analysis like participants (students and teachers) with different years (4, 5, 6, and 7). The single-embedded design includes interviews with participants and EME

classroom observations, all considered units of analysis. I chose this type of design to help me develop complexity, bring more profound insights into a single case, and increase the opportunity for in-depth and detailed analysis (Yin, 2014).

Additionally, doing so allows me to exercise triangulation (i.e., using multiple data sources), which enhances the credibility of a research study and is particularly valuable in online studies with extant data (Salmons, 2022; see section 5.6.1). I do this by comparing students' and teachers' language beliefs and practices in the classrooms with official programme documents (Duff, 2008). The goal of the case study does not lead to the generalisation of the findings to all other contexts. Instead, it allows readers to decide whether this study offers them research transferability in their context. The following sections will first illustrate the research context and sampling strategy for recruiting research participants.

5.4. Research Context

I carried out this study at GC University (a pseudonym name) in Saudi Arabia. The GCU implemented EME partially like medicine and applied medical sciences, engineering, computing, and information technology, while the rest of the faculties and/or departments predominantly apply AMI. However, it is worth noting that there is a lack and shortage of statistics and information about the number of departments/faculties that have implemented EME programmes and, when these programmes were established and any explicit LP in the university in general and the medical school, in particular, available on the GCU's website.

I decided to conduct this study at the GCU for three reasons. First, I am an academic staff member at this university, working as an EAP and ESP teacher and course coordinator in the English language centre and EME teacher in the English language department (e.g., teaching sociolinguistics, English history, translation). Secondly, being a staff member helps me easily obtain ethical approval because I have personal contacts who can introduce me to the deans of the faculties, facilitate classroom observations and interviews with the faculty staff and students, and obtain site documents. The third reason is that GCU has implemented EME in some faculties/departments and still aims to internationalise more in the future, e.g., the sciences (e.g., chemistry, physics, mathematics, statistics, food science and nutrition, biology, and biotechnology). Therefore, I find the GCU an appropriate site for conducting this study.

The medical school is chosen for two reasons among different EME programmes operation at the GCU. First, as the first medical stream at GCU, this faculty was recently

established, adopted advanced medical education quality, and received international academic accreditation to gain a prominent position locally and globally by updating curricula, developing teaching methods, and providing basic and clinical training. Second, students and teachers in this school are active researchers and are always involved in and participate in many events, projects, and research where English is often used as a (multi)lingua franca. Such active faculty members and students, I believe, can develop an appreciation for research and researchers, enhance their sense of responsibility and be active members in their research and university communities. This would make them perhaps more likely to participate actively and engage in this study.

Regarding the admission system followed at the university, as discussed in Chapter 2 and based on the documents of the medical school, students are accepted for the medical school based on a high score/average in high/secondary school, besides other mandatory measurable tests, e.g., (AATSS or *Tahsili*) and the General Aptitude Test (GAT) (or called *Qudurat*). These exams are conducted only in the Arabic language. Yet, as far as I know, English is not part of the evaluation in AATSS and GAT, and the official documents and websites do not mention any type of international tests (like IELTS, TOEFL), national English tests like STEP (Standardised Test for English Proficiency), or local university-entry exams (e.g., placement test), as a requirement for acceptance in the medical school.

The medical programme at GCU is designed as a six-year degree course followed by a one-year internship. Within this, students must go through two levels: basic and clinical years. The basic years begin with the first-year foundation and medical courses and continue over the following two years, covering the six main subject areas of anatomy, biochemistry, physiology, microbiology, pathology, and pharmacology. The students then move on to their clinical years, which last for three years, and take place in hospitals and classrooms. During the clinical years, students must study six specialisms: surgery, internal medicine, paediatrics, obstetrics and gynaecology, community medicine and medical education. The final year comprises the internship and is “a 12-month period of supervised training in different specialities: two months duration in general surgery, internal medicine, paediatrics, obstetrics and gynaecology, and family medicine (one month), which are known as core rotations and are mandatory, and the rest of the period is spent in elective rotations” at hospitals (Swaid et al., 2017, p. 121). Upon graduation, students will hold a bachelor’s degree in two majors (Bachelor of Medicine and Bachelor of Surgery-MBBS) and become a physician (a general practitioner (GP)). For more detail, see Figure 5.1 below.

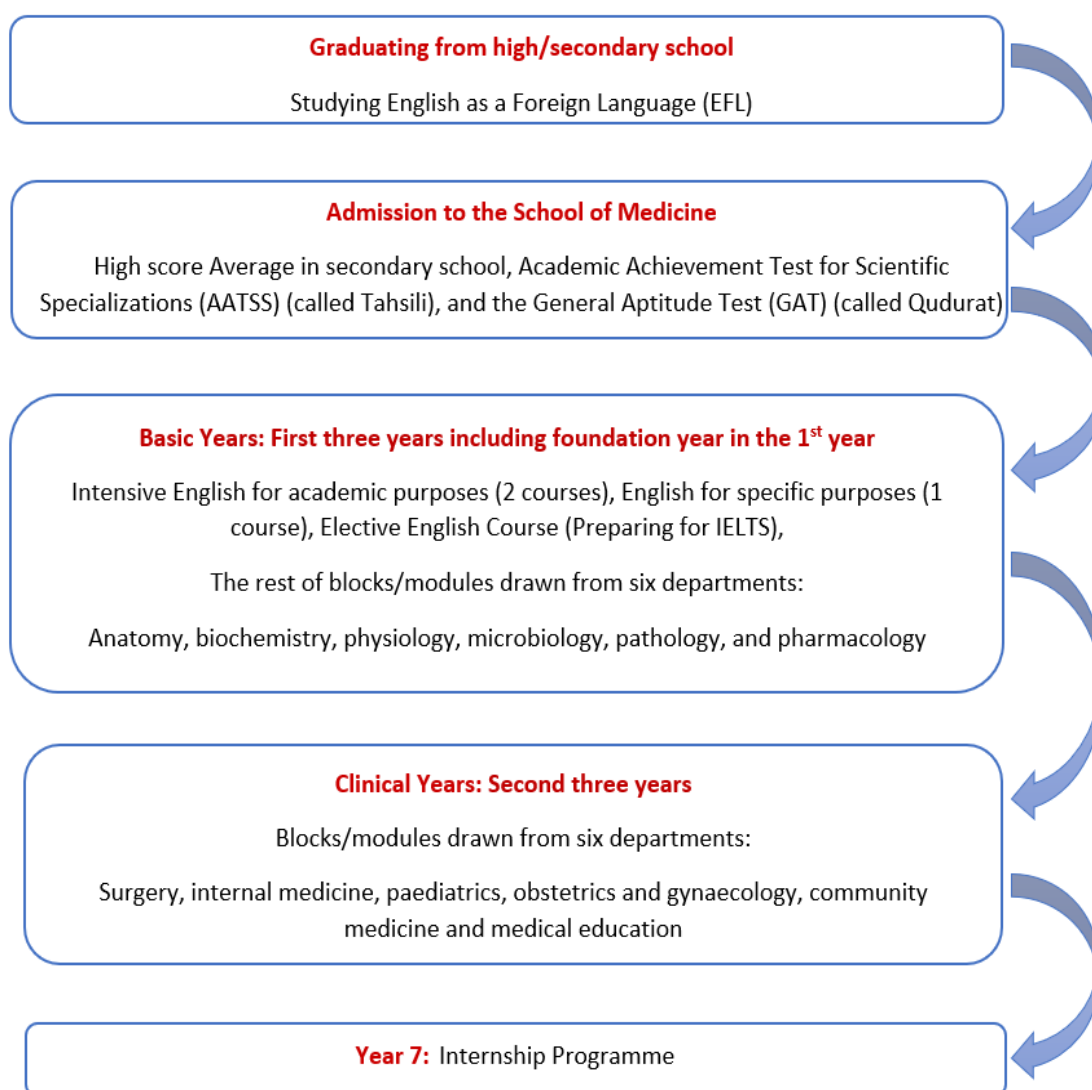


Figure 5.1: *The visual representation of the programme followed in the medical school at GCU*

During the foundation year, first-year students have an opportunity to explore and understand their field of interest and develop the necessary skills, knowledge, and confidence needed to continue studying for the following six-year undergraduate degree, including the internship, besides consolidating their English in the first year only, as will be explained in the Chapter 6 section on the analysis of site documents and online materials.

Because data collection coincided with the COVID-19 pandemic, the study was conducted in an online setting, where information and communication technology (ICT) serves as a “virtual place where researchers meet participants for interviews, focus groups, simulations, or other activities that allow for data to be collected or generated” (Salmons, 2022, p. 114). At the time of the lockdowns, the MoE in SA requested students and teachers in all schools and universities to

transfer all F2F classes to online teaching, using the online platforms that made this possible. Due to these changes, I could collect data from SA while living in the UK, although initially, the research plan was to undertake on-site fieldwork. Regarding the online educational system at the medical school at GCU, all lectures, seminars, and tutorial/clinical classes are conducted via Blackboard.

Before the pandemic, students and teachers visited hospitals for training purposes for several days during each module/block, depending on the length of the block. For example, if a block took two weeks, the visit would take two or three days. Switching to online training during the lockdown, live classes were presented via Blackboard and were known as 'clinical sessions' and/or 'virtual labs' instead of taking place at the hospital. In these online classes, students were given case scenarios, practised taking medical histories and conducting examinations. After each block, students are examined in three ways. The first exam is the seminar (a group presentation), then the multiple-choice questions (MCQs) exam, and finally, an objective structured clinical examination (OSCE), which is a practical exam. The first two exams were held via Blackboard during the pandemic, while the OSCE exam was held at the simulation department at the GCU. The following section describes how I recruited the participants and the methods I applied.

5.5. Research Participants

The main participants in this study were students and teachers from the medical school as key agents who can provide a high level of information from the insider perspective, which helps in understanding their context. The students and some teachers were in the position of bottom-up (or micro-level) agents. In contrast, the administration and other teachers, who had administrative work besides being teachers, could act as top-down (or macro-level) agents.

Among the 170-175 faculty members, most are Saudi citizens. However, several teachers are from other Arab countries, e.g., Egypt and Sudan, while only six are from non-Arab countries (e.g., Pakistan). All the university administrators are Saudi citizens, and some also teach some blocks/modules. To the best of my knowledge, most of the Saudi and Arab teachers and administrators in the medical school have Arabic (as 'L1') and English (as additional/foreign language) as basic linguistic resources. Yet, they might know other named languages, which is beyond my knowledge because I did not interview all of them. Besides, there is no existing reliable/accurate statistics of what named languages they might know provided in the medical school or university. Based on the teachers' interviews, very few non-Arab teachers are in medical

school who are from the same non-Arabic-speaking country. They have different linguistic resources, where their 'L1' is Urdu and other local languages (e.g., Punjabi), and additional languages are English and Arabic. Based on the interview with non-Arab teachers, knowing Arabic is a part of practising Islamic rituals and communicating with Arab speakers. Regarding the students, as far as I know, most of the students at GCU are Saudi citizens, and very few might be from other Arab countries. They all have Arabic and English in their linguistic repertoires as basic named languages, although they may know other named languages and hold different nationalities.

For the study, I follow a purposeful (or purposive) design. Sampling requires researchers to recruit participants according to the specific criteria of the study (Merriam, 1998; Salmons, 2022). In purposive sampling, researchers recruit a small number of participants who are information-rich or knowledgeable people with in-depth knowledge. This helps researchers to understand a particular phenomenon, contribute to the current body of knowledge, and gain deep insights into the field (Cohen et al., 2018; Flick, 2018; Salmons, 2022). Recruiting a smaller rather than a larger sample aligns with interpretivism's objectives not to generalise the findings to a larger population. Instead, the intention is to collect extensive detail from the participants and sites regarding the study issue (Creswell, 2013; Hennink et al., 2020; Salmons, 2022). Related to this study, my goal was to recruit students from different clinical years, including intern students (from years 4 to 7) and teachers, because they all know about the current EME programme and have experience studying, teaching, or managing in the EME context. Besides, the students in the last years may feel more confident, exercise more power and know how to reach their voices by requests and complaints, unlike the students in the first years who usually feel shy and insecure because they are in a new environment and do not know how things work in the medical school. Thus, last year students have wealth of experience that would enable me to generate a holistic picture of the EME medical programme.

My classroom observations also covered the fourth and fifth years, and I could recruit students from those cohorts to examine and observe their beliefs and practices. However, I could not observe sixth-year students' classes, so I gathered data about their classroom experiences via interviews. The students in the seventh year (the internship programme) do not attend any classes since the focus is on the practical side of working in hospitals. However, I found it helpful to include data from them as they had completed six years of studying medicine in the EME programme and could contribute a significant amount of information about it.

Due to the COVID-19 pandemic, I found myself dependent on email, WhatsApp, and Telegram platforms to recruit, send ERGO documents (e.g., invitation letter, participant information sheet (PIS), and the consent form (CF) of the University of Southampton (UoS) (see Appendices A, B, and C), and communicate with the participants. Regarding ethical considerations, I explained in detail how I approached my participants in section 5.10. The following section explains the data collection tools and procedures.

5.6. Online Data Collection Strategies and Procedures

To achieve the study's aims, I explored the phenomenon in the online setting by replacing all F2F data collection tools with online data collection tools. Salmons (2022) redefines qualitative data collection for online research: "Where and when the data can be found, drawn out or generated online is as broader as the internet. Any way that people can communicate using computers and mobile devices can potentially serve as a means of collecting data" (Salmons, 2022, p. 8). What happens online when conducting qualitative research is equally a real-world experience.

ICT in the online setting includes "verbal, visual, audible and written forms of communication, and can be infused and supplemented with other online materials that may be shared" during interaction and interview processes (Mason, 2018, p. 128). Such communication requires the internet to access either synchronous or asynchronous communication. Synchronous communication is when people exchange written text, visual, and verbal information at the same time using an online service via computer or smartphone. I have done this by observing live classes via Blackboard and interviewing the participants via conferencing software. In contrast, asynchronous communication is when the participants do not communicate with each other at the same time. For instance, the participants communicated with me for an interview, sent the consent form (CF) via emails and some site documents, accessed the online materials, and corresponded and exchanged messages via email (Mason, 2018; Salmons, 2022).

Employing ICT helps create a safe place for the participants and increases topic disclosures in the discussion during the study (Flick, 2018). Creating a safe place includes a variety of strategies; for example, not meeting the participants F2F, providing pseudo names, or not using a video setting. Although ICT can provide more immediacy and accessibility, it differs from F2F communication when the researcher and the participants are present physically and visually. In offline/F2F, both parties can know each other's identities and read each other's facial expressions

and body language to extract to what extent the participants are physically present. However, some participants prefer to be interviewed in a more convenient and safer environment, either at home or the workplace, using whatever familiar online platform they feel comfortable dealing with. Hence, ICT assists participants in reaching a high level of self-disclosure and creates an environment conducive to sharing information they might be reluctant to share in other contexts. Particularly, I found that ICT was safer for both the researcher and the participants during the pandemic since it kept live gatherings to a minimum, and safely conducting the interviews and observations online would still achieve the research aim and answer the research questions.

Because collecting data in the online setting is different from conducting 'physical' fieldwork, Salmons (2022) suggests a different way of classifying the types of data collection by dividing them into extant, elicited, and enacted online data collection. Along with Salmons, Eysenbach and Till (2001) have similar classifications of internet-based research: passive (extant), traditional (elicited), and active (enacted) research strategies. According to Salmons (2022), these differences result from two distinctions. The first distinction depends on where the data can be found and how researchers can access them. The second distinction is to address "the relationship(s) of the researcher to human participants, archives, or sites where the data can be found" (ibid, p. 9). For this study, I applied the three types of data collection suggested by Salmons (2022). In the extant strategy, I employed online materials and site document analysis as supplementary data collection (see section 5.6.1). While I applied one-to-one online in-depth interviews as an elicited strategy (section 5.6.2), I used online observation as an enacted strategy (section 5.6.3). Both elicited and enacted strategies are primary data collection.

Thus, combining extant, elicited, and enacted strategies along with synchronous and asynchronous communication helped me to carry out multiple online data collections for methodological triangulation or between-method triangulation to check the validity of data collection tools (trustworthiness and credibility) (Yin, 2014; Cohen et al., 2018), further details on this are given in section 5.9. This combination of strategies also increased the overall quality of the case-study findings, generated more convincing conclusions, and reduced to the minimum any biases that may come from using a single method to study complex phenomena to examine a holistic view of the outcomes (Cohen et al., 2018; Rose et al., 2020). The strategies may also be used to determine the completeness of the data by adding depth and richness to the research and helping to overcome any shortcomings in each tool (Heale & Forbes, 2013). In the present research, I also found that the data collected from the extant strategy complemented the elicited and enacted strategies in bringing out valuable insights that were not directly observable (e.g.,

motivations and feelings). Additionally, depending on the elicited strategy alone would be insufficient because some contextual aspects are challenging to verbalise in the interview environment (Simons, 2009). Thus, combining all three strategies provides an understanding of the research issue from different angles and can clarify 'blind spots' from other data sources (Hennink et al., 2020). The following section illustrates the three types of online data collection strategies in the next section.

5.6.1. Strategy 1: Collecting Extant Online Data

Eysenbach and Till (2001) call this type a passive strategy, which is about collecting "information patterns on websites or interactions on discussion groups without the researchers actually involving themselves" (p. 1103). Similarly, Salmons (2022) explains that extant data is a kind of communication available for anyone to read, copy, download, listen to, and watch because users generate the data without any intervention or influence from the researchers. However, some materials relevant to a study may also be available through archives, libraries or databases, and researchers need to collect them using traditional qualitative data collection methods. Although researchers collecting extant data do not need to recruit the participants, permission is sometimes needed to obtain data, e.g., personal or confidential documents. However, one of the limitations is that extant data precludes the researchers from asking further questions, and it is often not possible to probe deeper to obtain further details if the documents are subject to restricted availability. Therefore, I integrated other data collection tools to elicit more data and understand the educational issues by implementing the elicited and enacted data strategies (see sections 5.6.2 and 5.6.3).

The online materials and documents are considered supplementary data because most are socially constructed, so they need to be paired with other data collection strategies to make sense when analysing them (Flick, 2018; Rose et al., 2020). Salmons (2022) defines online materials as "posting text, images or other materials on websites or blogs, social various communications applications" (p. 10), while Creswell (2013) defines them as audio-visual materials that can be found on websites. Two ways to collect extant data are manual downloading and web scraping (Salmons, 2022). In this study, I have collected the data in both ways. The documents I collected in the manual downloading strategy are Vision2030, a guide on MBBS (medicine and surgery program), the course specification, and the internship guide. In contrast, documents collected from web scraping are the official education policies from the MoE website and the medical school's news, vision, and mission at the GCU. These are open and

accessible data for the public without any barriers. However, some documents were private and needed permission from the participants to obtain them, e.g., seminar and OSCE rubrics for assessment.

I also divided the online materials and documents I collected in this study into institutional/official and private/personal (or semi-official) materials (Rose et al., 2020). These classifications are combined with two dimensions based on Scott's (1990) characteristics of documents: authorship and accessibility. Institutional/governmental official materials are national policies like Vision2030 from a governmental website, education policies from the MoE, the guide of MBBS (medicine and surgery program), the course specification, and the internship guide from the GCU. The internship document is designed by the MoH for residency-year students (year seven). I obtained all these materials from their websites as they exist asynchronously, are open to the public, and are created for electronic access (Salmons, 2022). Some institutional/official documents are private because they require permission to obtain them for research purposes; therefore, I ask teachers to provide me with official/approved rubrics for seminars and OSCE exams. Further details about the list of site documents and online materials will be discussed in Chapter 6.

Collecting these documents and materials helps provide “clear and concrete parameters for a research inquiry” (Rose et al., 2020, p. 197) by examining ‘official’ LP at the national and institutional levels and how much guidance may or may not be given for implementation. Also, collecting documents seeks to understand the extent to which these official documents address the roles and functions of ‘English’ and ‘other languages’. Additionally, the documents helped me to visualise what language practices I could expect to hear and see in the interview and observation. Finally, the documents facilitated understanding the participants’ beliefs regarding the current LP of EME and their practices in the classrooms by comparing them with agents’ language beliefs and practices. The next sub-section explains the second strategy, i.e., the elicited online data gathered by interview.

5.6.2. Strategy 2: Elicited Online Data

The elicited strategy is known by Eysenbach and Till (2001) as *traditional* research because researchers elicit and “gather information in the form of online semi-structured interviews, online focus groups” (p. 1103). According to Salmons (2022), an elicited data method can occur via synchronous and asynchronous communication, either verbal or written. In this

method, the researchers create influence and are considered vital players in eliciting rich and valuable data by asking the participants questions to share their experiences and stories and generate questions from their conversations. Because the type of sampling I adopted was purposeful (or purposive), I (as a researcher) needed to become involved in the private online environment to access a particular group of people who could help me answer my research questions. Furthermore, the elicited data strategy is useful when the researchers employ material and document analysis since it allows them to generate questions and compare participants' answers with their beliefs and actions (Flick, 2018).

For this strategy, I used online, one-to-one, in-depth, semi-structured interviews with students and teachers. Brinkmann and Kvale (2015) see the interview as "an active process where interviewer and interviewee through their relationship produce knowledge" (p. 21), and this can be achieved throughout conversations and interactions. Additionally, it is a way to elicit data from the participants when they talk about their perspectives and experiences (Hennink et al., 2020). Therefore, I implemented the semi-structured interview, as it is more flexible and depends on careful listening by a researcher; so that interesting responses from the participants can lead to further questions that generate rich data (Cohen et al., 2018).

All the interviews were before observation with the teachers and after observation with the students. Before-observation interviews helped me to introduce myself to the teachers first and obtain their consent for interviews and classroom observations while at the same time familiarising the students with the presence of a researcher who would be observing their classes. The after-observation interviews helped me to examine students' beliefs, compare them with their practices and explore the rationale behind their practices. All the interviews were conducted synchronously via conferencing software (audio setting only) as it was the closest match to having a F2F verbal exchange and much closer to the simulation of a real-world interview environment (Flick, 2018). Although I gave the participants the option of whether they wanted a video recording, they decided on audio only.

I interviewed 21 Saudi students (12 males and nine females) and seven teachers (three males and four females). Additionally, I held an informal conversation with an administrator who works in the assessment department of the medical school and previously worked closely with the previous dean of the school. However, this administrator declined to be part of the study and to be mentioned by name here. Tables 5.2, 5.3, 5.4 and 5.5 show the biodata of medical students

each year, while Table 5.6 shows the biodata of the medical school's teachers. The bold names indicate the participants whom I had an interview with them.

Table 5.2: The biodata of medical students in Year 4

Year 4	Sex	Linguistic resources	Recorded interview by mins.
Shadi	Male	Arabic, English	85 min.
Waseem	Male	Arabic, English	77 min.
Tawfeeq	Male	Arabic, English	90 min.
Mahmood	Male	Arabic, English	74 min.
Ibtesaam	Female	Arabic, English	81 min.
Maher	Male	Arabic, English	83 min.
Lena	Female	Arabic, English	61 min.
Shahad	Female	Arabic, English	88 min.
Rose	Female	Arabic, English	90 min.
Bodour	Male	Arabic, English	88 min.
Total mins./hrs. recorded	819 min./ appx. 13 hrs.		

Table 5.3: The biodata of medical students in Year 5

Year 5	Sex	Linguistic resources	Recorded interview by mins.
Sally	Female	Arabic, English	85 min.
Rana	Female	Arabic, English	72 min.
Hanoof	Female	Arabic, English	74 min.
Total mins./hrs. recorded	231 min./ appx. 4 hrs.		

Table 5.4: The biodata of medical students in Year 6

Year 6	Sex	Linguistic resources	Recorded interview by mins.
Wafaa	Female	Arabic, English	61 min.
Sami	Male	Arabic, English	100 min.
Tahani	Female	Arabic, English	112 min.
Total mins./hrs. recorded	273 min./ appx. 5 hrs.		

Table 5.5: The biodata of medical students in the internship programme (Year 7)

Internship	Sex	Linguistic resources	Recorded interview by mins.
Saleem	Male	Arabic, English	60 min.
Kamal	Male	Arabic, English	112 min.
Jameel	Male	Arabic, English	101 min.
Yasser	Male	Arabic, English	70 min.
Ahmed	Male	Arabic, English	91 min.
Total mins/hrs. recorded	434 min./ appx. 7 hrs.		

Table 5.6: The biodata of medical school teachers

Teacher	Sex	Nationality	Linguistic resources	Specialist	Recorded by mins	Observed
Yusef	Male	Saudi	Arabic, English	Ophthalmologist (Vitreo-Retinal Surgery)	61 min.	Yes
Shamel	Male	Saudi	Arabic, English	Colorectal surgery	86 min.	No
Hayat	Female	Saudi	Arabic, English Chinese	Cancer medicine, medical genetics & Education	88 min.	No
Hassan	Male	Pakistani	Urdu, Punjabi, English, Arabic	Haematologist	103 min.	Yes
Asmaa	Female	Pakistani	Urdu, Punjabi, Sri Lankan, English, Arabic	Obstetrician & gynaecologist (Ob/Gyn)	70 min.	No
Mona	Female	Egyptian	Arabic, English	Pulmonologist	63 min.	Yes
Salma	Female	Saudi	Arabic, English	Breast cancer, Endocrine Surgery & medical education	64 min.	Yes
Total mins./hrs. Recorded: 535 min./ appx. 9 hrs.						

During the interviews, I followed interview guides (as recommended by Dörnyei, 2007), which I prepared before collecting the data and designed to contain more open-ended questions that could be modified according to my classroom observations. The interview guides were generated based on the theories I adopted in my research, e.g., EME, ELF, translanguaging, and LP. These interview guides were designed to achieve thematic interviews that ensured that most areas of the topic were appropriately covered. Some questions were adapted from previous literature, e.g., Jenkins (2014), Wanphet and Tantawy (2018) and Xu et al. (2019) and relevant unpublished dissertations, e.g., Alazemi (2017), AlBakri (2017), Baird (2013), Doubleday (2018), Eva (2019), Hu (2015), Karakaş (2016a) and Ngo (2019) (see the interview guides in Appendix D for students and Appendix E for teachers).

Within the interview guides, I offered the probe questions technique (suggestions of how to re-word some of the questions in case students/teachers did not understand the first one) and facilitated the interview for the interviewees (Dörnyei, 2007). I also employed a prompt technique to make the interview less formal by encouraging participants to share their stories and experiences freely. This can be achieved by linguistic reinforcement techniques and making signs for participants to carry on when recounting anecdotes or describing situations. I took this step because I believe the interview is “a communicative situation where both the interviewee’s and the interviewer’s contributions influence the course of the interaction” (Hynninen, 2016, p. 93). During the interviews, I used an audio-recording device, and the participants were fully aware

that audio-recording would take place when they signed CF. Using audio recording facilitates transcribing and analysing the data and helps free researchers from having to write everything down so they can focus on what participants say during the interview (Simons, 2009). Before the interview, I allowed the participants to choose the language they felt comfortable with. They chose Arabic to increase the flow of the conversation and save time. However, the non-Arab teachers, who speak several languages, including English, chose to speak English for the interview. As a researcher, I did not mind either, as long as I could share the same linguistic resources and understand what they said.

5.6.3. Strategy 3: Enacted Online Data

The third type of data collection is an *active* (Eysenbach & Till, 2001) or *enacted* strategy (Salmons, 2022). Researchers can find data by observing participants' behaviours and making field notes on their lived experiences. This strategy usually involves elicited data collection to investigate the issue in depth. The enacted data emerge and capture a situation with different types of communication, e.g., verbal, written, and visual data, including the "researcher's observation of the events captured in notes, images and screenshots" (Salmons, 2022, p. 233). This situation is called a *research event*. This term can include formal and structured situations or less formal collaborative activities. Because the research event in this study was to observe EME classrooms in a medical school, and because the students and teachers could provide data about the EME medical programme that would answer the research question and fulfil the research aim, I needed to obtain permission to access the classes as a private online environment, and the participants were all aware of the researcher's presence in their classes and submitted the consent form accordingly.

In this study, I observed and recorded the participants' linguistic behaviours and interactions to describe the setting better when people situate their activities within their own context (Hennink et al., 2020). As stated earlier, GCU used the Blackboard platform to conduct online classes during the pandemic so that teachers could deliver live or synchronous classes to interact directly with students. Most teachers recorded and posted their classes on Blackboard so the students could watch them later as asynchronous classes. In contrast, some teachers do not record their classes for unknown reasons. Yet, in this study, all classes I observed were live or synchronous, and I joined them as a guest with full functions of speaking, writing, and raising a hand for interactions; at the same time, these classes are recorded and posted on Blackboard.

During classroom observation, my role as a researcher was as a 'non-participant' observer. This positioning was suitable for three main reasons. First, it minimises the researcher's impact on the observed activities and participants' behaviours (Cohen et al., 2018). Whiteman (2007) describes this position of the observer as a "fly on the wall" (p. 98). However, I know that conducting observation and recording participants' language use might not create a zero effect/impact situation due to the potential impact of the Cyberspace/Hawthorne/observer effect (Salmons, 2022) or research paradox (Rose et al., 2020). This is "when the participants modify their behaviour due to an awareness of being observed" (Rose et al., 2020, p. 104). To minimise the effect, I attended classes for years 4 and 5 composed of the same students studying different blocks/modules with different teachers and the same teachers teaching these 4- and 5-year students, as shown in Table 5.7 below. This consistency familiarised the participants with my presence, gained their trust, and established good rapport to observe situations as 'naturally occurring' as possible. However, my presence might have influenced teachers' behaviours. For example, teachers may have adjusted their behaviour when they became aware that I, as a researcher, was listening to what they said and watching what happened in the class. Second, as the study explores how linguistic practices are used when students and teachers interact and negotiate, being a 'non-participant' observer allowed me to take field notes and observe the classes closely without disturbing them by participating (Yin, 2014). Third, I lacked the participants' disciplinary knowledge, preventing me from participating actively in their discussions.

While observing, I took field notes as another data collection tool for gathering information that can also be used to answer the research questions (Flick, 2018). I designed the field notes or observation scheme (see Appendix F) to be more unstructured to create space for describing online class interaction, my reflections, and thoughts. I also used an audio recording to gain more details about what actually happened in the class while I was taking notes and facilitating transcribing and then analysing the interactions (Hennink et al., 2020). Another reason is that since I did not have full access to Blackboard to reach the recorded classes, I depended on my recording to analyse the interaction. During my observations, I found that the students also had other ways of interacting. For example, while the teachers talked and asked questions verbally, the students preferred to interact with each other or with teachers via written format in the chat box. Therefore, I took screenshots of all written interactions and pasted them into a Microsoft Word file. However, before I applied the data collection tools in the main study, I found it crucial to pilot some of them, as the next section explains.

Table 5.7: Modules/Blocks of the classroom being observed

Block	Year	Recorded class hours	Type of class	Sex
Surgery (Salma)	5	66 min.	Review	Mix
Ophthalmology* (Yusef)	4	Approx. 120 min.	Seminar	Males
		Approx. 120 min.		Females
Ophthalmology (Yusef)	5	83 min.	Lecture	Mix
ENT (ear, nose, throat) Nose (Tariq)	4	83 min.	Lecture	Mix
		71 min.	Tutorial	
ENT Ear (Tariq)	5	109 min.	Lecture	Mix
		34 min.	Tutorial	
Medical diagnostics (Hassan & Mona)	4	71 min.	Lecture	Mix
		65 min.	Tutorial	
Total min./hrs. Recorded: 582 min./ appx. 9 hrs.				

*Not recorded, but field notes taken during classes

5.6.4. Piloting and Data Collection Procedures for the Main Study

I conducted a pilot study a month before collecting the main data and after receiving ethical approval from the UoS. Mackey and Gass (2005) define piloting as “a small-scale trial of the proposed procedures, materials, and methods” (p. 43). A pilot study aims to test the materials and methods before revising and finalising them and then conducting the main research. It also helps assess whether the chosen data collection methods are feasible and valuable before applying them to the participants (Mackey & Gass, 2005). Richards (2015) claims that there is no real stage for piloting to test the research tools in qualitative research, and it can also be applied to test the researchers’ interview skills or/and interview questions. However, I found it an excellent opportunity to try some conferencing software and to see what worked best with the participants regarding how to deal with them and whether there was a need for advanced preparation or training before collecting my main data.

I could recruit two students (one male and one female) and two female lecturers. The students had bachelor’s degrees at the same university but from different medical schools. The male student had graduated from the School of Medicine, and the female student from the School of Applied Medical Science in Nursing. Both schools implement EME programmes. The

pilot participants showed interest in participating and informed me that they had never questioned their language practices and beliefs when using them in EME contexts. The participants provided valuable information and gave me a general picture of what to expect when interviewing the main study participants. Additionally, I learned several lessons from the pilot study. Based on the participants' comments and feedback, I realised that a few of the questions were too broad and unclear, as the participants felt lost about how to answer them or from where they should start. This helped me to narrow down and refine the questions and to include probes and prompts to elicit more data.

One student highlighted points about the language used in the medical materials (e.g., books and textbooks) and how native and non-native doctors view their medical students' English when they come for training at a hospital. One female teacher also mentioned the language used in communication (e.g., WhatsApp, email, meeting) and when agents should use them. From my side, after further reading, I added more interview questions, asking, for example, how the participants conceptualised multilingualism. Regarding interview skills, I learnt how to be patient and a good listener by giving them time to think before they answered, without rushing or interrupting them during the interview. The participants in the pilot study were not included in the main study. After collecting data, I will discuss the analytical methods I used to analyse the data.

After two weeks of collecting data for the pilot study, I started collecting data for the main study. The next Table, 5.8, explains the plan followed from applying the ethical approval until the end of the last data collection and the duration of the data collection by weeks and months.

Table 5.8: Data collection procedure and duration

Month/Week	Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Fri/Sat	
November	Applying for ethical approval at the UoS + collecting online materials from the MoE's and the GCU's websites. I collected the general/national educational foundation policy, MBBS, course specification and internship.							148
December	Conducting a pilot study + applying for ethical approval from the GCU							
Mid of January	Week 1	Interviewing Salma then observing her review class (Surgery block) for Y5 Interviewing Shamel						Weekend in Saudi Arabia
	Week 2	Interviewing one student (Y5) after Salma's class Interviewing two students in Y6						
February	Week 3	Interviewing Yusef and observing his two seminar classes (Ophthalmology) for Y4. Both classes happened in the same week						
	Week 4	Interviewing two students in Y7						
	Week 5	Interviewing two students in Y6 and Y7 + collecting site document (seminar rubric)						
	Week 6	Observing Tariq's lectures and tutorial classes (ENT) for Y4 Interviewing one student in Y7						
March	Week 7	Interviewing two students in Y4 after Yusef' and Tariq's classes						
	Week 8	Interviewing Mona and Hassan Interviewing one student in Y7						
	Week 9	Observing Mona's & Hassan's lecture and tutorial classes in the same week (medical Diagnostics) Y4						
	Week 10	Interviewing one student in Y4 after Mona's and Hassan's classes Interviewing Hayat						
	Week 11	Interviewing two students in Y4 + collecting site documents (OSCE assessment rubrics)						
April	Week 12	Observing Tariq's lectures and tutorial classes (ENT) for Y5 Interviewing Asmaa						
	Week 13	Interviewing three students in Y4 after Tariq's classes						
	Week 14	Observing Yusef's lecture (Ophthalmology) for Y5 Interviewing two students in Y5 after Yusef's and Tariq's classes						
	Week 15	Interviewing two students in Y4						
Expanding the collection of online materials by exploring websites of Vision 2030 (plus downloading available materials), MoE and GC while analysing documents and writing Chapter 6. This process took around three months (See Chapter 6 for further details)								

5.7. Thematic Analysis as Data Analysis

Qualitative data analysis is generally “a process of immersion in data”, where researchers “remain close to data and form an evidence-based understanding of the research issues” to “identify and interpret the experiences of your study participants” (Hennink et al., 2020, p. 212). In this study, I apply thematic analysis (TA) as the main method to analyse the data from documents, interviews, and classroom observation.

Braun and Clarke (2013) define it as a “method for providing a systematic approach for identifying, analysing and reporting patterns – themes – across a dataset, which was not tied to a particular theory” (p. 246) and “it minimally organises and describes your data set in (rich) detail” (Braun & Clarke, 2006, p. 79). They then specify a theme that “captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set” (Braun & Clarke, 2006, p.82).

I find this analysis convenient as it is more flexible and can be applied across different theoretical and epistemological approaches (Braun & Clarke, 2006; 2013). Besides, it helps answer almost any research question and can analyse most big or small data (Braun & Clarke, 2006; 2013). It also helps to examine the different perspectives of the participants, compare them, generate detailed descriptions, and summarise key themes of a large data set (Nowell et al., 2017). Therefore, I use this method to analyse the data through online classroom observation, online interviews, online material, and site document analysis. Braun and Clarke (2006; 2013) provide six practical steps to apply TA effectively, which I follow to analyse the data.

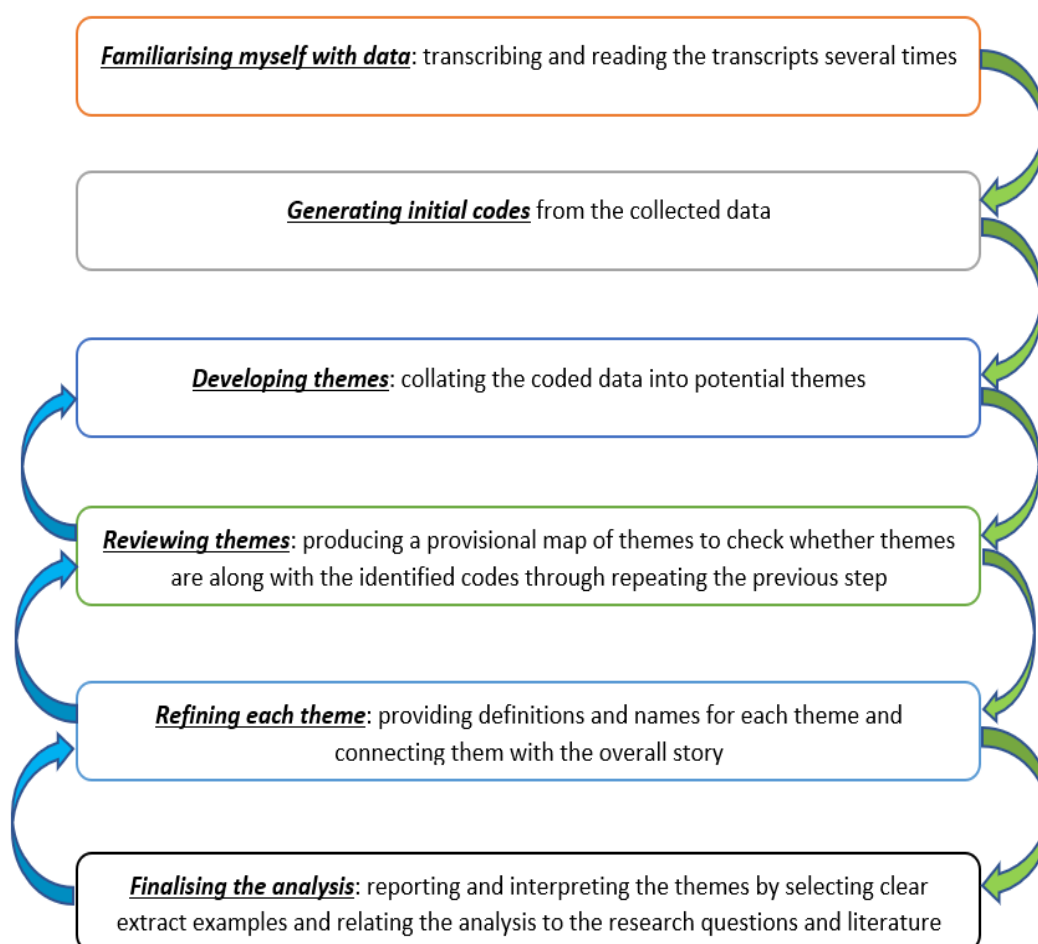


Figure 5.2: Braun & Clarke’s (2006; 2013) thematic analysis framework I follow in analysing the data

Although Braun and Clarke's (2006; 2013) steps are sequential in that each relies on the previous step, the practical side of the analysis is a recursive process, where there is a need to move back and forth several times between different phases while selecting clear extracts and interpreting them. I discuss in detail the procedure of analysis and the steps of following thematic analysis in Chapters 6, 7 and 8. The software I use to analyse all my data (documents, interviews, and classroom observation) is MaxQDA 2022 because it is easy to use, supports the Arabic language when uploading my transcripts (the writing system is from right to left) and allows uploading PDF files. In contrast, Nvivo neither supports the Arabic writing system nor allows uploading PDF files.

After familiarising myself with data by reading the transcripts, documents, and materials, I generated the initial codes that appeared interesting using Microsoft Word and using the Review label (New Comment) to type the initial codes. After that, I imported all the transcripts and documents to MaxQDA with the initial codes to analyse the data set. I then re-read the files to classify the initial codes into potential sub-themes and then into major themes, employing two levels of analysis: *semantic* and *latent* meaning processes (Braun & Clarke, 2006), also known as *manifest* and *latent* (Dörnyei, 2007). The semantic process assists researchers in identifying surface or explicit (i.e., literal) meanings, which is called a descriptive process. The latent process goes beyond the semantic process to identify underlying deeper assumptions and ideas, which is called an interpretative process (Dörnyei, 2007). After engaging in these two processes, I compared all the themes and sub-themes to see whether any coding should be added to avoid overlooking any potentially important emerging coding (Braun & Clarke, 2006) or could be repeated in other sub- and major themes. After identifying the themes, I moved to a broader level by making sense of the data, particularly by selecting clear extracts from each of the sub-themes and connecting these to the themes (Creswell, 2013).

Before analysing, I found it is important to distinguish between different types of linguistic resources described and practised by the participants in the interviews and classroom observations. It was crucial to show their differences and how I label them based on their description or practice in Chapters 7 and 8. It might be seen that I attempted to distinguish between 'English-only', 'Arabic', 'reversed Arabizi' and 'parallel-monolingualism, which may contradict the theory of translanguaging. However, from my stand, I see all these social constructions as translanguaging broadly, but I need to use these labels as they are because the way practices are perceived (e.g., as 'repeating' or 'mixing' named languages or as 'using English

only') is still meaningful to the participants. Thus, I believe it is worth highlighting the different practices in the analysis.

Table 5.9: *Interpreting the linguistic practices reported and observed by the participants from an analyst's point of view*

Types of Linguistic Practices	Conceptualisation	How I map it against my data
<p>Overt translinguaging</p> <p>E.g., Reversed Arabizi</p>	<p>Linguistic practices appear to 'combine' Arabic and English resources and can be easily distinguished by speakers as belonging to different named languages. They are used in written and oral form.</p> <p>Arabic letters and grammar are used when 'writing English' words or only Arabic grammar is used when 'speaking English'. So, it can be found in written and oral use.</p>	<p>I code instances of discourse in which the participants use their multilingual resources to communicate, seemingly challenging the boundaries between named languages. I also code interviews that discuss the 'mixing' or 'switching' of named translinguaging.</p> <p>I code instances of discourse where the participants appear to speak 'only' Arabic. However, they, in fact, use English resources, but these resources are influenced by their L1, Arabic (often markedly). For example, they add Arabic grammar (morphemes or syntactic order) in speaking and writing and use Arabic letters in writing English words.</p>
<p>Parallel-monolingualism</p>	<p>Linguistic practices, where the participants make efforts to use different named languages separately by using only one named language at a time. It can be found in written and oral use.</p>	<p>I code instances of discourse in which the participants' use of their linguistic resources indicates they perceive these resources as separable named languages by using one named language at a time, e.g., using English first, then Arabic (and Arabizi) or vice versa. I also code interviews in which the participants construct multilingualism as added monolingualism.</p>

The following section will focus on the researcher's role when conducting the study, known as reflexivity.

5.8. Reflexivity: Researcher's Role

In section 5.2, I explained the subjectivity of how researchers examine people's views and reflections on the world and when looking at the insider meanings others attach to phenomena. At the same time, the word 'subjectivity' in this section means the role of researchers and their relationship to the research itself, known as reflexivity. Reflexivity is "a process that involves conscious self-reflection on the part of researchers to make explicit their potential influence on the research process" (Hennink et al., 2020, p. 19). Reflexivity can be found particularly throughout data collection and interpretations, i.e., the data is shaped and influenced by researchers' personal and social characteristics as "an integral part of the process of producing data" and how the participants in the study reacted to the researcher (Hennink et al., 2020, p. 19). However, it is difficult to eliminate the effect of the researchers on the data, which has been thought to threaten the validity (or credibility) of the analysis. Therefore, researchers need to reflect on, identify and account for any effects emerging from their personal and cultural backgrounds and assumptions when interpreting participants' perspectives and actions. Also, researchers should document experiences accurately and in detail to minimise bias and blind spots.

During the study, I strove to maintain self-awareness of my twin roles as outsider and insider when collecting the data. I chose to take an outsider role (etic perspective) as a non-participatory observer for other reasons beside the reasons I provided in section 5.6.3. Although I am an academic staff member at this university, the participants did not know me personally because I work in a different faculty. Thus, they already considered me an outsider and a stranger to them. Another reason is that because of the pandemic, I had to conduct online interviews and classroom observations rather than physically seeing them F2F and attending the classes. This allowed me to be an outsider for not seeing teachers' and students' faces or hearing students' voices during my classroom observation. However, they acknowledged my presence as an observer and signed the consent form to allow audio recordings to be made.

However, according to Salmons (2022), there are moments when the researcher should feel some degree of being an insider when conducting online research. I found taking an insider or emic role beneficial for two main reasons. First, since I am an academic staff member at the same university where I conducted the study, my position helped me to obtain permission from the gatekeeper (the dean of the medical school) and to recruit the participants more easily once they knew something about me and which faculty I belong to. Second, I have sufficient background and

information about my context, i.e. I was born and raised in this city, studied for my BA, and then worked at the same university. So, I am familiar with teaching modes and systems, both on- and offline, using Blackboard as the university's main platform and how to access the participants. These two reasons encouraged me to develop a quick rapport with the participants and gain their trust easily. Third, this rapport strengthened once I had attended several classes with the same students and teachers in different blocks and somehow reduced the cyberspace/observer effect, as I noticed that more students agreed to be part of this study. However, I was still aware that I needed to detach myself from being an outsider because I aimed to learn and understand the official and non-official LP in the EME medical school at the GCU.

At the end of interviewing the participants, I found that most students were happy to participate in the study and be interviewed. They expressed the need for someone who could listen to their concerns and issues rather than ignore their complaints, like some administrators and teachers. Some students offered to keep in touch by following me on Twitter (recently called X), and I followed them back to communicate in the future. Some shared personal news with me, e.g., details of their graduation ceremony. Other students preferred to communicate via WhatsApp and planned to consult me for some issues, e.g., how to improve their English. As for the teachers, most of them were happy to participate in the study and asked me to share the findings with them. It is interesting for me to reflect on my impact on the participants as a researcher and how they took advantage of my presence as a researcher to advance their interests while conducting the observations and interviews. Some teachers asked me to provide general feedback after observing them, while others asked me how they could develop their teaching and English skills. The teachers believed that this study is important as it would help to highlight their issues and concerns about the EME programme and the management of their school. The following section discusses the trustworthiness (validity) of the study.

5.9. Trustworthiness

Trustworthiness is a common consideration in naturalistic inquiry or qualitative research and is equivalent to validity in quantitative research. Lincoln and Guba (1985) define it as "an inquirer persuades his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of" (p. 290). Researchers create specific assessment criteria that run parallel with the quantitative criteria of validity and reliability; these are

credibility (internal validity), transferability (external validity), dependability (reliability) and confirmability (objectivity). The following paragraphs explain how they were applied in this study.

Credibility is the requirement to prove the 'truth' of a set of qualitatively generated findings. It may be achieved by testing the hypotheses in several ways, e.g., prolonged engagement, persistent observation, and triangulation of data sources and methods (Lincoln & Guba, 1985). In this study, I observed students' and teachers' language practices in EME classrooms for three months, which helped me engage with them and establish a good rapport, as explained in section 5.8. Establishing rapport with participants facilitated the process of data collection by familiarising my presence in the classes where I observed the same students and teachers but in different blocks/modules. Additionally, persistent observation helped identify salient features of how the participants use linguistic resources in their interactions, the function of these linguistic resources, and how using different linguistic resources helps construct their beliefs while interacting. Credibility can also be increased by applying methodological triangulation in data collection (see section 5.6) when using extant, elicited, and enacted online data strategies. Triangulation was also carried out by translating interview extracts from Arabic to English and then sending them to an external, professional translator for cross-checking and verification.

Transferability concerns the generalisability and applicability of an inquiry. Other researchers cannot simply transfer my findings into their contexts without helping them by providing a thick description of my study to make it possible for them to implement the study in their own contexts. In this way, readers can make their own judgement as to whether the transfer can be contemplated as a possibility. For example, transferability can be reached when researchers employ purposeful (purposive) sampling to elicit rich data and achieve thick description (Lincoln & Guba, 1985), as in the current study (sections 5.4, 5.5, and 5.6). Due to this study being a qualitative case study underpinned by interpretivism, I seek neither to reach the same or similar conclusions to other studies nor to generalise the findings because the findings may vary between data collection tools and from one study or context to another. Therefore, triangulation in transferability does not necessarily help to increase validity, reduce bias in research, or ensure replication or consistency, especially in qualitative research (Cohen et al., 2018). Dependability can be achieved by demonstrating the followed research process and how it is "logical, traceable and clearly documented" (Nowell et al., 2017, p. 3). This helps readers judge whether a study could be repeated in different contexts. One way to demonstrate dependability is to follow the process of audit (Lincoln & Guba, 1985). Therefore, dependability in this study

needs to be connected to confirmability, especially when an audit trail is applied, as explained in the next paragraph.

Finally, confirmability concerns the extent to which researchers' findings and interpretations are derived from the data, e.g., participants' perspectives, rather than the researchers' biases, motivations, or interests. This step can be achieved when the three criteria mentioned above, credibility, transferability, and dependability, are addressed. One of the confirmability techniques is an audit trail, i.e., providing justifications of how and why decisions are made regarding theoretical, methodological, and analytical choices throughout the study (Nowell et al., 2017). Also, researchers need to keep a reflexive journal, transcripts, and field notes to relate and report the research process, i.e., creating a clear audit trail (Lincoln & Guba, 1985). To show dependability and confirmability in this study, I have provided justification and explanation throughout the entire study to show how and why I chose particular theoretical constructs, e.g., EME, ELF, translanguaging and LP framework (Chapters 2, 3, and 4), the research paradigm, research design, and data collection strategies (see section 5.2, 5.3 and 5.6) research context, participant selection processes (see section 5.4 and 5.5), and data analysis (see section 5.7). I also wrote my reflections and thoughts during classroom observation via field notes. Another validation method that recorded data for auditing purposes was sending the English extracts to a professional external translator to ensure no significant differences between mine and their translations from Arabic into English. This type of cross-checking is considered "the most crucial technique for establishing credibility" (Lincoln & Guba, 1985, p. 314) because it helps to avoid wrong interpretations and to correctly assess the respondents' intentions when they provide specific information.

5.10. Ethical Considerations

When the researchers enter the field and start selecting the participants, several issues arise regarding how to communicate information to the participants and discuss aspects of the research, its purposes, and expectations (Flick, 2018). To act ethically, Guillemin and Gillam (2004) distinguish two dimensions of ethics in qualitative research that I have subsequently applied to this study: procedural ethics and ethics in practice. The first part of ethics is procedural ethics, "which usually involves seeking approval from a relevant ethics committee to undertake research involving humans" (263). Since the aim of this study is to explore the current official and non-official LP by looking at agents' beliefs and practices in the EME programme at GC University, the

human participants are vital to this study because of the need to interview and observe them closely and obtain certain relevant documents, which means I need to enter their personal world to some extent. I have, therefore, been involved in two ethical procedures in this study. First, before accessing my research context, I went through a research ethics procedure to seek ethical approval from the ethics committee at UoS by submitting ERGO documents: the invitation letter, PIS, and CF. Second, I applied to another research ethics committee at GC University and submitted the ERGO documents obtained from UoS after their approval.

The PIS and CF include three main components, according to Salmons (2022). The first is providing adequate information by explaining the background and research purpose. The second is to show the voluntary nature of participation. I made it very clear that the participants had the right to withdraw from the study at any time if they changed their minds. The final component is showing the ability to participate in this study and sign the consent form. This component is found in the Participant Information Sheet, which presents the Q&A format that helps answer the potential and common questions that participants usually ask. Additionally, this format allows the participants to know the nature of the study and the consequences of taking part.

The second part of ethics is ethics in practice, which is “everyday ethical issues that arise in the doing of research” (Guillemin & Gillam, 2004, p. 263). After completing the two ethics procedures from both universities, I sent the invitation letter with the PIS and CF to the dean of the medical school via UoS email before starting the academic semester, as she functioned as a gatekeeper to reach teachers and students. In turn, the dean transferred me to a timetabling coordinator who helped me contact some teachers and obtain their consent for interviews and observing their classes. Some teachers emailed or WhatsApped me the links to attend their online classrooms, and others sent the links via the timetabling coordinator. Regarding how to approach the students, the timetabling coordinator and the teachers asked me to contact the leaders directly via WhatsApp or Telegram after the teachers informed them about me for collaboration in this study. The leaders are student representatives whose task is to liaise between the medical students and teachers to discuss any emerging issue and convey students’ voices during the academic year. There are two leaders each year: one for the male students and the other for the female students. Through the leaders, I could reach all medical students.

Since I used audio recording for classroom observation and interviews, I considered the anonymity and confidentiality of the participants when I transcribed and analysed the data. First, I used Arabic names as pseudonyms for the interview to avoid disclosing the participants’ identities

when analysing the data and before sending the extracts to a professional external translator to re-check the translation. For the classroom observation, I sent the recording to a physician for transcription, who has considerable experience working in the medical field. I did this because the medical terms and knowledge are beyond my scope of specialist understanding. The translator and transcriber are unrelated to the educational field, and neither knew the participants' identities nor where they were from (i.e., location, city, and university). Additionally, I anonymised the name of the university by inventing a name and abbreviation. I also did not specify what year the study was conducted or the university's location, nor did I attach any documents related to GC University as appendices in this thesis. Because I used software conferencing in the online interviews, I was flexible in allowing all the participants to use a video or audio setting while interviewing them to keep their privacy and anonymity. Furthermore, before recording the interviews, I reassured the participants verbally that the data they provided would be held securely, with appropriately restricted access that cannot be reached throughout the internet.

5.11. Summary of the Chapter

This chapter explains the research methodology used in this study by discussing all the approaches employed to answer the research questions, particularly data collection and analysis. Additionally, I have highlighted the issues that emerged while collecting the data by discussing the researcher's role and ethical considerations. The next chapter will present a detailed account of the study findings.

Chapter 6 Findings of Analysing Online Materials and Site Documents

6.1. Introduction

After discussing the methodology followed in this study, this chapter attempts to answer the first research question, 'What roles do English and other named languages play in the policy documents that inform this EME medical programme at the national and institutional levels and why?'. This question addresses the first component of the language policy framework by exploring language management.

Therefore, this chapter will present the findings drawn from official site documents (obtained from the websites of Vision2030, MoE and GC University) and semi-official site documents (obtained from students and teachers, e.g., the OSCE examination checklist and Seminar rubric exam). Analysing these documents and materials allowed me to look at two aspects. First, the chapter findings help better understand whether official and semi-official policy documents are in place and accessible in this context, to what extent they reflect any kind of explicit, consistent, and coherent 'official' language policy for the EME programme, how much guidance may or may not be given for implementation. I also help to investigate 'who' is the 'manager' or can be a 'manager', i.e., whether there is any indication about a role given to students and teachers to collaborate with top-down agents to design these documents or allow the grassroots to produce their own LP, or whether these documents are produced by the efforts of policymakers and top-down agents only (e.g., the MoE, the medical school administration).

Second, the chapter seeks an understanding of to what extent the EME medical programme addresses the roles and functions of 'English' and 'other languages' and which of these are, if any. I simultaneously analyse how 'English' and other linguistic resources in this ecology are conceptualised, for instance, by investigating evidence of claims on the nature or 'kind' of 'English' is to be used in EME (e.g., medical English, ELF, EAP, ENL etc.), and the nature of multilingualism itself (e.g., to what extent named languages are treated and discussed as separable languages). Also, the documents help us visualise what language practices are expected to be seen through teaching and learning, either overtly or covertly, in order to construct a picture of the medical programme as presented in these documents. Analysing documents and materials facilitates understanding the participants' beliefs regarding the current LP in the EME programme (Chapter 7) and their practices in the EME classrooms (Chapter 8).

6.2. Description and Procedure of the Analysis

In this section, I discuss in detail the policy materials and documents collected from different websites and obtained from different participants (students and teachers), as shown in Table 6.1. All official documents are indicated below from Vision2030, the MoE and GC University websites. However, the rubrics for OSCE (Objective Structured Clinical Examination) and seminar assessment rubrics are unavailable online, so I sought permission from students and teachers to obtain them. The websites have some visual data (mostly pictures, photographs, and logos) and largely textual data (e.g., college news and events). However, I should acknowledge that I did not apply multimodal analysis to analyse visual data. All my focus is on textual data where LPs can be found or embedded implicitly or explicitly.

Before I start to describe the content of the documents, it is worth noting to explain the content styles. Some documents (e.g., the general/national educational policy, MBBS, OSCE and seminar rubrics) use bullet points without any explanation or other kinds of introduction about these bullet points. Therefore, these points appear decontextualised when I present them, i.e., they are not connected to the next or previous bullet point. It was challenging for me to understand what these bullet points refer to or what they mean, although I read them multiple times. I quote the whole bullet point to facilitate the readers to understand the quotation, and then I explain what this point tries to achieve. Another writing style is a combination of short paragraphs and bullet points, where the authors provide further details and explanations. These documents are Course specifications and internship. The last type of document is the Vision2030 plan, which is very organised and follows the objectives stated at the beginning of the eBook. There are titles and sub-titles; under each, small paragraphs explain well and connect to the next and previous subtitles.

How I reached and decided to analyse these documents needs to be explained the procedure of looking for these online materials and site documents. As I clarified in Chapter 5, Table 5.8, documents and materials were collected before, during and after involvement in the fieldwork to gather the main data. First, before starting my data collection journey (interview and classroom observation), I began by looking for official documents about LP set for HEIs. So, my first search was on MoE's website. Under 'About the Ministry', I went to the 'Vision, Mission and Goals' label and found only the 'foundations of general educational policy'. Then, I explored the GC University's website, particularly under the medical school's label. I found MBBS (medicine

and surgery programme guide), programme specification and Internship programme under the label 'Education'.

Since I did not find much information about the LP and the roles of Arabic and English in HEIs when I collected the above official documents, I decided to ask the students and teachers during my data collection to provide me with any documents stating the LP that could be found in their school and/or course description, if they have any. I have also asked if they could provide documents about the exam rubric assessment. Thus, the participants could only give me the rubric assessments for oral examinations (seminar and OSCE) and confirmed that they do not have any LP and/or course description about each module/block.

After finishing my journey of collecting the main data and starting to analyse the documents and materials, I began to go in-depth and expand my search for online documents. The first online document considered is the 'Vision2030 Plan', which examines LP and internationalisation by visiting its website and downloading it since the 'Vision2030 Plan' is reflected in the MoE's website and medical school. I went back to the MoE's website to learn more about the scholarship system, the countries to travel to, and the specialities to study by going to the label 'Education' and then 'Scholarship'. I also explored another label, 'the Purpose and General Goals of Education', on the MoE's website, which I found similar to the Vision2030 Plan and the foundations of the general/national educational policy.

Then, I returned to the GC university's website and started to look for general LP for the university by going to labels 'Vision, Mission, and Values' under 'About the University'. Yet, I found nothing about LP and the roles of using Arabic and English. The same result was seen when I returned to the medical school's website and explored the labels 'Vision, Mission, Values and Goals'. What was written under these labels was the same as the MBBS and course specifications. I also found under 'Deanships' a label called 'Student Affairs' electronic booklets with instructions about the teaching and learning environment at the GCU, university services the university provides, and the exam system. Still, there is nothing about LP and the roles of Arabic and English because it is general advice, information and instructions about the university service and system. I have also referred to the 'News' section for the university in general and medical school in particular to read more about what kind of academic accreditation the university and the medical school obtained and achieved. At the end of the process of searching and collecting documents, I chose the documents reflected below in Table 6.1. When analysing and interpreting the data, it is therefore important to consider that some documents may not have been captured or shared

with/by me as the researcher despite the thorough searches and inquiries. It is, therefore, important to understand that the findings may inevitably contain a level of partiality.

Table 6.1: *List of online materials and site documents that are collected and analysed*

The name of the document(s)	The source of the document	Type of document	The language used	No. of documents	No. of the page of each document
The Vision2030 plan	Saudi Vision 2030's website	Official	English & *Arabic on the website	1	85
The foundations of the general/national educational policy	Ministry of Education's website	Official	Arabic & English	2	One page each
MBBS (medicine and surgery programme guide)	GC University's website	Official	Arabic & English	2	72 each
Course specification	GC University's website	Official	English	1	46
Internship	GC University's website adopted from the Saudi Commission for Health Specialities' website (SCFHS)	Official	English	1	129
OSCE examination checklist 1. Standard examination checklist (Abdominal) 2. Standard mass/lump examination checklist 3. Standard history-taking checklist	Obtained from students & teachers	Semi-official	English	3	One page each
Seminar rubric exam	Obtained from teachers & students	Semi-official	English	1	1

*<https://www.vision2030.gov.sa/ar/>

So now, I will describe each document to better contextualise the latter analysis for the reader. First, at the national level, the Vision2030 plan is also directed to the public, for anyone

interested in knowing what the Vision talks about. It contains the country's goals and strategies for long-term economic success and builds around three major areas: a vibrant society, a thriving economy, and an ambitious nation. The 'vibrant society' focuses on increasing the number of people visiting SA for religious rites and cultural and entertainment opportunities, establishing Islamic Museum and Saudi heritage sites to be recognised by UNESCO, and developing the cities, at least three, to be within the 100 top-ranking cities in the world. The 'thriving economy' seeks to diversify its sources of economy and create more job opportunities for its people. This could happen through education, tourism, expanding the private sector, encouraging entrepreneurship and small businesses, increasing manufacturing, and renewable energy. Finally, the 'ambitious nation' focuses on transparency, accountability, and effectiveness as a solid foundation for its governing strategy. This could be achieved by, e.g., preventing all levels of corruption and expanding online services. Second, the document Foundations of the General/National Educational Policy is directed to the public to know the aims and goals of the MoE. This document describes the principles and values SA believes in and builds its educational system based on that in public and private schools, colleges, and universities. These principles and values are based on cultural and religious pillars that the Saudi community is expected to believe and follow and are connected to national and international aims and interests. The document suggests that the country shall maintain its culture and religion while setting the national aims and connecting them to globalisation to speed up its development in every sector.

The third document moves us to official ones from the institutional level. The MBBS (Medicine and Surgery Programme Guide) summarises the course description (I will discuss it after this document). This document addresses prospective and current medical students and anyone wanting to learn how to incorporate medicine into education. It is about providing general information about what students need to know about their medical schools, like the admission criteria, the study plan, teaching and learning techniques, the departments of the school with academic staff and the heads of the departments. This document discussed in detail the examination rules and the kinds of international agreements needed to develop the school. Besides, the document highlighted strategies teachers are expected to follow when teaching medical content and some learning strategies that students are expected to follow to increase their learning and understanding. In contrast, the course specification is very similar to the MBBS but with more details not covered in the previous one because I believe it is more directed to the faculty and university administration. For example, more emphasis is placed on showing the differences and similarities between the old and modified curriculum and providing detailed

information about programme learning outcomes. This document also discussed the types of services and support they provide for students and teachers, information about the qualifications of teaching staff and administrators, the management system in the medical school with organisational goals and tasks and programme quality assurance. Finally, the internship document is designed to help medical students who want to start their internship year. This document introduces different specialities, the nature of each field and what skills students should develop. They help familiarise the students before they get involved in practices of all these specialities. So, after graduation, students can choose the preferred speciality that suits them most based on their personalities and learning styles. The document provided some suggestions about learning techniques and what they expect to do, learn and encounter in their career.

Regarding semi-official documents, there are two documents: OSCE examination checklists and a seminar rubric. The OSCE examination checklists are directed to evaluators from the medical school or physicians outside the university who work at the hospital. They examine students in their medical practices at the hospitals. Each checklist is different depending on what each block/module focuses on because it is designed based on the needs and skills that students should learn and master in each module/block. Therefore, the criteria of the examination are different from each other. The seminar rubric is designed to evaluate students based on their presentation skills. It is a unified rubric for all modules/blocks in the medical programme. It focuses on teamwork, verbal and non-verbal communication skills, organisation and presentation quality, time management and depth of knowledge.

After collecting all online materials, I read them in both languages in case not all information was written thoroughly and equally in both languages and to avoid missing any information that might be important to the study. After reviewing all the content of the online materials, I decided to analyse them in English to facilitate the coding process and avoid any intelligibility issues when interpreting the data from Arabic to English since experts in the government and GC University translated these documents. However, while analysing the data, I referred to the Arabic version several times when I could not understand what they meant in English and vice versa.

I started reading the texts as PDFs and generated the initial codes that appeared interesting by using the function 'highlight' and then adding a 'sticky note' label to write the initial codes. After reading all the documents, I moved to MaxQDA by importing the PDF files with initial codes to analyse the data set. Then, I reread them to cluster the initial codes into potential sub-

themes and major themes. After the process of clustering and re-clustering the codes, I started to group the emerging codes under emergent sub-themes and classified the sub-themes by connecting them with the major themes. I went through three rounds during this process, starting from initial codes until creating the major themes. The first round was about 67 codes. In the second round, I merged similar codes and deleted the repeated ones to end up with 55 codes. The last round was more about deleting unrelated codes, separating and re-naming the major themes and emergent sub-themes to have at the end of the coding process 32 codes. During this process, I designed a coding system to show the relationship between the codes, sub-themes, and major themes (see Appendix G). After identifying the themes, I went to a broader level by making sense of the data set by selecting clear extracts from each sub-theme (Creswell, 2014). Finally, for clarity and coherence purposes, I present the emerging themes according to scale levels, analysing the first theme that addresses and connects national and international policy-making levels. I then analyse the themes identified at the institutional HE level in the documents of the medical HEI studied here. The emerging themes are the following:

At the national level:

1. Saudi HE and Arabic as a vehicle for religious maintenance and national values
2. The internationalisation of Saudi HE as a tool for national development:
Internationalisation Abroad, at Home, and of Curriculum

At the institutional level:

3. Internationalisation as Westernisation-Anglicisation of the medical programmes:
Internationalisation Abroad, at Home, and of Curriculum
4. (English) Language as an 'invisible dimension.'
 - a. English as an invisible 'ghost' in student admissions, induction, and remedial procedures
 - b. English as an invisible 'ghost' in recruitment, developmental and pedagogical plans for teachers
5. Language as 'medicine-specific communication skills': A disciplinary orientation
6. Language and communication skills as objects of assessment
7. English as a timetabled subject

6.3. Role of LP and Linguistic Resources in the Saudi Educational System: The Top-Down National Perspective

The Saudi educational system is inspired and shaped by following the steps of Vision 2030 to put a plan into action and outcomes. Based on that, I analysed two documents, the Vision2030 plan and national educational policy along with the MoE's website, to examine the role of languages and language policy in these documents. Another aspect I noticed when analysing the documents is that there is no clear indication about who wrote them (i.e., whether they are from the MoE or/and policymakers from the government, whether 'experts' or 'advocates' may have informed the process). There is also no sign that these documents were developed as a result of a collaboration between top-down and bottom-up/micro-level (students and teachers) agents. Therefore, the specific identities of official LP managers mentioned in the documents at the national level are relatively obscure. Table 6.2 shows two key sub-themes that shaped the Saudi education policy. The following subsections will be analysed in detail for each sub-theme.

Table 6.2: *The two sub-themes emerging from national policy*

The sub-themes	No of Documents	Names of Documents
Saudi HE as a vehicle for religious maintenance and national values	2	- The foundations of the general/national educational policy - Saudi Vision 2030
The internationalisation of Saudi HE as a tool for national development	2	- The foundations of the general/national educational policy - Saudi Vision 2030 - Ministry of Education's website
Analysed Documents		2

6.3.1. *Saudi HE and Arabic as Vehicles for Religious Maintenance and National Values*

One of the main elements seen clearly in the Saudi national education policy is the religious (or Islamic) orientation, which is a crucial and prominent part to be considered, and our civilisation is built on Islamic beliefs, values, and laws. One of the Islamic aspects that the MoE stated is that:

Extract 6.1.

In Islam, seeking knowledge is obligatory on everyone. Moreover, it is a state obligation to facilitate it in different stages, and the government should put every possible effort in this.

(General Education Foundations' document)

The educational policy employs Islam as a motivation for all members of society to be involved in education. So, the MoE is responsible for supporting and facilitating knowledge acquisition by building schools and universities and providing teachers, facilities, and materials to enhance literacy and decrease illiteracy. To maintain and represent the national identity and Arabism, the Arabic language is positioned as the main and official language used in SA:

Extract 6.2.

We recognise the importance of preserving this sophisticated heritage in order to promote national unity and consolidate true Islamic and Arab values. We will do so by keeping true to our national values and principles, as well as by encouraging social development and upholding the Arabic language.

(The Vision2030 plan, p. 17, underlined for emphasis)

So, in its role as a 'powerful' top-down language policy manager, the MoE emphasises that the Arabic language is a way to facilitate delivering various kinds of knowledge and sciences to all strata of society in SA. However, although the document eventually commanded clearly the use of the Arabic language as the main medium of education in schools and higher education, it also introduces the possibility of an ambiguous exception:

Extract 6.3.

Medium of instruction is Arabic in all levels and materials, instructions can be given in other languages if situation necessitates.

(General Education Foundations' document)

It is noticeable that there is a lack of an explicit/overt language policy to clarify which languages may be considered 'necessary' in the educational sector. For example, English is not explicitly named in the text, and it is unclear whether other named languages that are not 'global' would be deemed acceptable in the class, and if it is used, in what situations they may be used, and for what purposes. Additionally, although this policy seems to leave an open door to multilingual practices in the classroom in restricted situations, the text appears to predominantly promote a monolingual approach to Arabic. The policymakers who wrote the document attempted to be somewhat cautious and reluctant to state clearly what languages they needed to be considered. There is no reference to how this may affect the connections with the Islamic values previously cited. I hypothesise this may be because they want to be open to any opportunity to enhance education and implement a national development plan, depending on the global and local market's needs. Based on the Saudi Vision2030, which I will discuss later, the MoE

needs to constantly modify its curricula and materials to ensure an alignment between educational outputs and global and national labour market needs.

Since the references to language use are few and brief, it is debatable how far I could interpret the MoE's understanding of multilingualism or its implementation. The text did not provide any explicit discourse promoting the 'integration' of these other languages and Arabic (or the students' L1) as available linguistic resources in the students' and teachers' unitary repertoires. We could suspect from this absence that the MoE looks at multilingualism from a traditional perspective that there are boundaries between languages, in which these languages are separable in different entities. Additionally, the text appears to establish a hierarchy between 'Arabic' as the first and foremost medium of education and 'other' languages, which can be interpreted as 'secondary'. Such hierarchy indicates that the MoE draws boundaries between languages and that education does not treat all languages equally. However, perhaps a more interesting question is how critical institutional agents understand this policy and how they translate and apply it to their contexts. It could be a motivator to have a dual educational system whereby primary and secondary schools, some colleges and departments use AMI, and international schools and STEM disciplines at universities use EME at the institutional level, even if this may somewhat contradict the ambiguous national policy. Due to the vagueness of the policy statement around using other languages when needed, it is impossible to say with certainty to what extent these institutions are 'breaking' or implementing national language policy and what these necessitated situations pushed these universities and schools to implement EME programmes. The next sub-theme will be focused on the role of globalisation and internationalisation in the Saudi educational system.

6.3.2. Saudi HE as a Vehicle towards Internationalisation for National Development: Internationalisation Abroad, at Home, and of Curriculum

The national educational policy incorporates globalisation and internationalisation objectives, along with national and religious elements. The MoE is keen to be part of global development by setting goals and aims that can be reflected in Saudi education. One of the major motivators behind this agenda seems to be a perceived need to align and improve the national and international labour markets. As the Vision2030 document highlights explicitly, HE is seen as a critical tool to aid the labour needs of the nation, which is at the same time connected with global conditions and demands. Yet, there is a sense that Saudi HE has not been responding to these requirements sufficiently. Therefore, Vision2030 pays attention to the outcomes of HE that should be met with the national/international market:

Extract 6.4.

We will close the gap between the outputs of higher education and the requirements of the job market.

(The Vision2030 plan, p. 40)

To achieve this, the MoE is responsible for encouraging HE to work hard and implement the goals of Vision2030, starting by mentioning the missions and visions available on universities' websites:

Extract 6.5.

Connecting all educational levels with the national development plan [Vision2030 plan].

(General Education Foundations' document)

All schools and universities connect to Vision2030 in one way or another and follow steady steps to achieve the socioeconomic goals of the vision. These goals can be achieved through developing education, which helps students become involved in global and local markets after graduation and increases the country's economy.

One way to fill the gap seems to be through engaging in different fields of science to show the country's openness to various cultures by adopting their knowledge, curricula, materials and even their educational systems to enhance Saudi education and increase the nation's living standard. As per the extract below, the MoE promotes 'sensible' global connections:

Extract 6.6.

Sensible dealings with global cultural developments in the fields of science, culture and literature, following them, participating in them, and directing them to the benefit of society and humanity for good, and in progress.

(General Education Foundations' document)

Although the MoE shows its openness to different cultures, it prompts HE to carefully select what is appropriate and works best for the Saudi community and adapt and customise curriculum or materials to integrate into the education to match the cultural/social and religious beliefs and values. This suggests that, at least on paper, the MoE does not seek to implement a passive 'copy' model of internationalisation or mimicking Anglo-European forms of internationalising their HE based on their needs and priorities (de Wit, 2020a; Jones & de Wit, 2020; 2021). Yet, Saudi HE tries simply to "develop distinctive forms which better reflect local

needs and priorities” by promoting some local agencies to connect to global developments for national development (de Wit, 2020a, p. 35; Jones & de Wit, 2020; 2021).

The bet for an approach to internationalisation by promoting national values is also carried out in the way in which the Saudi government invests in education by providing scholarships for its citizens to study abroad:

Extract 6.7.

Our scholarship opportunities will be steered towards prestigious international universities and be awarded in the fields that serve our national priorities.

(The Vision2030 plan, p. 35)

The main and key reason for promoting Saudi citizens to obtain the scholarship is to meet the local labour market’s needs and increase the development of the country:

Extract 6.8.

The approval [.....] for the External Scholarships Program was [.....] to send students wishing to continue their university and higher studies to obtain academic degrees that meet the needs of the labour market and the requirements of development in the Kingdom.

(Ministry of Education’s Website, 2022)

Improving Saudi citizens’ education via scholarship helps nourish the country by increasing its investments, productions and contributions and raising the value and position of the Kingdom. The scholarship in SA took different forms and went through different phases. There were few scholarship opportunities at the beginning and limited to a few students. The first one was in 1927 to Egypt, then to the UK. However, the MoE promoted the scholarship and massively expanded it between 2005-2015. This scholarship allowed many Saudi citizens to have an opportunity to study abroad. Then, a new form of scholarship started from 2015 to 2020, where governmental sectors (e.g., the MoH) and semi-governmental sectors (e.g., Saudi Basic Industries Corporation (SABIC)) select students to study certain disciplines these sectors need the most, and appropriate for the labour market needs (Dewidar, Marefa website, 2022).

In the emergence of Vision2030, the MoE launched a new form of scholarship with different goals and disciplines that match the objectives of Vision2030. The MoE assigned 15 countries and selected more than 500 universities as the most prestigious universities worldwide, see Table 6.3. The recommended fields to study include human resources, business administration, public administration, entrepreneurship/project management, international

business administration, aviation administration, health services management, warehouse management, supply chain management, and management information systems (Ministry of Education's website, 2022).

Table 6.3: *A list of countries to study abroad in different disciplines to serve Vision2030 implementation*

Country	No. of universities in each country
USA	144
UK	69
China	75
Germany	34
France	32
Australia	28
Italy	27
Switzerland	20
The Netherlands	15
South Korea	14
Japan	13
Russia	10
Malaysia	9
India	8
Singapore	3
Total universities	501

*See the website: <https://moe.gov.sa/scholarship-program/path-emdad/index.html>
The list is subject to change. The list above was in 2022.

The Vision2030 plan is open to acquiring knowledge from prestigious international non-/Anglophone universities. Yet, the MoE is more explicit about the specified countries. It considers “a Westernised, largely Anglo-Saxon, and under a predominantly English-speaking paradigm” as a leading provider of knowledge and services (de Wit, 2020b, p. 539; de Wit & Altbach, 2021; Jones & de Wit, 2021). Although there is a lack of an accurate number of students in each country, based on statistics in 2018, students prefer to study in Anglophone countries like the USA, UK, Australia, and Canada, respectively (Dewidar, Marefa websites, 2022). However, no study explains why students prefer these countries to continue their HE. As noticed in Table 6.3, more universities can obtain scholarships to study in the most recognised universities in the Anglophone region (241 universities) and Europe (128 universities) compared with other parts of the world (132 universities). Additionally, although there are some suggested countries whose official named languages are not English since English has become a dominant medium of education worldwide, non-English-speaking countries might establish EME programmes for their

national students. All these international exchanges are seen to build up the reputation of Saudi universities:

Extract 6.9.

In the year 2030, we aim to have at least five Saudi universities among the top 200 universities in international rankings.

(The Vision2030 plan, p. 40)

To obtain a higher ranking, there is a need to focus on changing the current curricula in schools and universities to be more competitive with other countries, which seems to suggest the internationalisation of the curriculum. This indicates that there may be some tensions between ranking aspirations that seem to require 'following' international standards and achieving an internationalisation approach that serves national values:

Extract 6.10.

We shall help our students achieve results above international averages in global education indicators. To this end, we will prepare a modern curriculum focused on rigorous standards in literacy, numeracy, skills and character development.

(The Vision2030 plan, p. 40)

Despite an inspired and steady plan to enhance the HE sector to be part of global development, there is an absent role of language, what languages students and teachers should use as media of education to receive knowledge, curricula and materials and what languages may be valid or of interest to connect with the rest of the world from Saudi education. The above documents and the website emphasise the importance of achieving national goals by internationalisation to be part of global development. However, there is no evidence of who is behind the documents, their qualifications and/or positions, and whether or not there is any collaborative work between macro-level and grassroots agents to set these documents. It also clearly shows a lack of interest in focusing on the critical role of languages and how policymakers view and employ languages in education. Based on the literature and the medical school curriculum, EAP and ESP are compulsory at all levels. However, there is no indication in the MoE document or website about the role of English in HE. Although the general/national educational policy appears to position Arabic as the 'main' medium of education for all levels and materials in the Saudi educational sector, as far as I know, many international universities and schools and public universities think of themselves as 'implementing EME' as a part of internationalising the Saudi education system and, at the same time, participating in global development.

So, the next section will analyse the documents sourced at the more local institutional level to understand how the medical school programme at GC University conceptualises national, international, and local goals and practices and any references to the roles and functions that language may have been asked to play.

6.4. Examining the Documented (Language) Policies at the Institutional Level (Medical School)

After showing how the Vision2030 plan and the MoE aim to involve in globalisation by encouraging five universities to obtain higher ranking, in this section, I explore 1) how the medical school interprets and reports to engage in implementing internationalisation, how (far) it seeks and engage with the global and national market and in what ways and 2) the extent to which institutional documents outline any 'official' language policy, and/or how and when language is referred to 'on paper'. However, when analysing the documents at the institutional level, the authorship of the medical school documents was also obscured. It is again unclear whether the authors are from the medical school and/or the GC University administrators as top-down agents, and there is no evidence of any involvement and collaboration between top-down and bottom-up (i.e., students and teachers) agents.

6.4.1. 'Internationalising' the Medical School Westernisation-Anglicisation: Internationalisation Abroad, at Home, and of Curriculum

The analysis indicates that the medical school's objectives are along with the Vision2030 agenda, and I focus mainly on the extent to which it is recognised that English is seen as a tool to achieve internationalisation purposes. As can be seen from the title, a major theme emerging from the analysis is that the medical school appears to be equating 'internationalisation' with connections with Anglophone medical institutions. So, this section aims to shed light on the areas where policymakers 'internationalise' the medical programme (in goals and missions, curriculum, Clinical training, teaching development, research engagement, exam and assessment, and Academic accreditation) and what kinds of agreements and collaboration medical school has established. In Table 6.4, the documents analysed and focused on internationalisation are the Medicine and Surgery Programme Guide, programme specification and internship documents. I also employed two websites to help clarify certain points, like academic accreditation, due to the unclear or lack of information in the documents.

Table 6.4: *The significant sub-sections of the second theme: Internationalisation as Westernisation-Anglicisation*

The sub-section	No of Documents	Names of Documents
In the goals and aims of the medical school	2	- medicine & surgery programme - programme specification
In Curriculum	1	- medicine & surgery programme
Clinical training, teaching development, and research engagement	1	- medicine & surgery programme
In exams and studying abroad	1	Internship
Academic accreditation		- GC University's website - Education and Training Evaluation Commission's website
Analysed Documents		3

The programme specification of the Medical School brings together religious goals and internationalisation as part of its aims and goals for students graduating from it. Aligning itself with the national policy documents, it states that it wishes to equip the students with Islamic beliefs and values and international ethical standards focused on patient care. So, students will graduate as professional physicians and health carers as it is one of the programme's goals:

Extract 6.11.

To graduate life-long learners with professional leadership attributes who value Islamic principles, international ethical standards and patient-centred care.

(Programme Specification, p. 4)

To engage in global development, the medical school wants to exhibit global connections by establishing 'international' agreements with key agencies and institutions to fulfil international standards and requirements:

Extract 6.12.

[The medical school] has initiated various international agreements to improve the MBBS Program of the College of Medicine. The purpose of these agreements is to continuously develop the MBBS program in order to cope with the international standards, conduct clinical training for undergraduates and graduate students, teaching assistants and technicians.

(Medicine and Surgery Programme Guide, p. 38)

Although it was unclear where these international standards and requirements come from, I found elsewhere that these international standards are only linked to medical institutions in Anglophone countries:

Extract 6.13.

Internationally, the key agencies which influence medical education are the Accreditation Committee for Graduate Medical Education (ACGME), USA and the General Medical Council (GMC), UK.

(Programme Specification, p. 3)

So, following these key agencies in their health care system and knowledge based on Anglophone norms and standards is believed to help the medical school at GC University to be involved in global development, reach international influence faster and become more vital in medicine. However, it ignores the role of non-Anglophone agencies that might contribute significantly to this field by providing services, training and materials that might suit and meet the needs of the medical school. The school's programme guide shows, however, that efforts have been made to balance national standards and its engagement with the internationalisation of curriculum (IoC):

Extract 6.14.

The curriculum design has taken into account the national standards and the international requirements of the major agencies that influence medical education.

(Medicine and Surgery Programme Guide, p. 8)

Once more, internationalisation will be achieved through establishing collaborations and agreements with so-called 'international' Anglophone universities. There are agreements with an American university in several areas:

Extract 6.15.

[GC University] and the [the name of the American university], USA, have agreed to cooperate in the academic, research and clinical developmental fields.

(Medicine and Surgery Programme Guide, p. 38)

Although the text mentions 'cooperation', questions may be raised about the extent to which the actual negotiation from both sides has taken place or to what extent the procedure involves 'taking' a significant part of the Anglophone university's curriculum and its clinical development and 'transferring' it to the medical school at GC University. This would, in turn, suggest possible tensions between The MoE's national policy that seems to discourage 'passive

copy-cat' approaches to internationalisation where Saudi HEIs may simply 'receive' the most recent knowledge, materials and services from 'international' Anglophone countries. A possible relation of inequality in curriculum design may be interpreted from the document analysis when we find out that, after a while, the American university sends a team to GC University to 'collaborate' with local teachers, review and evaluate how the medical school implemented the curriculum:

Extract 6.16.

Review and evaluation of the curriculum at the Faculty of Medicine, [GC University]: The duration of this program is two years. The program began and went well. Five faculty members at the [the name of the American university] visited several times. Extensive and multiple recommendations were made to raise the level and increase the effectiveness of teaching, training and evaluation in the basic and clinical sciences at the college.

(Medicine and Surgery Programme Guide, p. 38)

It is worth noting that the documents do not suggest that the Saudi HE or the administration of GC medical school offered input and review of evaluations to the American University, thus suggesting that the cooperation was not a two-way street. The role of the American university here appears to entail 'ensuring' that the medical school follows the 'international' criteria and requirements. These criteria are established and regulated by institutions in Anglophone and European countries to facilitate becoming an internationalised faculty in medicine through the academic accreditation system currently followed in SA, as explained in Chapter 1 and the next paragraphs.

The administration of the medical school and GC University seems to equate 'obtaining the curriculum from an Anglophone university' with their medical school becoming internationalised. However, this is not to say that teachers simply copy this curriculum without engaging in any form of transformation and adaptation in the classroom. Based on students' and teachers' reported beliefs, all information provided in the textbooks and medical books, e.g., statistics and types of diseases and health issues, come from Anglo-European contexts. However, some teachers provide information and sources related to the Saudi, Gulf or MENA contexts as extra information to match the local needs of the Saudi society with its own health issues, diseases, and circumstances. Perhaps even more interestingly, for research purposes, there is no explicit information about the LP followed in the documents or the website when the medical school decided to implement the medical curriculum and who is/are the LP manager(s) that decided to use 'English' to be a medium of education instead of using 'Arabic' and 'English' via

translanguaging or only 'Arabic' as media of education. However, the non-official understanding of staff and students in this school is that this agreement seems to include the language policy of EME.

Besides the curriculum, the document Medicine and Surgery Programme Guide also mentions other agreements and collaborations with another university and a health system based in the USA for academic and clinical research and training purposes. These agreements stated that students would receive training in the international Anglophone country during their studies:

Extract 6.17.

A cooperation agreement between the two sides for a period of three years with regard to a program for exchange of students and optional clinical training for students of the Faculty of Medicine.

(Medicine and Surgery Programme Guide, p. 39)

Such an agreement may ensure that students understand and follow the guidance from the American health system and apply it in the Saudi context. However, again, interestingly, there is no mention of reciprocal collaboration whereby US medical students will train in SA. One way of the collaboration is to encourage teachers at the GC medical school to obtain certificates and fellowships in medical education:

Extract 6.18.

Certificate in Medical Education: Thirty faculty members of the College of Medicine (three groups, each group of ten faculty) obtained a degree in medical education after attending the program. Short fellowships at [the name of American university]: Six faculty members of the Faculty of Medicine received a fellowship in medical education.

(Medicine and Surgery Programme Guide, p. 38)

So, the medical school depends on American universities to provide teaching training for teachers to teach and implement the curriculum successfully. However, there is a lack of references about the languages used to provide teaching and clinical training sessions.

For research and academic engagement, although Anglophone connections – and American connections mainly – are the most dominantly referred to in the documents, there is also some evidence that internationalisation in the medical school can also take place with institutions based in Outer circle contexts, like Malaysia as the only non-Anglophone university that GC medical school admitted its collaboration. One of the medical school's aims is to establish corporations for having a joint research project with a Malaysian university to increase students'

and teachers' academic involvement in research, be active research members, and participate in research projects with people from different cultural backgrounds:

Extract 6.19.

[The name of the Malaysian university]: Cooperation between the two parties in academic, research and developmental clinical research, with the possibility of creating opportunities for joint investment. With regard to a program for exchange of students and optional clinical training for students of the Faculty of Medicine, [GC] University.

(Medicine and Surgery Programme Guide, p. 41)

It seems the collaboration is also designed for students to provide them with clinical training, and there is an exchange student programme. However, interestingly, there is no mention of reciprocal collaboration whereby Malaysian medical students will train in SA. Besides, there is still a lack of indication to use English for research collaboration or what languages are recommended for research because not all institutions the medical school collaborates with are from Anglophone countries.

The purpose of establishing training and collaborations with 'international' Anglophone universities to obtain their health system standards is to familiarise Saudi medical students with preparing and passing the international examinations, which are mandatory if students are interested in studying medicine abroad in 'international' Anglophone countries. When the document analysed gives examples of the 'international' exams that students need to aim for, it only makes direct references to medical tests developed and accepted by Anglophone nations:

Extract 6.20.

Internship is a good time to prepare yourself for international exams e.g. USMLE (United States Medical Licensing Examination), or others if you intended to complete your career training abroad.

(Internship, p. 16)

In general, the internship programme is mandatory for medical students to be taken either in SA or abroad. As far as I know, after discussing with students and a member of the internship committee, some Saudi universities consider an exit exam to transfer to the internship. Yet, based on students' reported experience, there is no exit exam to transfer the students from year 6 to internship at the GC University. In case students want to study some of the specialities or rotations or all internship programmes outside of SA, GC University helps them apply for admission to 'international' Anglophone universities with which they have an agreement.

After finishing the internship, the interns should have an exit exam to be qualified to study residency (postgraduate training), which is the Saudi Medical Licences Examination (SMLE):

Extract 6.21.

The exam is composed of 100 multiple-choice questions (MCQs) from different specialities.

(Internship, p. 4-5)

There are more details about the nature of these licences, like the type of exam, what areas it will cover, and how many questions there are in each section. However, the role of language use is still unclear regarding what 'language(s)' will be used in the exam.

After they pass the internship programme, the students can study either in SA or abroad for Residency (postgraduate training) or work as GPs at a Saudi hospital or clinic. Students who decide to study in SA are required by the MoH to obtain %50 of the SMSE (Saudi medical selection exam) besides other requirements (like GPA %30 and a resume or curriculum vitae %20):

Extract 6.22.

The Saudi Medical Selection [or licences] Exam (SMSE) is a mandatory exam that a medical graduate has to pass in order to be accepted in the local Residency Training Programs to pursue his/her postgraduate training.

(Internship, p. 4)

If students decide to study abroad, the SCFHS encourages them to obtain scholarships, mostly in Anglophone countries. However, every Anglophone country has its own exam like The United States Medical Licensing Examination (USMLE), The Medical Council of Canada Qualifying Examination (MCCQE), and the United Kingdom Medical Licensing Assessment (UKMLA), according to students and teachers' views in the interviews. For example, when SCFHS designs the internship document, they provide information about opportunities to study abroad:

Extract 6.23.

MRCP (membership of the Royal College of Physicians UK, Ireland and Australia): This is another option that enables you to join UK, Ireland, or Australia General IM Physician Training for 3-5 years. The training should be in one of the recognised training centers by the Royal College administrations.

(Internship, p. 63)

In doing so, the medical school and SCFHS seem to be 'enablers', or at least 'supporters', of the implementation of Anglophone countries' systems and policies in assessment, training and

curriculum. Comparing the previous list in Table 6.3 to the medical scholarship, the MoE gives particular attention to medical studies and suggests countries where students can study any medical field, as shown in Table 6.5.

Table 6.5: *A list of suggested countries to be involved in studying in medical fields for a scholarship*

The field of the study (Bachelor, Fellowship, Master)	The countries
Nursing	USA, Canada, UK, Ireland, New Zealand, Australia, and France
Applied medical science	USA, Canada, UK, Ireland, New Zealand, Australia, France, and Germany
Medicine & Surgery	USA, Canada, UK, Ireland, New Zealand, Australia, and France
Dentistry & Pharmacy	USA, Canada, UK, Ireland, Australia and Sweden

*See the website: <https://moe.gov.sa/en/education/pages/scholarship.aspx>

Again, the MoE shows interest in its students studying medicine in North America and Europe, with fewer chances to study in different parts of the world. Finally, GC University mentioned on the website that it received institutional academic accreditation in 2019 from NCAAA after fulfilling a series of criteria, including:

Extract 6.24.

Mission, objectives, strategic planning, governance, leadership and management, learning and education, students, faculty, institutional resources, scientific research and innovation, and partnership community.

(GC University Website, News Section)

Then, the medical school received programmatic academic accreditation. Both academic accreditations have met all the required standards (e.g., conditions and principles of quality practices) from the NCAAA provided by ETEC (GC University's website, news section, 2022). When the medical school receives the certificate of programmatic accreditation, this accreditation facilitates the process of registering under the British Medical Council's (BMC) directory of international medical schools.

Extract 6.25.

[GC] University is proud to include the College of Medicine in the British Medical Council's directory of international medical colleges. Such enlisting enables graduates of [GC] University to obtain a license to practice medicine and to apply for postgraduate medical studies in Britain.

(GC University Website, News Section)

Such involvement encourages graduate students from GC University to receive a license for practising medicine and enrol for postgraduate medical studies in the UK (GC University's website, 2022). In this way, the school of medicine has gained the trust and been recognised nationally by ETEC, NCAAA, and SCFHS and internationally by the International Network for Quality Assurance Agencies in Higher Education (INQAAHE), North America, and the European Association for Quality Assurance in Higher Education (ENQA), refer to Chapter 1 for more detail.

As seen, to become an 'international medical school', the administration (top-down) agents are required to some extent to demonstrate links with, and perhaps even imitate, similar medical programmes in the UK and USA. Thus, there is an apparent reliance on Western international standards to award a quality certificate, as Western experts can decide when a medical school can be claimed to provide quality education. Even within Western countries, Anglophone countries are clearly the most cited countries in the documents as the main influence in implementing their HEIs criteria and standards in medical education.

To sum up, all the strategies that the medical school at GC University applied are believed that obtaining academic accreditation will first facilitate the development of the labour market and, later, their involvement in the global market. They can reach a higher ranking to be one of the top universities, increase the university's reputation, attract talented students and professional academic staff, and increase their revenues. However, the documents show that GC University and the medical school, particularly, seem to understand internationalisation when only 'cooperating' and 'implementing' Anglophone education systems. An absence worth mentioning is an apparent missing part in the documents and the websites regarding what LP is followed in medical school teaching, learning, assessment, and communication, as well as what languages are used for research, clinical, and teaching training. And yet, the 'de facto' assumption seems to be that this school is implementing EME. The next theme will present the role of language use and policy in the medical EME programme beyond internationalisation.

6.4.2. Language as an 'Invisible Dimension' in Official Documents

This section explores whether and how the medical programme incorporates any language use and policy in its documents. Two key sub-themes emerged while analysing the online materials: programme specification and MBBS (medicine and surgery programme), as shown in Table 6.6.

Table 6.6: *The sub-themes of language as an ‘invisible dimension’ in official documents*

The sub-section	No of Documents	Names of documents
English as an invisible ‘ghost’ in student admissions, induction, and remedial procedures	2	-programme specification -internship
English as an invisible ‘ghost’ in recruitment, developmental and pedagogical plans for teachers	2	- programme specification - medicine & surgery programme
Analysed Documents		2

6.4.2.1. English as ‘Ghost’ in Admission, Induction and Support/Remedial Procedures

The medical school at GC University explained the admission procedure for students who seek to study medicine and surgery. Through analysing the criteria, the university’s system for accepting students in medicine highly depends on the average of secondary school in the scientific stream along with two national tests: the Academic Achievement Test for Scientific Specialisations (called Tahsili) and the General Aptitude Test (GAT) (called Qudurat), as I explained in Chapters 2 and 5. These tests are not related to the English language; they measure students’ knowledge and understanding in various scientific fields (e.g. biology, chemistry, physics, and mathematics) and their analytical and deductive skills in mathematics and the Arabic language. Yet, based on the medical school documents and students’ interviews, the students were accepted into the programme without conducting any clear assessment of the English levels or skills of these students with the language. In terms of international exams, e.g., IELTS or TOEFL, which are often seen as an important requirement to enter EME programmes despite their shortcomings (see Jenkins & Leung, 2019), the university or the medical school makes no reference to their use of any international and other alternative local language tests like STEP. Alternatively, the medical school provided a foundation year, where students study intensive EAP courses along with one ESP/EMP course, which I will explain in section 6.4.5 to equip the students with English language skills and familiarise them with academic-specification skills and environment for coping with the EME programme.

Therefore, I could not identify any official document or website entry that would clearly tell prospective students what language(s) function(s) as a medium of education in this faculty and who designs and shapes these documents and decides the policies. This information is absent in any system that helps the students and/or the faculty determine whether students have the relevant linguistic and communicative competencies to ‘succeed’ in the programme. Even after

students join the programme, the medical school stresses the importance of having an induction day/week for prospective students to present the rules and regulations followed in this school.

Extract 6.26.

At the level of the university: an orientation week program is organised every year for welcoming new students, introducing the university system and services to students and introducing the university and informs students about their rights and regulations.

(Programme Specification, p. 19)

As seen above, this quote stated what would happen on that induction day/week and tried to ensure its care and support to gain students' trust and increase their academic success. Yet, I could not find anywhere in the documents what the induction day/week could be focused on, what these rules and regulations are and whether they include the language policy of the programme.

Although the medical school foresees in the documents that there may be low-achiever students who struggle in their programme, their 'remediation' plan does not make direct reference to linguistic aspects either:

Extract 6.27.

Helping the frailer students to express their obstacles and solving social and academic problems.

(Programme Specification, p. 20)

Extract 6.28.

Involvement of the students in special strengthening classes second time to insure adequate level of competence. b. Retaking a course; reducing the number of courses taken at one time. c. Additional assignments; delay of field experiences, d. Involvement of student in the peer-assisted learning program.

(Programme Specification, p. 20)

Although the medical documents discussed the 'remediation' plan to support students in passing their exams and increasing their confidence, there is no reference to the expected difficulties or the most frequent issues students experience. The absence of language references or related 'remedial' actions (e.g. providing tutors to explain the lectures in Arabic, more ESP courses, Arabic resources/references, or multilingual glossaries for medical terms) is striking given that there are several studies conducted in the Saudi context where medical students complained about language difficulties they encountered when they started studying in EME medical

programmes (e.g., Alhamami, 2015; 2019; Al-Kahtany et al., 2016; Almoallim et al., 2010; Alrajhi et al., 2019; Al-Zumor, 2019; Khan, 2020; Louber & Troudi, 2019; Shamim et al., 2016). One of the remediation plans is to provide special strengthening classes, but it is unclear what they mean by this suggestion. It could be interpreted as providing English language classes, extending the course length, and/or employing translanguaging to explain the course content. Yet, there is still ambiguity regarding the role of language use in the remediation plan for low-achiever students.

6.4.2.2. English as ‘Ghost’ in Recruitment, Developmental and Pedagogical Plans for Teachers

Another area that the medical school pays attention to is providing a development plan for its students and teachers, as mentioned in the Programme Specification. Regarding the teachers, its focus is to familiarise teachers with managerial duties and tasks and develop syllabi, curriculum, and research skills. Therefore, the school has created a Continuous Medical Education (CME) to develop teachers through designing a professional development plan. The development plan is in different areas:

Extract 6.29.

Academic assessment workshop; Item Writing Course (Developing MCQs); Designing course specifications & the appendix; Advanced Microsoft Excel- Workshop; Team building and Improving quality of assessment.

(Programme Specification, p. 24)

Apart from the developmental plan is to encourage the teachers for more engagement in research and participation in the conferences to be updated in their specialities:

Extract 6.30.

The teaching staff regularly participate in academic activities (e.g., participation in conferences and research projects, arbitration of theses and research) to ensure their awareness of the latest developments in their fields of specialisation.

(Programme Specification, p. 24)

However, CME and the document Programme Specification did not mention whether they provide training sessions to develop their EME teaching skills. Besides, there is a lack of references about what languages the medical school uses to provide these training sessions and whether these training sessions are provided by Anglo-European experts. Moreover, the language used to conduct research and participate in conferences is not highlighted explicitly what languages academic staff should use to be professional academic staff at the university and as physicians.

I also noticed that the documents drew some expectations that content teachers should follow specific interactive teaching strategies. These strategies aim to facilitate the delivery of the content subject in a compressible way, especially in complex topics, and to increase students' understanding. For example, one of the teaching strategies that is highly mentioned in the documents is that teachers are encouraged to make students the centre of the class to enhance self-learning and development:

Extract 6.31.

Teaching and learning strategies are student-centered and encourage active learning.

(Programme Specification, p. 14)

This technique is recommended by quality standards and policies and implemented in many international medical schools, though it is unclear whether the promotion of student-centred learning is motivated to promote a more successful EME implementation or whether it is the result of influences from adapting the curriculum from an American university in medicine:

Extract 6.32.

Quality policies have to be learning-oriented and centered on student's learning experience.

(Programme Specification, p. 30)

One of the recommended teaching strategies is that tutorial (in the classroom) and clinical (in the lab or hospital) classes heavily depend on interactions between students-teachers *and* students-students to increase learning when they discuss patient cases/scenarios, brainstorm, practise problem-solving and decision-making when they apply what they learn in class to real-life cases:

Extract 6.33.

Learning is based on interactions between learners and teachers.

(Programme Specification, p. 30)

Another recommended teachers' strategy is to use multimodalities like videos, audio or pictures while they are teaching:

Extract 6.34.

Discussing lecture objectives, starting with a trigger-audio/video/scenario/question, allowing interruptions for students' questions.

(Medicine and Surgery Programme guide, p. 18; Programme Specification, p. 15)

As the interviews and observations findings will demonstrate, the lectures depend heavily on multimodalities to deliver the subject content quickly, particularly the complex ones, and help students comprehend the heavy content more quickly and effectively.

Although translanguaging is visible in other data sets, including the linguistic resources historically attached to labelled languages like Arabic, English, Greek and Latin when communicating and interacting in the class, these documents do not mention any language or provide any references to communication and negotiation or what languages teachers should provide when using multimodalities in a multilingual setting. While moving from teacher-centred to student-centred pedagogies is often recommended for EME programmes where the medium of education is an additional language for many students (e.g., Şahan & Rose, 2021), the policy documents do not concede in any official way any links how these pedagogies may be helpful for multilingual English taught programmes.

Additionally, while there is some information on the (non-English-related) requirements that students should consider being accepted in the programme, there is a considerable lack of information on working mechanisms for recruiting teachers or based on what criteria (e.g., their English knowledge, teaching or working at hospital experiences, etc). It is also impossible to infer this information because there is no basic information about content teachers in their profiles on GC University's website (e.g., nationalities, linguistic backgrounds, experiences in the field). The only available information on the GCU's website is the names of the teachers and the departments to which they belong. Some teachers provided their specialities and photos (only men show their pictures, but women do not for religious/cultural reasons). Overall, there seems to be no available information for students to know about their teachers' language policy and what languages teachers use when teaching either, after showing the lack of clear LP in EME in the admission and induction procedures. The next theme concentrates on how the medical school viewed 'language' and how to employ 'language' to develop language-related skills at the university and hospital.

6.4.3. Language as 'Medicine-Specific Communicative Skills': A Disciplinary Perspective

There are some expectations that medical students and interns should develop their communication skills during their studies, where every physician should know how to deal with patients, their colleagues, and their teamwork. I found these documents concentrated on the necessary language skills that medical students should develop during and after their internship.

They prioritised and highly recommended productive skills in the first place. The first skill to develop is writing for taking medical histories and reports. For example, the internship document suggested taking medical history regularly as if students write a to-do list:

Extract 6.35.

Keep track of your patients' information and their investigations (e.g., maintain a 'to-do' list).

(Internship, p.16)

There are some criteria for writing medical histories, yet these criteria are not related to grammar or spelling. For example:

Extract 6.36.

Students are able to obtain an accurate and comprehensive medical history to reach a diagnosis.

(Programme specification, p. 37, underlined for emphasis)

Extract 6.37.

Evaluate all new patients under the supervision of a consultant, by a taking proper history of the patient.

(Internship, p. 15, underlined for emphasis)

As can be seen, the criteria for taking medical histories should consider accuracy and comprehension. Therefore, the document seems to emphasise disciplinary content and meaning 'accuracy' over narrower notions of 'linguistic or grammatical' accuracy. No signs of this need to be defined according to native-speaker standards. Instead, they focus on delivering a clear and comprehensible message to nurses and physicians to help them write medical reports later. However, it is difficult to establish from the documents whether this may be because linguistic/grammatical 'accuracy' or 'correctness' is not pursued or because this is simply assumed as the only possible, desirable outcome. The fact that preparations for IELTS as an elective course (see Figure 6.1, section 6.4.5) are offered in the curriculum might suggest that native-speakerism is not entirely disregarded or challenged in the school.

Also, writing skills are vital to writing a medical report that is built based on regular writing of medical history. According to the internship document, the way to write the medical report is similar to taking medical histories, but with more details, not like a to-do list:

Extract 6.38.

Their reports have to be clear, concise, and adequately detailed because they will have a critical impact on the management of patients.

(Internship, p. 100, underlined for emphasis)

The medical report needs to provide details with clear and precise information, which means they rely on delivering meaningful messages with an accurate description of patients' medical cases, yet with relative vagueness about how students and interns should write medical histories and reports. Additionally, there is no explicit policy regarding what 'language' should be used and whether there is any focus on language aspects, e.g., grammar and spelling. Yet, it is still unclear who develops these documents and sets the criteria for writing medical reports. It is also important to acknowledge that the internship document is designed based on SCFHS as a local agency for students who will intern in Saudi hospitals. However, when the internship occurs in Anglophone countries, it seems logical to assume that English will be the working language and that there might be different standards and criteria.

The second critical skill that medical students should learn and master is speaking skills. This could be achieved when practising presentation skills in seminars and when presenting and discussing patients' cases with other physicians:

Extract 6.39.

You should have the opportunity to practice and improve your presentation skills. You will be asked to present patient case histories and clinical details at the bedside during regular ward rounds.

(Internship, p. 16)

One important criterion that the document internship pays attention to is to deliver meaningful messages to either patients or their colleagues (e.g., physicians and nurses):

Extract 6.40.

Clear and appropriate communication skills.

(Internship, p. 103, underlined for emphasis)

Extract 6.41.

Good communication skills: Talking to others to convey information effectively.

(Internship, p. 115, underlined for emphasis)

While it's crucial to develop productive skills like writing and speaking in the health sector, it's equally important to understand the role of receptive skills in medical practices. This document underscores the significance of listening skills, a mastery that every intern and graduate should strive for. By showing genuine interest in listening and being fully aware of what is being said, they can interact effectively with patients, physicians, and health workers:

Extract 6.42.

Having an interest in listening to patients, getting to know them in-depth and understand and empathise with them.

(Internship, p. 114)

Additionally, physicians and health carers are encouraged to be patient when listening to their patients talk and engage with them without interruption because they need to foster active listening to have effective communication:

Extract 6.43.

Active listening: Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.

(Internship, p. 115)

However, the document did not mention anything about language practices, e.g., how physicians can manage when they meet people from different cultural backgrounds and what languages they will speak. Instead, all their focus is on how moral values are reflected in professional actions, which any physician should know as a part of their professional skills. However, how to handle situations with colleagues or patients from different linguacultural backgrounds and repertoires is also vital to be aware of and related to physicians' professional skills in their careers as they are mostly multilingual speakers.

The last skill the document Internship focuses on is reading skills. The document viewed developing reading skills to foster being an autonomous learner through reading intensively in the speciality area of interest:

Extract 6.44.

Must be an avid reader as this branch largely depends on theoretical knowledge, especially during Residency Training.

(Internship, p. 39)

However, the document Internship did not explicitly refer to what 'language' students need to enhance their reading proficiency or which books from Anglo-European or non-Anglo-European countries they need to develop their reading skills. No reflections are provided on reading skills and the needs of those using English as an additional language or through what academic language(s) students are meant to develop their reading competence.

Additionally, the documents did not explain how students could develop their language-related skills. The document lacks explicit reflection on what languages may be needed when talking to patients, physicians, and other health workers in the different contexts where these medical students are likely to find themselves. Additionally, the language policy is unclear on whether multiple named languages can be used in a communicative event or whether 'added monolingualism' is preferred. Besides, the document has no particular preference regarding how medical students and interns should speak, whether native-like or other Englishes or Arabic uses may be preferred. The terminologies used in the documents are still broad and vague regarding what they mean in practice.

Nevertheless, it seems 'invisible' LP managers focus on 'clarity', 'intelligibility', and medical content 'accuracy' in professional interactions. If these policymakers were informed by standard language ideologies, they could be operating with an unstated assumption around native speaker standards being the only way to achieve such clarity in meaning-making. However, there is no evidence to make definitive assertions one way or another from the documents alone. What transpires more clearly from the text analysis is the concern of developing *disciplinary* communication skills, whether these may be informed by native-speaker models or not. They are more concerned with discipline-focused skills that any medical students and interns should acquire and master to get their job done professionally. Therefore, the documents seem to pay attention to intelligibility by allowing the notion of acceptability suggested by Hynninen (2016) applied rather than correctness to reach the message comprehensibly.

It is, therefore, necessary to go beyond the analyses of documents to understand how teachers and students orient to language in their educational practices and whether there is an ELF orientation in speaking and writing by focusing on intelligibility in the medical field regardless of whether speaking and writing following NES norms in case students are required to use English. It will be interesting to consider how teachers and students understand the notion of acceptability and how and when they allow more unconventional linguistic practices to pass regardless of traditional forms of correctness as long as intelligibility is not at stake (see Hynninen, 2016).

6.4.4. Language and Communication Skills as Objects of Assessment

Most documents discussed so far exhibited an explicit absence of LP regarding the medium of teaching, communication, and assessment that is recognised and used, whether monolingual NES standards or ELF and translanguaging orientations are considered. Therefore, I accessed assessment rubrics designed to assess students' oral performance to investigate whether language policies of the 'semi-official' documents could be identified. I accessed the rubrics for the two main exams in the medical programme: OSCE and seminar. Both exams assess students' medical knowledge and speaking performance. Analysing the rubric exams helped me identify the kind of LP currently applied in the school of medicine.

6.4.4.1 Seminar: How to Present and Communicate with their Colleagues

As explained above, the seminar is a group presentation where the students can foster autonomy and develop language, communication, and presentation skills. The students should conduct the seminar only once at the end of each block/module and evaluate with three examiners from the medical school at GC University. The idea of the seminar is for students to present topics that have not yet been explained in the lectures or tutorials of that block. The teachers provide suggested topics, and the students should choose from the list. The presentation is within 10 minutes, then a 5-minute discussion, where the rest of the class and the examiners ask questions to the presenters. Yet, most questions come from the examiners to evaluate the level of understanding of the presented topics. After the seminars, the examiners will choose some topics covered in the seminar and ask the students to study them for MCQ, along with lessons in the lectures and tutorials. I believe these seminars might be a way to cover the other half of the lectures due to the limited time allocated for each block/module, as some blocks/modules lasted for two weeks, including the three exams (seminar, MCQ exam, and OSCE). So, teachers cannot cover all the required topics in that block. As such, students' duties are to read, prepare, deliver, and explain the content sufficiently. Since the procedure for conducting the seminars is not mentioned anywhere in the official medical school documents, I decided to explore this oral exam more through students' and teachers' interviews. Based on students' and teachers' reports, they are unaware of the identities of the managers and/or policymakers who designed the seminar rubric and whether it was designed by inviting bottom-up agents to set it in the past. From the interviews, it seems to me that the students and teachers have not been contacted by medical school administrators to collaborate and design the rubric. The continued references by agents to such documents 'being there when they arrived' leads me to refer to the

figure of 'unidentifiable legacy managers' whose policies have been seemingly inherited by current practitioners.

When analysing the seminar rubric, I found three parts that should be considered to evaluate students' performance: social skills, presentation skills, and knowledge expertise. The social skills students should perform are verbal, non-verbal and teamwork communication skills. Non-verbal communication depends on body language, facial expressions, confidence, and eye contact. In contrast, teamwork is how the group members develop ideas, distribute responsibilities and act based on their roles in the presentation. On the other hand, there is one area that can be found to evaluate students' language skills, mainly speaking, which are embedded within verbal communication skills, e.g.:

Extract 6.45.

Pronunciation of words, clear voice, reading from script, using inflections to create interest.

(Seminar Rubric Exam)

However, the rubric does not allocate a place for language use to state the language policy of the seminar. There is no indication of what languages students should use when presenting and whether students can practise translanguaging. Besides, the pronunciation of the languages is unclear, whether students can use the dialectal or modern standard Arabic (MSA) or, in the case of using English, it is not explicit whether 'pronunciation of words' refers to native-like ways of speaking or to the need for intelligibility to deliver meaningful information to the audience, which leaves plenty of interpretations to the specific examiner.

The second part focuses on presentation skills like the quality of the presentation (e.g., using technology, PowerPoint, animation, and visual aids), time management, and organisation of the presentation (following logic flow). Based on students' interviews, some teachers pay attention to the spelling of medical and non-medical terms when evaluating the PowerPoint because having correct spelling is part of evaluating the quality of the presentation. However, the criterion is not mentioned in the rubric.

The final part is to evaluate knowledge expertise about a topic through how to deliver the subject content. The evaluation criteria are preparation of the materials (using different, sufficient, accurate and updated sources and references, using medical cases to reach clinical decisions) and depth of knowledge (ability to deliver comprehensive information about a topic and answer the audience's questions). Based on classroom observation and student interviews,

some teachers provided formative assessments⁹ during the seminar, while others, like the seminar I attended, did not provide any feedback. Yet, in the end, the students receive marks as a summative assessment, where two to three evaluators, who are teachers in the medical school and have the same speciality, assess students' presentations and agree on marks.

6.4.4.2. OSCE: How to Communicate and Deal with Patients

Evaluating students' speaking performance and communication skills in OSCE (Objective Structured Clinical Examination) differs slightly from seminars. The examiners are from the hospitals (non-academic medical staff) and/or academic medical staff from the medical school, depending on the academic staff's availability. This is often justified by the lack of academic medical staff at GC University to examine each student. All the details about OSCE are not mentioned anywhere in the official medical school documents. So, I depend on the description based on interviews with students and teachers. The idea of the OSCE focuses on developing oral performance because the students need to show their clinical skills in a standardised medical scenario, which is a way to demonstrate their medical knowledge and communication skills, take medical histories, perform physical examinations, and practise clinical reasoning. Again, according to students' and teachers' interviews, they do not know who designed the OSCE rubric assessment, whether medical school administrators (usually physicians who work as administrators) or experienced teacher physicians, or whether it was designed due to collaboration between top-down and bottom-up agents or not.

By analysing OSCE rubrics, I encounter vague, broad terms that could be interpreted as evaluating language aspects. For example, these rubrics suggested terms like *attitude* and *character* as criteria that might evaluate students' speaking and language. During the interview, one teacher indicated that she uses the term 'attitude' to assess her students' language skills due to an evident absence of criteria for evaluating students' language and speaking skills.

⁹ Summative assessment usually provides grades because the purpose of the assessment is to evaluate and judge the performance, which happens at the end of the course or a unit. Besides, several assessors usually evaluate the performance to provide the final marks. On the other hand, a formative assessment is an ongoing evaluation, which is considered a preparation for the summative assessment. Because formative assessment is usually an informal evaluation, no marks are provided because the assessment aims to improve by providing detailed feedback (Broadbent, Panadero & Boud, 2018; Ismail et al., 2022; Svensäter & Rohlin, 2022).

To sum up, the School of Medicine attempts to develop language, presentation, and social skills for their students. These life skills are necessary to be partially trained and equipped during their studies, and students are expected to improve those skills after graduation when starting to work at hospitals. However, when assessing these skills, the language aspect under verbal communication skills is absent or only vaguely represented in the criteria. Only one criterion in the seminar rubric mentions that students are expected to be evaluated on their language, mainly their pronunciations, which could be in medical or non-medical terms.

6.4.5. English in the Timetable

Although neither the documents nor the website makes visible references to support English language use, the documents Medicine and Surgery Programme guide and Programme Specification provide all the departments from which modules/blocks are derived. The students should go through all these departments during the six years of studying for the bachelor's degree in medicine and surgery, see Figure 6.1, as it is designed based on the information on the website of GC University and medical schools. These documents disclose teaching the English language explicitly named in the documents, clarifying that English language courses are provided in the programme. Therefore, the school shows interest in developing its students' English language skills.

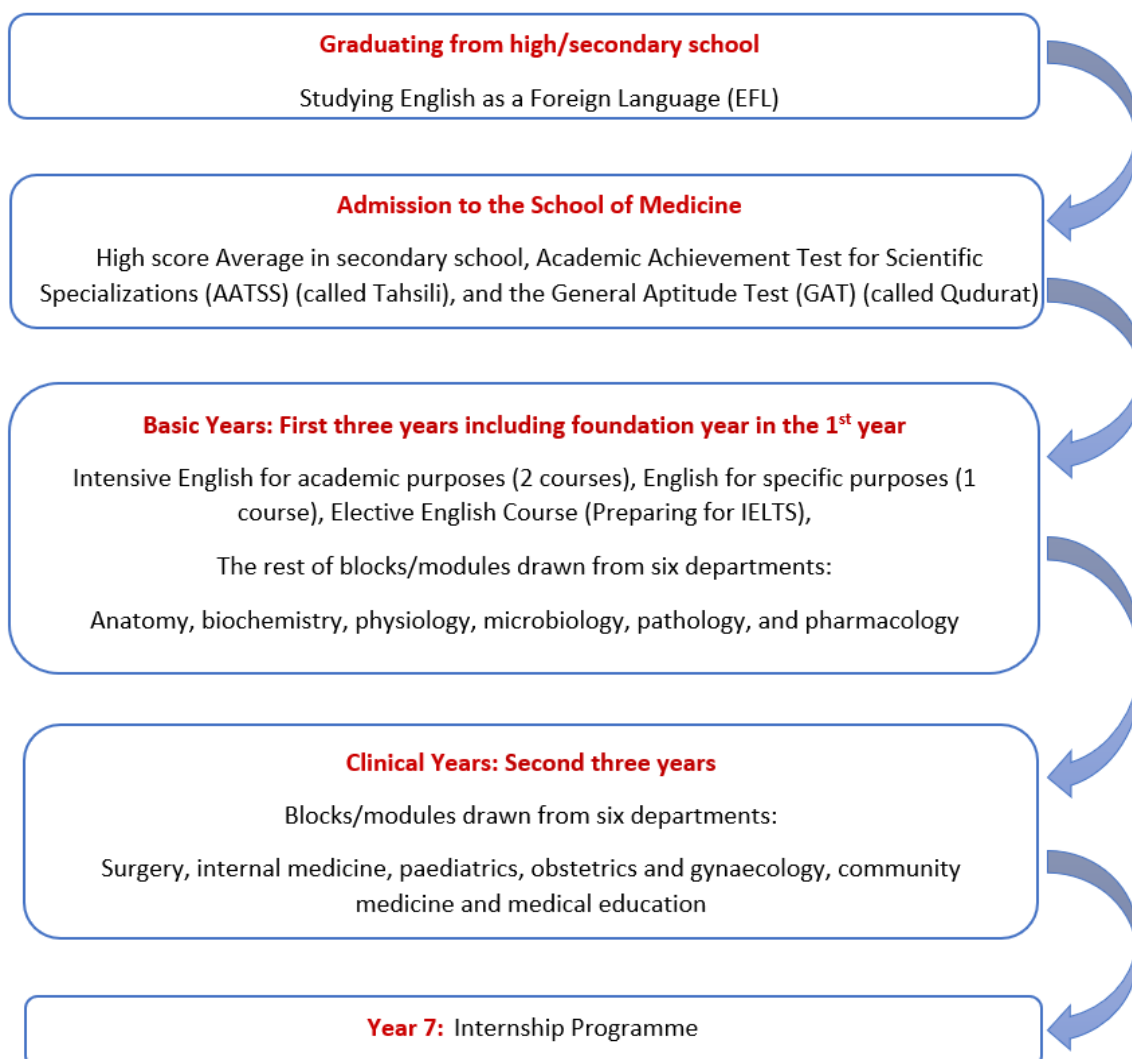


Figure 6.1: *The visual representation of the programme followed in the medical school at GCU*

This is because I believe the university and the school of medicine seem familiar with the educational system in schools regarding the way of English teaching and learning as a foreign language, and the students who recently joined the university have weak exposure to the English language as a single subject in the schools. Therefore, the foundation year, which is the 1st year, is designed as a starting point to familiarise the students with the nature of the medical field and what it looks like and intensify their English skills and proficiency.

The kinds of English courses available in this foundation year are EAP and ESP. The EAP courses are intensive, where students attend classes 12 hours a week by studying two books each semester. On the other hand, only one ESP course is about English in medicine, where students attend one two-hour course in the second semester of the first year. Yet, I believe the GC medical school administration assumes one course of ESP would be enough, believing that students will develop and acquire medical terminologies (i.e., some Latin grammar, spelling and pronunciation)

during their studies by this time. Besides, the administration seems to depend on content teachers for more incidental learning of medical terminologies, disciplinary uses and patterns, spelling and pronunciation while teaching the subject content.

After the foundation year, an elective course should be taken in the third year of the basic year. Based on students' interview data, this elective course has three courses: *presentation skills in English*, *preparation for IELTS* and *21st-century skills*, and this elective course is mandatory to be taken and passed. For the medical school, the management finds the course *preparation for IELTS* is the most appropriate and valuable for students to have a general background about the international exams, especially medical students who have an opportunity to obtain a scholarship and study abroad after graduation. The administration here is aware of the influence of IELTS as a main access for students if they decide to study abroad in one of the Anglophone universities. However, there are no explicit reflections on the suitability of IELTS for Saudi students nor the relevance of the native-speaker standardised ideals against which IELTS tests tend to measure competence (e.g., Jenkins and Leung, 2019).

6.5. Conclusion and Summary of the Chapter

This chapter has examined the websites and online materials of Saudi Vision, the MoE, GC University, and SCFHS as official documents, as well as some semi-official documents like a seminar rubric and the OSCE examination checklists used in medical school at GC University.

The general overview of the policies in the official documents is that the policymakers tend to use broad and vague terminology, which can make the policies challenging to interpret or might open to a variety of interpretations. Nevertheless, there are vital areas in which these documents focus on global and international goals and strategies, national objectives, and religious beliefs and values in relation to globalisation. However, all these documents neglect one key aspect: the explicit role of 'English' and 'other languages' in national and institutional policies. Except for educational policy, language policies state clearly that the medium of education at all levels is Arabic. However, English has an existing role as a mandatory foreign language course in schools and higher education, including many private international schools and universities.

Furthermore, despite the MoE showing awareness of other languages being used as the medium of education, "instructions can be given in other languages if the situation necessitates", it does not discuss whether overt translanguaging or parallel-monolingualism as a medium of education is welcome in such a multilingual context. Another point I noticed when analysing

medical policies is that the documents mention areas where internationalisation has happened but without describing the relevant processes at work. Additionally, it seems that the policymakers implicitly equated internationalisation with Anglicisation by establishing collaborations and agreements in research and clinical training, preparing students for 'international' Anglophone exams, and encouraging studying abroad in Anglophone countries. Another aspect of equating internationalisation with Anglicisation is awarding institutional and academic programme accreditation based on an 'international' Anglophone educational system.

However, GC University documents lack references to any explicit LP on the preferred language of education for the medical programme, and they do not contain any guidelines for teachers and students about using other linguistic resources. Assuming that English is the medium of education, there is also a lack of information on what kind of English is appropriate, e.g., NES (standard and/or native) norms or ELF orientations. The internship document shows that the medical school implicitly prioritises a disciplinary orientation to communication skills and needs in speaking and writing skills, focusing on clarity, accuracy, and intelligibility. In contrast, there is a focus on pronunciation in the seminar rubric. Still, it is unclear whether this is limited to medical terms and whether it aligns with ELF or native-speaker perspective. Although there are no clear guidelines about using English as a medium of education, there are indications that the medical school implements EME, as it offers intensive EAP and ESP courses in the first year, with an elective course on IELTS preparation, using assessment rubrics for seminars and OSCE written in English, adopting the curriculum approved by Anglophone health systems and universities, and obtained institutional and academic programme accreditation, where the standards and requirements are based on Anglophone education systems.

Moreover, the documents are unclear about 'who' is a 'manager' or can be a 'manager' when LP is set for the programme, whether there is any role given to teachers (as bottom-up agents) to be 'managers' by working collaboratively with policymakers and/or administration (as top-down agents), or whether teachers are given the freedom to set their own LP in the class without consulting top-down agents as explicit/implicit LP based on practice. This research, therefore, needs to explore the language beliefs and practices of bottom-up agents, as addressed in Chapters 7 and 8. The next chapter presents the interview findings on the beliefs of students and teachers that have been overlooked or not fully addressed in the document policies.

Chapter 7 Exploring EME Agents' Explicit Views: Findings from Interview Talk

7.1. Introduction

This current chapter now answers the second research question: 'How are the nature, functions and outcomes of English and other named languages conceptualised by medical students and teachers in elicited talk?' This question represents the second component of the language policy framework, i.e., to examine 'language beliefs and ideologies' through how the EME agents perceived LP and linguistic resources, as identified through their reported practices.

I concluded in the previous chapter that the intentional ambiguity of LP is evident. Although internationalisation of the medical school appears to rely on having an agreement with an Anglophone university to provide services for the school (e.g., training and curriculum), I was unable to locate any official documents that declared English as the 'sole' medium of education, any clues toward the kind of 'English' that may lead to the existing references to disciplinary communication priorities, or whether the grassroots are given any role to be 'managers' either working collaboratively with top-down agents or setting their own LP. Accordingly, this chapter examines the findings from the interviews with the students and teachers, focusing on two main aims.

First, it explores whether the teachers and students believe that an 'English-only' policy is in place and why or whether they recognise intentional ambiguity as an opportunity to use their full linguistic resources to achieve the learning outcomes of the subject content. In other words, I explore their accounts and positions on how they negotiate and develop de facto LP based on their language practices and how they navigate the ambiguity of LP. This also includes the evaluations and justifications deployed in their accounts and the understanding of how agents conceptualise their own roles and involvement in policy-making processes.

Second, it explores agents' beliefs concerning 'English' and multilingualism, including how they assign functions, boundaries, and effects to what linguistic resources have been used and in what situations or contexts. It also seeks to explore what kind of linguistic practices are considered successful, erroneous, or un/acceptable (e.g., diverse and variable uses of English, seemingly monolingual practices, or translanguaging).

7.2. The Procedure of Analysing the Interview Data

I commenced my analysis of the data by transcribing all the interviews. My transcription consisted of informational content, excluding most prosodic features. However, to facilitate interpreting the texts, I found it necessary to include some aspects of speech in the transcriptions, including laughter, some punctuation marks (e.g., full stop, question mark), capitalisations for the start of sentences, proper names and the first singular pronoun 'I' (see Table 7.1). My final conventions concerning the conventions were adopted from Mackey and Gass (2005), Kowal and O'Connell, D. (2014) and Flick (2018).

Table 7.1: *The conventions used for the interviews*

Pseudonym	Student/teacher
(.....)	Contextual information, including names of other students, teachers or the university
?	Rising intonation for questions or other situations
XXX	Inaudible
(?)	Uncertain transcription
@	Laughter
.	Falling or final intonation or ending a sentence
[.....]	Explaining an unclear statement, conveying emotion or translating from Arabic to English
Participants labelling	Students → Y4F/M means Year 4 female/male Teachers → F/M

Following the transcription, I read and had initial coding to all students' and teachers' interviews because it was necessary to ensure and highlight the differences and similarities, which helped me to choose representative participants from both sexes and different cultural backgrounds to enrich the data and have a holistic and in-depth view of the EME programme in the school of medicine. However, I decided to go in-depth in the analysis when developing codes and themes by taking two students from each year (male and female) as representatives and five teachers (two males and three females) for two reasons: first, due to constraints to accomplish analysing and writing; second, reaching the saturation level after reading and coding all student and teacher interviews. Additionally, I found considerable repetition of the same information in each participant. That is, since the students from the same year are in the same class, the students share the same stories and incidents that happened in the classes. They also have similar perspectives about some teachers and how they deal with and assess them because they see and notice teachers' behaviours. Therefore, I decided to choose representatives from each year after transcribing, reading and generating initial codes from all the participants. I chose my participants

who provided rich information, explained and expanded some topics like assessments and how they deal with teachers and examiners, justified their actions and choices, and offered interesting examples and stories, especially when connecting their talk with feelings and describing their emotions and reactions (see Appendix H as an example of interview to the student Wafaa and Appendix I to the teacher Hassan).

I generated (1) top-down (pre-established) codes, informed by the interview guide and the literature (e.g., EME, ELF, translanguaging and LP), and (2) bottom-up (emergent or data-driven) codes which resulted from the participants' own words and utterances, with their perspectives bringing new and interesting insights based on their experiences in the EME context. These generated several questions and follow-up questions that were not included in the interview guide but were related to the study's aim and research questions.

To achieve the final codes, I repeated the process of clustering and re-clustering after reading all the codes several times and organising the data based on the emerging codes. I then grouped the emerging codes under emergent sub-themes and classified the sub-themes by connecting them with the major themes. I went through four rounds during this process, commencing from the initial codes until I could create the major themes. The first round consisted of approximately 277, with the second round merging similar codes and deleting repeated codes, resulting in 175 codes. The third round focused on deleting and combining similar codes and separating some to create and rename the major, sub-, and emergent themes and codes until I ended up with 109. During the fourth round, I started to work on the analysis, deleting unrelated codes and merging some that proved similar. Thus, I had seventy-one codes at the end of the coding cycle. During this process, I designed a coding system to show the relationship between the sub-codes, codes, sub-themes, and major themes (see Appendix J). I then expanded to a broader level of sense-making and organised the emerging patterns, themes, and sub-themes by selecting extracts reflecting on the themes and translating the extracts into English (see Appendix K for original extracts in Arabic). At the end of the process, I reach two main overarching sections (Creswell & Creswell, 2018):

1. Understanding, awareness and navigating official/de facto LP in the college, classrooms, and assessment.
2. Conceptualising the linguistic practices of EME agents: The role of translanguaging.

7.3. Understanding, Awareness, and Navigating LP in the College, Classrooms and Assessment

In this section, I discuss how students and teachers perceive LP at different levels, i.e., in the college, inside their classrooms, and on exams. I explore how they construct what ‘official’ LP may be in place in the institution and how they describe ‘de facto’ and bottom-up language policies and processes.

7.3.1. Official LP in the Medical School: Between Ambiguity and Absence

In this section, I focus on the role of LP in EME by exploring the relevant views of the students and teachers. This led me to two conclusions: first, the students generally showed a lack of awareness of the LP in the medical school, while secondly, all the teachers believed that the medical school operated under an EME LP, which was often assumed to mean ‘English-only’ for many. Around 16 students were unaware of the LP of their school, despite the existence of an orientation day/week to explain its nature and the system of teaching and studying. When I questioned Saleem (Y7M) as to whether he had been previously informed about the medium of education, he highlighted his lack of awareness during his first year as follows:

Extract 7.1.

There were no policies, but some [teachers] clarified that the lecture would be in English, and this happened in the first year. However, in the second year, we realised that everything would be in English [no way to escape this].

This indicates that the school did not address any induction/orientation day/week for the freshers relating to LP or that it was not sufficiently explicit for them to notice although it was clear in the medical school documents that there is an induction/orientation day/week but nothing about what language is used. This resulted in at least some students being surprised during their first year; before they realised there was no way of changing the situation, they began to accept the status quo.

Based on students’ interviews, many students who were shocked by the type of medium of education decided to withdraw from the school during their first year. Saleem (Y7M) also expressed his dismay when he realised how many students suddenly withdrew once classes began:

Extract 7.2.

It was very stressful that you had to memorise the terms; everything was new for us. Then, suddenly, we found all the subject content was in English, while we had just graduated from secondary school with English as a single subject, and the rest taught in Arabic. So, it was a shock to use [English] in the first year, and many students withdrew [from the programme].

This left the students with no time to reconsider or change departments, and some students felt they were 'trapped' in EME without being notified of the medium of education and what the administration expected from them.

When I asked the students how they had become aware of the LP of the school, around six students said they had learnt from colleagues who previously joined the university, along with family members, relatives, or friends. Others, however, had only realised the nature of their modules when their teachers started speaking primarily in English. For example, Rana (Y5F) recounts her reaction to using EME when she began studying medicine:

Extract 7.3.

I joined [the medical school], and I did not know the medium of instruction would be English until I started my classes. Then I was shocked. I do not have any relatives who are in the medical field, and I do not know anyone studying medicine. So, I knew nothing.

Regarding teachers' accounts, all teachers showed an expectation that they should teach in English but appeared unaware that not all students were familiar with this policy. Although the teachers believed English-only policies were in place, they were often perceived as ineffective due to the difficulties of controlling their teaching practices in classrooms or assessments. Yusef (M) highlighted the lack of consistency from the administration when it came to strictly following an English-only policy in class:

Extract 7.4.

When the medical school was established, some policies were put in place about language. But these policies started to be reduced because, as academic staff, you are fully responsible for delivering your lecture, and nobody will ask you what you did. But I believe there was a policy to teach 100% in English.

As noted by Yusef, due to the lack of supervision of the teachers' teaching practices, particularly with the sole use of English, teachers have begun to set their own de facto, implicit LP, which reflected their own beliefs and practices in class and examinations, and which resulted in a variety of teaching practices in EME. Furthermore, all the teachers highlighted that, when they started teaching at the university, they had not been given any official and explicit LP in the medical school concerning which named languages they should use with their students. This was

clear when I addressed the same question to Hayat (F), a teacher, who expressed her view regarding the lack of an official LP:

Extract 7.5.

Nobody forced me and told me that I should use English only. If they [the administration] told me to do so, I would abide by it. But nobody said anything. [.....] There is no written policy. But I am supposed to use English for speaking, writing, and reading.

Then she continues when I asked how she knew if the policy was English, she responded:

Extract 7.6.

I think if you talk to the quality [assurance department], they will tell you there is something called dead letter or ink on paper [she says it in a sarcastic way], but I think they will tell you that the policy is English.

Hayat's account confirms that the idea of having an official policy in EME is created by discourses within the institution rather than a clear and public policy that is easily accessible to teachers and students. She speculates that the quality assurance department may be the 'authoritative managers' on LP and those in charge of regulating the language of the programmes, but this is just her belief rather than direct experience.

Based on the lecturers' accounts, the administration appeared to assume that teachers had already been informed that the medium of education was to be English because teachers deal with the quality assurance department and might know that people working in quality expect them to follow English-only policy to maintain academic accreditation. Besides, the administration of medical school also has their assumption that all the teachers had previous experience studying medicine in English when they were students. Salma (F), a teacher, emphasised this assumption when I asked her about the medium of education followed in medicine, but she curiously points to the MoE as the ultimate 'authoritative manager' promoting EME:

Extract 7.7.

Based on what I know [about using English], we've followed this policy for a long time, dictating that teaching medicine in SA should be undertaken in English in all universities. This is the system and policy from the Ministry of Education.

There is a picture of confusion about where the LP may be coming from and who is in charge of enforcing it. Although it seems the administration has acknowledged these policies orally to the teachers on different occasions, i.e., in official meetings or talking to a teacher personally, there are divisions among teachers around applying an English-only policy.

The interviews with the students and teachers also revealed that non-Arab teachers followed an English-only policy due to their lack of Arabic skills. By contrast, the Arab teachers showed flexibility in using their various linguistic resources. I found that all Arab teachers I interviewed applied overt translanguaging in their daily teaching as a medium of education. However, to avoid any potential issues and conflicts with the administration, one of their strategies was to initially explain the lecture in English, followed by Arabic. This enabled them to protect themselves from any issues that might arise if their students' marks were found too low due to all the examinations being in English. Although the teachers believed their job was to familiarise their students with listening and using English as much as possible, they felt that if they followed this policy, the administration would investigate the reasons behind students' falling marks, thus having to juggle between what they believe about the official LP requirements and what they think facilitates medical content learning. When I asked Hayat (F) how she could deliver her lessons while avoiding conflict with the administration, she outlined her strategy as follows:

Extract 7.8.

When you explain in Arabic, you should make sure to explain it in English first because if the administration asks if I made any changes in the language, I will say: I explained in English, as it is supposed to be, and this is the recording of the class [as evidence]. However, I will explain that I try to deliver the information [in Arabic] because it is important [to use Arabic] to transfer information.

Her interview thus reveals that the administration is keen to preserve its reputation and maintain standards, particularly after receiving academic accreditation. Therefore, Hayat appeared to avoid any consequences of changing the norms of the medical programme through her overt translanguaging between Arabic and English resources. Overall, the interview data suggests that any form of translanguaging (including parallel-monolingualism) is considered an implicit LP in practice, with teachers attempting to conceal any use of Arabic to avoid conflict with the administration because using Arabic resources in EME is generally considered 'wrong'.

7.3.2. Absence of a Clear LP in Classrooms: Conflicts of Reported Practices

When I asked the students whether they preferred their teachers to set an explicit LP in the classroom, they reported that many teachers do not have any clear LP. Four students out of 21 did not agree with their teachers' practices, preferring them to set an explicit bottom-up LP in the classroom. Sally (Y5F) believed that having a clear LP helps them understand their teachers' preferences and when to use English and Arabic:

Extract 7.9.

It is better before they start their lecture and before everything, they introduce themselves, their teaching styles, and when they want us to ask questions and in which language.

Sally stated that some teachers might not experience any benefit from introducing themselves and setting their own bottom-up LP in their initial class, resulting in their students needing additional time to become familiar with them, mainly through frequent interactions in order to know how to communicate with their teachers in the future and when to use a particular a named language when asking questions. However, only one teacher, Salma (F), agrees to inform the students explicitly about their own bottom-up LP straight away, confirming the importance of this decision:

Extract 7.10.

The student does not really know when s/he talks and asks in Arabic because s/he will be embarrassed when I ask him/her to speak English. So, I was supposed to clarify my policy from the beginning.

Salma found that informing students about her LP in class encouraged them to participate confidently and understand their teachers' expectations and policies, which helped reduce instances of bullying and/or mockery from their colleagues and teachers. This indicates that setting a clear LP in class may help create a safe zone for students to ask, communicate and participate confidently because they know their teachers' LPs when using a particular named language and establish a bond and trust between students and teachers.

In fact, male students raised my attention during the interview to bullying acts among themselves when I asked about the reasons for the lack of class participation. Bullying comes when students produce different answers or pronunciations. The teachers, in this case, correct students' answers or pronunciation, probably like NES. Some teachers are unaware that their practices make students subject to bullying among their classmates, leading to reduced participation in the class because of an increase in the lack of self-confidence. Kamal (Y7M) clarifies that:

Extract 7.11.

Kamal From my experience, I see the main reasons [for not participating in class] is that he [any male student] feels embarrassed to make a mistake, and we laugh at him.

Researcher Is he afraid to make a mistake in English?

Kamal Yes, he is afraid to make a mistake in English, so he prefers to answer in Arabic.

Researcher So does he fear you more than his teacher?

Kamal Yes, he is afraid to make mistakes in front of us [students and teachers]. Sometimes, when I talk, I feel much tension in the class. Therefore, [male] students do not speak English and interact in class.

Mona (F), a teacher, refers to the lack of self-confidence among students due to low English. Therefore, there is less class participation to avoid embarrassment when they produce different pronunciations:

Extract 7.12.

They [embarrassment and lack of participation] are due to a lack of confidence. The one who speaks is the one who is confident about his/her information and [English] language.

Students also experience mockery from their teachers when they have different pronunciations enough due to influencing their L1 on the medical terms. Shahad (Y4F) denounced one of her teachers when her friend was in this situation:

Extract 7.13.

Some of them [teachers] laugh and say: we had never heard about this before [the way the student pronounced], which is wrong although he knows she answered the question correctly, but she made a mistake in pronunciation. It is better not to embarrass her.

Rana (Y5F) gives an example of when a student offered the correct answer but made a 'wrong' pronunciation and how the teacher dealt with him:

Extract 7.14.

In one of the lectures on osteology, the teacher asked us to use the microphone and answer his questions. He asked us to tell him what we could see in the X-ray. A student answered him and said: plan X-ray. The teacher responded: 'plan'? 'Plan' means خطة [plan in Arabic], how does 'plan' come with Xray? It is called a plain X-ray. I did not like his way [of correcting the student's pronunciation].

The students criticised the practice of some teachers when mocking or providing harsh feedback when students produced 'incorrect' pronunciations. They emphasised that such mockery and harsh feedback could impede learning from mistakes. The ambiguity surrounding the teacher's corrections raises a question about intention: Is it for intelligibility and avoiding misunderstanding purposes or for enforcing the norms of NES pronunciation? Thus, the intention cannot be established from students' accounts alone.

Such teachers' behaviour pushes students not to participate with certain teachers who mock them after they or their colleagues experience mockery from these teachers. Kamal (Y7M) explains more about it:

Extract 7.15.

Some students tried to evade [from particular teachers], and I was one of them. If we know that a specific teacher will come to a meeting, we will not talk in front of him. So, we [students who lack English] push students [who know English] to this meeting, and we told them: You know it so that you can go. But they even say no; we are also afraid and feel embarrassed and hesitant.

Along with students, three teachers realised students were reluctant to participate in the class. Yusef (M) stated his thoughts on why students are hesitant to participate in the class:

Extract 7.16.

Some feel shy because of their weak English, while others avoid getting embarrassed if he [a student] provides a wrong answer. So, they [students] ask themselves why we put ourselves in an embarrassing situation? so it is better to keep quiet [to save their face].

Yusef might not be aware that some teachers mock students when they provide different pronunciations, so they stop participating to avoid mockery in front of their classmates.

Nevertheless, Salma (F) admits that some teachers have hard reactions when students answer or ask, which she denounces this behaviour:

Extract 7.17.

I do not believe that students feel shy. They fear the teacher's reaction, and I know some of my colleagues are harsh when dealing with students. So, if the student does not feel safe communicating with you, s/he finds it difficult to ask and answer you because they are afraid to be mocked by him/her and fear getting embarrassed in front of his/her classmates. So, giving the student the feeling of being safe to ask or answer a question, even if his/her question is simple, encourages him/her to participate.

Salma criticises her colleagues' act for creating an uncomfortable zone for students, which is a lack of respect for them. Therefore, Salma suggested providing a friendly and safe environment for students to develop their self-esteem, which she believes is aided by providing an explicit LP. I believe it would be interesting to explore if teachers who mock/bully students tend to correct students' pronunciations based on an NES standard.

The students also drew my attention to another conflict between Saudi and non-Saudi (Arab teachers) teachers when it comes to pronouncing some medical terms. All students and teachers informed me that, in the first three years (basic years), most teachers are non-Saudi (i.e., Arab and non-Arab). So, when they teach the students medical terms, influenced by their L1 or Arabic accents, like Egyptian-English or Pakistani-English, students believe that the teachers' pronunciations are the 'correct' ones. However, when these students move to the clinical years, most teachers in clinical years are Saudi medical consultants who spent years studying abroad in Anglophone countries, which is different from non-Saudi teachers whom I interviewed and informed me that they studied medicine in their home countries.

The students were shocked and discovered that the pronunciations of the medical terms adopted by their teachers in the basic years were considered ‘incorrect’ from the Saudi teachers’ perspective. The Saudi teachers could feel confused when they hear students pronounce medical terms differently and might not recognise what students are trying to say. Therefore, the Saudi teachers tend to intervene to correct students’ pronunciation, and the students welcome teachers’ correction, as seen in subsection 7.3.3.2. Doing so leads Saudi teachers and students to believe that the ‘correct’ pronunciations should be adopted from Anglophone countries or at least comprehensible, not influenced by any accent. This also may impact students’ confidence and trust when they feel lost and do not know who they should trust to learn the correct pronunciation. Such confusion pushed some students not to depend on their teachers’ pronunciation at all and started to check the pronunciations of medical terms using the medical dictionary, where NESs pronounce these terms and are viewed as an ‘ideal/authentic’ source to learn the correct pronunciation for patient’s safety and avoiding misunderstanding, embarrassment, mockery and bullying in the future. Kamal (Y7M) explained this situation:

Extract 7.18.

In years four and five, Saudi medical consultant teachers taught us, and all of them studied in Canada, the USA and the UK. While they were explaining different types of bacteria, some people [the teachers from basic years] called this particular bacteria coccus /kokkas/ [the ‘wrong’ pronunciation, putting stress on the /k/ sound]. But it is /kokas/ [without any stress]. We pronounced it wrongly, and they taught us the correct pronunciation. Another example is when we describe the nature of a cell called metaplasia. Some [non-Saudi] teachers called /metpleyjh/, but the Saudi teachers say /metpleyzh/.

This conflict seems to foster a belief among students that the Saudi teachers, who are studying in Anglophone countries, are better equipped to teach them the ‘correct’ pronunciation. This indicates students and teachers appear to reinforce a consensus for favouring NES. Yet, their intention remains ambiguous as to whether they are prioritising intelligibility and avoiding misunderstanding or simply following NES norms.

Coming back to LP, whereas a few students and one teacher showed their favour of having explicit LP, 17 students did not prefer having a fixed and explicit LP imposed by the administration or explicit bottom-up LP set by their teachers, as they thought this would lean towards English-only and limit their natural linguistic practices. Shahad (Y4F) stated:

Extract 7.19.

I believe it is wrong to set LP because we are all Arab and Saudi, and my practices [as a physician when dealing with Arab patients] after graduation will be in Arabic. So, it is acceptable to transfer into Arabic. There is no problem in that [to speak Arabic].

From this perspective, if the fact that the administration has not approved an official explicit English-only LP in writing, it could be seen as a 'blessing in disguise' that, despite the lack of clarity, the implicit LP helps avoid a negative impact on students and teachers in classes and examinations. Therefore, from the students' perspective, if teachers and students agree to set explicit flexible LP, it would be more effective for teachers to set their own LP in a bottom-up fashion and away from any administration interference to meet their needs. Sami (Y6M) indicated the power of some teachers who integrated their rich linguistic resources into their teaching and communication:

Extract 7.20.

We do not have [official explicit LP]. But I believe the administration forces the teachers to speak English in the lectures, but not all of them abide by it.

This accords with Hayat's comments in Extracts 7.5, 7.6, and 7.8 that despite teachers' fear, the administration seems not to actively pursue any penalisation. This may emphasise the calculated ambiguity of LP, leading some teachers to take advantage of this ambiguity and the administration's silence about teachers' practices to use overt translanguaging.

On the same page, the rest of the Arab teachers, like Hayat (F), preferred not to set an explicit, fixed either bottom-up or top-down LP in class:

Extract 7.21.

From the psychological aspect, starting your class by stating your policies means you have rules to which students should pay attention. Usually, in life and my classes, I do not dictate my policies to those around me. However, what I do is apply them [LP in practice], and they [students] follow it, which is better from a psychological perspective.

It seems that Hayat depends on individual circumstances to reveal or negotiate her LP over time and through frequent interaction with her students. It emerges that the teachers' implicit linguistic practices gave them more freedom to manage their classes without any interference from the administration, particularly when implicit LP in class might help serve both their own and their students' needs and facilitate reaching their goals in the medical school.

Due to the lack of explicitness, I concluded that the teachers followed various ways of communicating and developing implicit flexible classroom-based LP. For example, Mona (F) explained her policy as she allows her students to use Arabic if they are unable to answer in English, giving priority to content accuracy over linguistic choices:

Extract 7.22.

I do not have policies. I ask in English, and the students answer in English. However, they can respond in Arabic if they do not know the answer in English. I only care that the students reply with medical information because the marks are on medical content, not the language.

Also, Salma (F) indicates her flexible LP in using Arabic to answer a student's question. Her answer came after I asked her whether she allowed students to ask in Arabic, and she would reply to them in Arabic. She stated that:

Extract 7.23.

Yes, it is fine [to reply to students in Arabic]. If the information is medical content, I usually resort to English. Yet, if I notice that a student does not understand [in English], I will repeat the answer in Arabic, especially if the student asks in Arabic.

So, she shows her willingness and flexibility of her bottom-up LP to use Arabic to facilitate comprehension, which depends on after assessing which named language should be used in a particular situation.

In the same line with the teachers, the students also talk about their experiences with some teachers who show their flexibility in their own LP. Wafaa (Y6F), for example, talks about her experience when no single teacher rejected her question or answer when she decided to use Arabic resources:

Extract 7.24.

I did not encounter a single [Arab] teacher who told me not to talk in Arabic during the lecture. We do not always speak English in the lectures, especially with Arab teachers. We usually use Arabic and English together.

Another student, Sami (Y6M), noted that even some teachers allow the students to choose which named language they prefer to employ:

Extract 7.25.

Some teachers give us a choice at the beginning of the lecture, asking whether we prefer Arabic, English, or a mix of both languages. We usually choose a mix of languages.

This shows that students prefer overt translanguaging in general to delivering lectures, and some teachers allow the students to decide the medium of education. In this way, I believe giving a choice to students helps them understand and appreciate their needs, and they get to act as LP managers, even if unofficially. This concludes that most Arab teachers seem to harness the ambiguity of LP in the medical school and use overt translanguaging in teaching and communicating and how overt translanguaging is mainly linked to Arabic-speaking teachers.

However, when students and teachers shift teaching and communicating practices to the online setting because of the pandemic, the students seem to create different implicit LP based on de facto language practices that suit the new change in the educational system than F2F, as discussed in subsection 7.4.2.3. After explaining the nature of LP in the classroom in in-person and online situations, I will focus on the LP in exams and assessments, another interesting aspect that needs to be highlighted.

7.3.3. LP in Exams and Assessment: Unclear and Fairness Issues

Through the interviews, both the students and teachers raised issues relating to LP use in examinations and assessments, which can be divided into (1) written/theoretical examination, i.e., multiple choice questions (MCQ), and (2) oral exams, known as seminars (group presentation) and OSCE (practical assessment). I found that the most controversial issues and conflicts resulted from the verbal/practical examinations.

7.3.3.1. MCQ Exam

In the MCQ exam, all the questions are written in English only, which appears to align with the assumed 'official' EME policy. On the day of the examination, some invigilators, who are teachers from the medical school, would help students clarify the questions by using overt translanguaging practices or English, like using synonyms or common/high-frequent English words, to maximise the students' understanding. This help is limited to students in the basic years, as they are new to the medical field. For example, Salma (F) stated that she did not mind helping students with the MCQ examination:

Extract 7.26.

I only help if I am an invigilator in the exam. I might translate if a student asks. I had a situation when I was an invigilator, and the students were in their first medical years. I felt sorry for them because they still did not know many medical terms. So, I translated for them. I thought that the purpose of the exam was to test knowledge, not the language. So, I'm okay translating for anyone who asks for my help.

The teachers who designed the examination questions may not have considered the students' level of English in their early years, thus confronting them with complex or unknown terminology. The quote from Salma highlights the extent to which some teachers prioritise content learning over language matters. The students saw invigilators as particularly collaborative with students in the basic years but not always for the clinical students. However, they again reported varying practices around overt translanguaging in English-only written exams across

invigilators. Sami (Y6M) highlighted different practices among the teachers in the MCQ examinations:

Extract 7.27.

Some students request it [for the question to be explained], but it depends on the invigilators. Some accept such requests and explain in a way that does not lead to answering the question, but others refuse.

Moreover, the students claimed that some MCQs could be indirect, lacking clarity, and difficult to understand, i.e., being clumsily formed (or incomplete), with instances of incorrect spelling, which can prevent students from understanding and therefore ask the teachers to clarify what is meant. Sami (Y6M) gave an example from one of his exams:

Extract 7.28.

Last semester, in one of the exams, the question was wrong in its structure, leading that we did not understand it. The question was directed to something different, different from what the teacher wanted it to be. Some teachers have issues with how to form a question.

Sami indicates later in the interview that students discussed this examination question with the teacher and realised that it did not ask what they understood in the exam.

Some teachers seemed to align with the discourses by students around their language issues, with Yusef (M) declaring several times in his interview, as discussed in subsection 7.4.1.3, and considering his students to be far more proficient than himself in English:

Extract 7.29.

Some students, maybe five or ten of them, are better than the lecturer in English. I am sure that some of my students are better than me in the [English] language.

However, students reported that some teachers rejected students' requests to clarify their questions and denied having any problems with English. Shahad (Y4F) discussed her experience as follows:

Extract 7.30.

Sometimes, the question is wrong and affects the answer, and teachers do not want to admit that this mistake comes from them.

According to the students, this can result in students losing marks because they do not fully understand the questions. There seems to be some tension around the responsibility of delivering questions effectively or students' misunderstanding. There even appear to be disagreements among teachers about the effectiveness of question-setting processes. For

instance, Mona (F) informed her students and me that the exam questions were reviewed by the exam committee in each department and explained the process of checking:

Extract 7.31.

The questions have no grammar or spelling mistakes because the teacher reviews them, followed by the test committee. The department assigns one teacher each year. If a question has an issue, the committee returns it to the teacher, who then corrects any grammar or spelling mistakes.

However, since some departments do not always have an effective exam committee like Mona's department, teachers send their questions directly to the medical school administration rather than to their departments without review. Hayat (F) expresses her disappointment with the administration of the medical school as follows:

Extract 7.32.

We have a test committee [the medical school administration] that requires us to submit the questions one week or three days before they can be reviewed to insert them into the system. However, they do not check them; they just take the questions as they are.

Thus, Hayat viewed the main exam committee as ineffective in reviewing teachers' questions, with their only role being to insert and post the exam questions. A need emerges from this data to consider how far conflicts and differing practices may actually take place and whether these can negatively impact students and create tension between teachers and the administration due to different beliefs and practices in EME.

The final point in this sub-section concerns the students' experiences in the written exam during their basic year. They informed me that the examiners are intolerant of major 'wrong' spellings due to these potentially impacting on meaning, either leading to something else or causing misunderstanding. Therefore, the examiners allegedly deducted marks or corrected the spelling through explicit feedback. Wafaa (Y6F) told me about her experience during the basic years:

Extract 7.33.

They allow you [to have spelling mistakes of medical terms] if they do not affect/change the meaning. Especially in the first years [basic year], we had just started our learning journey. They [teachers] could fix it if the students' writing was unclear. Over the years, we have been learning and developing, and spelling does not remain an issue. The only difficulty we encounter is the names of the drugs/medications.

Misspelling of medical terms can transform a life-saving medication into a dangerous situation, impacting the patient's safety. The interviews I conducted confirm this, while there is an

emphasis on accuracy of content, the language matter remains important for the precise communication and understanding of the medical information, not just adherence to NES standards. Inaccuracy in the medical context can lead to serious consequences.

7.3.3.2. Oral Seminar Assessment

Regarding the verbal assessments, it is generally reported by all students and teachers that the seminar should, in theory, be conducted in English, with students not permitted to use any Arabic, as Mona (F) indicated:

Extract 7.34.

It is not allowed to use Arabic in OSCE and seminar because, in a seminar, there are 20 slides, for example, and every student [in one group] should practise their part. Even in OSCE, they [students] should speak English.

However, the OSCE exam has a conflict over what named language should be used, as I will discuss in section 7.3.3.3. As discussed in Chapter 6, teachers employ a seminar rubric to evaluate students' performance, focusing on their fluency, pronunciation, and performance, how they deliver medical content, and correct spelling in the PowerPoint slides. Sally (Y5F) outlined the aspects on which teachers focus during the evaluation:

Extract 7.35.

The purpose of the seminar might be to deliver information regardless of the teachers' opinion [if they like the topic or not] because you will be evaluated based on your performance, fluency, tone, and accent. So, it is a chance for someone to develop his/her performance, language, and fluency because, in the future, we will be presenting at conferences and hospitals and representing our country and university.

Sally, therefore, viewed using English in seminars as an excellent opportunity for students to prepare themselves for presenting at conferences, practise their English, and enhance their fluency and performance as presenters. However, it seems that some students might focus on developing language performance rather than delivering information. Still, there is no clear indication from students about what English they want to develop or what accent, whether as NES or not.

However, both students and teachers showed differing positions on what the de facto LP practices are around language and assessment. All Arab teachers whom I interviewed were allowed to use overt translanguaging during the presentation and answered the examiners' questions. For example, Salma (F) explained her tolerance when students use some Arabic during seminars:

Extract 7.36.

Very few students speak only in English, but most of the time, they make mistakes and insert some words like 'I mean' or 'okay' [in Arabic] while presenting the content, which happens unconsciously when you speak. So, our role [as a teacher] is to try to gently warn them for their own sake that, if they want to present at a conference, it is unacceptable to insert Arabic words while presenting the medical content.

Salma did not suggest deducting marks, as she understood that her students were stressed and might forget to speak Arabic. However, she preferred to remind her students not to repeat this behaviour. However, students do not know if the teachers will deduct marks when using Arabic in the seminar, as Sami (Y6M) explains:

Extract 7.37.

It is fine [to use Arabic], but I think it might be a problem in the evaluation because it requires us to present in English. Some teachers don't deduct marks, and the most important thing for them is to deliver the information and present the content in a good manner. But others might stop you and ask you to speak English.

Assessing 'incorrect' pronunciations in medical terms revealed a range of practices among teachers. All teachers, except Salma, welcomed varied pronunciations without deducting marks or demanding adherence to NES norms. Notably, two teachers favoured explicit feedback for correction, while five leaned towards not correcting pronunciation. Hassan (M), a teacher, proved an example of being flexible and tolerant when I asked him whether or not to deduct marks for students' pronunciation:

Extract 7.38.

No, never. I know this is not their native language, and this is not a language class. It is a medical class. Whatever you do, if it is not your native language, you will have faults and weaknesses. Even native speakers sometimes use incorrect grammar. We do not focus on the language and never comment on grammar, pronunciation, or spelling.

Hassan's view resonates with the ELF perspective. He prioritises students' ability to convey medical information clearly, although he still positions different pronunciations and spellings as 'problematic'. This echoes the views of five teachers whom I interviewed, believing that the 'correct' pronunciations will come naturally over time because correcting pronunciation is seen as an unnecessary practice, generating potential students' discomfort and equating to bullying, as expressed by Yusef (M):

Extract 7.39.

Sometimes, we encounter such a situation [students use a different pronunciation that may be seen as 'wrong'], and I have 100 students and do not want to bully anyone, although I

am not convinced of my practice [of not correcting students' uses]. However, because it is their first time presenting, I do not put them under pressure. Especially if the word/term is not important or there is a slight change in pronunciation, I might let it pass.

Similar to Hassan, Yusef believes that different pronunciation is 'problematic' and is supposed to correct the 'wrong' ones. He tends to correct the major 'mistakes' that might affect the meaning or drift away from the original pronunciation to another medical term. However, he did not indicate whether he would deduct marks if there were any 'mistakes' in pronunciation and, based on which English, whether he evaluates students' presentations as an NES or focuses on intelligibility and delivering meaning.

On the other hand, Mona (F) prefers to provide corrections of students' pronunciations without deducting marks:

Extract 7.40.

I never deduct marks in the English language. I only focus on the medical information. If there is wrong pronunciation and grammar, I will correct it but not count it. It is enough for me if a student speaks English and mentions all [medical] information correctly, even if s/he makes a grammar or pronunciation mistake. I respect this student very much because s/he tries to speak English better than a student who speaks Arabic. So, I care about the medical information, not English.

Students who use English in the oral assessment are viewed better than students who employ their full linguistic resources because they failed to leave their 'L1' behind and foster another monolingualism of mastering English. This shows that Mona favours a monolingual approach, but it is unclear from her extracts if she also tends to favour an NES accent and whether or not she evaluates her students based on native-speakerism.

Similarly, despite different teachers' practices, around 13 students reported that some teachers prioritise explicit feedback over mark deductions when addressing 'incorrect' pronunciation during or after presentations. This raises students' attention to improve their pronunciation and avoid similar errors in the future without penalising their overall performance. Sally (Y5F) discussed her experiences:

Extract 7.41.

When we present, some teachers focus on how we deliver the topic, regardless of whether or not our pronunciation is correct. Some teachers are so picky and teach us the correct pronunciation. For me, I am not angry but glad if the teacher comments on how I present or pronounce words because it helps me develop, and I will never forget any correction they provided to improve my pronunciation.

However, it is crucial to consider that the corrections may impose NES standards on pronunciation, potentially hindering comprehensible communication. The interview data reveals a lack of clarity regarding the purpose of correcting pronunciation. While students like Sally welcome such corrections as a valuable learning opportunity to avoid embarrassment when working at a hospital, it is unclear whether these corrections originate from the NES orientation, aimed to achieve flawless pronunciation or a genuine concern that might affect the meaning when communicating with international audiences. Moreover, the purpose of correction also remains unsolved whether these corrections solely target the medical terms for clarity and comprehensibility purposes or extend to general English vocabulary to conform to NES standards.

On the other hand, one teacher indicated a lack of flexibility or tolerance when students used pronunciation that was perceived as 'wrong'. For example, although Salma (F) showed her flexibility in being tolerant if the students used some Arabic incidentally in a presentation, as indicated in Extract 7.36, she expressed a different view when evaluating pronunciation in English:

Extract 7.42.

If you compare a student who pronounces correctly with one who is incorrect, there are marks for pronunciation. So, if there is a major mistake in pronunciation, I tend to deduct marks because I cannot compare this performance with a student who shows 100% correct pronunciation. But I only deduct a few marks.

This indicates a considerable variety of ways of implementing LP during seminars, as every teacher has a priority to evaluate students' performance, although there is a seminar rubric. Salma prioritises pronunciation by deducting marks for major 'errors' that could change meaning or lead to different medical terms. However, her underlying criteria remain unclear, whether they adhere to NES standards or for the purpose of intelligibility and whether they are solely focused on medical terms or other general English vocabulary. In contrast, teachers like Hassan, Yusef, and Mona, in Extracts 7.38, 7.39, and 7.40, prioritise comprehensibility by judging students' success based on their ability to deliver a meaningful presentation and answer examiners' questions effectively. However, the rubric has no clear criterion regarding using Arabic in seminars.

7.3.3.3. OSCE Exam

I found the agents brought similar problems regarding differing practices for implementing LP in the OSCE exam. However, the difference between the seminar and OSCE is that the latter focuses more on a practical exam, and the evaluation depends on the interaction between students and teachers to assess how to communicate with patients, discuss the patient's condition with examiners or physicians, and take a medical history.

When interviewing the students and teachers, I observed issues relating to fairness and the conflict between students and Arab examiners due to the various evaluating practices. Rana (Y5F), the leader of female students in her year, communicated with the medical school administration regarding what named language should be used to avoid confusion, lose marks, and prepare in advance for their exam. The administration allowed students to use any named language, yet different examiners made their assessment based on their own LP regardless of the medical school's decision. Rana stated her objection toward examiners' practices:

Extract 7.43.

It is not the examiner's right [to force us to choose a particular language] because when I asked the heads of the departments (names of heads of departments), they told me: talk in any language you feel comfortable with. So, they [the examiners] have no rights to deduct marks because they are not requested to abide by a particular LP in OSCE.

It seems that the administration shows some flexibility by letting students decide what named languages they want to use in the exam. I also found that the conflict emerged when some examiners reportedly forced students to use a particular named language (e.g., Arabic) while the students had prepared for another named language (e.g., English). Rana (Y5F) mentioned her clash with an examiner:

Extract 7.44.

It depends on the examiners who evaluate me. For example, we are required to use English in the seminar. However, in OSCE, they told me it is better to take a medical history in Arabic, although we had studied this in English.

Such a conflict shows the lack of clear LP on what named language students should prepare and be evaluated due to different language policies each examiner believes are correct. Sami (Y6M) tries to explain which LP he felt should be followed in OSCE from his perspective:

Extract 7.45.

The medical history is supposed to be taken in Arabic because you usually deal with patients who are unfamiliar with English. Documenting a patient's medical history is supposed to be in English. So, students should get used [to English] before graduating and dealing with consultants [...] and difficult to write in Arabic because they will be shocked [by using Arabic instead of English], and the first question they will ask is: from which university have you graduated?

He viewed English as a professional/official means of communication among medical health members, while Arabic is used to interact with patients to take medical histories. The lack of practice of using English when writing medical history may lead to concerns from other physicians about their ability to work in the medical field. Some teachers like Salma actually

confirmed in their interviews that they do require Arabic for the exam for similar reasons. Thus, every examiner has his/her own LP, which leads to students being confused and easily losing marks because of the lack of clear guidance as to which named language they need to prepare and in which part of the examination they should use a particular language.

Because these conflicts took place in every block/module, Sami (Y6M) expressed his wish that the administration should unify or set LP to end this tension and obligate the examiners to abide by the decision to minimise students' confusion and worries:

Extract 7.46.

If there is something to unify the exams, it would be better. Medical history should be in Arabic because we will deal with people who speak Arabic, so it's better to evaluate us in this way. Although students have the freedom to choose to use either Arabic or English for taking medical history exams, this actually depends on the examiners. Some accept using Arabic, while others do not.

However, almost all students end up favouring English to be on the safe side despite the supposedly flexible multilingual LP. Shahad (Y4F) told me about when her colleague decided to choose Arabic over English:

Extract 7.47.

It happened to one of my friends. She loves talking about everything in Arabic, but the examiner told her to say everything in English. Because of that, I will avoid this situation from the beginning, memorise everything in English, and be ready.

Two of the teachers drew attention to a further issue related to fairness that impacted students in the OSCE exam when some students were assessed by Arab examiners and others by non-Arabs. This resulted in the students who were examined by the non-Arab teachers complaining to the administration that they encountered difficulties in understanding and answering the questions. It is suspected that students lose marks due to failing to understand the questions or their answers not being fully understood by non-Arabic speaking examiners, preventing them from employing their rich linguistic resources. By contrast, the students with Arab examiners are thought to be more likely to receive higher marks, particularly as some helped the students by explaining unclear questions using Arabic. Furthermore, if students forget some English words, speak Arabic incidentally, or do not prepare for the examination in English, they can use multiple linguistic resources to deliver the answers comprehensibly without any fear of misunderstanding and a consequent loss of marks. As Hayat (F) explained that:

Extract 7.48.

We have two non-Arab female teachers (teachers' names). I was shocked when they told me that they did not want to assess students because the exam is verbal and students would not understand their English, mainly because other groups of students who are evaluated by Arab teachers were likely to gain higher marks due to the teachers speaking Arabic [with students during the exam]. I found that Arab teachers (with a particular nationality) ask questions in English, but the rest of the conversation [with the students] is in Arabic.

Some other Arab-speaking teachers, like Mona and Yusef, also confirmed their openness to letting students use Arabic, even if they recognise some of their colleagues may deduct marks if the English-only policy is not followed. However, to solve this issue, the administration has decided to replace non-Arab with Arab teachers. This led me to assume that the students created pressure on the administration by giving them the power/authority to work as 'managers' to change some aspects of the assessment process (i.e., who can be an assessor) to minimise the concerns surrounding fairness arising from a potential misunderstanding the questions and answers given. Thus, the students advocated for changes that would better reflect their needs and abilities. Indeed, they seem to have some power to force teachers to establish 'flexible' LP, allowing them to draw from their multilingual repertoires more freely. Besides, this situation may conclude that the administration somehow shows flexibility in changing some norms related to the exam system in the medical school to serve students' needs.

7.4. Conceptualising Linguistic Practices of EME Agents

This section examines how the participants conceptualised their linguistic resources based on their reported practices, i.e., whether they understand their practices as 'translanguaging', where linguistic resources are invoked contextually and dynamically to perform situated functions, or as 'parallel-monolingualism', where linguistic resources are seen as different named languages that must be separated and fulfil different roles and functions. This was identified by exploring their discourses about linguistic strategies they believe to follow and their functions and outcomes in the EME classrooms.

7.4.1. Reported Functions of 'de Facto' Classroom Practices

While in section 7.3.1, I explored how agents described official LP and de facto language practices employed to compromise the conflicts resulting from different perceived language policies, in this section, I present and analyse the functions they attach to these practices and

their evaluations and the conceptualisations of language and multilingualism that appear to be behind their positions.

7.4.1.1. Pedagogical Functions of Overt Translanguaging

The first practice I analyse is using Arabic and English when explaining complex topics to increase understanding and memorisation. Students like Sally (Y5F) recognised using Arabic helps with content understanding, which is seen as an enhancement function:

Extract 7.49.

Some topics are difficult, for example, [xxx]. The terms are complex, and we are still beginners. We did not get used to them yet. So, it is better for teachers to explain this point in Arabic, and then they can repeat it in English.

Another advantage of preferring Arab teachers is their way of translating medical terms orally to avoid incorrect translation when students use Google, which can suggest several interpretations of a medical term:

Extract 7.50.

I like how teachers name the disease orally in Arabic during the lecture because if someone asks me about something, I will know it in Arabic. But I cannot entirely agree with studying [pathology] in Arabic as a reference.

The teachers also recognised this practice as a strategy to ensure understanding. Although Arab teachers might see this approach as exhausting and time-consuming, it was also discussed as a practical and effective way of guaranteeing those students fully understand medical information. For instance, translanguaging is applied as content signposting to summarise a lesson, highlight key information or when time is running out. Yusef (M) uses Arabic when he wants to emphasise important points:

Extract 7.51.

I use Arabic if there are key points I want to emphasise. I clarify why they are important and remind them, and I use Arabic when conversing with students.

Even non-Arabic speaking lecturers like Hassan (M) identified this positive function:

Extract 7.52.

I rarely use Arabic words in lectures. However, if I can see from their faces that they do not understand, I pause and ask them to give me the Arabic word for a specific thing [...]. The third change [in his teaching style] is incorporating as many Arabic words as possible in the lecture. I learned a few [Arabic] words with experience, not intentionally, and then used them in the lecture.

Additionally, Kamal (Y7M) mentioned that some teachers tend to use Arabic when they can see that time is short and an aspect of the lecture has not yet been explained, and this helps them to speed up delivery:

Extract 7.53.

They use Arabic to explain lectures when time runs out. For example, if 30% of the lecture has not been covered and only five minutes are left, they shift to Arabic to cover the remaining information.

The linguistic choices reported by these agents were also motivated by functions that needed to be performed by the students in different contexts. For instance, Arab teachers tended to use Arabic in their clinical/tutorial classes, as they are practical and depend on discussing medical cases and interactions with future Arabic-speaking patients. As Salma (F) explains:

Extract 7.54.

Teaching takes place in English for medical content in the lectures and discussions. However, practical training is in Arabic, which is what we actually do. [...] I need to teach the students how to ask indirect [sensitive] questions [in Arabic] at the beginning [when meeting patients].

All the previous extracts have focused on overt translanguaging in teaching and discussing medical content. However, I found that the students preferred to use more Arabic, for example, when placed in small groups to discuss a medical condition or complete a task to speed up the discussion, which may be seen as less formal communication with their colleagues. Saleem (Y7M) explained the kind of linguistic resources evident in discussions among his colleagues:

Extract 7.55.

We generally use Arabic if we are just with our classmates, without teachers being around, because it helps us understand more rapidly.

However, although the students believe that they use only Arabic, their practices could be labelled as 'reversed Arabizi' (i.e., a form of overt translanguaging) by drawing from the various linguistic resources in their repertoires, as I will explain in depth in the next chapter.

Students reported making choices about whether the topic of the discussion was related to the medical discipline or related to other general course concerns, i.e., attendance, examinations, deadlines of assignments or projects, recommendations for references, or other general questions. Rana (Y5F) reports why she makes this division:

Extract 7.56.

If I want to ask about something related to the lecture, I use English. However, if I want to ask about appointments or the timetable, it will be in Arabic because, in the end, we are Arab. So why do we speak English?

I might interpret Rana's statement as considering the situation 'less formal' or more directly related to non-disciplinary/professional classroom matters. This kind of interaction, according to Rana, is an opportunity to emphasise their 'Arabness' by speaking Arabic, thus not seeing English to convey this kind of identity belonging (a relational function, as I return to this point in the next section). A second reason could be that they wish to make sure that teachers accurately understand their questions, mainly when asking about important announcements or instructions, as Rana continued:

Extract 7.57.

If I spoke to him/her in Arabic, he/she could answer me and understand my question precisely.

In all interpretations, students found Arabic easier, faster, and more precise when delivering the message. It requires less concentration, time, and effort to produce questions and answers, thus facilitating interaction with interlocutors and increasing mutual understanding.

7.4.1.2. Relational Functions of Overt Translanguaging

Students and teachers noted that they use Arabic for greetings, prayers, and some religious statements. Salma (F) and Hayat (F) explained their use of Arabic when starting class and the reason behind their practice:

Extract 7.58.

The first thing I do is to say Peace be upon you (السلام عليكم), then I will start talking in English because the goal is that the students should receive information in English.

Extract 7.59.

Hayat It gives the impression to the students that I am similar.
 Researcher To show them that you are Arabian and Saudi?
 Hayat Yes, and I speak both Arabic and English, so don't worry.

This shows that both Salma and Hayat found that greeting their students in Arabic, in an Islamic manner, gives them a feeling of belonging and emphasises the shared religious and cultural values due to the majority being Muslims and Arabian, living in a Muslim and Arabian country and speaking Arabic. Hayat explains above that this is also a strategy to put students at ease and lower potential anxiety around EME-delivered content. This is also true of the teachers

who are not Arab, as they are Muslim and speak some Arabic. Thus, reflecting religious/cultural aspects inside EME classrooms is vital for these agents.

Another function of using Arabic through overt translanguaging is that several teachers feel more comfortable and confident when using it, thus minimising their stress and the need to concentrate on English in speaking. Yusef (M) stated explicitly that Arabic is more comfortable for explaining complex topics and delivering the class smoothly:

Extract 7.60.

I sometimes speak Arabic to explain some points. I also feel comfortable explaining and being friendly with them [students] when I explain/talk in Arabic.

At the same time, it was important to develop a sense of safety and security and minimise bullying and mockery among students. Hayat (F) affirmed that:

Extract 7.61.

This is another reason for using Arabic when we teach because students can feel they are close enough and can ask [by participating in the class].

Hayat highlighted how using Arabic for effective reasons can simultaneously encourage students to participate or ask questions with greater confidence and without fear of being bullied or mocked by other students and teachers.

The final function of using Arabic via overt translanguaging is to emphasise their 'Arabness' by speaking Arabic, thus not seeing English convey this kind of identity of belonging. Therefore, Waseem (Y4M) explained the reasons for preferring Arab over non-Arab teachers to explain medical content:

Extract 7.62.

Because we [students and Arab teachers] came from the same place and have been in the same environment, they [teachers] can deliver their message in a way we understand and think. They can speak Arabic and transfer to Arabic when explaining [the lecture]. Non-Arab teachers have only one language to communicate with us: English. Sometimes, we need clarification in a different language, especially if they do not know how to explain the lecture.

Many students like Waseem have similar views that Arab teachers are closer in their identity to them when speaking Arabic to have more effective communication, increase understanding to deliver their message in a way that students can relate to and comprehend and can also translanguate to students' 'L1' when necessary. Thus, Arab teachers help create a more inclusive and effective learning environment for all students.

7.4.1.3. Linguistic Functions of Overt Translanguaging

Furthermore, the students noted that overt translanguaging benefits teachers whose English is insufficient to deliver a complete lecture. Sami (Y5M) discussed a teacher who made constant use of translanguaging:

Extract 7.63.

He [name of teacher] is an excellent teacher. Before he leaves [a foreign country], he is aware that he is not fluent in English. So, he explained his lectures in Arabic but named the medical terms in English. So, he mixed [both named languages], and the information was delivered smoothly and efficiently.

According to this student, integrating Arabic resources through overt translanguaging can help counterbalance the lack of English proficiency.

In fact, despite all Arab teachers denying issues related to English, in the beginning, two teachers indirectly discussed their English level; even after they obtained the medical board and/or fellowship, they still believe their English is not at the desired level. Yusef (M), for example, explained the difficulty of some medical books to understand the subject content and his concern about his English and his 'non-native speaker' status at conferences:

Extract 7.64.

Sometimes, when the whole book is in English, there are challenges because I get across some paragraphs and cannot understand what the author meant. So, I feel I am exhausted mentally [to read and understand the complex topics in English].

Extract 7.65.

I have conferences and present sometimes, so I feel I have a big gap [in English] when presenting. Although I present medical content, it is apparent [to the audience] whether this is my language [as L1] or not.

He indirectly acknowledges his 'low' proficiency in English, where he most likely evaluates himself based on NES norms and their way of speaking English as a perfect model to adopt.

7.4.2. Perceived Outcomes of 'de Facto' LP: Perspectives and Evaluations

As seen above, the EME agents discussed the effectiveness of employing their various linguistic resources in EME classrooms by outlining their strategies and functions. However, they also attached drawbacks to the difficulty of using overt translanguaging in the chat box, the practices they perceived as extensive use of English or those they saw as mixing with Arabic (i.e.,

overt translanguaging) according to the perceived influences on students' and teachers' speaking and writing, both in the classroom and when communicating with patients, friends, and family.

7.4.2.1. Overt Translanguaging as a Distracting and Time-Consuming Obstacle in Classrooms

The students believed that too much translanguaging could easily lead to confusion and a loss of concentration during lectures. It is important to acknowledge that some students and teachers reported positive functions in the previous sections while reporting some negative outcomes. Rana (Y5F) disliked the teachers' use of translanguaging while teaching:

Extract 7.66.

It makes me lose concentration. They should use either Arabic or English. As I said before, the translation process annoys me when exchanging my notes with my colleagues because I dislike one line in Arabic and the next in English.

Thus, she experienced difficulties understanding her colleagues' notes if they used translanguaging rather than focusing on one named language when they exchanged and read their notes due to the time it took to perform the translation.

Additionally, too much translanguaging was believed to lead to challenges for students when they attempt to locate information in books. Saleem (Y7M) explained the reason for his preference for his teachers to use English:

Extract 7.67.

If everything is explained in Arabic, I find the lecture [the slides and references] is in English. Although I understood the lecture in Arabic, locating the information in the slides and books was difficult. So, I prefer using English to understand what the teachers are talking about.

I could interpret students' view of using translanguaging by their Arab teachers as distracting, causing confusion in locating information in the books and time-consuming practice. Three Arab teachers agree with the previous point because they find using English facilitates connecting what has been written in PowerPoint slides, familiarises the students with English and medical content, and develops their English. As Salma (F) states:

Extract 7.68.

The goal is to let students receive information in English because they will find it in English when they refer to books, articles, or any learning resources. Secondly, I intend to speak in English language to improve [their] language.

Some teachers also seemed to work with slightly negative evaluations of 'de facto' translanguaging practices as time-consuming practices that 'have to be resorted to' as

compensation for some knowledge deficit. This view often suggested that participants worked with 'parallel-monolingualism' conceptualisations of multilingual resources and their use. This is particularly clear when teachers saw translanguaging practices as repeating the same information twice in both named languages, thus reinforcing rather than transgressing boundaries 'across languages' in their discourse. Salma (F) displays a negative view of translanguaging in the following extract with her use of 'forced to':

Extract 7.69.

Sometimes, we use Arabic if the students do not understand after we have explained the lesson in English several times. We are then forced to explain it in Arabic to deliver comprehensible information.

7.4.2.2. Overt Translanguaging as an Obstacle for Exams

Another issue concerning the perceived overuse of translanguaging is that it is thought to prevent improvement in students' English skills, including their listening and speaking, which may detract from their understanding of the medical content in English and not prepare them sufficiently for their English-based exams. This was discussed by Sally (Y5F) as follows:

Extract 7.70.

All the exams [in the medical school] are in English; even SCFHS [the Saudi medical licence] and others are in English. So, it would be easier for me if they [teachers] talked to me in English from the beginning rather than translated their talk from Arabic to English.

This shows that some students were worried that the extensive use of translanguaging might prevent them from understanding the examination questions. This was mainly due to their English being seen as insufficiently developed during academic semesters, including to a level that would enable them to read and comprehend the examination questions without their teachers' assistance.

7.4.2.3. Overt translanguaging as a Technological Obstacle When Communicating in the Chat Box

Because of the COVID-19 pandemic, which led classes to be moved to the online setting, there have been some changes in bottom-up LP in classrooms. From the interview data, students encounter challenges using translanguaging flexibly in the chat box. It is not because they are discouraged from using translanguaging, but they do not want to use it because it confuses their teachers when attempting to read their questions or answers. This refers to the reason that the writing system in Arabic differs from English, with Arabic reading from right to left, whereas English is presented from left to right. Sally (Y5F) explains that:

Extract 7.71.

Some teachers accepted [to use overt translanguaging] but said the questions come upside down, which is unclear. So, [teachers ask] Repeat your question. When a teacher asks me to use English only [to type my question in the chat box], not because she [the teacher] wants to embarrass me but because my question overlaps and she does not understand, and she wants to help me. So, I see it is fine [for the teacher to ask the student to type in English].

Therefore, in most cases, the students were forced to choose one named language in which they felt confident in communicating with teachers in the chat box rather than translanguaging verbally. However, the students encountered some difficulties when typing in one named language. First, it challenged the proficiency of those lacking a good command of English, and second, not all medical terms are translated into and understood in Arabic.

When I questioned Rana (Y5F) about which named languages she felt more comfortable using when interacting with teachers, she noted her preference for using English in the chat box as follows:

Extract 7.72.

I prefer to ask in English in Blackboard to avoid confusion when I type, but I prefer to ask in Arabic, not in English [in F2F classes]. When I type in the chat box, changing the keyboard from Arabic to English [and vice versa] makes words overlap. So, typing in Arabic is easier and faster [in general].

This indicates that students' and teachers' choices regarding appropriate language use were also dependent on the affordances and constraints of the modality of interaction (i.e., spoken vs written). While sticking to a 'single language script' policy for chat box communication was perceived to be a better way to avoid confusion in online classes and save time (e.g., Shahad Y4F), implementing it still caused complications because most medical terms often presented in 'English/Latin/Greek', which neither have translation into Arabic nor have different meanings, resulting in the translation that does not make any sense. Therefore, they tend to use English mostly for medical terms when texting in the chat box of Blackboard.

When I compare what the students said regarding the confusion of reading and the overlap when using overt translanguaging in the chat box during my classroom observation, I find some students actually use it and make it difficult for the readers to read their questions, as I bring some examples, see Figure 7.1.



Figure 7.1: Examples of text overlapping when using overt translanguaging in the same line or sentence in the chat box

7.4.2.4. EME Medical Education as an 'Obstacle' for Doctor-Patient Communication

The students discussed their anxiety about communicating with Arab patients at the hospital due to less exposure to Arabic during their studies. They knew their need to use Arabic with Arab patients to explain their medical issues without translanguaging interfering in their conversation. For example, Wafaa (Y6F) outlined her struggle to explain medical issues to patients, which forced her to miss out on some information or explain their condition only briefly, without discussing it in detail, despite a physician being expected to explain everything to patients and answer their questions:

Extract 7.73.

We learnt from the first years of our studies to tell the patient everything they need to know about their health. But the [English] language is not the barrier. The only barrier I face is that I cannot explain everything in detail [to the patient]. For example, some terms have no translation into Arabic. So, we can explain these terms in a simple way or skip the explanation.

Moreover, Saleem (Y7M) was concerned about how students could communicate and deal with patients if they were unfamiliar with local Arabic terms of diseases and how to explain their medical condition:

Extract 7.74.

This hinders the explanation [of the medical situation] to the patient because I should know what s/he is suffering from. Sometimes, I cannot deliver what I intend to say to the patient. [...] Sometimes, I know the medical term in English and its meaning, but I do not know how to translate it into Arabic, which creates a hindrance when talking to the patient.

I found this aspect was not limited to speaking but also extended to writing. Thus, the students struggled to ensure their spelling and grammar were correct when taking their notes and medical histories or using apps to communicate with family and friends. Rana (Y5F) explained her struggles when writing in Arabic:

Extract 7.75.

All my writing is full of spelling and grammar mistakes because most of the time, I am studying and have no time for communication using Arabic. English is not the main language in my life except when studying. So, I am neither good at Arabic nor English.

This issue may prevent the readers (teachers or physicians) from understanding what the students are attempting to communicate, as examined in the next chapter. I believe Rana thinks from a standard language perspective, where she values the standardised form of Arabic when concentrating on having correct grammar and spelling. In this case, she views herself as deficient in her 'L1' and English, which may hinder her communication in academic and professional settings, where they see mastering the standard form of both named languages is often expected.

Salma (F) expressed her refusal to use overt translanguaging with patients and was disappointed with some students' and colleagues' practices. Her answer came after I asked her whether she tolerates her students using translanguaging for the practical exam:

Extract 7.76.

I am against a physician who inserts English into his/her speech when communicating with a patient because, whatever the reason, it is not a suitable time [to show off the various linguistic resources they may have], and I do not know [why s/he does that]. Is it to show off, or are they unable to express everything in Arabic?

This indicates that Salma considered it impolite for students to use translanguaging with either Arab or non-Arab patients lacking an understanding of either named language. Furthermore, she viewed it as part of their professionalism to have mastered both named languages equally during their training to avoid embarrassment leading to mockery or bullying

after graduation when they start working in hospitals. Her anger and refusal of this practice come from her beliefs that the named languages should be separated entities.

7.4.2.5. Translanguaging-Mediated EME as an ‘Obstacle’ for Arabic Competence and in their Social Life Interactions (from Cultural/Religious Perspectives)

Due to not using spoken or written Arabic during their studies, the students raised the issue of forgetting some Arabic by replacing vocabulary with English equivalents and producing what they see as ‘incorrect’ Arabic sentences. Shahad (Y4F) expressed her worries and disappointment about having isolated herself from her family and friends to limit using translanguaging during their interactions:

Extract 7.77.

I do not exaggerate, but I find it difficult to speak Arabic with my family after each exam because I have been isolated in my room for a week to study. This affects my social relationships because I cannot talk much in Arabic without interjecting some English words. It also makes me afraid of what I will do when dealing with patients because I will have to speak only Arabic. So now, I try to reduce my English vocabulary in my sentences.

Along with the above experiences, Hayat (a new female teacher who had recently gained a PhD from the UK) told me of her experience when longer-service teachers criticised her way of using overt translanguaging on every occasion:

Extract 7.78.

When I first came here (GC University), I forced myself to insert some Arabic words into my English, and I have nice friends who like to criticise me. They told me that I wanted to show off. So, I forced myself to speak Arabic all the time and not insert any English and tried to make it a part of my lifestyle. So, I improved and started to talk in Arabic only when I wanted to.

Hayat thought she might be comfortable using overt translanguaging with her colleagues as they generally share similar linguistic resources. However, she was dismayed that some defended and encouraged the exclusive use of Arabic while minimising translanguaging as much as possible. This shows the relevance of peer pressure to ‘reshape’ her own language choices or practices, which is a way to ‘police’ her own language through peer beliefs. Such beliefs suggest how they view multilingualism as added monolingualism, and the named languages should be separated into different entities.

Similar discourses around ‘showing off’ because of using overt translanguaging among students, Waseem (Y4M) criticised female students for using too much English when they interacted with each other:

Extract 7.79.

I noticed some girls changed their way of talking and started speaking more English than Arabic, and I am against this behaviour. Because we are Arab and she is Arab, it is best to communicate in Arabic. She is not in a situation that forces her to speak in English.

The student's view here comes from a nationalist position that sees using English among Saudi Arab physicians as a betrayal of the national identity. He believes that using 'L1' is a fundamental aspect of maintaining the national identity, and using English in social situations may detract from this. Some teachers, like Mona, also voiced concerns over Arabic being displaced over time.

Because of this practice, Salma (F) advocated for the exclusive use of Arabic and against using English outside the classroom after she expressed her view on whether Arabic and English are in one repertoire or separate entities:

Extract 7.80.

Maybe there is some connection between them [English and Arabic as one entity], but I believe they should be separated. But when someone wants to talk to her grandmother, in most cases, the grandmother does not speak English. So, it is not courteous to insert some English words when speaking to her. Our main language is Arabic, which is the language of the Quran, and we are supposed to be proud of it. There is no need to use English as a part of our communication unless it is for academic and scientific purposes.

Salma saw using translanguaging outside the classroom as socially impolite and belittling the ones who do not know English because English, in her view, is used for science and professional communication. Although she agreed that there might be aspects that connected all named languages in one repertoire (no boundaries between them), she believed that they should be separable entities to minimise the impact of translanguaging on their social life. I could interpret her view that her approval or rejection of using translanguaging seems connected to specific-based contexts. Her view of drawing boundaries among named languages when it comes to socialising and identity is similar to the previous extract in this sub-section. However, these EME agents may be unaware that their linguistic resources are rich. Therefore, the boundaries between the named languages are soft and blurred, and their translanguaging practices are often employed spontaneously and unconsciously.

7.4.2.6. Translanguaging-Mediated EME as 'non-Threatening' on Arabic Resources

By contrast, some students and teachers stated that they did not believe Arabic is endangered because translanguaging does not influence their spoken use of Arabic. This is

because they speak Arabic with Arab patients and live in a community where they have no choice but to speak Arabic with family and friends. Kamal (Y7M) believed that EME helps to foster Arabic and English simultaneously without any negative impact:

Extract 7.81.

Both [named languages] are still the same; no one loses one in favour of the other, and both are progressing. The balance occurs because you live in the Arabian community and must speak Arabic. The other forces are work, education, and communication at hospitals and universities. So, we worked to manage and master both languages.

This indicates that the nature of the EME programme has created this balance, alongside working and communicating at the hospital. Other students, like Sally (Y5F), do not believe that there is any impact on their Arabic writing due to their use of English:

Extract 7.82.

They are the same, but I prefer to use English because when I study, review, or read different resources, my brain needs to become familiar with medical terms without translating them [the medical terms from Arabic to English].

Therefore, Sally believed that her Arabic had generally remained at the same level. She, therefore, focused on improving her English to familiarise herself with medical terms and avoid translation from Arabic to English. Similarly, Hayat (F) felt that EME did not influence her Arabic during and after studying at EME. She stated that:

Extract 7.83.

I do not believe this happens unless they [students] wish it to. From a scientific aspect, it is never affected at this age because they have the basics [of Arabic], but this is their choice. You choose if you want to keep English and lose Arabic.

Therefore, Hayat felt that students or teachers would not harm their Arabic unless it were a conscious choice by an individual, including the intensive use of translanguaging. Thus, as long as the students and teachers have used Arabic since childhood, there is no need to worry about their proficiency unless they wish to downgrade their 'L1'.

7.5. Conclusion and Summary of the Chapter

This chapter has analysed the interview data to answer the second research question, i.e., how EME agents conceptualise the nature and functions of 'English' and 'other languages' within the Saudi context.

The analysis revealed three different views on an official LP in the medical school. First, a few students favoured an explicit, flexible LP set by teachers due to the absence of clear LP regarding using English and overt translanguaging. They felt this would decrease the likelihood of embarrassment and bullying among students, encourage participation, and develop their self-esteem. As English skills take time to develop, overt translanguaging can also help to minimise anxiety and increase comfort and confidence, enabling students to formulate meaningful questions and answers and improve their marks. Second, a few teachers wanted an explicit LP that clarified teaching styles and preferences to minimise any harsh or unexpected reactions that could lead to student bullying. Third, the majority of the students and teachers disagreed with having an official, explicit LP, especially if it enforced an 'English only' policy, because they felt this might result in administration intervention and disclose an overly strict LP that would prevent both sides from using their current rich linguistic resources. Despite the lack of consensus around whether there is an English-only policy in writing or where it comes from, teachers and students generally thought they should have the space to negotiate and navigate their needs to develop their own implicit LP for classes and exams that reflect their practices and suit their needs. However, this could result in divergent linguistic practices and create confusion, conflict, and issues concerning fairness in the exam due to power being in the hands of students and teachers.

The second conclusion drawn from the interviews is that there are noticeable 'forces' shaping the LP of the medical school because of negotiation from bottom-up agents, resulting in a de facto LP that promoted ELF and translanguaging orientations. Students and teachers showed their capability and flexibility in using their various linguistic resources to resolve language, bullying, and fairness issues in classes and assessments, rather than using English resources as the only policy for evaluating students' knowledge. Conversely, some participants showed concern that their Arabic was becoming 'less grammatical or standard', which suggests a standard language ideology prevailing. There was also less focus on language aspects, e.g., following English grammar in speaking and writing as a native-standard monolingual orientation. Instead, more priority was given to ELF and multilingual orientations by focusing on delivering medical content comprehensibly and reaching mutual understanding. Although there is a focus mostly on the pronunciation and spelling of medical terms to ensure patient safety and achieve content and linguistic accuracy and intelligibility among healthcare professionals themselves, it was unclear whether teachers focused more on ensuring students' acquiring an English accent or on intelligibility and understanding.

However, there seems to be a preference for NES pronunciation as an ‘authentic source’ when students produce various pronunciations for the medical terms adopted from non-Saudi teachers, which might confuse Saudi teachers who spent years studying in Anglophone countries. Therefore, these Saudi teachers tend to correct students’ pronunciation. Moreover, most students and some teachers advocate for correction, while other teachers tend to deduct marks for major issues in spelling and pronunciation. This is driven by concerns about patient safety, professional embarrassment, and the university’s image from which they graduated. Yet, again, their intention behind correction remains unclear whether they are prioritising intelligibility and preventing future misunderstandings or simply adhering to NES norms. Third, rather than mastering English skills to reach native-like speech, students and teachers generally focus on professional/disciplinary requirements, e.g., pronunciation and spelling of medical terms, meaningful communication with patients and healthcare professionals, medical history-taking, and presentation skills.

With all these forces reshaping the LP of the medical school, we can see the conflict between the administration’s desire to maintain academic programme accreditation *and* the reality of the different beliefs and practices of teachers and students. It would also appear that the university administration depends very much on the teachers’ cooperation for the success of the EME programme. However, according to the teachers, the administration is becoming less strict about the ‘English-only’ policy. This step is encouraging since the agents’ practices reflect the *de facto* LP of the EME classroom and appear to be changing the administration’s and some teachers’ mindsets to show the power and dominance of multilingual agents in the medical EME programme through students’ requests and complaints to draw attention to their struggles with EME. However, the shifts resulting from negotiations have not been reflected through any official policy change and can only be understood through agents’ accounts.

Both students and teachers admitted the critical role of multilingualism in teaching and learning by frequently employing overt translanguaging to demonstrate their ability, flexibility, and confidence to deliver content meaningfully and communicate effectively. However, although overt translanguaging is part of EME agents’ practices, they often reproduce the parallel-monolingualism perspective by drawing clear boundaries across named languages rather than more dynamic overt translanguaging. However, there are four powers that influence the students and teachers to favour parallel-monolingualism and prevent them from using their full linguistic resources via overt translanguaging: 1) societal/religious/professional influence, 2) studying-related skills, 3) using technology, and 4) programmatic/institutional academic accreditation.

While most powers are ideologically derived from separating the named language and encouraging parallel-monolingualism, the issue of dealing with patients who do not speak English is not just ideological but has a very 'real' element of lack of shared resources in crucial medical interactions. Therefore, EME agents believe that the optimal solution to this issue is usually thought of as a need to promote and reinforce more separation, which indicates monolingual ideologies. Some participants recognised the importance of multilingualism and using multiple linguistic resources as long as they could foster both named languages equally, use them separately and acknowledge the need for competency in both in their future careers. The next chapter explores the actual language practices of students and teachers to understand how they navigate the ambiguity of LP and to examine their practices and functions of using overt translanguaging.

Chapter 8 De Facto LP Surrounding the Linguistic Practices in EME Classroom

8.1. Introduction

This chapter now focuses on the third research question: ‘What linguistic resources are used in the EME classrooms, and how do teachers and students enforce, challenge, or negotiate what is the ‘acceptable’ and/or ‘appropriate’ language use in everyday EME medical classrooms and why?’ This question was drawn from the third component of the LP framework to examine EME agents’ actual (or de facto policy) language practices and how the enacted beliefs emerge and are shaped through classroom interactions.

After analysing the documents and interviews, I found that many students and teachers recognise the ambiguity of LP and take advantage of employing their full linguistic resources and set their own implicit LP to suit their needs. There were also concerning accounts around language-related bullying in the classroom and a degree of uncertainty over motivations behind what is considered ‘appropriate’ disciplinary medical language. Thus, understanding the actual classroom practices allows me to go beyond agents’ elicited beliefs. Therefore, my primary interest in analysing linguistic practices concerned two main aspects.

First, I can establish how the EME agents navigate the ambiguity of the LP, how the emergence of bottom-up LP is negotiated or how students and teachers construct, regulate, and adapt their beliefs and actions during everyday classroom practices since there is no strict or clear LP on what should be expected to happen in the classroom, thus, how they construct policies on ‘appropriate’ language use and make decisions through a bottom-up approach. Second, this analysis helps me to identify whether EME agents employ or restrict their various linguistic resources, how and when, and for what purposes. By extension, this helps me understand what de facto LP for teaching, assessment, and communication is and establish the extent to which EME agents implement ‘English-only’ or multilingualism-friendly EME policies in class. Through these inquiries, I also seek to understand to what extent they either build or transcend boundaries between languages in their classroom practice.

8.2. Procedure for Analysing the Data from Classroom Observation

In this study, I followed Rymes’s (2010) basic steps to analyse the classroom data. The first step is to listen to all recordings several times to identify the key oral language practices in lectures, tutorials, and revision classes. I also read the students’ interactions as written language

practices in the chat box. All written interactions were taken through screenshots, and the recordings were transcribed. I excluded seminar classes to be transcribed because it was difficult for me to recognise the voices and names of the participants who had signed the consent form. Most of the time, student presenters did not introduce themselves, and a high number of students contributed at once. To guarantee their protection, I stopped the recording when this ‘messy’ practice took place and field notes were taken during the seminars noting interesting linguistic practices, except at the beginning and the end of the seminar classes when Yusef, the teacher, provided instructions to whom I obtained his consent.

Table 8.1: Modules/Blocks of the classroom being observed

Block	Year	Recorded class hours	Type of class	Sex
Surgery (Salma)	5	66 min.	Review	Mix
Ophthalmology* (Yusef)	4	Approx. 120 min.	Seminar	Males
		Approx. 120 min.		Females
Ophthalmology (Yusef)	5	83 min.	Lecture	Mix
ENT (ear, nose, throat) Nose (Tariq)	4	83 min.	Lecture	Mix
		71 min.	Tutorial	
ENT Ear (Tariq)	5	109 min.	Lecture	Mix
		34 min.	Tutorial	
Medical diagnostics (Hassan & Mona)	4	71 min.	Lecture	Mix
		65 min.	Tutorial	
Total min./hrs. Recorded: 582 min./ appx. 9 hrs.				

*Not recorded, but field notes taken during classes

Although 9 nine hours of recording was deemed appropriate and in line with other classroom-based studies (e.g., Smit, 2010; Wang, 2017), I also listened to all the non-transcribed seminar recordings several times and transcribed additional parts I found important. I read and analysed all my notes (observation scheme) and the screenshots from all classes, followed by comparisons between them to ensure that I had included all the significant differences that had emerged during the lectures for triangulating purposes (see Appendix L as an example of Salma’s classroom observation transcript and Appendix M the field notes taken from her class).

After finalising the first draft of the transcriptions, I carefully checked them for content and convention accuracy. However, it is important to recognise that the data from the classroom observation in this study does not include oral student-teacher interactions, as highlighted in Chapter 5.6.3. Only the teachers used the spoken interactions all the time, while the students responded by employing written interactions in the chat box. This led me to select certain conventions, including those chosen for the interview in Chapter 7 (see Table 7.1), which suited my type of interactions. Most applied to the teachers' speech were taken from Jefferson (2004), Schegloff (2000; 2007), and ten Have (2007) (see Table 8.2).

Table 8.2: *The conventions used for the classroom observation*

Student	Student (pseudonym will be used) in bold
Un-blod	Teachers talk orally via a microphone
.	Falling or final intonation or ending a sentence
(0.2)	pause in seconds
{ }	Meaning clarifications (or translation) for Arabic words or reversed Arabizi
<i>Italic text</i>	Spoken utterances or written sentences in Arabic or reversed Arabizi
?	Raising intonation within a higher pitch in the utterance
(())	Descriptions of events ((cough)), ((sniff)), ((telephone rings))
@	Laughter
[...]	Omitted section of the transcription
(?)	Uncertain transcription
Fishi-	A hyphen for a word or sentence is cut-off.
xxx	Inaudible
(....)	Explaining the event or Contextual information names of other students or teachers or university

I analysed the data with thematic coding following the procedures of thematic analysis. I created the initial codes and familiarised myself with the content in Microsoft Word. After I subsequently moved all the files to MaxQDA, including the screenshots, I followed two methods for the coding process: (1) top-down (pre-established) codes and (2) bottom-up (emergent or data-driven) codes. I had drawn up some pre-established themes in response to, firstly, the interviews with the students and teachers (which gave me an idea of what I might expect when observing the class) and, secondly, my reading before interviewing and observing the participants of the literature on EME, ELF orientation, translanguaging and LP. By contrast, the emergent codes were created based on the participants' actual linguistic practices, where these data are mentioned in neither interviews nor literature (e.g., reversed Arabizi). I consider the recursive

process, i.e. I went back and forth to omit repetition, add or/and combine codes. This involved three main rounds. Firstly, after coding all the recordings, I drew up approximately 100 codes, merging similar ones and deleting repeated ones. This resulted in approximately eighty-five codes. I then went through a third round, combining and omitting some codes, leaving me with sixty codes. Finally, once I started to write the chapter, I recognised similarities and differences between these codes, leading me to emerge or omit several, resulting in forty-seven codes (See Appendix N).

The final step was to interpret the data, followed by relating it to theory, to answer the study's research question. It is important to acknowledge that I translated the extracts from Arabic as original transcripts into English to enhance comprehensibility for international readers of the thesis. All the translated excerpts have been sent to an external translator to check for any differences between my own translation and that of an expert. The following section briefly outlines each module I attended during the data collection to help better contextualise the subsequent presentation of findings.

8.3. The Nature of the Classes in the Observed Modules/Blocks

For the case study of the medical school, I observed four modules/blocks for three months (see 5.6.3.1 and Table 5.7). Salma, Yusef and Tariq taught Year 5 students, while Yusuf, Mona, Hassan, and Tariq were responsible for Year 4 students. So, the same students were taught by different teachers; for example, Yusef and Tariq teach years 4 and 5, and the same teachers taught different students. The following subsections provide a brief overview of the teachers I observed and the nature of their classes.

8.3.1. Surgery

Salma was the first teacher to welcome me to attend her class. This module was designed for Year 5 students and lasted around one month and a half. The design of the class I attended was created based on a request from the students and was sixty-six minutes in length. Because this class was optional, there were around sixty-one students, while the general average in lectures, tutorials and clinical classes tended to be over 150.

During this class, the students asked the teacher questions about the content and the assessment. Additionally, Salma explained the topics they needed to focus on and how they could cover all the rich content. Although some (particularly the female students) were active in asking questions, not all were engaged, with only around fifteen choosing to interact with the teacher.

Additionally, because the classroom did not have a working microphone, the students depended on typing their questions using their keyboard. Salma praised her students for being diligent and hardworking and for their ability to read in-depth and actively seek information by asking questions. She also encouraged the students to query, even if they thought their questions might be trivial.

Salma commenced her class in English with her students typing their questions in the same named language. However, once some students began to use overt forms of translanguaging with Arabic, Salma did the same until the end of the class. Although some students continued to ask questions in English, Salma sometimes answered through overt translanguaging featuring Arabic and English resources. When I interviewed the students after the class, their impression of Salma was positive, describing her as kind and supportive. Salma worked hard to develop her students' self-esteem and promote their confidence.

Salma admits that although the medical school sets no clear official LP, she knows the medium of education based on her prior knowledge regarding her working in the medical school of another Saudi university, her studying experience, having all books and materials in English, and knowing colleagues who are teaching in other different universities in SA. She believes that she should use English only when delivering lectures but tends to use more Arabic via overt translanguaging in tutorial/clinical classes because these classes are more practical, so students need to go to the labs and practices. Salma shows her tolerance if the students use translanguaging to ask questions. Still, she is not tolerant if students use overt translanguaging when taking medical history in OSCE or seminars. She encourages her students to use Arabic resources only in OSCE because most patients are Arab speakers, and students need to take patients' medical histories. However, she uses overt translanguaging to answer students' questions if the students ask using overt translanguaging or if the students do not understand her points explained in English.

8.3.2. Ophthalmology

Yusef teaches this module for Years 4 (following the new curriculum) and 5 (following the old curriculum). The class I observed was for students from both. The module lasted about two weeks, including lectures, tutorials, clinical classes, seminars, and OSCE and MCQ examinations.

I began observing his classes in Year 4. I attended two seminars (one for males and the second for females) focusing on an oral examination, which was a group presentation. Each seminar contained approximately ninety students. The students presented a topic selected from a

list of those included in the OSCE and MCQ examinations. The group's task was to give a ten-minute lecture on a specific subject to their group members, followed by approximately five minutes of questions and answers. These were evaluated by three examiners, who also asked students a few questions. Yusef formulated oral questions while the other examiners used the chat box, and students could answer using either method. Each group contained seven or eight students; each one presented a section for around one minute. I noticed that the students were nervous while making the presentation. Yet, Yusef and the other examiners were generally patient and kind and recognised the students' nerves and were lenient about how they answered, including their linguistic resources.

I subsequently attended another class with about 126 Year 5 students, which took the form of a lecture lasting around one hour and twenty minutes. Yusef divided this time according to each topic, after which he stopped and asked his students if they had any questions or if anything needed to be clarified. He started his lecture in English but eventually graduated towards overt translanguaging with Arabic. At the end of the class, he allocated time for a question-and-answer session, where students are free to ask anything about the course, i.e., the references and exams. For this, the teacher and students could choose their linguistic resources (primarily Arabic and reversed Arabizi) when discussing the upcoming exams. I found Yusef collaborative and answered all the students' questions. Moreover, despite not having met him previously, the students felt confident and comfortable interacting with him, including discussing how they studied and which topics they should cover to prepare for the MCQ and OSCE examinations. Furthermore, Yusef continuously reassured them that the exams would be manageable and that they had sufficient time to study all the topics they had been assigned.

Yusef also believes there is no clear official LP in the medical school. Therefore, he shows greater flexibility than Salma. He uses overt translanguaging with Arabic in lectures for complex topics or signposting important information or announcements. He also allows students to use overt translanguaging to ask questions for participation or discuss any concerning issues like exams. Although Yusef is very formal in the seminar when attempting to use an English-only policy to ask questions to students as an examiner, Yusef is tolerant if the students want to answer the examiners' questions using translanguaging.

8.3.3. Medical Diagnostics

This module is taught by two teachers, Hassan and Mona. Unfortunately, I could not attend Hassan's lecture, but I joined Mona's for about one hour and ten minutes. She had 119

students in her class, and I found there was generally little participation. Mona periodically checked that everyone understood but gave her students few opportunities to ask questions. However, after half an hour, I found that Mona started to use overt translanguaging to Arabic until the end of the class, particularly after one of her students asked a question.

After Mona's lecture, there was a one-hour tutorial with both teachers. Half of the students attended this class, i.e., approximately eighty-three. It started with Hassan informing the students that they would be divided into ten groups of eight to ten and sent into breakout rooms, in which I was able to join one of the breakout rooms to see how the students interacted with each other to accomplish the task assigned within five minutes. Mona and Hassan then divided the class, with the first half hour dedicated to Hassan and the second to Mona. This was followed by Hassan requesting the groups to upload their answers on Blackboard for everyone to see. As Hassan does not speak Arabic, the entire classroom discussion was in English. After Hassan corrected half of the group, Mona started her class by first reading the question in English and then explaining the questions using translanguaging. I noticed that students were generally more deeply engaged with Mona than Hassan, where students were reluctant to participate in the chat box. However, both teachers were friendly, patient, and supportive and encouraged their students to participate. Additionally, they helped students who needed help to identify the correct answers.

Hassan is a non-Arab teacher; therefore, he explains everything in English (the lectures, instructions, answering and asking his students). In the interview, he showed high flexibility if the students wanted to answer in Arabic or used overt translanguaging when discussing in a group. He even asks the students with a good command of English to translate a term/word into Arabic if he notices that most students do not understand what he says. Besides, he sometimes uses a few Arabic resources in the class to explain what he means as he admits to learning some Arabic resources while he lives a long time in SA. Regarding Mona, she believes that although there is no explicit, official and written LP that requires her to use an English-only policy, she emphasises that she should use English only in lectures and tutorial classes. Yet, she uses overt translanguaging with Arabic resources when students show no understanding when they are required to participate or increase the level of acquisition, especially with complex topics or signposting to important information. She even evaluates her students' performance and to what extent they use English in the seminar and OSCE assessment.

8.3.4. ENT (Ear-Nose-Throat)

Tariq teaches this module/block for Years 4 (following the new curriculum) and 5 (following the old curriculum). I attended both years, and I found that he started with lectures followed by tutorial/clinical classes. There were approximately 154 students in Year 4 and 146 in Year 5.

Although I have had a chance to observe the teacher (Tariq) in several classes, I could not interview him due to his busy schedule. However, based on my observation, I can understand his implicit de facto LP in lectures and tutorial classes. He always starts his classes by greeting the students in Arabic and asking how they are doing in Arabic; then, he begins his classes. In lectures, he mostly uses English only to explain the lesson without interacting with his students, followed by translanguaging during the question-and-answer session. During the tutorial/clinical classes, Tariq provided medical scenarios, with pictures and videos of medical equipment and diseases, while frequently using translanguaging to encourage students' participation. Tariq appeared to be a strict teacher and formal in his communication with his students. Yet, based on the students' evaluation, he was also cooperative and compassionate when the students discussed the exams. Following the above outlines of the nature of each classroom, my analysis of the classroom observation shaped the following two sections concerning the linguistic practices in the EME classrooms:

1. De Facto LP Behaviour in EME medical classrooms: Negotiating a Bottom-up LP.
2. The practices and functions of using overt translanguaging: Breaking the imagined 'English-only' policy in teaching and communication in EME classrooms.

8.4. De Facto LP in EME Medical Classrooms: Negotiating a Bottom-Up LP

This section discusses the de facto LP that emerged from my classroom observation as crucial findings identified in the teachers' teaching and students' and teachers' interactions, which helped reveal three key practices.

8.4.1. Explicitly Negotiation of 'Appropriate' Students' Language Use during Q&A: An Intelligibility-Based Issue

In this sub-section, I focused on situations when teachers use explicit metalinguistic comments to negotiate or 'make' de facto LP regarding language use in a particular situation. Negotiation is generally prompted when students ask or answer questions in the chat box, leading the teachers to ask them for clarification (either rewriting the question or using the microphone to say it orally) and/or comment on students' language use.

For example, while Mona delivers the lecture in English most of the time, with a few times using overt translanguaging, a student asks her a question through overt translanguaging that I call ‘reversed Arabizi’, with (Latin/Greek) medical terms written in Arabic letters and the remainder of the question in Arabic. The teacher’s language use seems to implicitly encourage the student to ask questions using English because she cannot understand the student’s question. Thus, Mona resorts to explicitly negotiating the linguistic resources used in that particular instance.

Extract 8.1.		
	Original text	Translated text
1 Student	<i>طيب الدكتور بوجه نسئني {الهيون ال بون وم} اذالك ان</i>	Ok, doctor, why do we exclude {adrenal
2		adenoma} if it is little?
3 Teacher	مش فاهم اه او مش	<i>No, someone wrote a question, but I</i>
4	لهي مشني 0.2	<i>couldn't understand or see (0.2) why do</i>
5	adrenal.	<i>we exclude adrenal.</i>
6	مش عارفة مش مش ارفه افه لسواي عنني	<i>I couldn't I couldn't understand the</i>
7		<i>question (0.2)</i>
8		<i>Could you open the mic and say the</i>
9 mic		<i>question, or you can write it in English?</i>
10	تقولي السؤال او	<i>I couldn't understand the question, to be</i>
11	you can write it in English?	<i>frank with you (0.4)</i>
12	أأ مش فاهم السؤال ابصراحة 0.4	
13	طبيب لسؤال في ال	<i>Ok, if the question is in the treatment or,</i>
14 treatment		<i>I mean, in the diagnosis or the clinical</i>
15	التي قصدي في ال	<i>picture (0.3), I can repeat it again, and</i>
16 diagnosis		<i>Insha Allah {Allah Willing}, you will</i>
17	والفي ال	<i>understand.</i>
18 clinical picture		
19	أنا ملين أعني مثاري وان شاعل ليتلفهمي	
		(The student wrote the question again in English)
20 Student	Why we exclude adrenal adenoma if	Why we exclude adrenal adenoma if we
21	we have low ACTH?	have low ACTH?
22 Teacher	ال 0.2 اه	<i>No no (0.2), uh</i>
23	Why we exclude adrenal adenoma if we	<i>why we exclude adrenal adenoma if we</i>
24	have low ACTH? (0.4)	<i>have low ACTH? (0.4)</i>
25		<i>no, if I found the ACTH is high, so it</i>
26 ACTH		<i>means I have a problem where? In the</i>
27	مش كتلفيني في ال	<i>pituitary.</i>
28 pituitary		

While the teacher explains the lesson in English, a student formulates her question using Arabic (in italics) and reversed Arabizi (in brackets, Lines 1-2). Using reversed Arabizi is performed by typing the medical term ‘adrenal adenoma’ in Arabic letters. While this may be an unmarked or

natural practice among medical students who get used to typing reversed Arabizi when chatting with each other, it would stand out in the eyes of regular people as a hybrid practice. In fact, even the teacher (Mona) claims she cannot understand the student's question and requests that English should be used instead, suggesting that using reversed Arabizi may cause a problem here for Mona, as in Lines 8-11. The student then retypes her question in English, adding the medical term 'ACTH' in Lines 20-21 on her second attempt, so Mona understands her question.

It is not possible to infer the students' motivation behind their linguistic choice. However, a possible reason may be related to technology limitations associated with switching the language setting of the keyboard to either 'English' or 'Arabic' when participating in the chat and students' wishes to communicate quickly. Besides, reversed Arabizi corresponds with crucial disciplinary terminology to facilitate understanding of the context. A third reason is that the student may want to prevent the texts from being overlapped, so the teacher might not read and understand her questions when she types the acronym 'ACTH'. In fact, the interview data supports the idea that students struggle when typing in the chat box because the keyboard is designed to segregate the named languages and choose one named language. However, this practice appears to lead to confusion in some instances, and it seems to 'trigger' de facto negotiation to ensure successful learning. As the extract shows, Mona uses an explicitly metalinguistic comment to address comprehension issues, simultaneously showing her preference for English when addressing unclear questions.

A similar issue also occurs in Tariq's lecture in Year 4, when a student seems to produce an unclear question using an unfamiliar abbreviation to address his question.

Extract 8.2.		
	Original text	Translated text
1	Student DX of snoring?	DX of snoring?
2	Teacher	اش م ع ر ي - ما ف ه م ت ؟ (0.2 في صدك
3	diagnosis of snoring? Snoring is	(0.2) <i>Do you mean</i> diagnosis of snoring?
4	symptoms is bilateral nasal obstruction	Snoring is symptoms is bilateral nasal
5	(xxx) cause snoring. It is presentation.	obstruction (xxx) cause snoring. It is
6	It is not it is not diagnosis. Diagnosis	presentation. It is not it is not diagnosis.
7	can see the disease. So how diagnosis	Diagnosis can see the disease. So how
8	the cause of snoring? We will discuss	diagnosis the cause of snoring? We will
9	about it later	discuss about it <i>Insha Allah</i> {Allah willing}
10		ان ش الله later.

After Tariq finishes delivering the lectures and starts taking attendance using Arabic resources, a student decides to ask in English. Using the acronym 'DX' (see Line 1) seems an unknown term for the teacher, leading not to understand the student's question. This results in

the teacher being unaware if the acronym 'DX' would refer to the word 'diagnosis' before guessing. As the extract shows, Tariq uses an explicit metalinguistic comment to address the ambiguity of the question by negotiating the language that the student decides to use to address his question. The student's linguistic flexibility seems to prevent himself from being understood when the teacher (from the older generation) does not understand this acronym. This suggests that students exercise certain linguistic creativity, perhaps for note-taking and independent study or to text their classmates. I believe the reason behind the student's practice is that he might create it when texting with his classmates and/or for his own note-taking purposes. Another reason is that the student may struggle with spelling, so he makes his own abbreviation to facilitate memorising and writing when he needs to use it again. I also observed that the teachers in the above Extracts 8.1 and 8.2 do not make any comments when the students do not follow NES norms in their written practices. For instance, in Extract 8.1, a student produces a question in Lines 20-21, which does not reflect prescriptive NES interrogative structures (i.e., not using the auxiliary 'do'), but the teacher shows her understanding and responds to students' questions without correction. The same situation is in Extract 8.2, where the student does not follow NES norms in writing, and Tariq does not make any comments in his writing.

However, Tariq experienced a similar situation in a tutorial class in Year 5, using an explicit metalinguistic comment when a student answered a question in reversed Arabizi by typing an English/Latin/Greek medical term in Arabic letters in the chat box.

Extract 8.3.		
	Original text	Translated text
1	Teacher	ليكون عنده (xxx) <i>When he (the patient) has (xxx) around the ear</i>
2	around the ear or inside the ear	or inside the ear.
3		اش عنده؟ (اش؟) 0.1 <i>What does it mean? What does he have? (0.1)</i>
4	What is the diagnosis? (0.2)	What is the diagnosis? (0.2)
5	Student	{Ramsay} رمزي
6	Teacher	(@) (@) nice you wrote it in Arabic, Ramsay.
7	Ramsay.	
8		صح <i>Correct</i>
9	Ramsay hunt syndrome or herpes	Ramsay hunt syndrome or herpes zoster
10	zoster oticus. Excellent.	oticus. Excellent.

Before the teacher asks the question in the chat, he explains the hearing assessment by showing a picture of the head using overt translanguaging. Then he addresses his question twice, the first using Arabic (Line 3) and the second using English resources (Line 4). Afterwards, the teacher reacts to the student's answer by laughing (see Line 6), responding to the surprise at finding a medical term written in Arabic letters. His surprise indicates that reversed Arabizi is not a

common language practice, and he is unfamiliar with reversed Arabizi (as he is from the older generation). The teacher approves the student's creative approach by explicitly saying 'Nice' in Line 6. This is followed by the teacher providing the full medical term of the disease and its alternative, which may have been beyond the student's knowledge. I assume the reason for using reversed Arabizi to answer the teacher's question is that the student might not know the spelling of the medical term in English or want to avoid being misunderstood and/or embarrassed when typing in English. The teacher shows that he does not mind how he interacts and, therefore, does not seek to enforce an 'English-only' policy as long as the student can be understood.

Although, based on the observation data, all teachers whom I observed show high flexibility in using overt translinguaging during their explaining the lecture and discussion with the students (as seen in the next section), I found Tariq and Mona tend to negotiate or make de facto LP in the class by showing their unfamiliarity with and/or difficulty in understanding reversed Arabizi for medical terms or abbreviations/acronyms of non-medical terms. I believe the reason may indicate that the younger generation creates linguistic resources that their classmates understand and use them through texting apps. Innovating linguistic resources flexibly and creatively helps to "question and challenge the standard and named language ideologies", serve their needs, and "construct their own understandings with their own languaging" (Wei & García, 2022, p. 322-323).

8.4.2. Teacher Modelling Different LPs either English-Only or Overt Translinguaging

I also found that LP for the class text can be initially modelled by the teacher without making explicit comments about what language resources should or should not be used. It also appears that teachers would model LP differently, depending on the nature/purpose of the class, particularly the level of formality assigned to it. Modelling LP also seemed to rely at least partly on teachers' assumptions about students being familiar with their own expectations. For example, Salma started her class by greeting the students using an Islamic expression and then stating that the class focused on reviewing what had been taught. Instead, she expected students to ask questions about a disease, along with procedures related to diagnosis and treatment.

Extract 8.4.		
	Original text	Translated text
1	Teacher	{Peace, Allah's mercy and blessings be upon you}. Is the voice clear? (0.18) Ok
2		طيب ، طبعاً هذا
3	review session	of course this review session
4		meaning so it's optional to be here.
5	so, it's optional to be here	There is no problem for students who

6	الاناس الي ما حضرت ما في مش لكل قب سن اشوف الي	<i>did not attend. But I see if anyone will</i>
7	ي حضر ان عقل را ح يتعني ب جدارة 0.4 ف ي ع ي	<i>attend, Insha Allah {Allah Willing} will</i>
8	As I told you before I will not repeat the	<i>benefit a lot (0.4). So it means as I told</i>
9	lecture, but I will answer your questions	<i>you before I will not repeat the lecture</i>
10	(0.3). So I'm recording this session. If you	<i>but I will answer your questions (0.3). So</i>
11	have uh any question, please write it	<i>I'm recording this session. If you have uh</i>
12	down so I can start answering it (0.11)	<i>any question, please write it down so I</i>
13	طيب	<i>can start answering it (0.11). Ok</i>
14	Did you read the lecture of breast and	Did you read the lecture of breast and
15	thyroid, benign and malignant? (.) Did	thyroid, benign and malignant? (.) Did
16	you read it from the textbook? How was	you read it from the textbook? How was
17	it? any confusing uh, point (0.4)	it? any confusing Uh, point (0.4)
18	So, this session will be from five to six	So, this session will be from five to six
19	o'clock	o'clock <i>Insha Allah {Allah Willing}.</i>
20	ان شغال ل	
21	so, if you have any question, please	So, if you have any question, please
22	write it down. Uh, um, (0.2)	write it down. Uh, um, (0.2)

According to her interview data, Salma prefers to use English only in lectures. In contrast, she uses both named languages in discussion classes, e.g., tutorial/lab or this review class. This extract shows that she repeats the purpose of the class in Arabic and English in Lines 2 by practising parallel-monolingualism to ensure students understand. Moreover, she can be seen in Lines 11-13 and Lines 21-22 encouraging twice to write their questions in the chat box without explicitly dictating a certain named language they should use. She presents this session as additional and informal, and her own use of varied linguistic resources seems to set the tone and encourage students to do the same, which becomes clearer later in the session. Although some students ask using English resources only, Salma replies similarly in English. Five minutes later, a student takes an initial step and asks her question by writing in Arabic only, to which the teacher responds using overt translanguaging, reinforcing the validity of a flexible approach to the informal session, as we see in the next extracts.

I also observed practices going in the opposite direction, which linked modelling English policies with formal classes. An example of this behaviour is found in Yusef's seminar for the female section to evaluate their presentations. Yusef provides all the instructions in English, including his expectations, along with the other examiners.

Extract 8.5.	
1	Teacher Please be restricted to time. We have 10 minutes for each presentation, and we
2	might also have 2 to 3 minutes discussion if we have discussion. And the other
3	group please be ready after the group who presented. So, if you have
4	presentation, please upload it and share it. Thank you so much Doctor (student's
5	name) you can start. Thank you.

I found the atmosphere very formal because it is a seminar where students are assessed in the presence of three examiners (all academic staff from the medical school) to evaluate students' performance and their presentations. Although there is no explicit written or spoken policy to state that only English should be used, everyone is supposed to use English only in the seminar. Thus, in the above extract, Yusef shows the formality of this class by presenting a list of procedures and providing the instructions in English only, without explicitly telling students to use only English in the presentation or answering the examiners' questions.

Based on my field notes, during both seminar classes, none of the examiners spoke or typed a single Arabic word, which showed that Arabic is not the preferred choice and that everyone should consider the formality of the situation. The idea that exams should be in English only supports the idea that there is an 'unwritten' assumed English-only LP for EME in the programme (at least in the eyes of this teacher). However, I noticed that none of the examiners commented negatively against students' use of Arabic when presenting and answering the examiners' questions. Instead, they praise the students for providing correct answers by stating 'good', 'very good', or 'excellent'. Furthermore, they compliment them on their PowerPoint presentation or how they presented the information, i.e. 'I like your presentation' or 'good (or very good) presentation'. I found the examiners in both classes show more flexibility towards the students' language choices than their own, not objecting when students decide on their linguistic resources when using overt translanguaging in an official or formal situation like a seminar, as long as they continue to communicate confidently and deliver correct and comprehensible information.

However, at the end of the male seminar, a student broke the formality and put a question in the chat box using Arabic and reversed Arabizi.

Extract 8.6.		
	Original text	Translated text
1	Student	شكراي الدكتور يوسف والدكتور (اسم) الدكتور (باسم) Thank you Doctor Yusef and Doctor
2		عديس فتس اربسي ط (name of the examiner) but I have a
3		simple question
4	Teacher	صلى دكتور Go ahead doctor
5	Student	هل سبى في ارات { داخه في النهائي } Are {seminars} included in {the final}
6	Teacher	سبى من ارات { اجا } {The seminars} we we will decide the
7		We will decide the doctor (name of the doctor (name of the examiner) will
8		examiner) will decide to choose two decide to choose two from these
9		from these (indigenes xxx) and (indigenes xxx) and (chemical xxx) ok?
10		(chemical xxx) ok?

In Line 5, the student put his inquiry in Arabic and reversed Arabizi by typing the words 'seminars' and 'final' in Arabic letters and applying Arabic grammar to 'seminars' to the feminine plural and become 'seminarat'. Yusef responds orally using the microphone by commencing his sentence in Arabic and reversed Arabizi in Line 6, then he suddenly moves to English in Lines 7-10, as if he remembers that he is still in the setting of an exam and should, therefore, be formal and professional despite the assessment of the presentations being over. A potential interpretation of the student's language practice is that the students and teachers usually tend to use more Arabic and reversed Arabizi for informal communication at the end of the class to discuss non-medical topics (e.g., exams), as discussed in the next section. Therefore, the student may have responded to the belief that the exam has finished, and this is now a space for students to ask general questions about the module. However, Yusef recovers the imagined 'English-only' policy even after the exam is over. It could be because of the presence of the two examiners in one class, which might let Yusef feel some 'peer pressure' to keep an 'English-only' policy while students were allowed to use their own linguistic practices.

I also noticed that the teachers might take the first step and use overt translanguaging to answer students' questions when students ask either in English-only resources or overt translanguaging, as seen in Yusef's lecture.

Extract 8.7.		
	Original text	Translated text
1	Student1	Could you please repeat the
2		comments about pics of VKC
3	Teacher	طيب ال <i>Ok The Vernal keratoconjunctivitis. We</i>
4		<i>said that it is in the upper lid. Giant</i>
5		احقولنه ل نفسى ال <i>papillary reaction usually comes in the</i>
6	Upper lid	<i>upper lid [....]</i>
7		ي جى
8	Giant papillary reaction	
9		عاندقى ال
10	Upper lid [....]	
11	Student2	في ان فرق بين ال <i>How can I differentiate between the</i>
12		nerve lesion and muscles fibrosis nerve lesion and muscles fibrosis
13	Teacher	ال <i>The thyroid eye disease antibodies</i>
14		<i>attack the eye itself. It is called graves</i>
15		ت ه اجم ال <i>ophthalmopathy.</i>
16	eye	
17		نس ها اسم ه
18	graves ophthalmopathy.	
19		ال <i>The antibodies also attack the thyroid</i>
20	antibodies	<i>gland and attack the eye itself. If it</i>

21		هتبرضوتهاجم ال	<i>attacks the eye, uh usually the</i>
22	thyroid gland		<i>extraocular muscles uh is the most</i>
23		وتهاجم ال	<i>affected one [.....]</i>
24	eye		
25		نساها اذاهاجمت ال	
26	eye uh usually		
27		ال	
28	extraocular muscles uh		
29	affected [.....]	تشرشئ	

Both students formulate their questions using different linguistic resources. Student 1 asks a question in English resources, and student 2 uses overt translanguaging. So, Yusef decided to answer their questions using overt translanguaging. I assume this is because some questions require complex answers; therefore, Yusef uses overt translanguaging as a pre-emptive technique to increase understanding of the complex answer and minimise confusion and misunderstanding when answering in English. Additionally, Yusef shows his flexibility and understanding when student 1 formulates her question in English, using the abbreviation of a non-medical term ‘pics’, which means ‘pictures’ and the acronym of the medical term ‘VKC’, which means ‘Vernal Keratoconjunctivitis’, without paying attention to whether student 1 follows ‘correct’ grammar or spelling. The teacher here focuses on comprehending students’ questions and answering their questions. Besides, the student displays her creativity in making abbreviations of non-medical terms for several reasons. She might create it when texting with her classmates and/or for her own note-taking purposes. Another reason is that the student may struggle with spelling, so she invites her own abbreviation to facilitate memorising and writing when she needs to use it again.

8.4.3. Students’ Negotiation and Power in Creating de Facto LP at Classroom Level

In this subsection, I discuss situations to show students’ power and strategies (e.g. silence, type of class and topic) and how they negotiate with teachers to ‘police’ de facto language practice by looking at who moves from ‘English-only’ to Arabic and the reason behind their motives. The first situation that seems to trigger negotiations of language choices is students’ struggle to understand the teacher’s questions. For example, when Mona’s turn came in the tutorial class after Hassan finished discussing half of the task with the students, Mona continued to discuss the rest of the tasks. She starts by addressing questions in English several times, but there is no response from the students.

Extract 8.8.		
	Original text	Translated text
1	Teacher	Okay. Uh, now, uh, task two. Who are
2		going to answer this, uh, task, (0.4) task
3		two (.) discuss each of the lab tests here
4		here if you are going to answer (0.5) First of
5		all, the urea it is eight and six, while the
6		reference range is 2.5 and, uh, between
7		2.5 and seven millimeter liter, so what is
8		the, the, uh, meaning of this test or, uh,
9		what can you realize from this, uh,
10		number? (0.4)
11		طبي نبيح عاي زين عمل
12	explanation	Ok we want to do explanation for the
13		parameters. If I found the urea more
14	parameters	than seven or more than the reference
15		range, so then what does it mean?
16	urea	What do need to think about? The urea
17		is the indication.
18	seven	عندي عن الكتر من
19		ال
20	reference range	الكتر من ال
21	urea	بيقي ده من ادايه فمكتر فسي ليه (0.2) ال
22		دي
23	Indication	
24		
25		[.....] Ok so there is increase in urea and
26	there is increase in urea and this means	this means that there is protein
27	that there is protein catabolism	catabolism. So this sodium, Is this
28		طيب sodium is the normal or it's abnormal
29	this sodium, Is this sodium is the normal	sodium level? It's above the reference
30	or it's abnormal sodium level? It's above	range or not? (0.2)
31	the reference range or not? (0.2)	
32		طيب ليه ال
33	disease	Ok what is the disease that can do this
34		rise in the sodium and decrease in the
35	rise in the sodium	potassium? (0.4)
36		و
37	decrease in the potassium? (0.4)	
38	Student1	hyper aldosteronism
39	Student2	aldosterone
40	Student3	hyper aldosteronism
41		طيوه yes hyper aldosterone.
42	hyper aldosterone	
43		بيقي So, the hyper aldosterone increase the
44	The hyper aldosterone increase the	sodium level of the blood and the
45	sodium level of the blood and the	potassium level is decreased.
46	potassium level is decreased.	

In Lines 1-10, Mona reads the scenario, and then she asks. She waits a few seconds and finds no participation. So, she repeats the questions in Arabic resources (in italics) from Lines 11-16 with further details using overt translanguaging to clarify the question for the students in Lines 25-30. Then, she forms her question differently in Lines 32-34. After that, the students can guess the answer correctly. Thus, Mona seems to be making efforts to separate among the named languages and performing a practice that can be recognised as parallel-monolingualism to ensure students understand her question and answer correctly. There is a similar situation in Tariq's tutorial classes. He tends to use overt translanguaging often to explain medical scenarios and questions. In this sense, students' withdrawal of participation indicates a lack of understanding and seems to have the power to trigger changes to the on-going de facto LP for the interaction.

On the other hand, after Salma greets her students with an Islamic expression using Arabic (see Extract 8.4), she starts answering students' questions depending on what linguistic resources the students decide to choose to ask a question. Some students feel comfortable addressing questions using English-only resources, while others prefer overt translanguaging or in Arabic only (with reversed Arabizi) to increase the discussion level and save time.

Extract 8.9.		
1	Student	should all receptors +ve in the result of biopsy to start hormonal therapy or just one +ve is enough? In breast cancer
2		
3	Teacher	(0.14) Good question. Your, your question is about breast cancer, and this is
4		regarding receptor status, as you know, uh [...]
5		There are two receptors, the most important two receptors that determines if
6		we are going to give the patient, uh, extra therapy like hormonal therapy is, uh,
7		or are the oestrogen receptor and HER2/neu [...]
Extract 8.10.		
	Original text	Translated text
1	Student	Ok. What the result will I have? in the case
2		of {Graves}. Will it say to me the kind of
3		disease for example?
4	Teacher	<i>No it is not always to diagnose the case ok?</i>
5		<i>So you have for example ((clears throat)) in</i>
6	lymphoma	<i>the lymphoma.</i>
7		<i>it will show you in lymphocytic cells and so</i>
8	lymphocytic cells and so on. It'll give	<i>on. It'll give you a clue that this is</i>
9	you a clue that this is lymphoma]...[<i>lymphoma [...]</i>

In Extract 8.9, the student asks a question in English, prompting the teacher to respond by offering greater clarification using the example in English. I assume the teacher feels this can facilitate answering students' questions and help to improve their understanding of the medical situation under discussion. Therefore, Salam prefers to concentrate on English resources. Also,

Salma does not show her preference for following NES norms when the student writes her question in Extract 8.9, which does not reflect the prescriptive NES interrogative structure (i.e., missing verb). Yet, Salma can understand and respond to questions successfully without correction. The student also creates an abbreviation of positive by labelling it as '+ve', which seems clear for the teacher to understand the student's question. I assume this abbreviation might be known among students and teachers that is usually used in the medical field, or teachers get used to seeing this term among medical students.

However, in the second Extract 8.10, a student asks a question using Arabic and reversed Arabizi resources in Lines 1-3. The student types the medical term of the disease 'Graves' in Arabic letters. I believe the reversed Arabizi is used with disciplinary terminology to form an accurate question, although it may at times require further meaning negotiation, hoping the teacher understands her question and provides an answer on a particular topic. The teacher immediately understands the question and offers a full answer using overt translanguaging from Line 3 onward. Both examples show that Salma follows students' preferences, which indicates the teacher shares the power with her students to decide what language practices students can use confidently.

Another way of negotiating the de facto LP is that the students decide on the type of the named language based on the type of their questions, either medical or non-medical topic. The teacher, in turn, answers their questions, depending on what the students decide. For instance, in Tariq's lecture with Year 5 students, there are interactions between the students and the teacher at the end of the class after Tariq announces that he has finished his class and welcomes them to answer any question as a way to encourage the students for participation using a parallel-monolingualism approach (Lines 1-3). Two students ask him questions on two different topics using different named languages.

Extract 8.11.		
	Original text	Translated text
1	Teacher Any question?	Any question? <i>I finished the lecture. Is</i>
2	0.5 (أكيدي؟) هل صحت المحاضر رفاي سوال؟	<i>there any question? (0.5) Are you sure</i>
3	إفني اسئلة؟	<i>there are no questions?</i>
4	Student1 متى للمحاضرة الثانية؟	When is the second lecture?
5	Teacher راضبعناربعة ساعة الساعة و9:45 بدأ	<i>We will start after fifteen minutes. At</i>
6	لمحاضرة الـ 9:45	<i>9:45, we will start the next lecture.</i>
7	Student2 Marginal and attic perforation are unsafe type?	Marginal and attic perforation are unsafe type?
8		

9	Teacher	Yes, marginal and attic are unsafe	Yes, marginal and attic are unsafe type.
10		type. Self- perforation even (xxx) is	Self- perforation even (xxx) is safe type.
11		safe type. Marginal of perforation is	Marginal of perforation is unsafe type
12		unsafe type (0.2). Any questions?	(0.2). Any questions?

Student 1 asks about the time of the next lecture using Arabic resources, and the teacher responds with the same named language (Lines 4-6). I believe the student decided to use Arabic resources because the topic he is discussing is not related to medical content. However, right after Student 1, Student 2 decides to use English-only resources to ask about a medical topic to corroborate his understanding of two types of perforation procedures in Lines 7-8. In turn, the teacher responds to the students using the same named language (Lines 9-12). Tariq ignores whether student 2 uses different grammar and/or spelling as long as the student's message is delivered meaningfully, and he can comprehend and answer his question. In both situations, the teacher appears to follow what students decide, which shows the teacher's flexibility to negotiate and accept any linguistic resources students suggest.

To summarise this section, I noticed in this study that there is a level of intentional ambiguity on the part of the policymakers or the administration of this institution, which may lead to some advantages. First, the EME agents find the ambiguity in the medical school as a fruitful space for generating a bottom-up policy, allowing students and teachers to negotiate and make decisions by shaping unofficial/de facto policies. When they shape and develop implicit/de facto policies, they are more likely reflected on or embedded in their social practices or interactions. Second, it increases the level of successful, collaborative negotiations to police the de facto language practice. These negotiations seem to occur implicitly in the interactions between the students and teachers with some level of expectation. For example, students should know the nature of the seminar and act upon that, although there is no written official LP stating to use the English-only policy in the seminar. I believe both agents depend on their accumulated experiences. For instance, some teachers informed me that they taught previously in different Saudi universities, besides their experience of studying medicine in SA, while the students may know from the students from previous years who explained to them the nature and the procedure followed in seminars. As I highlighted in the interview chapter and seen in observation data, lack of clear LP and different expectations result in frequently divergent language practices depending on the circumstances surrounding them (e.g., kind of topic, class, teachers' expectations, students' silence), leading them to negotiate what the 'right' or 'appropriate' linguistic resources should be used on a particular occasion, when they are going to use them, and who is going to decide or have the power to shape de fact LP in the classroom.

Third, although the technology seems to pose some limits of choice on the one hand, it also leads to some creativity on the other (e.g., acronyms and reversed Arabizi for speed of interaction). In case the students decide to challenge the monolingual setting of keyboards and practise their multilinguality via using overt translanguaging in the chat box, they encounter another issue, where the texts become overlapped, which makes it difficult for teachers to read and understand students' comments or/and questions, as I explained in interview data Chapter 7 with providing some examples.

8.5. Practices and Functions of Using Overt Translanguaging: Breaking the Imagined 'English-Only' Policy in Teaching and Communication

There are numerous instances in the data where students and teachers do not follow a presumed 'English-only' policy. Instead, they exercise overt translanguaging to achieve clarity and intelligibility and easily deliver their subject content for different purposes. There were also several interactions between the students themselves and the students and teachers using overt translanguaging, including reversed Arabizi when discussing medical or non-medical content to facilitate discussion and increase participation. In this section, I identify the functions of using overt translanguaging. Table 8.3 below shows the key findings of the practices and functions of using various linguistic resources that emerged through the process of coding transcribed classroom data under functional categorisations. As this study takes a qualitative perspective, I focus on the patterns of use and function rather than quantifications of uses of 'different languages' because the quantification strategies risk reinforcing traditional views of multilingualism that see languages as separate linguistic entities. The table maps the functions that are performed by teachers through language against the contexts or situations in which they were observed the modality through which they tended to occur, and the agents that were seen performing such functions.

Table 8.3: *Language practice observed when using overt translanguaging*

For what functions performed	Performed by what agents	In what situations	Mode of communication
Avoid potential misunderstanding (preventative function)	Teachers	Explain complex topics	Spoken discourse
Address observed signs of confusion or lack of understanding (responsive function).		when teachers ask students for a discussion	Spoken and written interaction
Draw students' attention using religious statements as signposting (classroom management).		When starting a new topic and class or highlighting important medical information	Spoken discourse
Construct a deeper understanding and verification by repetition in different named languages.		Explain complex topics	Spoken discourse
Increase students' participation (classroom management).		Asking questions during or at the end of class	Spoken and written interaction
Seek accurate understanding by asking for clarification or additional information for a lack of understanding.	Formal communication: Student-initiated	When students address questions to their teachers	Written interaction
Display their accurate understanding of the lecture or tutorial classes when using medical terms.		When students answer the teachers' questions	Written interaction
Speed up the discussion and convey their message clearly.	Informal communication between students and teachers	When students have a group discussion (peer-peer interaction)	Written interaction
Express their concerns, disappointment, and disagreement, e.g., by incorporating religious statements to prove their honesty.		When students complain about the time and duration of examinations	Spoken and written interaction
Draw students' attention as signposting (classroom management).		When teachers highlight important announcements or/and instructions	Spoken discourse
Perform affective and psychological functions of student re-assurance by incorporating religious statements.		When teachers boost confidence and security among students	Spoken discourse

8.5.1. Teachers' Practices and Functions of Using Overt Translanguaging in Teaching

All Arab teachers, based on my observation, generally tend to explain complex topics like treatments and symptoms of diseases for better understanding, avoiding confusion and facilitating studying and memorisation through using overt translanguaging. At the same time, they systematically use English/Greek/Latin for medical terms. As shown in previous sections, in some cases, using overt translanguaging is motivated by teachers when detecting signs of not understanding (i.e., 'responsive' function), whereas, in other cases, teachers use a 'preventative' measure to avoid potential misunderstanding.

For instance, the extract below illustrates such practices when Yusef explains the treatment of disease using overt translanguaging to enhance comprehension without any sign of student misunderstanding triggering this practice (i.e., preventative).

Extract 8.12.		
	Original text	Translated text
1	Teacher	طيب ليه <i>Ok, what</i> what are what, uh, what is the
2	What are what, uh, what is the	treatment of Endophthalmitis? We talk,
3	treatment of Endophthalmitis? We talk,	we take, uh, vitreous (slab?).
4	we take, uh, vitreous (slab?)	
5		مال عييننا اخذ <i>We take from the eye</i> uh sample from
6	uh sample	the eye, and we send it to (lab?), and we
7		من ال <i>give</i> intravitreal antibiotic.
8	Eye, and we send it for (lab?), and we	
9	give intravitreal antibiotic.	
10		اهم شئ عننا اننا اعطي <i>The most important thing for us we give</i>
11	intravitreal antibiotic (xxx)	Intravitreal antibiotic (xxx)
12	endophthalmitis inflammation of the	endophthalmitis inflammation of the
13	posterior segment of the eye	posterior segment of the eye.
14		نعطي <i>We give enough</i> topical eye drops, and
15	topical eye drop	<i>we should give</i> intravitreal antibiotics.
16		نفسه والزم اعطي <i>And we can give</i> systemic antibiotics.
17	intravitreal Antibiotic	
18		و ممكن اعطي
19	systemic antibiotics	

On the other hand, in some cases, teachers appear to intentionally move from using English-only in their explanations to using overt translanguaging to address observed signs of confusion or lack of understanding (i.e., responsive). For instance, Mona uses English-only and then overt translanguaging to clarify the scenario for the students in her tutorial class.

Extract 8.13.			
	Original text	Translated text	
1	Teacher	What are the main (xxx) of treatment of Addisonial crisis? How you treat this patient? (0.9)	What are the main (xxx) of treatment of Addisonial crisis? How you treat this patient? (0.9)
2			
3			
4		واخ عنده	<i>If someone has Addison, what will we give him? What is his problem? He has</i>
5		Addison	<i>severe hypotension.</i>
6		كلمة عنده؟ عنده	
7		severe hypotension	
8			عنده <i>He has hyperglycaemia hypoglycaemia</i>
9		hyperglycaemia hypoglycaemia,	<i>all these things, how do we treat him</i>
10		كلمة عنده؟ عنده	<i>with?</i>
11	Student1	Fluid	Fluid
12	Student2	Fluid replacement	Fluid replacement
13	Teacher	You will give the patient fluids, injection of intravenous fluids and? And saline	You will give the patient fluids, injection of intravenous fluids and? And saline
14			

In Lines 1-3, Mona initially asks a question in English. After waiting nine seconds, Mona finds that students need help understanding the scenario. So, from Lines 4-10, she summarises the medical scenario and then addresses the same question differently, using overt translanguaging. The students then can understand and answer correctly after she clarifies her question.

I also noticed that most teachers tend to draw from the repetition of using two different named languages (i.e., parallel-monolingualism) to develop a deeper understanding and increase better comprehension and verification of complex topics. For example, in Mona's tutorials, she summarises the scenario by repeating the same information using parallel-monolingualism. She explains the condition in English-only resources from Lines 1-10 and repeats what she has explained using overt translanguaging in Lines 11-22.

Extract 8.14.			
	Original text	Translated text	
1	Teacher	You will give the patient fluids, injection of intravenous fluids and? And saline and you will give him hydro yes,	You will give the patient fluids, injection of intravenous fluids and? And saline and you will give him hydro yes,
2		hydrocortisone to increase his blood pressure and, and retain the vascular tone. We'll give him, yes. Uh, we'll give him, uh, glucose or dextrose. So this is the management of the crisis, that was not mentioned in the lecture, it is for the acute case, acute-	hydrocortisone to increase his blood pressure and, and retain the vascular tone. We'll give him, yes. Uh, we'll give him, uh, glucose or dextrose. So this is the management of the crisis, that was not mentioned in the lecture, it is for the acute case, acute-
3			
4			
5			
6			
7			
8			
9			
10			

11		ي يعني واحد دخل ال	<i>I mean someone comes to the ER in</i>
12	ER		<i>emergency, what should I do for him?</i>
13			<i>Someone has very low pressure, or I</i>
14	emergency		<i>mean he is in a shock situation. He</i>
15		عشان اعمله اي؟ واح ض غطق لويل جدا لي عني في	<i>mostly has Hypoglycaemia, all these</i>
16			<i>things. So I should give him fluid in a</i>
17	shock		<i>form of Saline. I give him dextrose</i>
18		نريها عنده	<i>because I want to increase the glucose. I</i>
19	hypoglycaemia		<i>give him hydrocortisone, as we said</i>
20		عنده كلال كالم يديب في الزم لويله	<i>before, because of what? To restore the</i>
21	fluid		<i>vascular tone and improve the blood</i>
22		ي صورة	<i>pressure in this patient, ok?</i>
21	saline		
24		لويله	
25	dextrose		
26		عشان اعمله اي ال	
27	glucose		
28		لويله	
29	hydrocortisone		
30		بولنا عشان ان هو لي	
31	restore the vascular tone		
32		و	
34	improve		
35		ال	
36	blood pressure in this patient		
		طيب؟	

Another function of using Arabic as a signpost is to draw students' attention by using religious or other strategies to shift to a new topic, start the class or important information (e.g., classroom management function). For example, Yusef uses a religious statement to catch students' attention by shifting to a new topic (in Line 1) after finishing the first part of the lecture.

Extract 8.15.		
	Original text	Translated text
	(Starting a new topic after answering students' questions of a previous topic)	(Starting a new topic after answering students' questions of a previous topic)
1	Teacher	ببسم هل ليشنكلم <i>{In the name of Allah}. Let's talk-</i>
2	((clears throat)) (0.3) uh so we have	((clears throat)) (0.3) uh so we have also
3	also episcleritis and scleritis. Episcleritis	episcleritis and scleritis. Episcleritis
4	inflammation of the (0.1), uh, the, the,	inflammation of the (0.1), uh, the, the,
5	the ((clears throat)) layers above the	the ((clears throat)) layers above the
6	sclera (0.2) So usually the scleral blood	sclera (0.2) So usually the scleral blood
7	vessel	vessel

The final function when the teachers use overt translanguaging is to encourage students' participation during and/or at the end of the class, as already seen in Tariq's class with Year 4 students (Extract 8.11).

8.5.2. Practices and Functions of Using Different Types of Linguistic Practices in Formal and Informal Communication Situations

It also has become clear that students' and teachers' communicative and linguistic practices are tuned to the topic and perceived the formality of interactions with formal communication corresponding to medical topics, whereas informal communication is taken by students and teachers when complaining or discussing the exams and peer-to-peer small group work in class.

In formal communication contexts, students tend to use more English-only resources, with some occasions using overt translanguaging when asking or answering questions related to medical content. The first function is to ask teachers content/medical questions to seek an accurate understanding of medical terms and content by requesting clarification or additional information because of a lack of understanding. For instance, in Yusef's lecture with Year 5 students, many students ask questions either in English-only resources or overt translanguaging about the medical content. So, Yusef promotes an accurate understanding of medical content through overt translanguaging. A student, for example, asks a question using English-only resources after Yusef finished part of the lecture and gives space for discussion of what he has explained.

Extract 8.16.		
	Original text	Translated text
1	Student Can rubeosis cause hyphema	Can rubeosis cause hyphema
2	Teacher	0.2) (0.3) <i>Of course, fibrosis can cause eye</i>
3	fibrosis	(oedema?) (0.4). <i>OK, we we will go into</i>
4	eye (oedema?) (0.4)	thyroid eye disease ((clears throat)) (0.2).
5	we will go into thyroid eye disease	<i>Of course thyroid eye disease is most</i>
6	((clears throat)) (0.2)	commonly occur with an overactive
7	thyroid eye disease is most	thyroid, <i>which is the thyrotoxicosis. It</i>
8	commonly occur with an overactive	<i>means mostly, uh, 90 percent from the</i>
9	thyroid	patient <i>have hyperthyroidism [.....]</i>
10	thyrotoxicosis	
11	uh, 90 percent	
12	patient	
13	Hyperthyroidism [.....]	

After the teacher announces that he finished part of the lesson in Arabic and English, a student asks using English-only resources to corroborate his understanding regarding the cause of hyphaemia in Line 1. In turn, the teacher responds to the student using overt translanguaging from Line 2 and onward. I believe that the student prefers to maintain formality when he asks a question about medical content using English-only resources, and the teacher responds by using overt translanguaging to make himself clearer so the student can understand the answer to her question. Yusef also shows tolerance when the student formulates his question without paying attention to spelling or grammar as long as the question is comprehensible and the teacher can understand and answer him. Another example is in Extract 8.7, when two students ask questions, one using English-only resources and the second using translanguaging using Arabic and English resources. Also, in the example of Salma Extracts 9 and 10, when two students ask the teacher questions. The first one uses English-only resources, and the second one uses Arabic and Arabizi resources for medical topics/content.

The second function is that some students also prefer to use English-only resources when answering the teachers' questions to display their accurate understanding of the lecture or tutorial classes. For example, the students in Mona's tutorial class respond to her using English while she explains the content in English.

Extract 8.17.		
1	Mona	Okay. When, uh, there is less amount of cortisol release, uh, will increase the
2		amount of, uh, ACTH and ACTH and melanocytes stimulating hormone, uh, share
3		the same uh, precursor molecule. POMC so when increase the release of ACTH
4		will lead to increase in SH, and that will lead to hyperpigmentation (0.2)
5	Student1	ACTH stimulate MSH
6	Student2	Increase MRH
7	Mona	Okay, excellent, excellent [.....]

In the informal communication contexts, I observed that students and teachers prefer using Arabic and reversed Arabizi when students discuss medical content as group work or when students and teachers discuss non-medical topics like exams. The analysis suggests they feel more comfortable and confident employing their rich linguistic resources. For example, when students discuss accomplishing their tasks as a group, they use Arabic and reversed Arabizi to speed up the discussion and convey their message clearly, as I observed students' group work in Year 4 in Mona's tutorial class.

Extract 8.18.		
	Original text	Translated text
1	Student1	نبدأ نحل التمرين؟ <i>Let's start answer the exercise?</i>
2	Student2	تمام <i>Ok</i>
3	Student3	تمام <i>Ok</i>
4	Student2	نحن أجبنا أسئلة 5 صحت؟ <i>We answer {task} 5 right?</i>
5	Student3	{Yes} بئس
6	Student2	طبيب وحقنة تفعل كذا أسئلة وسنمجم؟ أنا ما <i>Ok can someone upload {the task} if you</i>
7		لا أقدر أفعله <i>don not mind? I cannot upload it</i>
8	Student1	هل نفع بعد من أجبنا؟ <i>Is it better to upload it after we answer?</i>
9	Student2	تمام. طبيب أسئلة الأول أي شيء جوبه؟ <i>Ok so the first question what is the</i>
10		<i>answer?</i>
11	Student1	Addison? <i>Addison?</i>
12	Student3	Why؟ <i>Why?</i>
13	Student1	عشلة {الصوديوم} قليل شوي و {البوتاسيوم} <i>Because {sodium} is a bit less and</i>
14		عالي شوي وال؟ <i>{potassium} is a bit high or not?</i>
15	Student2	طبيب بلنبض علي؟ <i>Ok the pulse is high?</i>
16	Student1	طبيب هو عشان {البوتاسيوم} زاد <i>Ok is it because {potassium} is increased</i>
17	Student2	عن ي تمام طبيب في احد عنده جواب نثني؟ <i>So it is fine. Does anyone have a different</i>
18		answer. <i>Ok we will approve Addison</i>
19		Addison
20	Student3	نكمان اشوف صح <i>I also see it is correct</i>
21	Student1	طبيب بلعالج <i>Ok the medication hydrocortisone?</i>
22		Hydrocortisone?
23	Student2	أعتقد صح <i>I think it is true</i>
24	Student3	أيوه هو الصح <i>Yes it is the best</i>
25	Student2	علاش اري يكون <i>Because it can be replacement</i>
26		Replacement
27	Student1	تمام اجل افعل حل ولفي احد عنده اضرافات؟ <i>Ok so I will upload the answer or does</i>
28		<i>anyone have additions?</i>
29	Student3	الخاص تمام كذا <i>No it is fine we are all set</i>
30	Student2	تمام فاعلي الحل <i>Ok upload the answer</i>

This shows that when students start working together, they use Arabic for a more fruitful and faster discussion as an informal way of communication, and there is no evidence that teachers have informed them of the appropriate linguistic choice for this kind of interaction. They use a few English/Latin/Greek terms for the medical terms as overt translanguaging in Lines 11 and 18: 'Addison', Line 21 'Hydrocortisone', and Line 25 'Replacement'. The examples of reversed Arabizi are put in brackets, as in Lines 4, 5, 6, 13, 14 and 16, by writing the English words in Arabic letters. It is important to note that reversed Arabizi also corresponds with crucial disciplinary

related stress by using religious statements to prove their honesty, such as ‘I swear by Allah’ and 2) facilitate their interactions that unfold discussion to unrelated medical content. Moreover, I speculate that the motivation for using reversed Arabizi is that students feel comfortable conveying their message meaningfully and more effectively than switching from one language setting to another, which may lose the meaning and cause overlapping of the texts.

Another function of overt translanguaging is to catch students’ attention to important announcements or/and instructions (classroom management). For example, Tariq gives an announcement about exams.

Extract 8.20.		
	Original text	Translated text
1	Teacher	Of course, for now, the timetable for
2		exams came out. The exams which are
3		{the quizzes} will be {two quizzes} only
4	ophtha	the ophtha(lmology) which will be
5		tonight at 9 p.m.
7		and the ENT will be after two weeks. It
8	ENT	is the only one that will be online (0.2).
9		Other exams will be at campus.
10	online (0.2) other exams	
11		تكون
16	at campus.	

He uses more Arabic (in *Italic*) resources, a few English resources, and reversed Arabizi, which is used orally (in brackets) in Line 3 by applying grammar (feminine plural) in the first word ‘quizzes’ to become ‘quizzat’. Also, in the same line, he applies Arabic grammar (masculine dual) on the second word of ‘quizzes’ to describe ‘two quizzes’ in this block to become ‘quzain’. Teachers are also seen to use ‘revert Arabizi’ and Arabic resources, often when discussing assignments. All reversed Arabizi practices used here are classroom/education terminology. I interpret the teacher's use of the reversed Arabizi, believing that it is an informal discussion related to a non-medical topic to facilitate the discussion and deliver the message quickly. Additionally, as far as I know, reversed Arabizi most likely happens in everyday talk, so the teachers use it in their class talk.

The final function of using overt translanguaging via Arabic resources is to boost confidence and security among students by using overt translanguaging. It aims to perform affective and psychological functions of student re-assurance and can also be combined with incorporating religious statements. This function is seen in Yusef’s class.

Extract 8.21.			
	Original text	Translated text	
1	Teacher	موفق طيبان! ي عطياك عاجاهنيش وفناكم على خير ان	<i>OK, good luck. May Allah give you all a</i>
2		شاهل فلطين هللا بكبره زين ا اذا عدلشمى لة	<i>good state of health. See you in the best</i>
3		(state of health) <i>Insha Allah {Allah</i>	
4		كورة هيكون معكلامك تورا اس للم (دكتور) اسم (ممكن	<i>Willing}. May Allah protect you.</i>
5		ن الون طلبك شر عن موضوع ال	<i>Tomorrow we have (class) if you have</i>
6	uh Exam		<i>questions. Tomorrow Dr. (name) and Dr.</i>
7		حقين ان شاهل ل	<i>(name) will be there if you like to ask</i>
8			<i>them more questions about the uh</i>
9			<i>exam. Good luck Insha Allah {Allah</i>
10			<i>Willing}</i>

After he finishes his lecture and discusses the topics in the exam with students, Yusef uses more Arabic resources, including religious statements, to boost self-esteem by praying for them. He ensures that other teachers, who usually design the exam questions, will answer students' questions in the following class. This tends to happen at the end of the class, which is the time for discussing non-medical content; therefore, they use informal communication. These religious statements are seen as effective and psychological to make students feel secure and assured and increase self-confidence, which is a common practice in the Saudi Muslim community.

8.6. Conclusion and Summary of the Chapter

In analysing the students' and teachers' oral and written linguistic practices in classrooms, it appears that an 'English-only' policy is not, in reality, applied at GCU's medical school, even if some imagine or assume it is the ultimate top-down expectation (e.g., quality assurance and academic accreditation). Instead, implicit, de facto multilingualism-friendly LPs operate, as reflected in observed teaching, interactions, and assessment aided by institutional ambiguity of LP by the policymakers and administration. The advantages and disadvantages associated with this ambiguity are outlined below.

The first advantage is that EME agents find that the ambiguity of the LP gives them valuable space to negotiate and formulate a bottom-up policy based on de facto daily/social language practices or interactions. However, the absence of LP may increase tension between students and teachers regarding who has the authority to police the de facto LP, leading to different linguistic practices among students and teachers, depending on the circumstances (type of class and topic). Although the data shows evidence of teachers' setting and modelling LP with students' language choices being sometimes 'followed' by their teachers, the students still have some power to exercise their agency, like withdrawal or participation, which are proven to be a

particularly powerful tool for this group in deciding when and what linguistic resources are 'appropriate'.

The second advantage is that students and teachers lean on the ambiguity of LP to navigate their local needs of the learning environment, which requires multilingualism and a flexible LP. Using overt translanguaging also has its advantages for two reasons: first, the interview data suggests that students and teachers find it mentally exhausting to use English exclusively, and second, their full linguistic resources can be used for a variety of purposes, e.g., classroom management (starting a new topic or class, giving instructions, and making announcements), prevention of misunderstandings (complex topics and lack of visual aids), responding to immediate needs (lack of understanding), improving accuracy and deeper understanding via repetition, expressing emotional support or concerns and disagreement, and incorporating religious statements.

However, technology for online learning may challenge students' language choices in chat-mediated written interactions. While, in some cases, this may lead to English only (including acronyms or ad hoc abbreviations for medical and non-medical terms), this has also given way to Arabic use and reversed Arabizi practices (using reversed Arabizi for medical and non-medical terms). Despite being evidence of creativity, such practices may also cause comprehension issues if students use reversed Arabizi or abbreviations unfamiliar to the teachers and need to then negotiate meaning to enable mutual understanding. The main issue of advanced technology is that keyboards on most devices are designed to be monolingual, which is not conducive to the free use of overt translanguaging allowed by an ambiguous LP. If students decide to challenge the monolingual keyboard and practise multilingualism, they encounter another issue. Interview and observation data suggest that constantly switching between Arabic and English keyboards causes overlapping of the text and prevents teachers from identifying the beginnings of sentences and understanding students' comments and questions. Thus, students tend to avoid using overt translanguaging in the chat box due to the impracticalities of keyboard switching.

Interestingly, when the students employ reversed Arabizi in writing medical or non-medical terms, they type those terminologies in Arabic letters and apply to them grammar patterns usually associated with 'Arabic' (e.g., adding pronouns after the nouns and transferring the nouns to masculine/feminine and dual/plural). In contrast, the teachers employ it orally by adding Arabic grammar. The heavy use of reversed Arabizi allows them to create comprehensible questions or content easier and faster rather than making the process more complex by switching

the keyboard. Additionally, using reversed Arabizi allows teachers to familiarise themselves with students' practices and helps students with low English proficiency or spelling issues. However, it remains unclear whether students use reversed Arabizi in oral interaction and teachers use reversed Arabizi in their writing.

Reflecting on my analysis practice in this chapter, it is important to acknowledge that I found difficulty analysing the classroom observation data and applying the translanguaging theory. Although I adopted the translanguaging theory as a framework to analyse the linguistic diversity of my participants, the analysis of language practices reflects many of the analytical practices shared by researchers working under code-switching theory. The term 'overt translanguaging', for instance, is helpful analytically to highlight examples of translanguaging practices that are socially salient and likely to be perceived in public imaginaries as 'code-switching'. The use of the different label, however, indicates my alignment with a theoretical perspective that does not conceptualise multilingual repertoires as separated into different 'codes' a priori. Likewise, many researchers are still exploring how to undertake analysis under translanguaging perspectives in more innovative ways that avoid such terminological issues.

Regarding using 'English' in the chat box, there was no instance in the classroom observations of teachers commenting that written English was 'wrong' in grammar or spelling, nor did any teacher show preference for native/standard English when students presented in the seminar. All teachers showed flexibility and tolerance when students produced different spellings and grammar because they prioritised comprehensible messages and mutual intelligibility. The following chapter forms the discussion, where I answer each research question individually by relating them to the literature examined in Chapters 2, 3 and 4.

Chapter 9 Discussion and Conclusion

9.1. Introduction

In this chapter, I discuss the findings presented in Chapters 6, 7 and 8 based on the research questions and the literature review findings. I then highlight the implications of the findings, identify the study limitations, and make recommendations for future research.

9.2. Overview of Research Questions and Findings

This study explored the processes of construction and implementation of the LPs (official and de facto/non-official) of a medical EME programme at a Saudi university to understand how multilingual students and teachers perceive and use their linguistic resources in everyday EME classrooms and how they negotiate what practices and views of language are ‘appropriate’ and even ‘allowed’ across situated educational contexts of the medical programme. The findings relating to this research aim are discussed below. The research questions of the study are the following:

RQ: What are the official and non-official language policies in the EME medical programme, and how and why are they produced?

- 1.1. What roles do English and other named languages play in the policy documents that inform this EME medical programme at the national and institutional levels, and why?
- 1.2. How are the nature, functions and outcomes of English and other named languages conceptualised by medical students and teachers in elicited talk?
- 1.3. What linguistic resources are used in the EME classrooms, and how do teachers and students enforce, challenge, or negotiate what is the ‘acceptable’ and/or ‘appropriate’ language use in everyday EME medical classrooms and why?

9.2.1. RQ1: What are the official and non-official language policies in the EME medical programme, and how and why are they produced?

This question was explored by analysing online materials and site documents, interviewing students and teachers, and observing classroom language use. The different methods were used to obtain deeper insights into the official and non-official language policies from various angles: documents and EME agents’ beliefs and practices. The findings obtained through each method are presented below.

9.2.1.1. RQ1a: What roles do English and other named languages play in the policy documents that inform this EME medical programme at the national and institutional levels, and why?

The analysis of documents in this study returned a picture of what appears to be ‘calculated’ ambiguity, both at national and institutional levels. Interestingly, despite the national educational policy stating that Arabic should be the medium of education at all levels, the MoE explicitly allows other languages to be used in specific circumstances but provides no clear criteria to understand when it may be necessary or appropriate to use other languages. Therefore, it is uncertain whether the private universities, international schools and some departments and colleges in public universities that teach STEM disciplines through EME programmes are following or breaking national policy. Additionally, both the national and institutional documents overlook the explicit roles of ‘English’ and ‘other languages’. This resonates with Alnofaie’s (2017) statement that there is no indication of what medium of education is followed in Saudi HEIs (see also Al-Tamimi, 2019 and Barnawi and Al-Hawsawi, 2017). Heron et al. (2021) also stated that explicit LP is neglected in many higher HE institutions in different contexts; for example, who is authorised to set the LP and how; is it by top-down agents or with the involvement of bottom-up agents, e.g. students and teachers? SA is, therefore, similar to contexts in Dearden’s (2014) study (see Chapter 2), with only 40% of the countries having an explicit, official LP, whereas 49% do not have an explicit LP, and 6% do not know if they have one.

Conversely, other studies’ findings suggest that many university institutions have an explicit LP stated in their websites/documents. Heron et al. (2021), for example, found that two non-Anglophone universities (UAE and Turkey) explicitly stated that ‘English’ is the primary language of education on their websites. In the same line in Vietnam, Tri and Moskovsky (2021) found that the national and institutional policies explicitly stated strict application of the ‘English-only’ policy. Chinese universities also have a clear and official LP of using EME at the national and institutional levels to achieve the visions and goals of the country and enhance the quality of education (Hu et al., 2014; Hu & Lei, 2014; Wang, 2017; Zhang, 2018). While a lack of explicit clarification of the medium of education of a programme may be expected where the national language continues to be used, the absence of references to English becoming a medium of education and assessment on the website or official documents of this medical programme is particularly striking and, as the interview data revealed, this had direct consequences for some students.

Where communication and language are mentioned in the national and institutional policy documents found in this study, they tend to use ambiguous terminologies, which have broad meanings that can have several interpretations and make it difficult to interpret the policymakers' intentions. This lack of clarity in the documents raises a question of whether the national and institutional bodies would welcome and promote translanguaging in a multilingual context and whether students and teachers are encouraged to use all their linguistic resources. It, therefore, seems that the LP of EME is likely to be constructed and spread orally in non-officially recorded spaces and platforms.

Another key finding of this study is that the conceptualisation of internationalisation appears in the national and institutional policy documents. At the national level, Vision2030 aims to internationalise five public universities to rank among the top 200 international universities by 2030, which is a way of internationalisation at home (IaH). Then, Vision2030 supports the concept of internationalisation at home with the internationalisation of curriculum by encouraging to have modern curricula that are competitive with other countries. However, policymakers do not explain sufficiently whether this internationalisation equates with Anglicisation or what curricula may be designed, adopted or adapted. Vision2030 also mentions the role of scholarship for studying abroad as a way of internationalisation abroad (IA). This prepares the students to achieve Vision2030 implementation without specifying what specialities and countries students can attend. However, the MoE recently announced a scholarship and introduced the specialities and the countries to study that serve Vision2030's goals, as I explained in Chapter 6. Regarding the policy of the MoE, it appears to prefer a monolingual approach to multilingualism, leading to the separation of universities and colleges based on their language of education, without specifying which named languages (other than Arabic) should be used or how they will be integrated into the educational system.

From an institutional level, the medical school's documents equate internationalisation with Anglicisation, mentioning some specific processes for its implementation. Although the national documents are unclear on the process of implementing internationalisation in education, the institutional policy in the medical school shows how to do that. The medical school indicates its collaborations with Anglophone countries through various mechanisms, e.g., research and training, encouraging students to take Anglophone exams and study abroad, obtaining academic accreditation systems, and providing intensive EAP, ESP and IELTS courses. The assessment rubrics for seminars and OSCEs are also written in English (no Arabic version for the rubrics). As explained in Chapter 1, programmatic and institutional academic accreditation has been designed to match

Western and Anglophone educational systems have been accepted by the Saudi ETEC and MoE. Without collaboration with Anglophone institutions, no Saudi public and private universities can obtain programmatic and institutional academic accreditation because the MoE and ETEC view this accreditation as a license to transfer a local university/department/school to become international in the non-Anglophone country at the institutional level. Therefore, GC University obtained institutional accreditation, and the medical school obtained programmatic accreditation. Besides, obtaining medical school academic accreditation could be a way to include the medical school of GC University in the BMC directory of international medical colleges.

Although medical school documents do not explicitly mention that students and teachers should use English only, obtaining academic accreditation implicitly appears to pressure students and teachers to use English only to maintain this accreditation. This is evidenced by the fact that an American university undertook the evaluation of the medical EME programme, and interview data pointed to the quality and accreditation department as potential ‘managers’ behind an English-only policy. A failure to comply with accreditation requirements when using different linguistic practices could jeopardise the medical school’s accreditation status and negatively impact its reputation (Gabriëls & Wilkinson, 2021). As Lasagabaster (2022) notes, local universities in the Saudi context, in particular, and the MENA region in general, look for “partnerships with universities from the United States and the United Kingdom to increase the presence of EMI to attract international students and investments” (p. 7). This is an example of the internationalisation-at-home and internationalisation of curriculum that the medical school seems to follow.

This finding is in line with similar results obtained from several studies, which show that many non-Anglophone EME universities equate internationalisation with Anglicisation (e.g., Jenkins, 2014 that covered 60 universities in 23 countries, or Jenkins and Mauranen (2019) with a project among nine universities in different countries, and Baker and Hüttner (2017; 2019), with a study conducted within three contexts). However, because there are no clear guidelines on how ‘English’ is used in the school, it is difficult to establish what kind of ‘English’ is considered appropriate (e.g., NES norms or ELF orientations) without resorting to interaction with and observation of the actual agents of policy implementation on the ground. Yet, the Internship document implicitly prioritises medical (M)ELF orientations in speaking and writing skills, focusing on intelligibility and content accuracy. At the same time, the seminar rubric appears to prioritise and evaluate accuracy in pronunciation without sufficiently specifying how far it is detached from native-speakerism positions.

Looking at how the policy documents were written is also revealing. The web pages of the medical school and the MoE are written in Arabic and English. Some documents, including the programme specifications and internship information, are only available in English, which further reinforces the idea that English plays a special role in these programmes despite the lack of official policy confirmation. This finding mirrors Jane-Ra and Baker's (2021) study that explored the websites of three prominent Thai universities with extensive EME programmes and found they offered bilingual LP documents in English and Thai. Since there is an obvious absence of the role of the 'language managers' in the documents and whether policymakers and other top-down agents from educational institutions collaborate with bottom-up agents to design LP or only policymakers who designed these documents, I found the re-theorisation of Spolsky's framework of LM necessary to examine to what extent bottom-up EME agents might operate as 'language managers' and influence the LM of the medical school through the interview with students and teachers.

9.2.1.2. RQ1b: How are the nature, functions and outcomes of English and other named languages conceptualised by medical students and teachers in elicited talk?

This section is divided into three parts: LP, ELF orientations, and translanguaging perspective.

- Language Policy: Conflicts over Authority/Power and Explicit vs Implicit LP

In terms of the reported practices toward LP in the EME medical school, suffice it to say that due to intentional ambiguity in LP, some students were unaware of the medium of education in the medical school and were shocked when they started their classes and found that the 'language' of education is English, reportedly leading many of them to withdraw from the programme. In contrast, the teachers were aware of English used in the EME medical school because of their previous experience studying medicine or teaching medicine at other universities in SA. However, they do not believe an official written LP exists in the medical school. While some lecturers seemed to believe that using 'English-only' was encouraged as the appropriate classroom ideal or behaviour, even if not on paper, a few also indicated that they had never been explicitly barred from using Arabic resources, thus seeking harbour in the institutional ambiguity around official LPs. This finding is similar to the findings of Almoaily and Alnasser (2019), who found that 33.3% of teachers in English Language Departments in different Saudi universities did not believe there was an explicit official LP or were unaware of it. 43% of the staff admitted to having an explicit LP in their department, either in written format (33.7%) or oral format (64.1%).

Similarly, Baker and Hüttner's (2019) study found that teachers in Thailand and the UK were unaware of any LP in their institutions, although they have explicit policies on their websites. Yet, my study went further in documenting that this unawareness or confusion also extends to students.

The range of beliefs and the positions expressed by agents regarding the effectiveness of having an explicit official LP was mixed. A few students and teachers stated that setting an explicit but flexible (i.e., multilingual-friendly) LP in the EME classroom is important. Previous studies in SA departments of English Language have identified that 30% of teachers prefer a clear official LP for consistency (e.g., Alnasser, 2018; Almoaily & Alnasser, 2019). On the other hand, in this study, many students and teachers preferred the idea of having ambiguous LP and disagreed with having official written documents, whether produced by the teachers at the classroom-level LP (a bottom-up LP) or the administration (a top-down LP). This is because of fears that an explicit LP might lead to an unnecessary and challenging LP and, in the worst scenario, an 'English-only' approach. Having an explicit 'English-only' policy would prevent students and teachers from communicating naturally and limit their use of existing rich linguistic resources. The findings of other studies report different reasons. For example, Wang's (2017) and Zhang's (2018) findings reveal that an unofficial and flexible LP is preferred due to perceived low English proficiency among both students and teachers. Alnasser (2018) also reports that 59.7% of the participants disagreed with having explicit, fixed LP in their departments because they believed it limited their natural language use. As the data in my study shows, there are circumstances in which they should use Arabic to save time, facilitate communication, avoid miscommunication, convey their messages quickly and clearly, and communicate with students with low English proficiency. Although no participants called explicitly for a written policy that forbids using Arabic, some did express concerns over the adverse effects of translanguaging on English language learning aims. I will return to this point in the coming subsection to explain further.

Interestingly, the students and teachers in this study connect having an explicit LP with minimising bullying in class. On the one hand, the students find that an explicit LP might help when using English or/and other linguistic resources in certain situations. This view would welcome teachers setting their own LPs and asking the students to abide by them. This is reportedly preferred because regulating different language practices is believed to create a safe zone for students to participate confidently and know when they use English or other linguistic resources. It is believed that when there is no clear LP, bullying can occur when a student decides to use Arabic instead of English, as they are more likely to be scorned for seemingly not knowing a

term in English. Having a clear LP is thought to reduce students' insecurities and feelings of embarrassment, and it is hoped they will feel confident to participate without the risk of bullying. Moreover, having an explicitly flexible LP can help students overcome fairness issues and different evaluation processes when assessing students' knowledge, especially in oral exams (e.g., seminars and OSCE) that result from lacking explicit LP. This finding aligns with De Costa et al.'s (2021) conclusion that there is an undeniable culture of intense competition among students in the EME programmes. I believe that bullying results from competition among students. Although, as far as I know, many EME studies did not specifically discuss bullying or mockery in EME contexts when interviewing students and teachers, Tri and Moskovsky (2021) do refer to 'peer pressure'. They note that students in the Thai context tend to use Vietnamese to "evade teasing reaction or negative attitude" from their classmates when using English (p. 12). McLean et al. (2013) also found that students in the UAE are afraid of making mistakes when speaking English in classrooms and would instead not participate unless they asked to do so or were in a small group to retain their dignity as they lack confidence. The researchers, however, did not connect 'peer pressure' or not participating in class with whether having a clear, flexible LP helps to create a safe zone and reduce embarrassment and bullying among students. Despite bullying concerns and disagreements on what the policy should (not) be, most grassroots agents acknowledge that the functions of having flexible translanguaging are sufficient to facilitate teaching and learning.

To conclude, the administration and some teachers appear to have constructed flexible orientations towards practices that are seen as more practical and inclusive and better reflect the de facto language practices, which seem to align with the implicit promotion of overt translanguaging. However, reports on students using their power through complaints and requests to pressure the administration to modify assessment and teaching and to increase fairness suggest that a stricter 'English-only' LP in EME could have been at work in the past. This conclusion corresponds to other literature which examines the LP, like Wang (2017), Zhang (2018) and Alnasser (2018), that EME agents want to show their power through involvement in negotiating with top-down agents regarding developing de facto LP that matches with their needs and linguistic resources (Shohamy, 2006; Ricento & Hornberger, 1996). Besides, they call for a shift from 'English-only' to a more flexible policy to legitimise translanguaging and 'L1s' in EME classrooms as a secondary source for scaffolding in education (e.g., Ali & Hamid, 2018; Huang, 2018; Cavanagh, 2019; Zhang & Wei, 2021; Tsou, 2021; Kirkgöz et al., 2021; Ou & Gu, 2020). Although overt translanguaging is an ordinary language practice in multilingual communities, it is

not yet officially incorporated into the education policy of EME classrooms (Şahan & Rose, 2021; Hopkyns, 2023).

- **MELF orientations over content and linguistic accuracy and the conflict between pronunciation and spelling correction as a need or bullying**

When examining an ELF perspective from students' and teachers' beliefs when they talk about what they do in class, there is generally less explicit focus on mastering correct grammar in speaking and writing or speaking to abide by NES norms. The students and teachers appear to be more focused on developing discipline-specific language skills by promoting intelligibility and understanding in class, communicating meaningfully with other health carers and physicians, taking a patient's medical history, and developing their presentation skills as content accuracy (Arnó-Marcía & Aguilar, 2018; Sánchez, 2022). These findings tally with the findings of other studies that explored agents' beliefs from ELF perspectives, including Wang (2017), Baker and Hüttner (2017; 2019), and Rowland and Murry (2019), where teachers prioritise intelligibility, meaning-making, and content knowledge over obtaining native-standard English skills.

In this study, when participants talk about correct students' pronunciations or spelling, it is not sufficiently clear whether the correction is only for medical terms or extends to general English vocabulary and whether the correction may be a form of insisting on native-standard English for its own sake, or whether an orientation towards accuracy in disciplinary communication alone may guide such practices. Yet, a tendency to favour NES pronunciation emerges when students adopt different pronunciations from non-Saudi teachers. This prompts Saudi teachers to intervene to correct students' pronunciation as they might feel confused with different pronunciations they hear from the students since they spent years studying in Anglophone countries. Yet, their reasoning remains unclear whether they prioritise intelligibility and prevent future misunderstandings or simply abide by NES norms.

However, all the students in my study reported that they welcomed the teachers' correction of their pronunciation and spelling because it will help prevent wrong medical diagnoses and medical errors, avoid any potentially embarrassing situations in the future and increase the university's reputation when working at hospitals or continuing their postgraduate studies. Not having correction during their study was thought to potentially negatively affect the university's reputation if the experienced health practitioners and physicians realised the name of the university they graduated from. It is not always sufficiently clear how far speaking medical English like NES is implicitly understood to be the most intelligible practice in such positions. However, based on teachers' and students' interview data, some teachers and many students

condemn the way some teachers correct their pronunciations by mocking them, leading to the spread of bullying among their classmates. Additionally, some teachers reported that they do not prioritise 'correcting' the students' pronunciations or spelling because students will naturally refine their skills during postgraduate studies.

However, most students and some teachers advocate for correction, while other teachers lean toward mark deductions in cases of significant spelling and pronunciation issues. This is driven by concerns about patient safety, professional embarrassment, and the university's image from which they graduated. Although interactions in MELF communities "are certainly characterised by dynamic and open-ended negotiation of meaning, yet at the same time are exerted upon them external forces which press for precision and ambiguity reduction" (Tweedie & Johnson, 2022, p. 52). Further research is needed to understand the extent to which narrow views of linguistic accuracy are equated with content accuracy and how teachers make such decisions on the spot.

- **Views toward overt translanguaging vs parallel-monolingualism**

The students and teachers in this study acknowledge the vital role of multilingualism in teaching, learning, and communication as it is a natural and common practice found in Gulf EME contexts (Hopkyns et al., 2021; Elyas et al., 2021). This study confirmed the findings of other studies in the MENA region, including Sabbour et al. (2010), Ahmed et al. (2015), Abi Raad et al. (2016), Khallof et al. (2019), and Tayem et al. (2020). All these studies conducted surveys among students and confirmed the usefulness of using Arabic among EME students and teachers to improve academic performance, gain an accurate understanding of the subject content, increase classroom discussions, save time and effort that would be spent translating the materials, learn how to communicate and explain the patients' condition and learn the target named language faster.

The findings of other studies carried out in different contexts that look at overt translanguaging in EME also align with the findings of this study. First, students believe that using translanguaging helps them to understand the content material, especially complex topics, facilitates the delivery of the content, and helps them communicate easily with their teachers and their colleagues (Şahan & Rose, 2021; Hopkyns et al., 2021; Şahan et al., 2022; Kirkgöz et al., 2021; 2023; Williams, 2023) and similar recent studies found in the Saudi context (Aldawsari, 2022; Alhamami, 2022; Alhamami & Almelhi, 2021; Barnawi, 2021). Second, teachers feel that translanguaging helps them get closer to their students and establish a rapport that creates a

comfortable environment (Kırkgöz et al., 2021; 2023; Şahan et al., 2022), which could lead to reduce stress and bullying and increase their confidence and participation (Tri & Moskovsky, 2021; Rowland & Murry, 2019). Third, translanguaging practices empower students to understand and accomplish their tasks when working as groups (Hillman et al., 2018; Huang, 2021) and help reflect/show their cultural/religious identities (Sadiq, 2022). Therefore, translanguaging helps “to challenge and transform old understandings and structures” and address “social justice and the linguistic human rights agenda” in the educational system (García & Wei, 2014; Wei, 2018, p. 24).

The non-Arab teachers I interviewed in the medical school support using Arabic in the classroom by creating a ‘translanguaging space’ (García & Wei, 2014), where students with a high English proficiency level are asked to translate some terms/words to their colleagues or non-Arab teachers incorporate few Arabic words as overt translanguaging to facilitate delivering the information. This approach occurs when the teachers feel the students may not understand what they have said. This approach has been found in different contexts, like the study of Williams (2023) in South Korea. Additionally, it has spread among the EME in UAE universities, according to Hopkyns (2022), where this strategy is seen as an unofficial/de facto/implicit language practice, and the teachers feel comfortable using this approach rather than taking the formal approach, e.g., using translated materials in EME classrooms.

As indicated above, not all medical students and teachers constructed positive views on the extensive use of overt translanguaging or the roles of English in the interviews; therefore, they tend to support parallel-monolingualism practices, which means separating these named languages as much as possible in their teaching and communication. From a societal perspective, they argued that translanguaging at university negatively impacted their personal life because it is socially impolite to use English resources with family members and friends who may not know English. In line with a previous study, Palfreyman and Al-Bataineh (2018) show that some UAE students find translanguaging improper and inarticulate interaction where students proficient in English exclude others whose English knowledge is not similar. Besides, some students and teachers in my study also feel that their Arabic is endangered due to the extensive use of overt translanguaging (see also Alshareef et al., 2018; Tayem et al., 2020; Hopkyns et al., 2021). Moreover, students in my study experienced isolation during their study, which resulted in extensive use of English, preventing them from mingling with their community and impacting them socially (see Alazemi, 2017; 2020). On the contrary, and similar to previous research, some EME agents in this study do not believe their Arabic is affected. Alazemi (2017; 2020) and Ahmed et al. (2015) found that some students do not think that EME affected their ‘Arabic’ or could

threaten their native language because they read magazines and newspapers and write poetry in 'Arabic'.

From a professional perspective (i.e., when working at hospitals), the students in this study found that excessive use of 'English' limits their use of 'Arabic' when taking medical histories, communicating with patients, and explaining their health issues successfully, leading them to use English resources in their interactions in apparent unsuccessful ways. This is consistent with previous studies conducted in the MENA region. Abi Raad et al. (2016) found that some students (29%) were against using English in their practical exam (OSCE) as this affected them negatively when communicating with their patients in 'Arabic'. However, 88% of students were confident enough to take a medical history in 'Arabic' because they were exposed to using Arabic more often in extracurricular activities when volunteering. Being aware of this potential situation appears to encourage ideas around the need to separate named languages and develop medical communication skills in Arabic and English equally because the nature of medical studies and future jobs as physicians require them to be proficient in both named languages. On the one hand, they need to use English as fundamental for teaching and learning, undergraduate and post-graduate studies, publication, training at hospitals, taking examinations, attending and presenting at conferences, writing medical reports, and communicating with other physicians and health workers at hospitals. On the other hand, the students need Arabic to deal with local patients, explain their medical conditions, and take medical histories (Sabbour et al., 2010; Ahmed et al., 2015; Abi Raad et al., 2016; Khallof et al., 2019; Tayem et al., 2020). At present, there is no explicit pedagogical or curricular reflection on the fine translanguaging skills that these students need to develop to decide which linguistic resources are required with what interlocutors after graduation.

From an academic perspective, the teachers in this study find themselves responsible for implementing the imagined English-only policy that the programme accreditation is supposed to deliver, and they are in charge of encouraging the students to separate their linguistic resources in class and assessment. To cope with tensions between perceived administrative pressures to promote an English-only approach and the local needs of the classroom, some teachers report repeating information twice in different named languages to familiarise the students with disciplinary content and terminologies and develop their oral skills when using English. Besides, the findings of this study also tie in well with the findings of Şahan et al. (2022) and Kirkgöz et al. (2021; 2023), where the participants were against the extensive use of 'L1' in class because they believed 'L1' is only used as supplementary in case they did not understand the subject content

study. Additionally, some medical students complained about overt translanguaging harming their ability to understand the exam questions and study medical materials. Since all their books and written and oral exams are in English, some perceive that it would be better for the teachers to use one named language, mainly English, to deliver lectures for consistency and practice opportunities. They reported that shifting from one name language to another will confuse them and easily lose their concentration, which suggests that they also work with views of communicative competence that see 'purist' monolingual models as the ideal. In relation to this perspective, it is important to consider Sierens and Avermaet's (2014) and Jasper's (2018) findings that Turkish students' learning outcomes decreased when translanguaging was practised in classrooms; the students could not 'master' the target language to pass the content subjects. However, rather than assuming that the problem is overt translanguaging in the classroom, we need to consider that exam policies "are still predominantly underpinned by a monolingual and standard language ideology in which languages are strictly separated" and do not validate the students' full linguistic resources to be used (Baker & Tsou, 2021, p. 192; Jenkins & Leung, 2019; Kuteeva, 2019a; Murata, 2018).

Although unanticipated in my original research design, a technological dimension emerged as a relevant factor influencing language-related behaviour and choices in this programme. When the COVID-19 pandemic induced lockdown and online classroom environments, students reported that they communicated with their teachers and classmates by typing in a chat box, most likely using one named language due to the limitation of technology that the keyboard setting is designed to be monolingual. So, the students believe that using more than one named language by switching the keyboard leads to overlap, which prevents their teachers from understanding the question, especially since the Arabic writing systems and the scripts are different (e.g., see Al-Bataineh & Gallagher, 2018).

The above findings that demonstrate some negative views of using overt translanguaging are usually linked to most participants working with views of language as separable entities that should be kept separate "that only one language at a time is valued", to reinforce monolingualism (Hopkyns, 2022, p. 86) and the preferred practice of parallel-monolingualism. There are two possible interpretations of why the participants in this study favour parallel-monolingualism. First, in line with Hopkyns et al. (2021), Hopkyns and Elyas (2022), and Hopkyns (2022), as explained in Chapter 1, Arabic and English are ideologically divided in the Arabian Gulf countries because they are occupied or associated with two different domains. While English is often connected to education and academia, Arabic is linked with religion, culture, and daily life. Therefore, the

mindset constructed by many medical students and teachers tended to think of separating the various linguistic resources into separable entities. Second, it might be viewed to limit domain loss, as discussed in Chapter 3 by Hultgren (2016) and Jenkins (2018). This resonates with Hopkyns's et al.'s (2021) findings, where 33% of students believe that translanguaging or "mixing the languages served to confuse and distort each language" (p.186), although the two named languages are viewed positively "as long as the languages involved are not mixed" (Hopkyns, 2022, p. 84; Hopkyns et al., 2021). This mindset encourages drawing boundaries between various linguistic resources and safeguarding their rich linguistic resources, where medical EME agents could foster both named languages equally for their future career when dealing with patients who do not know English.

9.2.1.3. RQ1c: What linguistic resources are used in the EME classrooms, and how do teachers and students enforce, challenge, or negotiate what is the 'acceptable' and/or 'appropriate' language use in everyday EME medical classrooms and why?

The findings relating to the final sub-research question indicate that students and teachers in EME classrooms use a wide range of linguistic practices in oral and written communications. My findings show some alignment between what students and teachers say they do in class and the observed linguistic practices. Based on my data analysis and field notes, the students and teachers notice that using the assumed 'English-only' policy is not always practical or helpful in teaching, communication, and assessment. The de facto LP they construct locally through their practices tends to be more implicit, flexible, and multilingualism-friendly, reflecting how they teach and communicate with each other. While other studies suggest that EME agents show their resistance to official LPs through their ministries of education and/or the websites of the EME institutions (e.g., Baker & Hüttner, 2017, 2019; Tri & Moskovsky, 2021; Heron et al., 2021; Hu et al., 2014; Hu & Lei, 2014; Wang, 2017; Zhang, 2018; Ali & Hamid, 2018), in the case of this medical programme, resistance is not necessarily 'direct', as there are no English-only written policies or guidance. Instead, students and teachers take advantage of this seemingly intentional ambiguity to balance tensions between what they perceive as administrative expectations (e.g., English as a medium of education for accreditation purposes) and what is needed and work at each moment in the classroom.

Therefore, when students and teachers employ overt translanguaging, they demonstrate their linguistic fluidity and power to go between and beyond the boundaries surrounding the named languages (García & Wei, 2014; Wei, 2018). However, they are not relatively free to use overt translanguaging because, although this is indeed observed in some moments, the classroom

observation and interview data both indicate that on certain occasions, there are also efforts to perform an apparent separation of languages as distinct entities that should not be mixed (e.g. teachers making an effort to use English-only when undertaken oral examinations with other peers, addressing questions, explaining scenarios, or providing instructions).

When I examine the observation data, I find that students and teachers employ overt translanguaging with resources recognised as English and Arabic in different situations and for different purposes in teaching, communication, and assessment. The main functions are classroom management functions (starting a new topic or class, providing instruction, and making the announcement), preventative (i.e., preventing misunderstanding in complex topics and lack of visual aids), responsive functions (i.e., addressing evidenced lack of understanding), increasing accurate and more profound understanding via repetition, providing emotional support, expressing concerns and disagreement, and incorporating religious statements. Most functions found in this study align with the studies of Kirkgöz et al. (2021; 2023) in Turkey, mainly classroom management. Using religious statements is seen in the study of Sadiq (2022), where the teachers use different types of greetings and prayers.

Interestingly, the students employ what I call 'reversed Arabizi' (using Arabic letters and grammar to write English words) in their written interactions in medical and non-medical terms (i.e., formal and informal communication), whereas teachers use reversed Arabizi orally in non-medical terms (i.e., informal communication). In the interview, students and teachers mention that they use only English and Arabic resources, while the classroom data shows reversed Arabizi practices in their written and oral interactions. This suggests that EME agents may either be unaware of their own 'hybrid' practices or that these are not considered important enough to be named. It may also be that the practices I recognise through various labels as an analyst are all perceived as 'Arabic' or 'English' by students' and teachers' understanding (see Morán-Panero, 2018 on the importance of understanding speakers' own labels). When examining the previous studies that have identified Arabizi (using English letters and numbers to write Arabic sounds/words) among Arab users of social media and instant messaging apps, my findings reveal translanguaging influences also occur in the opposite direction. These practices are often seen as a faster and more practical way to create texts because they allow writers to use the same keyboard (Hajir et al., 2022; Alanazi, 2022). Besides, some users find Arabizi more expressive than using Arabic and English resources (Haghegh, 2021; Alsulami, 2019). Arabizi also helps overcome linguistic issues (i.e., to cover their issues of Arabic issues) (Alanazi, 2022). Besides, the older

generation has started to familiarise themselves with this type of text and use it (Haghegh, 2021; Alanazi, 2022).

The motivation behind using reversed Arabizi in my study comes from the limitation of advanced technology. The keyboards on smartphones, tablets, iPads, or computers are designed to be in the monolingual setting, which forces multilingual students to separate their rich linguistic resources and choose either English-only resources (including inventing acronyms and abbreviations of non-medical terms) or Arabic and reversed Arabizi resources (for medical and non-medical terms). Such practices may cause issues of understanding the content or question when the students use reversed Arabizi, acronyms and abbreviations that may not be familiar to the teachers, which require negotiation of meaning to enable the teachers to understand students' questions or comments to answer or reply to them. Even though the students decide to challenge the monolingual setting of keyboards and use overt translanguaging in the chat box, one sentence causes overlaps of the texts, preventing the teachers from reading and understanding students' comments and/or questions because they cannot identify the beginning of the sentence or question. Therefore, overt translanguaging might not always be helpful and readable, and the students tend to avoid 'mixing' Arabic and English resources in chat contributions.

As I highlighted in my analysis reflection in Chapter 8, I struggled to analyse data from the classroom observation when applying the translanguaging theory. Since translanguaging theory is a new concept, and researchers in this field are trying to navigate ways to analyse it appropriately, I found myself kind of falling back on code-switching analytical strategies (but not conceptualisations). At the same time, I need to acknowledge that translanguaging theory is actually built on code-switching theory, and translanguaging does not reject code-switching, yet it takes a different theoretical approach to look at languages as not fixed, separate entities. Rather, all semiotic and linguistic resources are in one linguistic repertoire where the boundaries between named languages or these resources are blurred and soft.

When I adopted Spolsky's LP framework to understand the processes of agency regarding who has the agency to decide what linguistic resources should be used or can be considered appropriate for the class or exam to be used, I found that the LP framework is more aligned with the translanguaging theory for not drawing boundaries between different linguistic resources. However, there is an element aligned more closely with code-switching in the analysis, and this element emerged when I described the linguistic practices and their functions performed by

linguistic resources in the speakers' repertoires and the way the participants described their language practices in the interviews. Although I attempted to solve the problem of not using 'L1' to avoid drawing lines to separate the linguistic resources in the speakers' repertoires and used 'overt translanguaging' instead to describe the participants' linguistic diversity, it still led to drawing boundaries among the named languages. I thought that using 'overt translanguaging' could help me describe instances previously put in code-switching, but not as a different, separate term to create boundaries in the repertoires. Therefore, I believe this area requires further approaches and creativity to analyse translanguaging practices.

While it is clear that agents harness the ambiguity of official LP to decide locally what is appropriate and inappropriate or fair and unfair, and students appear to benefit from overt translanguaging practices in their content understanding, we could only hypothesise around whether such ambiguity actually gives EME agents *more* power to negotiate their practices when producing a bottom-up policy through their daily/social practices or interactions. The data suggests that even students have played an important role through complaints and requests in negotiating expectations and norms around language use in exam events. We could speculate if such an exercise of negotiating power was facilitated by the lack of a written official norm or whether administrators have avoided fixed LP altogether precisely because of experiences of disputes and expectations over a possible need to modify what is 'allowed' linguistically in the medical programmes. What I found resonates with other literature where the students are allowed to negotiate with their teachers to use their L1 (e.g., Ali & Hamid, 2018; Huang, 2018). In the MENA region, Sabbour et al. (2010) and Abi Raad et al. (2016) show students' resistance toward the English-only policy by conducting the written exams in Arabic and translating their course materials into Arabic.

In fact, the ambiguity of LP helps to increase the level of successful and collaborative negotiation between students and teachers to produce a de facto LP, in which teachers' practices may vary depending on the circumstances surrounding them (e.g., kind of topic, class, teachers' expectations, and students' silence), leading to negotiate when and what linguistic behaviour is 'appropriate' or 'allowed' to be used in a specific context and who will decide to formulate de facto LP. This is along with Dearden's (2014) and Barnard's (2018) findings that the lack of clarity in the official LP of EME regarding the roles of 'L1s' and other linguistic resources in agents' multilingual repertoires leads to different language practices in EME classrooms. In the Saudi context, I also found that students follow a strategy of silence or lack of participation, which appears to be a powerful tool deployed that seems to trigger teachers' decision-making around

the need to integrate Arabic resources in the classroom. On other occasions, teachers also initiate overt translanguaging with Arabic or follow students' preferred choices during Q&A.

Regarding using 'good English', no instance or situation in my study shows that teachers prefer a native English accent when students present in the seminar or make 'corrections' or comments on the students' written questions and answers (e.g., in grammar and spelling). There are examples from the classroom data that students participated in the chat box by not following the norms of NES's 'grammar and spellings' besides using acronyms and abbreviations when typing their questions or answering teachers' questions. However, the teachers show flexibility and tolerance of students' different spelling and grammar when they type their answers or questions in 'English' because they prioritise mutual intelligibility and comprehensibility of the messages. I found similar to Wang's (2017) findings when they examined teachers' language practices and noticed that teachers focused on meaning-making and achieving comprehension in their teaching, discussion and assessment without pressure to achieve a native speaker-like result. The following section will present the contributions and implications of this study and the recommendations resulting from the investigation.

9.3. Contributions and Implications

9.3.1. Empirical Contributions

The empirical contribution of this study proposes a critical understanding of ELF in the medical context. Most studies exploring the ELF orientation in education (e.g., Mauranen et al., 2010; Mauranen, 2012; Jenkins, 2014; 2019; Hynninen, 2016; Smit, 2010) and business contexts (e.g., Roshid et al., 2022; Cogo, 2018; Kankaanranta & Louhiala-Salminen, 2018; Komori-Glatz, 2018) described relatively low-stakes communicative situations in low-stake contexts. However, there is little attention to looking at ELF in educational contexts that prepare students for high-stakes contexts like the medical field. In fact, a few studies, such as Tweedie and Johnson (2018a&b; 2019; 2022), explore ELF in the medical context. Therefore, my study contributes to the ongoing debates to understand how medical teachers and students, as bottom-up agents in the Saudi HE context in the medical school, negotiate and regulate what linguistic uses are 'appropriate' for professional engagement in the medical domain, whether following the prescribed norms of English is for the purpose of intelligibility or adopting NES, what kind of English is 'acceptable' or 'allowed' for intelligibility in high-stakes medical interactions, and

whether the linguistic accuracy is only limited to medical terms or extends to general English vocabulary.

According to Tweedie and Johnson (2018a&b; 2019; 2022), ELF and medical ELF (MELF) share some similarities; first, both de-emphasise NES norms in speaking and writing; second, they prioritise and encourage intelligibility and mutual understanding; third, the speakers do not (have to) follow lexical and grammatical patterns of NES norms such as, delete/add –s in verbs and nouns, delete articles, etc. My study, along with Tweedie and Johnson’s (2018a&b; 2019; 2022) studies, reveal that although they have similarities, there are also some differences. Healthcare interactions are considered high-stakes situations that actually require “a high degree of precision, often urgent circumstances” (Amery, Tweedie & Johnson, 2019, p. 1). Therefore, in such circumstances, there is no space for negotiating meaning, where explicitness, effective and precise/accurate communication and comprehension are crucial for interacting with other physicians and health workers. Moreover, there is no/little space for creativity and flexibility in pronunciation and spelling, where precise medical lexes and expressions providing detailed information like medications and diseases are life-death matters. Such a conclusion has been emerged during the interview with the participants and previously in Tweedie and Johnson’s studies.

There are also several empirical implications of this study that contribute to EME LP and translanguaging. First, it should be noted that my findings differ from those of other studies conducted in the Saudi EME context and MENA region in the medical/health stream. Previous studies investigated the usefulness of the EME programme but still were limited to exploring EME agents’ beliefs from a fixed approach to examine the agents’ beliefs, and therefore are unable to provide insights on actual class-based LP implementation and negotiation (e.g., in the Saudi context Al-Kahtany et al., 2016; Almoallim et al., 2010; Alrajhi et al., 2019; Alshareef et al., 2018; Khan, 2020, and MENA region, e.g. Abi Raad et al., 2016; Ahmed et al., 2015; Alazemi; 2017, 2020; Khallof et al., 2019; McLean et al., 2013; Sabbour et al., 2010; Tayem et al., 2020).

My study examined the LP of EME using Spolsky’s framework and adopted a contextual/sociocultural approach to understand how LP works and is negotiated and how their beliefs are shaped by analysing official documents produced by administrators (top-down level) and agents’ beliefs and language-related practices (bottom-up level). Since I consider the re-theorisation of Spolsky’s framework of LM, I examined to what extent bottom-up EME agents might operate as ‘language managers’ and influence the language management (LM) of the

medical school and whether policymakers and top-down agents collaborate with bottom-up agents to design LP. This study also adopted critical and holistic theoretical approaches when considering ELF and translanguaging perspectives to deconstruct linguistic practices that monolingual native-standard English orientations might influence in the Saudi HE system, which has not been discussed yet in the Saudi HE.

Additionally, the previous studies in the MENA region did not take translanguaging and ELF orientations into consideration. My study, however, considers them as key elements to explore official and non-official LP. So, my study approves that not only overt translanguaging takes place in the medical EME setting, but also in what ways to fulfil what functions, with what tensions or positive outcomes, and in response to what factors. It also helps illustrate which agents on the ground can exercise certain power to establish which linguistic resources are allowed, appropriate or ideal for specific situated interactions.

Interestingly, my study suggests that the lack of an explicit LP on official paper/website may not be an oversight but actually harnessed as helpful to balance between the accreditation that pushes for English only to maintain the internationalisation in the medical school (e.g. references to accreditation/quality teams in the interviews) *and* the classroom needs, which benefit from flexible and open policies to use overt translanguaging (e.g. students' reported efforts to negotiate more flexible exam LPs). Consequently, negotiations and conflicts around producing de facto LP emerged to navigate the intentional ambiguity of LP in medical school, where the students are unaware of the medium of education in the medical school. Thus, my findings differ from the findings of other studies that explored the LP of EME, e.g., Jenkins (2014 & 2019), Jenkins and Mauranen (2019), Baker and Hüttner (2019), Hu et al. (2014), Hu and Lei (2014), Wang (2017), and Zhang (2018), where clear official LP is most of the time published on the respective websites, but EME agents may show unawareness of LP in their contexts.

Additionally, my finding reveals that there might be a connection between having an explicit flexible LP (including translanguaging) with a decreased level of bullying and incidents of mockery when students produce different pronunciations. This is because, as the students and teachers themselves stated, explicit flexible LP seems to provide more security in the classroom, increase confidence and participation among students, discuss any issues they are concerned about with their teachers, and know their teachers' policies and preferences. It also mitigates the inequity from the lack of clear LP and different language practices among teachers, especially in

oral assessment. This policy can be designed by top-down agents (the administration) or classroom-based LP (from teachers).

The final empirical implication relates to translanguaging, which has recently started to be explored in HE as a pedagogical and social practice. This study has investigated the functions and the experienced effectiveness of overt translanguaging in teaching, communication, and assessments in the Saudi EME medical context. Based on teachers' and students' linguistic practices, a new understanding of Arabizi (i.e., reversed Arabizi) arose. Several studies have already explored social media users' perspectives and reported practices when using Arabizi (e.g., Hajir et al., 2022; Alanazi, 2022; Haghegh, 2021; Alsulami, 2019). Yet, these studies restrict their focus to using English letters and numbers to write Arabic words/sounds on social media/SMS/online chatting platforms and only explore it in informal communication for everyday conversation. However, they ignore the fact that the reversed Arabizi is also used among Arab multilingual people who use Arabic letters and apply its grammar when texting and pronouncing English words. Additionally, the reversed Arabizi is found in an educational context for formal (in disciplinary terminologies) and informal (classroom/educational terminologies) communication. Teachers use reversed Arabizi orally when providing instructions or making announcements. To the best of my knowledge, none of these studies examines the traditional and reversed Arabizi from a translanguaging perspective as a theory and practice that reflects rich linguistic resources.

9.3.2. Methodological Contributions

This study suggests a methodological contribution using innovative digital design and online data collection methods for online EME classrooms. Because of the restrictions brought by the COVID-19 pandemic, my methodology should shift from F2F/in-person data collection in the actual field to online data collection using online as a setting/platform to meet, interview and observe the participants. Collecting the data online gave me insights, first, to conduct interviews and classroom observations for male and female students and teachers. This would not have been possible if I conducted my study and collected my data F2F/in-person, where I would have been limited to a female section due to the segregation between male and female students and teachers based on religious and cultural norms. Yet, because of the pandemic and transferring the education system to be online, observing and interviewing both sexes helped me enrich my data by accessing male students and teachers as well. This opportunity allowed me to explore different beliefs and practices and uncover some issues that would not have been discovered and discussed.

Second, the shift in methodology helped me explore students' and teachers' de facto linguistic practices in an online setting when teaching and communicating. Observing the participants' teaching and interactions showed that students and teachers interacted differently. Whereas students communicated actively by typing in the chat box, the teachers depended on oral interactions. Therefore, I came across the use of written reversed Arabizi and its functions, which somehow differ from its use and functions as recorded in the existing literature that explores Arabizi in the MENA region. Since the students interacted with each other and their teachers by typing in the chat box, and I was unable to access the blackboard recording, I came up with the idea of taking screenshots as an innovative data collection method to capture and analyse the students' interactions while I used the recording device with the teachers. This study, therefore, has implications for online education studies, particularly in the EME field.

The methodology applied in this study enabled a close inspection of the LP in the EME medical school using GC University as a case study. This under-investigated context was examined through the lens of ELF and multilingualism to highlight the current LP and how it was designed, how the EME participants understand/conceptualise the relevant constructs (LP, ELF, and multilingualism) and how EME official policies and agents' beliefs and practices relate to, contradict, and influence one another. The qualitative approach helped me to explore and understand the research context in more depth in the natural environment and capture the complexity of the social situation (Creswell, 2013; Merriam & Tisdell, 2016). I chose this methodology because previous studies exploring the medical EME contexts in the MENA region, including the Saudi context, predominantly used either a quantitative or the mixed-methods approach (e.g., Abi Raad et al., 2016; Ahmed et al., 2015; Alazemi, 2017, 2020; Khallof et al., 2019; McLean et al., 2013; Sabbour et al., 2010; Tayem et al., 2020; Almoallim et al., 2010; Alrajhi et al., 2019; & Khan, 2020). Only two studies conducted qualitative research using interviews with students, teachers, and administrators (Al-Kahtany et al., 2016; Al-Alshareef et al., 2018). The purpose of their study was limited to exploring the effectiveness of implementing EME by distributing a questionnaire among students and/or interviewing teachers, which guided me to question the nature of the LP of EME, how it operates and how agents perceive and understand ELF and multilingual orientations that are neither discussed nor explored. Although many of these studies painted a picture of EME as a 'failure', my study identified flexible and fairly accommodating classroom interactions at the latest stages of the degree.

9.3.3. Educational Implications

From the LP perspective, my findings reveal that most students and teachers do not recommend having explicit LP due to taking advantage of their experience of ambiguity. In contrast, a few believe that having an explicit flexible LP would help regulate different language practices among teachers, resolve bullying acts and fairness issues, and increase students' participation and self-esteem. Making recommendations in the context of tensions between the interests of administrators, teachers, and students is complex, but the findings allow me to identify areas of friction that require urgent attention. Starting with the need to enhance "learning outcomes and experiences of students" in the EME programme (De Costa et al., 2021, p. 125), the medical school administration is recommended to communicate to prospective students through explicit, officially written means that English is at least one of the working languages of the medical programme, through which students will be taught and assessed. In this way, students will not feel 'trapped' in an EME programme and be shocked by the requirements of the EME programme. Besides, the schools could adopt "a customized policy implementation approach" that considers collaboration and negotiation between bottom-up and top-down agents (e.g., university administrators, content teachers, and students) to unify and update LP based on the circumstances of any issues encountered by students, teachers and administration after ensuring that all voices are heard and taken into account (De Costa et al., 2021, p. 123; Ali & Hamid, 2018). Alternatively, top-down agents could give the power/authority to teachers and students to work as 'language managers' to negotiate and decide the appropriate classroom-based LP for classes and exams based on their needs and abilities accordingly (Ali & Hamid, 2018). Introducing the local norms and expectations to students before the courses commence should still be a priority. Considering their needs and abilities helps to have a successful EME implementation inspired by best practices because "a truly global EMI needs to look to local on-the-ground innovations as important sources of knowledge, rather than positioning them as deviations from pedagogical and policy norms that require correction" (Rose et al., 2022, p. 168). Of course, to do this without risking the loss of valuable accreditation means that national-level policymakers, administrators of medical schools and the MoE would also need to reflect a more explicit embrace of the benefits of translanguaging for EME programmes and the understanding that using multiple linguistic resources is not necessarily a threat for pursuing quality internationalisation and educational outcomes.

Raising awareness of an inclusive approach when designing LP that allows EME agents to use their rich linguistic resources and challenges the monolingual approach in curriculum, teaching, and assessment would help contribute to the students' success, achieve the learning outcomes of the medical programme, foster a sense of belonging, and promote equality and fairness in the programme. This approach would involve the input of teachers and other educational stakeholders with experience teaching and working with multilingual students (Şahan et al., 2022; Rose et al., 2022). However, there is a need to pay special attention to the fact that translanguaging is not always successful for any context or interlocutor (e.g., non-English speaking patients). Especially in the health and medical field as a high-stake context, there is a consensus among Arab medical and dental students in the studies of Alshareef et al. (2018), Khallof et al. (2019), Tayem et al. (2020), Abi Raad et al. (2016), McLean et al. (2013), and Alazemi (2017; 2020) to integrate Arabic with English in teaching and assessment so that students can also familiarise themselves with the medical content in 'Arabic' when (e.g., to deal with and explain medical conditions to patients and take medical histories from them), and enhance confidence, promote better understanding and facilitate memorising and remembering the medical content, especially of complex topics.

Another way I believe that helps foster and reinforce students' rich linguistic resources in both languages is to prepare bilingual glossaries, translate some textbooks into 'Arabic', and use them along with 'English' materials. This is because students need to develop language skills in both named languages 'Arabic' and 'English' and communicate with patients who may not have English in their repertoires (Khallof et al., 2019). In Alazemi's (2020) view, 'Arabic' should not be restricted to social contexts but can also have a valuable role in making academic content more accessible to students because 'Arabic' is crucial in every aspect of students' lives. The researcher blames policymakers and administrators for failing to integrate 'Arabic' into STEM disciplines due to the "missing correlation between the aims proposed by the implementation of EMI and its outcomes" (ibid, p. 62).

The final educational implication is regarding whether or not to follow NES norms or adopt one of NES accents. Although the students in Galloway and Ruegg (2020) called for a more lenient approach to linguistic correctness, the students in my study welcomed their teachers' pronunciation and spelling 'corrections' as speaking and writing 'correctly' increases their patients' safety and promotes confidence when communicating with other physicians and nurses and at conferences. Therefore, as discussed earlier, health care is considered a high-stakes context, where content and linguistic accuracy are important for patients' safety to minimise

wrong diagnoses and medical errors when writing medical histories, reports and prescriptions to patients and communicating with other physicians and health carers (Tweedie & Johnson, 2018a&b; Amery et al., 2019; Tweedie & Johnson, 2022). However, it would be necessary to ensure that teachers and students do not conflate 'linguistic accuracy' with 'content accuracy' unnecessarily. Tweedie and Johnson (2022) recommend that language support and subject modules need exceptional collaboration between content teachers and language/ESP teachers to develop students' disciplinary communication skills. Besides, there is a need to consider more active language support and ESP courses in the curriculum. Within ESP courses, Tweedie and Johnson (2022) advise preparing the students "for effective communication in high-stakes MELF settings" (p. 172) because the nature of communication in healthcare requires a less passive approach (i.e., by focusing on listening only with limited oral actions) and more focus on an active, two-way approach. This follows strategies, e.g., asking for "repetition, playback, reformulation, spelling out words, and other active approaches to meaning-making" (ibid, p. 172). So, Tweedie and Johnson (2022) resist the traditional approach in ELT when separating the four skills into discrete and teaching each skill separately.

Therefore, I argue that it is vital to provide context- and subject-specific support matching students' needs depending on particular institutions or departments and support content teachers "to decrease the amount of content covered and/or the depth of coverage in order to ensure that students can keep up" (Galloway & Ruegg, 2020, p. 34; Şahan, 2021). Besides, modifying the curriculum from time to time is crucial, as suggested by Kamaşak, Şahan and Rose (2021), to reflect students' and teachers' needs and abilities and integrate a "more discipline-specific instruction in the form of EAP and ESP" throughout their studies (De Costa et al., 2021, p. 26). Concerning the content teachers, although teaching in EME is more than speaking English (Galloway & Ruegg, 2022, p. 9), some teachers in my study recognise their need to develop their English continuously and autonomously because they feel it is their responsibility to do so, without mentioning any language support coming from the university or the medical school administration. They might develop a sense of responsibility to develop students' language and familiarise them with their disciplinary English terms and content (Kırkgöz et al., 2021; 2023). Therefore, Wang (2017) and Baker and Hüttner (2019) suggest training for teachers by increasing awareness of ELF orientation about focusing on disciplinary content rather than on producing good English. The following section will discuss the limitations of the current study and suggest topics for future studies.

9.4. Limitations and Potential Directions for Future Research

9.4.1. *Limitations*

Among the drawbacks of this study is that it is impossible to generalise the findings to all EME students and teachers in the Saudi context in general and the medical school particularly. First, the sample of this study was relatively small because the aim was to carry out an in-depth investigation by employing several data collection tools to obtain rich, in-depth information. Therefore, I interviewed and observed students and teachers in the clinical years dealing with different subject content because they have long experience studying and teaching in the EME medical programme and could provide me with the required data within the available time. Additionally, I had an informal conversation with an administrative staff member. However, I could not recruit administrators and policymakers for the interview in this study due to the difficulties of accessing higher-ranking officers. So, future studies need to consider a broader and bigger sample size to better understand LP and different EME agents' practices (e.g., including administrator's voices and students in early years).

Second, I lacked a longitudinal observation with each teacher. I had the opportunity to observe one or two classes with each teacher within a limited time (see Chapter 8, Table 8.1) because each module/block lasts between two weeks to one month and a half, including exams, hospital visits, lab classes and any extra or additional classes. Besides, most teachers I interviewed and observed were from the surgery departments. Future studies could obtain a more holistic view by conducting longitudinal observations that include more subject content that covers both basic and clinical years for a whole academic year and observing different teachers from different departments in the medical school.

Third, the study and data collection were completed online. This meant I had limited access to the administrative staff, policymakers, students, and teachers from different years and departments studying different subject content. Therefore, future studies should consider an in-person data collection method that would provide access to more participants. Fourth, the research findings of this study were limited to the EME medical school in one university. This enabled a more in-depth exploration of the current official and non-official LP of the medical school, but the findings cannot be said to represent all EME practices in the Saudi context. Future studies should look at all health streams (dentistry, pharmacy, and applied medical science) or include all EME programmes at one university and compare them between different disciplines.

The fifth limitation is that the study did not follow the data collection plan, which consisted of two to three rounds of interviews with each teacher and several focus groups with students. All the participants granted me one interview, but none of the students accepted participating in a focus group due to their busy and conflicting schedules, including teaching, studying for exams, attending classes, and working in their clinics. This resulted in my dropping some of the questions I planned to ask and focusing on the most important aspects during the interview. Therefore, future studies might consider several rounds of interviews (pre-, during, and post-classroom observation) because they can help the researcher expand some areas not explored in the first round and comment on and answer the participants' questions in the later interviews.

9.4.2. Future Research

Based on the implications found in this study, there are several areas to direct future studies besides the suggested ones in the limitation sections. First, it would be interesting to examine students' and teachers' beliefs and practices about having EME online to look for their practices and strategies through teaching, learning, communication and assessment, whether they are similar or different from offline, and if so, how. It could be by incorporating the ROAD-MAPPING framework to explore EME more dynamically and holistically. Second, another area for potential exploration is to explore the EME agents' perceptions of whether they accept and adopt NES accents and whether they accept English variations in EME when dealing with teachers from different cultural and linguistic backgrounds.

Third, there is a need for further study on the potential benefits (e.g., creating a safe zone to use translanguaging and limiting bullying) and drawbacks (e.g., preventing natural conversations) of making explicit flexible LP and what consequences result from developing such policies in EME programmes. This could be done by exploring the agency and negotiation about the type of LP that should be implemented in EME programmes and whether it should be designed by top-down agents (administration) in conjunction with the students and teachers or whether teachers should be allowed to decide and produce their own LP based on teachers' and students' needs and linguistic practices (classroom-level LP as bottom-up). It is vital to seek students' engagement when negotiating LP to address bullying and fairness issues that some teachers might be unaware of. All these aspects need to be studied further to determine the effectiveness of having such policies in EME programmes. Fourth, further study is required to thoroughly investigate the use and function of the reversed Arabizi in written and oral

interactions in the education context, whether the teachers and students use reversed Arabizi in speaking and writing in texting apps or social media for formal and informal situations/discussions, if so, when, and how.

Fifth, because there is a lack of an evaluation procedure for students' presentation skills, it is unclear whether the teachers limit their focus on pronunciation to medical terminologies or extend to other English vocabularies and whether they are evaluated for producing intelligible utterances or based on NES accents. Therefore, a future study can explore agents' beliefs on whether or not adopting NES norms and accents leads to fluency and intelligibility. A similar suggestion comes from Galloway and Ruegg (2022) that more research needs to focus on "‘native’ or ‘near-native’ proficiency and how English proficiency, or EMI competency, should be defined" (p. 9).

A sixth suggestion is to look at the influence of EME on teachers' identities and their use of different linguistic resources when teaching in the EME programme because they are seen as responsible for successful EME implementation. Another potential area for investigation of the LP of EME could be exploring the beliefs of the administrators and policymakers (as top-down agents) regarding the processes they use to design and enact the LP. Also, it would be interesting to implement Ou et al.'s (2022) ecological LPP framework for the EME-HE policy because it could help a university to develop "concrete EMI policies that respond to the needs of university stakeholders" (p. 17) when involving multi-level agents (students, teachers, and administrators).

Finally, given that this study is a qualitative case study focusing on a specific university and college, future studies could take an ethnographic or narrative inquiry approach to examine the Saudi EME context and understand the LP top-down agents implemented. Another interesting approach would be to conduct a comparative study of several EME programmes within one university or across different Saudi universities. This approach would increase the opportunity to understand how EME programmes in the Saudi context conceptualise and implement them, especially if it involves public and private Saudi universities with students and teachers from different cultural and linguistic backgrounds.

9.5. Final Conclusion

EME has spread and continues to spread widely in the Saudi context through transferring departments and colleges from AMI to EME in public universities and the establishment of private universities or colleges that implement EME. The appearance of the EME programme in SA and

the limited research on EME and how EME agents believe and act motivated me to explore EME in-depth from the perspectives of LP, ELF, and translanguaging using an online qualitative case study. I examined the medical school and recruited medical students and teachers for interviews, classroom observation, and document analysis.

The findings of this study provide a preliminary understanding of EME in the Saudi context. Further empirical studies need to be conducted in different EME programmes in SA. The findings discuss several issues that students struggle with, e.g., fairness and bullying issues due to the absent role of the language manager, the lack of an explicit LP and different language practices from their teachers. The EME agents take advantage of the absence of the official explicit LP and avoid having a clear fixed LP to balance tensions between the accreditation that pushes for English only to maintain the internationalisation in the medical school *and* the classroom needs, which benefit from flexible and open policies to use overt translanguaging. Therefore, they start navigating the calculated ambiguity of LP by negotiating to develop the bottom-up LP based on de facto language practices in teaching, communication, and assessment. This is done by looking at when and what linguistic resources should be used and who has the power to decide what the 'appropriate' practice in a certain situation is and what is not, which is highly dependent on either formal or informal situations. However, the lack of LP results in different practices emerging among teachers and creates conflicts (e.g., in the OSCE exam) because of different expectations.

The study reveals the leading factors that influence the way EME agents employ overt translanguaging in our daily talk and preferences for a parallel-monolingual approach: 1) the societal, religious, and professional influence, 2) studying-related skills, 3) using technology and 4) institutional/programmatic academic accreditation. As mentioned earlier, this study is just a drop in the field of EME research. As such, I hope that the implications drawn from this study can contribute to developing EME programmes in Saudi universities and elsewhere rather than continue to look at English and multilingualism from a narrow perspective. This will encourage EME agents to adopt a more holistic and inclusive policy to promote fairness, reduce domain loss, prepare the students for communication skills that reflect the real world, and benefit from them when engaging in different global settings.

Appendix A Email Invitation to the Participants

Dear Dr./Ms./Mrs./Mr.....

This is Hind Mashrah, a PhD student from Modern Languages, Faculty of Humanities at the University of Southampton, UK. I am writing to you because I would like to conduct a study in the medical college, and I would be delighted if you could collaborate. The study seeks to explore the roles of English and other languages by examining the language policy, beliefs and practices in the English-Medium Education (EME) programme. I find the medical college is the most appropriate site to provide me with rich information for my research in terms of your college's implementing English-Medium Education (EME) programme. Therefore, you are in an ideal position to give me valuable information from your own perspective as administrators, academic staff and students to tell me about your experiences while teaching or learning in this EME programme. Your participation will be a valuable addition to your knowledge in the field of Applied Linguistics. The findings could lead to a greater understanding of language policy and language use and beliefs in EME programmes across the world and it can generate useful recommendations for this medical school more concretely.

This study has received approval from the University of Southampton's ethical policy with ERGO No. 61939 to use and record interviews (administrators and academic staff), focus groups (students), classroom observation (some classes) and documents collection (e.g., official language policy, course description, and rubrics for assessment). The study is expected to last three months starting (full academic semester).

All I need is to take some time to read the Participant Information Sheet carefully and think about whether you would like to take part. If you would like to take part, you need to fill in the consent form attached and send it back to me via my email htam1r18@soton.ac.uk. Then, we can arrange the time and date for the interview or/and classroom observation. If you have any questions about the study, then please do contact me via one of my emails provided above. You should understand that your participation is completely voluntary, and you can withdraw at any time for any reason without any negative consequences that affect your participation rights.

Thank you very much for reading this email,

Sincerely Yours

Hind Mashrah

PhD student in Modern Languages and Linguistics, University of Southampton

Appendix B Participant Information Sheet

Study Title: Exploring Language Policy and Practices in a Multilingual EME Setting: A Case Study of a Medical College at a Saudi University.

Researcher: Hind Mashrah

ERGO number: 61939

Date: 23 November 2020, Version No. 2

You are invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is unclear or if you would like more information before participating in this research. You may want to discuss it with others, but it is up to you to decide whether or not to participate. If you are happy to participate, you will be asked to sign a consent form.

What is the research about?

I am a PhD student in Modern Languages, Faculty of Humanities at the University of Southampton, UK. This study explores the roles of English and other languages in the language policy of the English-Medium Education (EME) programme by exploring participants' beliefs and practices. English-Medium Education (EME) is the teaching and learning of content subjects using the English language, and it is currently available in some departments or colleges such as medicine, engineering, sciences and computer science in Saudi higher education. This can be achieved through exploring students', lecturers' and administrators' beliefs and practices at a Saudi university as a multilingual setting.

As a student who received a scholarship and is financially funded by [GC university] in Saudi Arabia, the researcher hopes to make a contribution to change the current EME language policy and practices in Saudi higher education by reaching to the bottom-up agents (e.g., students and lecturers) and help them to convey their voices and experiences during teaching or learning in the EME programme. Besides, the study aims to improve the educational system in Saudi higher education in the future in more effective ways to solve language barriers. This is by providing an EME training programme for content lecturers and establishing a collaboration between the English language centre (language lecturers) and all EME departments (content lecturers) at [GC] University. Additionally, I hope this study will help you raise your language awareness about the new way of looking at English and the role of multilingual practices to develop creative pedagogies to meet the end of students' and lecturers' needs and to solve language issues in teaching and learning. Raising language awareness allows you to use your multilingual practices/resources as a pedagogical strategy to improve your understanding, intelligibility, and communication with people better locally and internationally through the use of multilingual practices in the EME programme.

Why have I been asked to participate?

As administrative managers, lecturers, or students in an EME programme, you are invited to participate in this study voluntarily. The researcher attempts to investigate how you see and approach the use of English and other languages in the EME programme, especially when all the participants are multilingual. Your participation will help to improve the educational system in higher education by informing the EME training programme for content lecturers.

What will happen to me if I take part?

If you agree to participate in the study, then I will contact you through your email to arrange an appointment. I will have interviews for lecturers ideally around two to three times, each around 30 to 40 minutes, while administrators will be interviewed only once and about one hour. The focus group will be for students, and it will be ideally two to three times, around 40 to 50 minutes for each focus group. You have the right to choose the mode of interviews and focus groups, either face-to-face or online, over Zoom, Teams or Skype. If you prefer face-to-face, we should follow safety measures by wearing masks and social distancing due to COVID-19. All interviews and focus groups will be recorded using an audio recording device. I will also collect some site documents, such as official language policy, course descriptions, and rubrics. These documents will be collected while I am conducting the study in this context.

In case the university decides to go face-to-face class, I will observe the classroom interactions for the whole academic semester and record around 4 hours of those who will accept me to attend their classes by following the same safety measures. If the university decides to have online classes and record the classes, then I will not record the classes. In all cases, I will seek your permission in advance to either record or use the existing recordings (either oral or written interaction) on Blackboard. If anyone does not like to be recorded, you do not need to worry because I will not transcribe and analyse your interactions.

Are there any benefits to my taking part?

I hope this study helps you to raise your awareness about the role of language in the EME programme as a pedagogy because you are a multilingual speaker. Therefore, your participation will help to reach your voices and share the concerns you have encountered during teaching or learning by using English in the EME programme.

Are there any risks involved?

As this study only involves observing ongoing classroom activities and exchanging views about your academic experience with the researcher, this study does not entail any risks beyond those you encounter in your daily life. Most of the data collection activities can take place online via the university platform Blackboard or face-to-face, depending on the current your university's current situation and teaching mode-face activity will strictly follow COVID-19 safety measures which include respect, including distance of 2 meters between anyone involved, wearing protective masks, and avoiding crowded spaces.

What data will be collected?

The researcher herself will collect the data. The data will be about your language beliefs and practices in the EME Programme. You will state your beliefs about how English has been used so far and the role of multilingual practices in the EME Programme. Aside from that, I will use your beliefs to compare your actual learning and teaching practices in the classroom. I will also collect language policy documents and compare them with students', lecturers' and administrative managers' beliefs and practices.

I will only collect non-sensitive personal data about you (e.g., professional trajectory, languages spoken, etc.). However, any information obtained will be handled securely during collection, analysis, storage, and transfer using a password-protected device that is not connected to the Internet.

Will my participation be confidential?

You may be worried about the privacy and confidentiality of any views you share with me. In fact, any data I collect will be anonymised. This means that names and content references that could

disclose your identity will be removed or changed to reduce the risk of your participation being linked to the data. Your participation and the information we collect about you during the research will be kept strictly confidential. Only members of the research team (the researcher and the supervisor) and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to conduct an audit of the study to ensure that the research complies with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All these people have a duty to keep their information strictly confidential as a research participant's study will comply with the Data Protection Act by the University of Southampton's detail policy, which will be discussed in further detail below. All the information and documents that are collected about you during the study will be kept strictly confidential and stored securely on a password-protected device that is not connected to the internet. For those who participate in the interviews, focus groups and classroom observations, each participant will be assigned a code or pseudonym and will be referred by that code or pseudonym during the transcription and analysis. Nobody from outside will be allowed access to the research information unless they provide an explicit consent letter.

Do I have to take part?

No, it is entirely up to you to decide whether or not to take part. If you decide you want to take part, please contact me to sign a consent form via my email, htam1r18@soton.ac.uk, so I can contact you later to have an appointment for the focus group or interview.

What happens if I change my mind?

You have the right to change your mind and withdraw at any time without giving a reason and without your participant rights being affected. If you withdraw from the study, we will keep the information about you that we have already obtained to achieve the objectives of the study.

What will happen to the results of the research?

Your personal details will remain strictly confidential. Research findings made available in any reports or publications will not include information that can directly identify you without your specific consent. I will use codes or pseudonyms to refer to the participants to keep them anonymous and to reduce the risk of identification. The summary of the findings may be shared with you upon your request.

I might use the data for future studies; therefore, research data will be deposited in a data repository of the University of Southampton. All data will be held as anonymous transcripts and audio recordings by using a password-protected device that is not connected to the internet. I will use coding or pseudonyms when referring to and analysing the data to reduce the risk of identification.

Where can I get more information?

If you still have questions about the study, I will be glad to answer them and clarify the study in more detail. You can contact the researcher, Hind Mashrah, via my email: htam1r18@soton.ac.uk.

What happens if there is a problem?

If you have a concern about any aspect of this study, you should speak to the researcher, who will do her best to answer your questions. If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 80595058, rgoinfo@soton.ac.uk)

Data Protection Privacy Notice

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the university has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in the research. This means that when you agree to take part in a research study, we will use information about you in the ways needed and for the purposes specified to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The university's data protection policy governing the use of personal data by the university can be found on its website (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear about what data is being collected about you. Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at <http://www.southampton.ac.uk/assets/sharepoint/intranet/Is/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf>

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it. All the personal information will be anonymised, and I will use codes to hide the identity of the participants so as not to recognise them.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal Data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose. For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for ten years after the study has finished after which time any link between you and your information will be removed.

To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as access, change, or transfer of such information - may be limited, however, in order for the research output to be reliable and accurate. The university will not do anything with your personal data that you would not reasonably expect. If you have any questions about how your personal data is used or wish to exercise any of your rights, please consult the university's data protection webpage (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>)

where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer (data.protection@soton.ac.uk).

Thank you very much for taking the time to read the information sheet and consider taking part in the research.

Appendix C Consent Form

نموذج موافقة

Study title: Exploring Language Policy and Practices in a Multilingual EME Setting: A Case Study of a Medical College at a Saudi University.

عنوان البحث: البحث في قوانين اللغة وممارساتها في مكان متعدد اللغات عن طريق استخدام اللغة الإنجليزية في التعليم: دراسة حالة بحثية في كلية الطب في جامعة سعودية

Researcher name: Hind Mashrah

اسم الباحثة: هند مشرح

Student number: 29832705

ERGO number: 61939 **Date:** 23 November 2020, Version No. 2

Please initial the box(es) if you agree with the statement(s):

الرجاء وضع علامة صح على الخانات الموافقة/ة عليها:

<p>1. I have read and understood the participant information sheet (23 November 2020 /version no. 2) and have had the opportunity to ask questions about the study. أنا أقر بقراءة وفهم ورقة معلومات المشارك بتاريخ (23 نوفمبر 2020، رقم النسخة 2) ولديّ الفرصة الكافية لطرح أسئلة حول هذا البحث.</p>	
<p>2. I agree to take part in this research project and agree for my data to be used for the purpose of this study. أنا أقرّ بالموافقة على أن أكون جزء من البحث وأن تُستخدم معلوماتي لغرض هذا البحث.</p>	
<p>3. I understand my participation is voluntary and I may withdraw at any time for any reason without my participation rights being affected. أنا أقرّ أن مشاركتي في هذا البحث هو تطوعي وأستطيع الإنسحاب في أي وقت لأي سبب من غير إلحاق أي ضرر لي.</p>	
<p>4. I understand if I decide to voluntarily participate in interviews and/or focus groups, these will be recorded, transcribed and anonymised for the analysis and the recordings will then be destroyed. أنا أقرّ في حال موافقتي للمشاركة في المقابلة او المجموعة المركزة، سوف يتم تسجيل لغرض تفريغ وتحليل المحادثات ومن ثم إتلاق التسجيلات.</p>	
<p>5. I understand I can voluntarily decide when to share which learning materials and/or other relevant documents for the purposes of this study as stated in the Participant Information Sheet أنا أقرّ أن بإمكانني المشاركة بإعطاء الباحثة الأوراق التعليمية التي أحدها وبشكل تطوعي لغرض هذا البحث كما تم ذكرها في ورقة معلومات المشارك.</p>	
<p>6. I understand the researcher will record some F2F classroom interactions or use existing interactions from online sessions (whether oral or written) for the purpose to transcribe and analyse this kind of interactions. (If you would not like your interactions to be analysed please leave this box blank). أنا أقرّ أن الباحثة تسقوم بتسجيل بعض المحادثات داخل القاعة الدراسية أو استخدام المحاضرات المستجلة سواء كانت شفهي أو كتابي وذلك لغرض تفريغ والتحليل المحادثات. (في حال عدم رغبتك بأن تقوم الباحثة بتحليل محادثاتك، الرجاء ترك المربع فارغ).</p>	

Data Protection

I understand that information collected about me during my participation in this study will be stored on a password protected computer that is not connected to the internet and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous.

حماية بيانات المشارك

أنا أقر أن المعلومات التي أقدمها أثناء مشاركتي في البحث سوف تُحفظ برقم سري ومحمية في جهاز بحث لا يتم الوصول إليها عن طريق الإنترنت ولن تُستخدم إلا لغرض هذا البحث وكل الملفات التي تحتوي على معلومات شخصية سوف تكون مجهولة الهوية ولن يتم التعرف على هوية المتكلم.

Name of participant (print name)

..... اسم المشارك/ة

Signature of participant

..... توقيع المشارك/ة

Date

..... التاريخ

Name of researcher (print name) اسم الباحث

Signature of researcher توقيع الباحث.....

Date التاريخ.....

Appendix D Sample of Interview Questions to Students

Interview 1

1. Introduction: Educational background

Can you tell me about your English learning experience?

- When, where and how did you learn English up to now?

Have you ever studied in an institution for learning languages or an international school before joining the university?

Why did you choose to study in this EME programme?

2. Learning experiences in the EME programme

Before entering this EME programme, did you know that this programme is taught in English?

How confident when you decide to study in the EME programme? Do you think you are fully prepared for the EME lessons? Why (not)?

In your view, why do you think that not many students choose to study in the EME programme?

Have you witnessed or do you have any anecdote that you might want to share with me about a situation of a student who changed their major from the EME programme to a non-EME programme? Tell me about it. What do you think about this situation?

3. Students' self-reported English language competence

In general, how do you describe your English use? E.g., native or like native English or English influenced by Arabic.

- How do you find your spoken English compared to your written English use? Explain.
- Are you satisfied with the way you speak English, e.g., Saudi English? Why (not)?

Have you ever been in a situation where someone comments on how you speak English in college or the hospital when you get trained? Tell me about your experiences.

When you speak English to native or non-native speakers, do you think they understand your English or discourage you because you don't speak English like native speakers? Why (not)?

Interview 2

4. Content learning in EME programmes

What challenges do you encounter in learning and studying the content in English?

What do you think is the language that your teachers use? → Is it appropriate for your level of English? Why (not)?

- Do you think your teachers' English proficiency level affects your understanding? Positively/negatively? How?

What would be your ideal use of language(s) in the classroom? Why?

- Can this language be used for all courses, or does it depend on a course/year or are there other factors?
- Do you sometimes feel if teachers could translate some lectures into Arabic? Why (not)?

- Do you prefer AMI or EME or something in between? Why?

How much do you understand from EME lectures? Why?

In general, is it too much English in your college and department or in class? How? And why?

5. Language policy in the EME programme and classroom interactions

Are you aware of any language policy regarding what language should be used with administrators, teachers, and students in your college? If so, what is it?

- What about the practices? Could you describe the factual language practice in the classrooms?
- How do you feel about it? Do you agree? Why (not)?

Do you use English when you participate in the class? How do you find it? (E.g., difficult or easy) in what ways, and why?

What are your teachers' expectations when you use English? Do they think you speak native-standard English, Saudi English variety, or non/Anglophone varieties?

Based on your experience, what is English's role in EME classroom interactions (tool, target or both)? How can you tell that? Explain and give examples, please.

Policy inside the classrooms:

Is there any language policy in the classrooms regarding what language should be used? If so, what is it?

- What about the practices? Could you describe the factual practices inside the classrooms?
- What do you feel about it? Do you agree? Why (not)?

Is there any promotion to use Arabic besides English inside classrooms? Why (not)?

- When do you use English, and with whom?
- When do you use or allow to use Arabic and with whom?

In general, what language do you feel comfortable and more confident in talking to your teachers and classmates inside the classroom? Why?

If there are no such policies, do you think there should be some? Why (not) and how?

Interview 3

6. Assessment and feedback in the EME programme

How do you find marking criteria and your results in this programme?

- Do you find difficulties using English in oral exams/presentations and/or written exams/assignments? Why? What are they?
- What do you think is the most challenging part(s) when you are studying subject content?

What are the teachers' expectations when evaluating your English in oral/written works?

- Do they ask you to follow Standard English style, e.g., academic register, grammar, and pronunciation in speaking and writing?
- Do teachers focus on content only or language and content in assessments?

In your view, what do you think you need more feedback? Content or language? why?

Have you discussed your marks with the teachers? If so, what was your complaint? Language or content or both?

Policy in the assessment

Are you allowed/penalised to use Arabic in exams, assignments, etc.? In what way and why?

It is difficult to avoid using Arabic in exams; therefore, it should be a part of the evaluation. What do you think about this statement?

If you forget some information or terminologies in English either in the exam or assignment,

- Do you use Arabic? And have you actually tried to use Arabic? Tell me about your experiences.

7. General questions

Do you think studying in the EME programme has some effects on your Arabic language? How? Explain.

When you graduate from university and become a doctor in the future, do you feel you are fully prepared to write and communicate with patients in Arabic without any problems? Why (not)?

- Have you been through a situation in which you struggle to use your mother tongue? Tell me more about it.

8. Closing interview

What do you think could be done by yourself or the university to encourage more students to study through EME?

Any comments or questions you would like to discuss or ask?

Thank you very much for your participation.

Appendix E Sample of Interview Questions to Teachers

Interview 1

1. General information

Could you introduce yourself: your name, nationality, role in the faculty/department, and educational background?

How long have you been teaching experience in EME programmes?

What is your own experience with English at the university?

- When you first came to the university, did you expect to teach in English? If yes, how?

How do you cope with teaching in the EME programme? Are you and other teachers fully prepared to use English in the EME programme?

- If yes, how?
- If not, why?

Lecturers self-reported their English language competence.

Regarding your language skills:

- What English skills are you most confident in, and what language skills do you want to improve? What are they? Why?

From your teaching experience, are any specified English varieties held as the main/only acceptable ones in your college? How do you feel about that?

Lecturers' self-report about their pedagogical issues

Do you find any pedagogical (or teaching) issues when teaching English subjects? If so, what are they? Why?

- What did you do to overcome these issues? E.g., seeking advice from experts and EME teachers and attending EME training programmes.

What are your teaching strategies when you explain new concepts to students,

- How do you deal with unfamiliar words (subject-specific language)?
- What language do you feel more comfortable explaining and delivering information? Why and how?
- In which language do you think your students would learn better and benefit in their classes? Why?

2. Students' language issues

When you start teaching at GC, what kind of English do you expect from students?

Do you think students are fully prepared for EME courses? Why (not)? How do you know?

Do you think your students' English skills and proficiency have improved since joining the department? Why (not) and how?

Interview 2

3. Lecturer's teaching styles & classroom interaction

How do you evaluate classroom interaction in your EME classes? Do you consider your class an 'English-only' zone? Why or why not?

Do students participate in your class?

- If yes, what languages do you and they use through interactions? Why?
- If not, why? How do you encourage them to participate? Do you use or allow to use Arabic or English and Arabic to get students involved? Why (not)?

What is the role of English in your EME classroom interaction? Is it a tool or a target?

- Do you tend to correct students' English or focus on the content through interaction?
- Do you focus on their English as a native/standard language, a foreign/additional language, or a lingua franca?

4. Assessment and feedback

What do you focus on in an assessment? Language and content or paying more attention to 'content' rather than the 'language'? Why?

When assessing language, what do you think about marking criteria for evaluating students' English?

- Do these criteria focus on native or near-native English or being competent by achieving intelligibility and understanding?
- To what extent language criteria are reasonable, achievable, and fair based on students' language level?

Have you thought of re-designing language criteria to match students' English level?

- What kind of feedback do you provide for students? Could you give me some examples? (E.g., grammar, spelling, pronunciation)

Interview 3

5. Language policy

Institution's policy

When you came to the university for the first time, did you expect a language policy (official, written or oral) that you need to know and follow in your college?

- If yes, what is it about? Is there any resistance among students and teachers regarding the college's language policy? Why and how?
- If there is no language policy, do you think there should be some? Why, or why not?

Teacher's policy

If there is no LP in your college/department, do you or are you allowed to develop your own LP in the classroom?

- If yes, what is it, and why do you have one? Did you negotiate it with your students? Why (not)?

Should there be some if you don't have any? Why (not)?

In general, when do you and your students use English and Arabic? Why?

Policy in the assessment

Are students allowed to use Arabic and English in written or oral exams?

- If not, do you allow students to use Arabic without the administration knowing?
- What if students use Arabic in exams when you do not allow it? Do you penalise them?

To what extent do you agree Arabic should give value to both languages and be considered in medical college as a part of assessment and education? Why (not)? Explain.

In the future, do you think students will be ready to write medical histories or reports and communicate with their patients in Arabic without problems? Why (not)? What do you do to cover the language gap, if any?

6. Closing interview

Is there anything else you would like to add?

Thank you very much for your participation!

Appendix F Observation Scheme or Field Notes

Classroom observation No _____ Date: _____ Time: _____

Duration: _____ College: _____

Department: _____ Name of the course: _____

Type of class: Lecture/ Seminar/ Lab/ Tutorial. No of students: _____

Students: male/female Teacher: male/female

Materials provided in the class	Language choice	Notes
PowerPoint		
Whiteboard		
Handouts		
Books / Textbooks		
Blackboard system		

Questions I need to consider while observing the class?

1. What is the general make-up of the student population?
2. Where is the lecturer/ tutor from?
3. What variety of English does the lecturer or tutor speak?
4. What language(s) are used in the class?
 - a. By the lecturer/ tutor?
 - b. By the students?
 - c. Between students?
5. Were there any explicit comments made by the lecturer/ tutor/ students regarding language and language use?

Note:

Appendix G Coding System of Document Analysis

1.1. Role of Language Policy and Linguistic Resources in the Saudi Educational System: The Top-Down National Perspective

1.1.1. Saudi HE and Arabic as Vehicles for Religious Maintenance and National Values

1.1.2. Saudi HE as a Vehicle Towards Internationalization for National Development: Internationalization Abroad and at Home

2.1. Examining the Documented (Language) Policies at the Institutional Level (medical school)

2.1.1. 'Internationalizing' the Medical School Westernisation-Anglicisation: Internationalization Abroad, at Home, and of Curriculum

2.1.1.1. in the goals and aims of the medical school

2.1.1.2. in curriculum

2.1.1.3. clinical training, teaching development, and research engagement

2.1.1.4. in exams and studying abroad

2.1.1.5. academic accreditation

2.1.2. Language as an 'invisible dimension' in official documents

2.1.2.1. English as a 'Ghost' in Admission, Induction, Support/Remedial Procedures and Assessment

2.1.2.1.1. Lack of language use in the remediation plan for students

2.1.2.1.2. Lack of EME language policy in admission & induction procedures

2.1.2.1.3. Induction week

2.1.2.1.4. Assessment

2.1.2.2. English as a 'Ghost' in Recruitment, Developmental and Pedagogical Plans for Teachers

2.1.2.2.1. Pedagogical plan

2.1.2.2.2. Developmental plan

2.1.2.3. Language as medicine-specific communication skill: disciplinary view

2.1.2.3.1. writing medical reports & histories

2.1.2.3.2. communication & presentation (speaking) skills

2.1.2.3.3. listening skills

2.1.2.3.4. reading skills

2.1.2.4. Language and communication skills as objects of assessment

2.1.2.4.1. Seminar: how to present & communicate with their colleagues

2.1.2.4.2. OSCE: how to communicate & deal with patients

2.1.2.5. English in the Timetable

2.1.2.5.1. intensive EAP course and one ESP/EMP course

2.1.2.5.2. Students' learning techniques

2.1.2.5.2.1. Social/extracurricular events or activities

2.1.2.5.2.2. Research project and publishing

Appendix H Sample of Student's Interview (Wafaa)

Researcher	Thank you very much for allowing me to have an interview with you and be part of my study.
Wafaa	You are welcome.
Researcher	Could you please tell me about your levels of language development for learning the English language?
Wafaa	My first encounter with English was during elementary school, particularly in grade 6. It continued until the end of secondary school. My achievement was not excellent; rather, it was normal or beyond normal. However, since I was admitted into the College of Medicine, my English has significantly developed.
Researcher	Did you study in a private or international school or go to study English at a language institute?
Wafaa	No, I studied in public school and never went to language institutes.
Researcher	Why did you choose Medicine in particular? What was your goal? Did you decide to choose medicine to learn the English language?
Wafaa	The English language was not the focal point in deciding to study medicine. The Language was not my favourite and scared me. I chose Medicine for personal reasons.
Researcher	Are the curricula from the USA, UK or Australia?
Wafaa	Basically, Medicine books have nothing in Arabic. The references and subjects we are studying resemble those in any College abroad. The methodology or plan could be different, but the contents are the same.
Researcher	What are the nationalities of professors?
Wafaa	Mostly Arabs, such as Saudis, Egyptians and Sudanese.
Researcher	Any other non-Arab professors?
Wafaa	Rarely from Pakistan, and one time, we were taught by a Canadian teacher [teacher's name].
Researcher	Did you take an examination for IELTS or TOEFL before?
Wafaa	Unfortunately no, I have plans but no adequate time due to my university studies.
Researcher	On what basis you are accepted to study in the College of Medicine?
Wafaa	GPA was the criterion. Upon graduation from Secondary School, you receive your GPA for the Secondary school years, as well as achievement and special abilities grades, and on such a basis, you will be admitted into a certain course in college. I studied preparatory years, not directly admitted into the College. On such a basis, I was nominated for the medical course, and my GPA for such a medical course qualified me for the College of Medicine.
Researcher	How do you describe your English language? Is it like the native speakers, or are you affected by your mother tongue? What is your language level?
Wafaa	I think I'm not like a native speaker. I can evaluate myself as Good since my language achievement concentrates on medical terminologies rather than general English vocabulary. The medical terminologies are not purely English; they may be Latin as well. For example, the Arabic word (قلب) means (Heart) in English, but in Medicine, another term is used, depending on the context of the sentence. For example, in Pathology, we use terms that have meanings different from the terms used by people in general.

- Researcher**
Wafaa **Generally speaking, are you satisfied with your level of English language?**
I'm not personally satisfied. I think I have to develop myself, as I love learning languages. What really satisfies me is keeping my level up.
- Researcher**
Wafaa **Do you know any languages other than Arabic and English?**
Unfortunately.
- Researcher**
Wafaa **Have you ever been told at the hospital that your English is not understandable or that you need to repeat what you said?**
I have never been told like that, but I tell others. At the hospital, when I am talking to the nurse or doctor, they never say to me, "Sorry, I cannot understand you".
- Researcher**
Wafaa **Have you received feedback that said your English is very good?**
I received one feedback when I presented. At the College, they always make presentations once per month. I was praised for my English.
- Researcher**
Wafaa **So, this feedback cheered you up.**
Definitely, yes. It was nearly four years ago.
- Researcher**
Wafaa **So now your English is developed more than before?**
Sure, I developed, but I was not completely satisfied with the level that I wanted to achieve.
- Researcher**
Wafaa **What are the accents you are used to or understand the most?**
I can understand the British, American and Australian accents. The Americans are the best and most understood by all, followed by the British.
- Researcher**
Wafaa **Have you encountered them and witnessed the differences between them?**
Yes. I have my background.
- Researcher**
Wafaa **What accents you cannot understand?**
I can understand native speakers. However, a person who speaks English as a second language usually experiences misunderstandings, depending on his mother tongue.
- Researcher**
Wafaa **Do you not understand them or face difficulty in realising their meaning?**
No. Words could be pronounced differently but I could understand from the context. Words could be mispronounced, and this is normal because they are not native speakers.
- Researcher**
Wafaa **Were you psychologically prepared and confident to start studying medicine?**
Yes. Language has never been a barrier and was not my concern when joining the College. I was well-prepared to develop myself even if my level was unsuitable. My biggest concern was the difficulty of studying Medicine at the College. The language was not an obstacle, while my colleagues were very worried, and some of them withdrew from the program because of [English] language.
- Researcher**
Wafaa **In your belief, why don't some students study in EME programmes e.g., Medicine, Engineering and Business Administration?**
There are many reasons, but English is one of them. They may be weak in English, or they may lack the desire and patience to learn, especially when talking about learning the [English] language. Some people avoid accepting more than one challenge or fighting in more than one direction.
- Researcher**
In the EME program, most students encounter two problems; content and language. Some students fear the English language and prefer to study in

- Wafaa **Arabic to score high achievement because language might affect their understanding of the content. Have you thought this way?**
During the first year of the medical/health stream [foundation/preparatory year], one of my friends wanted to be in the medical field, and she was highly interested in joining the programme. However, the language was a barrier, and this is her main concern. As a result, she quit the program completely during her preparatory year of the medical course.
- Researcher**
Wafaa **Was she transferred to another major in Arabic?**
Yes. She not only quit Medicine but also withdrew from the whole health/medical field because of English.
- Researcher**
Wafaa **There are some people having difficulty, but never been felt by others. They may look at them as lazy or not hardworking students.**
It is not about being lazy, and we cannot blame them for being unable to study in EME programmes, particularly in Medicine, which uses English terminology as well as other languages, such as Latin. We learn such terminology in a separate subject.
- Researcher**
Wafaa **During the journey in Medicine, can you see that your English level has changed?**
Of course. From day one, I noticed a significant difference in my English because of practice. Despite my linguistic achievement being inadequate, it developed and improved through practice.
- Researcher**
Wafaa **What are the skills you developed and other weak skills?**
Speaking is the skill that I am most afraid of and don't like, and I expect most students don't like this skill. In Medicine, we give one presentation per month. These presentations and preparing for them helped me develop my speaking skills significantly compared to the past.
- Researcher**
Wafaa **What is the best skill you have?**
Reading.
- Researcher**
Wafaa **Have you encountered difficulty understanding lectures?**
The first two years at the College were difficult, but we got used to the language and were well-adapted.
- Researcher**
Wafaa **Is there any difference between learning in Arabic and English?**
We are not studying in Arabic, but medicine should preferably be taught in English because it is easier than Arabic. I'm not talking in general, but about medical terminology, which is easier than Arabic, despite the fact that it has many terms not in English. When we translate them into Arabic, they may not be understandable or untranslatable. I do not think that Arabic is a better option for studying Medicine.
- Researcher**
Wafaa **What do you think about the bilingual study of Medicine, where content can be taught in both Arabic and English?**
I disagree. I prefer studying Medicine only in English.
- Researcher**
Wafaa **Some countries are studying in their mother tongue, such as German in Germany, Russian in Russia, and Chinese in China. Why Arabic is not?**
I have no problem with these countries teaching Medicine in their mother tongue. However, there would be a defect in dealing with people in the future. Medicine, I can say, is a global field. For example, we talk to people from different cultural backgrounds and do research. Naturally, I cannot publish any

studies in Arabic. There would be a significant defect when studying Medicine in Arabic.

Researcher **How could you contact the patients if you do not know their mother tongues [e.g., Arabic]?**

Wafaa At College, we study subjects called communication skills with patients. Upon graduation and starting medical practice, we will be ready to communicate with patients, so it is not a problem for me.

Researcher **Are you confident that you will diagnose and explain 100% in Arabic to an Arabian patient?**

Wafaa Not 100%. It is not because of the language barrier but also the Medicine itself as content. It is not easy to explain Medicine to anyone, and I cannot explain books and volumes for a certain illness. It would be difficult, and the patient would not understand [such complexity]. However, language is not a barrier.

Researcher **When a patient wants to know some details, such as about a risky surgery, will you, as a doctor, explain everything to him/her?**

Wafaa We learnt from the first years of our studies to tell the patient everything they need to know about their health. But the [English] language is not the barrier. The only barrier I face is that I cannot explain everything in detail [to the patient].

Researcher **What do you feel about explaining in both Arabic and English that the patient cannot understand?**

Wafaa For example, some terms have no translation into Arabic. So, we can explain these terms in a simple way or skip the explanation.

Researcher **Do you understand all lectures, or do you still face difficulties?**

Wafaa During my first years of medical studies, I faced such difficulties. During lectures, I understood some, but not all semesters. Over time, I improved and could understand the lecture.

Researcher **Is it difficult due to pronunciation, writing or lengthiness?**

Wafaa The medical terms are difficult, and the lecturer's accents played a key role in helping me understand them. Additionally, my level played a role, as my second year was completely different from my sixth year.

Researcher **Do you expect teachers to know about the difficulty of content, language and terms?**

Wafaa Of course, particularly in the first years. They prepared and taught us subjects [ESP course] to be ready from the first years.

Researcher **What are the techniques you or the teachers employ to increase your understanding?**

Wafaa Many students quit, give up, and withdraw during the first years of medical study due to the difficulty of language. It is not all about language only; there are other difficulties that should be taken into consideration. I studied and translated everything that I could not understand during the first year, as it would affect me later and cause me more difficulty. I could not skip anything. I was deeply interested in understanding everything.

Researcher **Do you think translation is a strategy for developing comprehension and understanding?**

Wafaa Translation and practice through speaking in the College. I translate whenever I cannot understand. Practice improved my language at the College. I am practising English with colleagues and teachers. I am reading the lectures and references in English

- Researcher** **What is the language policy at the Department and lectures? Do teachers speak English only and cannot use Arabic during the lecture?**
 Wafaa I did not encounter a single teacher who told me not to talk in Arabic during the lecture. We do not always speak in English in the lectures, especially with Arab teachers. We usually use Arabic and English together.
- Researcher** **Have you ever thought of other students whose English is not that good?**
 Wafaa Definitely, language level varies. Personally, I never went to private schools, and I went to College with little English. At the College and by practice, my level was developed and highly improved. Studying in the first two years was in Arabic and English together, and from the third or fourth year onwards, it would be in pure English. It would be sufficient to be excellent. I'm not excellent, but starting from the fourth year [in medicine] is sufficient for understanding [English].
- Researcher** **Could the teacher be weak in English?**
 Wafaa Yes. It plays a considerable role. However, as a teacher in medicine, s/he is supposed to reach a high level and should overcome the language barrier.
- Researcher** **Your examinations are all oral?**
 Wafaa No. We have writings.
- Researcher** **Spelling mistakes are allowed?**
 Wafaa They allow you [to have spelling mistakes of medical terms] if they do not affect/change the meaning. Especially in the first years [basic year], we had just started our learning journey. They [teachers] could fix it if the students' writing was unclear. Over the years, we have been learning and developing, and spelling does not remain an issue. The only difficulty we encounter is the names of the drugs/medications.
- Researcher** **In terms of speaking, do they tolerate and understand mistakes, or they do not?**
 Wafaa Speaking is not an issue. It is tolerated. When I talk to a teacher and make mistakes, he/she will correct them.
- Researcher** **Don't they deduct marks and tell you made a mistake?**
 Wafaa No. They judge the content only, as I should understand what I say. We are not examined linguistically.
- Researcher** **What if you talk in Arabic or answer in Arabic just because you forgot the answer in English?**
 Wafaa It is unacceptable and I experienced many situations at the College.
- Researcher** **Give me an example.**
 Wafaa In the last semester, we had an online Surgery exam [MCQ]. We were given a scenario about a certain condition with questions such as "What is the diagnosis? What is the reason for the condition? What are the medications?" A colleague answered all questions in Arabic, and the teacher was mad at him. I do not know what mark she was given; such practices are completely unacceptable at the College.
- Researcher** **Are you aware of mixing both languages?**
 Wafaa Sometimes I am aware, sometimes not. I could better deliver my point of view when using English words. It varies according to the person I'm talking to.
- Researcher** **Thank you very much for the time and the information you provided.**
 Wafaa It is my pleasure and happy to know you and talk with you

Appendix I Sample of Teacher's Interview (Hassan)

- Researcher** Thank you very much, Dr Hassan, for agreeing to have an interview.
Hassan It is my pleasure.
- Researcher** **Could you please talk about your background and your role in the university? How long have you been teaching?**
Hassan My basic education is from [non-Anglophone and non-Arab Country]. I came to the medical college here nine years ago. The administration gives all tasks, curriculum requirements, and assessment. We do that with teaching and research work. This is a brief summary of what we do here. For nine years now, I have learned a little bit more Arabic. I learnt the basic communication to survive here if I go to shops or communicate with Arabs.
- Researcher** **Do you find any issues with when you start teaching in SA? What difficulties do you face in teaching?**
Hassan When I came to Saudi Arabia, I knew that till grade 12, English is not taught and might be weaker in the medical college. When I started teaching, I started to teach with the same tone and speed as I'm talking right now. A few students told me that I speak too fast and that they can't understand what I say. I thought I was speaking slowly, but they said the opposite. After that, I slowed my pace and spoke the words slower and gave more pauses so that everybody followed up. I changed my style of speaking, and that feedback helped me. I became slower and used more synonyms. The third change is incorporating few Arabic words as much as possible in the lecture, like saying *هو موجود* instead of "it is present". I had to change so students could understand. A few students told me that they like that I speak English because the books are in English, and they want to improve their language for their postgraduation. They told me they liked my lecture because I teach it in English. They said if the lecturer spoke Arabic, their English will not improve.
- Researcher** **Did you learn Arabic words for body parts or organs to help students? Why did you choose certain words in Arabic?**
Hassan I have not learned the Arabic words for teaching. I came to know a few words with experience, not intentionally and then used them in the lecture. I did not search for words to help the class. If the mode of education is decided to be English, then it should be all English in the class. I rarely use Arabic words in the lecture. If I read the faces that they don't understand, then I pause and ask them to give me the Arabic word for this thing. There are different means used to make sure the lecture is delivered.
- Researcher** **You learned Arabic incidentally in class when you asked them about the translation. Is this the way you learned them?**
Hassan Yes. I never made an effort to learn Arabic words for teaching. I used those ways to communicate.
- Researcher** **What if you have a new medical terminology? Students barely know English, so how are you going to teach this new word?**
Hassan The same thing. For example, today, I gave a lecture on *milo proliferation*. *Milo* means related to WBC, which students know. *Proliferation* is an English word. I had the idea that maybe only a few students understand *proliferation*, so I used other words like *multiplication* and *increase in the cell*. I used simpler English for

everyone to understand. I also had pauses and took feedback asking, "Are you with me? Do you understand?". I took my time and used different words.

Researcher **Do you think students will learn and understand more if you use Arabic?**

Hassan Yes obviously. If students study Arabic till grade 12, they have a background. Language is developed in the first 15 years. After that, the learning curve of language gets flatter. I have done some study on that and know that language is learned easily in the first 15 years. When the student is reading, listening, speaking, and writing one language for 15 years, it is difficult for him to adopt to another language after that. I can understand that it is difficult for them to use another language. They are more convenient with the language they studied earlier.

Researcher **Since we in SA have late access to the English language, is it better to have a bilingual system or have AMI?**

Hassan It should be communicated to the mass and decision-makers that language has an impact on many aspects of life. After looking deeply into that, make an informative decision. They will not listen to you if you say there is an impact of language on these things. First, we have to give this knowledge to people. Then, we can come up with the decision of "what do we want as a nation and decision makers?". Then they can have the language selection. One of the reasons for selecting English is to become international. The next question is, "What is the meaning of international?". Is German, Chinese, or French university not international? Since they are international and are producing research work at the top level, then language does not have as much importance as we think. If this was the criteria, then we have to compare it with the other top universities of the world. Chinese universities know English, but you have to learn Chinese to go there. This should be the approach. If the top leading nations did not leave their language and culture, then why should we? When you do some research, you have to come to some criteria. If someone has the hypothesis that English is a must to be at the top or to be international, they have to prove it. Maybe English has a role for a percentage but is not a key factor in becoming international. With a lot of data, these facts should be presented to decision-makers alongside the drawbacks of all kinds.

Researcher **Do you think the teachers in the medical college are well prepared to teach in English?**

Hassan It goes with all people. We have come from the background of the Indo part. We study English from the beginning, the basic education is in English, and the local and governmental communication in society is in English. That is why using English might be better. If someone is more exposed to a language, they will be better at it. In comparison with other countries where the main language used is the local one, these skills might be compromised. You can see that depending on their personalities, background, and nationality with whatever system they have in their countries. In many Arabic countries, it is the same. They are taught in Arabic till grade 12, like in SA. This is highlighted when this comes to teaching. Many teachers with this background prefer Arabic, especially if the other person understands Arabic.

Researcher **Teachers also told me that they feel they are not really prepared to teach in English. They have a lack of ways of teaching in the beginning. Secondly, they cannot deliver the class fully in English. Those who studied abroad can, to some degree, but some Saudis who took the Saudi board still have low English. In the**

classroom, they don't know much English or how to teach appropriately. They face many issues, but the university accepts them as if they know how to teach and speak in English. They have full knowledge of the field but lack two main skills. Do you think this applies to some teachers in the medical school?

Hassan It might be a universal issue. The reason is what is going on. Generally, there are no specific courses or training for teaching. Usually, the person takes a qualification and suddenly gets the job of teaching without getting training in teaching during his studies. That is reflected in class. They know the subject and the language, maybe, but the third factor might be missing. It comes to the personal skills of being a teacher and delivering according to that. Things are improving, but till now, teaching courses should be taught before entering the profession.

Researcher Some teachers said they went to observe other teachers. It is not imitation. They need to have training on methodologies of teaching. Observation is not enough because everyone has their own style of teaching. It is not professional to teach them how to teach.

Hassan Teaching is a skill alongside learning how to communicate with others. I like this point in college. There were many courses throughout the nine years. They have affiliation with [Anglophone] University and [Anglophone] University. These people used to come once or twice every year to train the faculty on different aspects of teaching, assessment, and curriculum design. If that is done in an organised way before entering the job, this will have a difference.

Researcher Students even highlight this. Saudi teachers also told me they need training in teaching because students know what is happening. When you come to class, do you expect that students are good in English?

Hassan When I came nine years ago, I had different expectations, and they were a little higher since the English level in [his home country] is higher. I got feedback from the students, as I told you then adjusted according to that. Then I understood the whole scenario and adapted to it.

Researcher Do you think students' language improves over time?

Hassan It improves a lot. I teach 4th and 5th years, and they understand me more after reading English books and lectures for 4 or 5 years. The lecture is in English, so they read, listen, and communicate in English inside and outside the class when studying. Their minds are adopted to English over some time. Reading, listening, and writing are better. But speaking is the most difficult language because it needs practice. It depends on personal effort, and since no one in Saudi Arabic speaks English, speaking is not going to be improved like the other skills. After 4 or 5 years, they are better listeners of English, if not better speakers, though some improve their speaking.

Researcher Do you allow your students to record the lectures to help them understand them afterwards?

Hassan Yes, according to their will. When there were classes in person, someone asked me to record the lecture, and I allowed it. A few students record with their mobiles without telling you. Now after Covid with online teaching, all lectures are recorded by default.

Researcher I wanted you to compare the situation before and after Covid. Is there participation or interaction in the class?

Hassan

Yes, there is. I don't believe in one-way learning. I always implement two-way learning in my class in different ways. With online classes, after every few slides where there are important concepts, I pause and ask students if they understand or pause a question to get feedback on their understanding. In lectures, they reply in text. After each question, 10-12 students reply.

- Researcher** **I'm surprised that students don't use the microphone. They have to speak in person, but online, they tend to write in the chat box. Do you know why?**
- Hassan In-person, very few people are vocal. If you ask a question to 70-80 students, only 10-12 students answer. The rest keeps quiet. A reason can be the language. Many people don't want to talk, maybe because they are not good with English. Those that are good in English give fluent answers and are more vocal in class.
- Researcher** **Another factor I found after asking the students is that they are afraid to answer. I asked if it was because some teachers tend to correct their answers. Do you correct students if they make wrong pronunciation or grammar?**
- Hassan I know the psychology of humans and students. I have some interest in teaching skills and have done some online courses. I know that embarrassing students is not a good way of communication. I should not embarrass anybody. If someone answers, I should encourage them to have a very good answer. Another option is pausing the question to the class and saying: "is there a better answer?" instead of saying this is wrong. If someone has the correct answer, I say: "That is also a very good answer". I don't say anything to the person with the wrong answer. Trying is also something that should be appreciated.
- Researcher** **I mean, if someone made wrong pronunciation or grammar, do you correct them?**
- Hassan No, never. I know this is not their native language. It is not a language class. It is a medical class. Whatever you do, if it's not your native language, you will have faults and weaknesses. Even the natives have wrong grammar sometimes. We don't focus on the language and, therefore, never comment on grammar, pronunciation, or spelling. When I'm teaching, I will say this is pronounced like this, but I never say if someone is wrong.
- Researcher** **In exams, if they have seminars, do you correct and deduct marks for wrong pronunciation or grammar?**
- Hassan No. You mark the seminar with the checklist. It is generally on the presentation, and we generally ignore language errors. First of all, the group of students presenting select those who have better English to present. That is why their English is usually acceptable, and we don't consider these faults with the marks. I know that language is not the main thing to observe.
- Researcher** **Is there writing in exams?**
- Hassan Very little. They are usually MCQ. In practical exams, there is some writing. We usually ignore spelling mistakes unless they are massive.
- Researcher** **As long as you get the message.**
- Hassan Yes. If we know that the student knows the subject, but their grammar or spelling is weak, we don't consider it.
- Researcher** **If a student used some Arabic words in the seminar, do you accept it?**
- Hassan I know they are more fluent and convenient with their mother language, so I don't think this is negative. There are students that only prefer English in seminars. This is not a problem.
- Researcher** **You don't say that you don't understand what they say?**

- Hassan If I say that to them, they will change to English because they know that the medium is English. Sometimes they ask if there are marks on the language preference, and I say choose what you want. They usually prefer English and sometimes use Arabic when they don't know the words in English.
- Researcher Do you think that girls participate more than boys? Or are they equally good?**
- Hassan Since covid, we have mixed classes. I think that girls are more vocal. If you ask a question and allow them to speak, it is the girls that say the answer with the mic. Also, if you compare girls with boys of the same year, girls have better English than boys. Participation is also more with girls than boys in audio.
- Researcher Do you know why?**
- Hassan Maybe the same reason of language level. Since I am there, and I am English speaking, and they have to speak in English, whoever has the better English will come up with the answer.
- Researcher Based on the females' interview, girls prefer to participate because they like competition. Boys are not competitive, and there is usually bullying among them. So male students said in the interview that they know and understand but will not participate. Maybe teachers don't know that, but it exists between boys. Do you know about that?**
- Hassan No. It is a different culture, so I never understood this point. If someone comes from the same background, like a Saudi teacher, he will understand the psychology of the class. I cannot understand what is going on in the minds of students. In [his home country], if someone speaks in English, such kind of mentality can prevail, and some peers can say something to him, but not to the extent of stopping him from speaking. That can happen if someone has good English and is more vocal. This happens in [his home country] because of the priority complex. If he knows English better, he will speak more English in class. But if someone uses Urdu or wrong English in class, other students will not say anything as much as you are saying. That is why I never thought about this in my class. My observation was that those people that have better English come up with more answers or speak more. They are more comfortable and know that others will not comment on them or will be impressed with them.
- Researcher Do you think the medical materials are difficult for students regarding the language? Some students said they depend on the slides, although they are brief because books have a difficult language. Do you think the language of the material is difficult for them?**
- Hassan Yes obviously. The first 15 years of life are important for the language. Their brains and eyes are not used to reading English. Obviously, it is very difficult. It is sometimes impossible in the beginning, and it needs more effort if you are not used to the language. This is also hindering the transfer of knowledge because they will not read from books but rather focus on slides. The books are important, and the mode of education is English altogether. In medical college, we had to read a lot of books, but we did not have that language problem in [his home country].
- Researcher Students told me they try to help themselves by recording lectures or translating medical terms. I also noticed that all teachers depend on videos and pictures to facilitate learning. In tutorials, you have diagrams and give them certain situations to make it easier for them other than memorisation. These were nice methods to incorporate with students, giving them many ways to learn.**

Hassan The actual purpose is transferring knowledge. To get things communicated, I use synonyms, diagrams, and the whiteboard a lot. We try to adopt whatever way to communicate the knowledge and make it easier for them.

Researcher In the assessment, if students ask questions, do you help them or refrain from translating and helping them?

Hassan No. We all adapted to this situation, even students and other colleagues that are or are not Arabic speaking. Everybody knows the situation and is used to it. If students ask a question, they will use English, and I will explain in English. With Arabic-speaking colleagues, they use Arabic even if the other non-Arabic-speaking colleagues are there. This has become a norm in classes and communication. Nobody minds this situation.

Researcher Thank you very much for your time and for participating in this study.

Hassan You are very welcome. I enjoy the conversation talking about my experience in teaching in SA.

Appendix J Coding System of Interview Data

Major themes	Sub-themes	Emergent themes	Description
1) Understanding, awareness and navigating language policy in class, assessment & college	The official LP in the medical school: Between ambiguity and absence	students unaware of ME: know from 1 st class & some students withdraw	<ul style="list-style-type: none"> - Language barrier & too much workload - Feeling behind & withdraw from medicine
		Teachers aware of LP but ineffective: conflicts & no control on teachers' practices or abiding by English-only policy	<ul style="list-style-type: none"> - Arab use translanguaging: unfair - parallel-monolingualism to avoid problems with the administration - push to implicit LP in practice
	The absence of a clear LP (classroom LP): Conflicts of reported practices	Few agree that explicit LP important in classes	<ul style="list-style-type: none"> - bullying for wrong pronunciation
		Many disagree about explicit LP.	
		LP varies depending on the teacher: flexibility of LP.	
		Students' preferences of Arab teachers for their flexibility	
	LP in exams and assessment: Unclarity and fairness issues	LP in online classes: difficult to translanguaging in the chat box	
		MCQ exams	<ul style="list-style-type: none"> - Translating MCQ to Arabic in a basic year: depending on the situation - unclear MCQ leads to different answers: uncomprehending questions - detect mark on spelling if unreadable; drugs must be correct - test committee not effective: review language & content from mistake - Depending on colleagues to review exams from language & content issues
		implicit policy in exams: different evaluations lead to unfairness	<ul style="list-style-type: none"> - in theory: Arabic is not allowed in exams, unify strict LP in English

			<ul style="list-style-type: none"> - seminar: use English to develop language, OSCE: varies because they deal with patients - conflict use of English/Arabic in OSCE & medical history - tolerance: no detect marks when using translanguaging in OSCE & seminar - unfair in the exam: some students use English, others translanguaging: losing marks
		no focus on language in seminar & OSCE	<ul style="list-style-type: none"> - correct content, not language, to avoid embarrassment - conflict incorrect pronunciation in clinical year & spelling in basic year - marking on communication deliver content, comprehension, test knowledge
2) Conceptualising linguistic practices of EME agents	Reported functions of the 'de facto' classroom practices	Pedagogical functions of overt translanguaging	<ul style="list-style-type: none"> - Increase understanding - Summarise the lecture, highlighting key information - Time-saving strategy - Explain & give detail for complex or difficult content - Asking for attendance, exams, and general questions (non-medical content) - In the clinical/lab classes - Group work discussion - Non-Arab teachers learn Arabic & Ask students to translate
		Relational functions of overt translanguaging	<ul style="list-style-type: none"> - Greeting, side talk - Arabness performance (mainly Arabic use) - Affective, psychological, and emotional 'safe-space' (use of English and Arabic)
		Linguistical functions of overt translanguaging	<ul style="list-style-type: none"> - Coping mechanism for low English proficiency (mainly associated with teachers by students when using Arabic) - Teachers struggle with English proficiency.

Perceived outcomes of 'de facto' language policy: Perspectives and evaluations	Overt translanguaging as a distracting, confusing and time-consuming obstacle in classrooms	<ul style="list-style-type: none"> - hard to locate information in books - increase the translation process from Arabic to English - Easily losing concentration, causing distraction & confusion in understanding
	Translanguaging as an obstacle for 'English learning' and 'English-based exams.'	<ul style="list-style-type: none"> - Affect in exam & decrease English - Affect the university's reputation
	Overt translanguaging as a technological Obstacle when communicating in the chat box	<ul style="list-style-type: none"> - Avoid confusing the reader: either translanguaging in speaking or writing one language in the chat box - Students unable to write full sentences in English in the chat box
	EME medical education as an 'obstacle' for doctor-patient communication	<ul style="list-style-type: none"> - Unable to explain in Arabic & skip information: use simple brief Arabic to patients - Misunderstanding patient: wrong diagnosis & medical error - Lack of writing in Arabic during studying - Using English when communicating with patients
	Translanguaging-mediated EME as an 'obstacle' for Arabic competence and in their social life interactions (cultural/ religious perspectives)	<ul style="list-style-type: none"> - Using English when communicating with family & friends - Arabic endanger criticise using English in daily life
	Translanguaging-mediated EME as 'non-threatening' on Arabic resources	

Appendix K Original Extracts from the Interview in Arabic

Saleem (Y7M) Extract 1

ما كان في قوانين بس بعضهم يوضحوا ان المحاضرة راح تكون انجليزي وهذا كان في السنة الأولى لكن في السنة الثانية عرفنا أن كل شيء بالانجليزي.

Saleem (Y7M) Extract 2

مرة كان ضغط انك تحفظ كلمات وكان كل شيء جديد وفجأة كل المواد انجليزي واحنا طالعين من الثانوي بمادة واحدة فقط بالانجليزي والباقي كله عربي فكان صدمة في اول سنة وكثير انسحبوا.

Rana (Y5F) Extract 3

انا دخلته وانا مادري انه يدرّس بالانجليزي الا لما بدأت ادرس فكانت صدمة. ما عندي أقارب في الطب ولا اعرف احد فيه فما كنت اعرف شي عنه.

Yusef (M) Extract 4

اول ما انشؤوا كلية الطب كان فيه شيء من القوانين هذه والان بدأت تقل لانك عضو هيئة تدريس ومسؤول عن المحاضرة بالكامل ومحد يسالك ايش سويت لكن أتوقع في قوانين ان التدريس يكون 100% بالانجليزي.

Hayat (F) Extract 5

محد جا اجبرني ولا قال لي ان السياسة انك تتكلمي بالانجليزي ولو قالوها راح ألتمز بيها لكن محد ابدًا علق على الموضوع. لا مافي شي مكتوب، عندنا المفروض التحدث والكتابة والقراءة بالانجليزي.

Hayat (F) Extract 6

أتوقع لو كلمتي حقون الجودة راح يقولوا لك لأنك تعرفي ان فيه حبر على ورق لكن أتوقع راح يقولوا لك ان السياسة هي الإنجليزية.

Salma (F) Extract 7

اللي اعرفه ان هذا الشيء ماشيين عليه من سنوات طويلة ان تدريس الطب في السعودية بالانجليزية في مختلف الجامعات فهذا نظام وسياسة وزارة التعليم اللي زمان كانت التعليم العالي.

Hayat (F) Extract 8

قبل ما تشرح عربي انا أكد انك شرحت الإنجليزية اول عشان لو جات الجامعة وقالت سويتي شي في اللغة فأقول انا شرحت بالانجليزي زي ماهوا مفروض وهذا مسجل لكن بعدها حاولت أوصل المعلومة لان المهم ان المعلومة توصل.

Sally (Y5F) Extract 9

افضل انه من قبل ما يعطينا المحاضرة وقبل كل شيء يعرف بنفسه وبطريقته ومتى يبي الأسئلة وكيف صيغتها ولغتها.

Salma (F) Extract 10

لان الطالب فعلا ما راح يعرف ولما يتكلم ويسأل بالعربي راح ينحرج لما أقوله أنكلم بالانجليزي فالمفروض انا أوضح طريقي من البداية.

Kamal (Y7M) Extract 11

كمال: انا اشوف من ناحية خبرتي ومواقفي ان السبب الرئيسي هو الحياء من انه يغلط ونضحك عليه.

الباحثة: خايف يغلط في الإنجليزية؟

كمال: ايوه يخاف من الخطأ في اللغة عشان كذا يجيب بالعربي.

الباحثة: هو مو خايف من الدكتور قد ما هو خايف منك.

كمال: صحيح خايف من الدكتور وخايف يغلط، انا اطلع أحيانا واتكلم فيكون في توتر كثير.

Mona (F) Extract 12

بسبب قلة الثقة بالنفس، اللي يتكلم يكون واثق من معلوماته ولغته لكن الطالبة ممكن ما تعرف تتكلم بالعربي او الإنجليزي حقها مكسر وخايفة يتريقوا عليها.

Shahad (Y4F) Extract 13

وبعضهم يضحكوا على الموضوع ويقولوا ما قد سمعنا بهذا الشيء وهذا مرة غلط، انت عارف الجواب الصحيح وهي قالت الجواب وغلطت في ، الأفضل انه ما يجرها.

Rana (Y5F) Extract 14

في محاضرات العظام طلب منا نفتح المايكات ونجاوبه وفي مرة قال الدكتور اقرؤوا الاشعة فواحد جاوب وقال "plan Xray"

فقاله

"plan

اسمها خطة كيف خطة

Xray plain

فما حبيت يعني

Kamal (Y7M) Extract 15

فبعض العيال كانوا يتهربوا وانا منهم بعض الأيام لو اعرف في دكتور معين حيبي في الاجتماع ما بدي اطلع، فكانوا بعض الطلاب نقولهم انتوا تعرفوا روحوا فيقولوا لا نخاف ونستحي ونتردد.

Yusef (M) Extract 16

بعضهم يخجلوا لان اللغة الإنجليزية ضعيفة عندهم وبعضهم يخجلوا عشان الجواب غلط او شي او يقولوا ليش اخرج نفسي خليني اقعده ساكت.

Salma (F) Extract 17

اعتقد ان بعض الطلبة ما يستحوا قد ما يخافوا من ردة فعل الدكتور وانا اعرف زملاء طريقة تعاملهم مع الطلبة جافة وبالتالي اذا الطالب ما يأمن التواصل معاك صعب يسألك لانه يخاف انك تهزئه على سؤاله او تتريق عليه ويخاف من الاحراج قدام زملاؤه، فإحساس الطالب بالأمان انه يسأل السؤال مهما حتى لو كان واضح وبسيط وما يحتاج له سؤال، لو حس بالأمان حيسأل.

Kamal (Y7M) Extract 18

بنة رابع وخامس مسكوا اللسان تقطعون السعويين ولطخ اي يين من برا من رثنا وامريكا
يووني فلنا وظهولوا لينا بعض الكلمات نطقها خطأ وغلطوا اللفظ حيح، مثال لكلمة

COCCUS

هي نوع من أنواع البكتيريا بعض الناس يقولوا ها الكوكس اللفظ ها الكوكاس مثالي يقولوا

تتبدل جيا metaplasia شوي غيير في بطي مع لي تخيلت ال خالي ال ادع له ا طابع هيج وفي مرض عبيت ال قي ه ادخلت
سجالي المرعيو الدكاترة المصرية ييقولوا "العلاج فيك ان الدكاترة السعويين قولوا لنا اسم عمل ليزي

Shahad (Y4F) Extract 19

اشوفه غلط نحط قوانين لغة من الأساس، احنا كلنا عرب وسعوديين وممارستي بعد الدراسة كلها بالعربي فخلاص نقبلها بالعربي مو مشكلة.

Sami (Y6M) Extract 20

لا ماهي موجودة لكن موجودة بخصوص الدكاترة أتوقع الجامعة مجبرتهم يتكلموا انجليزي في المحاضرات لكن مو كلهم يطبقوا هذا الشئ.

Hayat (F) Extract 21

من الناحية النفسية لما تبدئي بسياستك هذا معناه ان عندي قوانين لازم انبه عليها، وعادة في الحياة وفي المحاضرات ما أملي القوانين حقتي على الناس لكن اسويها وهما يتبعوها وهي افضل حتى للنفسية.

Mona (F) Extract 22

ما عندي كذا لكن اسال بالانجليزي ويجاوبوا انجليزي ويمكن هي تجاوب بالعربي لو ما هي عارفة انجليزي. المهم انها ترد بالمعلومة الطبية لان الدرجات على الطب مو على اللغة.

Salma (F) Extract 23

عادي لكن لو كانت معلومات علمية غالبا الجأ للانجليزية الا لو شفت الطالب مو فاهم ارجع للغة العربية خصوصا لو كان سؤاله بالعربية.

Wafaa (Y6F) Extract 24

ما قد واجهت أحد يقول ممنوع تتكلمي عربي فالمحاضرة، وفالمحاضرات ما نتكلم إنجليزي بحث خصوصاً لو كان المحاضر عربي. غالباً نستخدم الإنجليزي والعربي مع بعض.

Sami (Y6M) Extract 25

بعضهم يعطونا الخيار بداية المحاضرة هل حابينها بالعربي او الإنجليزي او خليط بينهم واحنا نختار وغالباً نختار الخليط.

Salma (F) Extract 26

ما في مساعدة الا اذا كانت المراقبة ممكن تترجم اذا سالتها الطالبة، انا حصل لي الموقف هذا كنت اراقب اختبار بنات ما هم تبعي وكانوا في الصفوف الأولى فحزنت عليهم لانهم في البداية وما يفهموا بعض الكلمات فترجمتها لهم، وكنت افكر ان الغرض من الاختبار هو اختبار المعلومة وليس اللغة فبالنسبة لي اترجم لي تطلب مساعدة.

Sami (Y6M) Extract 27

بعض الطلاب يطلبوا لكن تعتمد على المراقب، بعضهم يوافق بما ان شرحه ما يؤدي لتوضيح الإجابة لكن بعضهم يرفض تماماً.

Sami (Y6M) Extract 28

في الترم الأول في احد الاختبارات كان في خطأ في صياغة السؤال وما فهمناه وكان يرعي الى شيء آخر مو الي يباه الدكتور. بعضهم عنده مشكلة في طريقة صياغة السؤال.

Yusef (M) Extract 29

وجدت في الطلاب من هو افضل من المحاضر في الإنجليزي بمراحل وتلاقي 10 او 5 طلاب افضل من المحاضر وانا اجزم ان فيه من طلابي من هم احسن مني في اللغة.

Shahad (Y4F) Extract 30

أحياناً يكون فيه غلط في السؤال ويؤثر على الجواب والدكاترة ما يعترفوا ان هذا غلط منهم.

Mona (F) Extract 31

اخطاء القواعد والاملاء غير واردة لان الأسئلة تراجع من الدكتور وبعدها لجنة الامتحانات وهذه اللجنة تتقسم كل سنة على دكتورة ولو في مشكلة في السؤال يرجع للدكتورة اللي كتبت السؤال ولو فيه غلطة املائية او غلطة قواعد تصلح.

Hayat (F) Extract 32

عندنا لجنة اختبارات راجين راسنا يطلبوا الأسئلة قبلها بأسبوع او 3 أيام عشان يراجعوها ويحطوها في النظام لكنهم ما يراجعوا و فقط ياخذوها ويحطوها زي ما هي.

Wafaa (Y6F) Extract 33

يسمحوا بس ما تكون تعريف للكلمات. خصوصاً فالسنوات الأولى لسه الواحد دويه يتعلم، فممكن يعدّو لو كان كلام الطالب واضح وما حَزَف المعنى. وكل ما بنكبر فالسنين احنا بنتطور ونتحسن وما بيكون هذا مشكلة بالنسبة لينا. الشئ الوحيد اللي بنواجه مشاكل فيه هو أسماء الادوية.

Mona (F) Extract 34

منوع في ال

OSCE

والسمنار بالذات انهم يستخدموا عربي لان السمنار 20 شريحة مثلاً وكل بنت بتتمرن على جزئيتها وما ينفع تغلط فيهم وحتى في ال

OSCE

لازم يتكلموا انجليزي.

Sally (Y5F) Extract 35

الغرض من السمنار ممكن ما يكون توصيل المعلومة بغض النظر عن رأي الدكاترة لانك مو معلمة لكنك تقيمي على أداك وطلاقتك ونبرتك ولهجتك فهي فرصة ان الانسان يطور نفسه في طريقة التقديم ولغته وطلاقته، لأننا بكرة بنتكلم في مؤتمرات ومستشفيات ونمثل بلدنا وجامعتنا.

Salma (F) Extract 36

قليل جداً طالبة تتكلم انجليزي بحث، والمستوى اللي بعده اغلب الكلام انجليزي لكن لا بد تغلط وتقول "يعني" أو "طيب" وسط الشرح وهذا يحصل ارادياً واحنا نحاول ننبههم لمصلحتهم بطريقة لبقة لانهم لو طلوعوا مؤتمر ما ينفع يدخلوا كلمة عربي وهم بيسوو عرض لمحتوى طبي علمي.

Sami (Y6M) Extract 37

عادي لكن أتوقع في التقييم سيكون مشكلة لأنه مطلوب منا نقدم العروض بالإنجليزية، بعض الدكاترة ما ينقصوا واهم شي انك وصلت المعلومة وقدمت محتوى كويس لكن بعضهم ممكن يوقفك ويقول أنكلم بالإنجليزي.

Yusef (M) Extract 39

أحيانا نواجه زي هذا الموقف وانا عندي 100 طالب وما بي اتنمر على احد رغم اني مو مقتنع لكن هو اول مرة يقدم فما ودي اغته زيادة. خصوصا اذا كانت الكلمة ماهي مهمة او كان مجرد اختلاف بسيط في النطق فممكن امشي.

Mona (F) Extract 40

ما احاسب على الإنجليزي ابدأ واحاسب على المعلومات الطبية، لو غلط في النطق او القواعد أقوله اسمها كذا واصحله لكن ما اوقفه عندها، كفاية انه أنكلم انجليزي وقال كل المعلومات صح مو مشكلة لو غلط في قاعدة او نطق واحد وانا احترمه جدا لانه بيحاول احسن من اللي يتكلم عربي بالكامل او يتكلم انجليزي كويس جدا، فتهمني المعلومات الطبية مو الإنجليزي.

Sally (Y5F) Extract 41

بعض الدكاترة لما نقدم العرض يكون المهم توصل له الفكرة بأي طريقة صح ومو مهم النطق الصحيح، وفيه دكاترة جدا دقيقين ويعلمونا النطق الصح، وانا بالنسبة لي ما ازعل بالعكس أكون سعيدة بتعليق الدكتور على شرحي او على نطقي وبالذات النطق لانه يطور مني والكلمة الي يعدلي هي مستحيل انساها، ففيه دكاترة فعلا يفكروا في النطق.

Salma (F) Extract 42

لو قارنتي طالبة تنطق الكلمة صح وطالبة لا، والنطق له درجات فلو نطقها بخطأ كبير جدا راح انقصها لانها لا تقارن بطالبة نطقها صح 100% والتنقيص يكون شي بسيط.

Rana (Y5F) Extract 43

مو من حق الدكتور لاني كنت اسأل رؤساء القسم الي حطوا الاختبار (اسماء الدكاترة مع ذكر الأقسام وقالوا لي اتكلمي باللغة اللي تريحك وما يحق لهم ينقصوكم لانكم مو مطالبين بلغة معينة في ال

OSCE.

Rana (Y5F) Extract 44

يعتمد على الدكتور اللي يقيمني، مثلا في السمنار مطلوب انجليزي لكن في ال

OSCE

يقولوا خذي التاريخ المرضي بالعربي افضل، مع اننا دارسينه بالانجليزي.

Sami (Y6M) Extract 45

التاريخ المرضي المفروض تاخذه بالعربي لانك غالبا حتتعامل مع مرضى ما يتكلموا الإنجليزية. في كتابة في الاختبار هذا ومطلوبة بالانجليزي وممنوع العربي وهذا متطلب واضح. لمفروض الطالب يتعود عليها عشان لما يخرج ويتعامل مع الاستشاريين. لانه صعب يكتبها بالعربي وراح يستغربوا وأول سؤال حيسالوه هو انت من فين متخرج

Sami (Y6M) Extract 46

لو في شي موحد في الاختبارات يكون أفضل يعني زي التاريخ المرضي خليه بالعربي لانه راح تتعامل مع ناس ما يتكلموا الا عربي وبناء عليها أقيمك، وفي التاريخ المرضي عندنا حرية والطالب يختار اللي يباه بعضهم ياخذوه بالعربي وبعضهم بالانجليزي وهذا يعتمد على الدكتور بعضهم يوافق على العربي وبعضهم لا.

Shahad (Y4F) Extract 47

قد صارت لوحدة من صحباتي هي تحب تتكلم كل شي عربي لكن المقيمة قالت اتكلمي كل شي بالانجليزي، فعشان كذا انا من البداية أتفادى واحفظ كل شي بالانجليزي واكون جاهزة.

Hayat (F) Extract 48

عندنا دكتورتين (غير عرب مع ذكر اسمائهم (اسم التخصص)) واتفاجأت انهم قالوا احنا ما نبغي ندخل فيه عشانه حيكون اختبار شفهي والطالبات ما راح يفهموا مننا الإنجليزي وعشان حرام فيه ناس حيدخلوا عند (اسم جنسية معينة) وحيأخذوا درجات افضل لان حيكلموهم عربي. لكن لقيت انه العنصر (اسم جنسية معينة) يسألوا السؤال بالانجليزي لكن بقية المحادثة بالعربي.

Sally (Y5F) Extract 49

حيانا بعض المواضيع تكون صعبة ومعقدة (....) فالمصطلحات اللي تكون معقدة واحنا صغار مو متعودين لسه أفضل انه يتكلم عربي في هذه النقطة ويرجع بعدها انجليزي،

Sally (Y5F) Extract 50

شكل عام احب طريقة الدكتور لما يقول اسم المرض بالعربي على السريع اثناء الشرح عشان لو احد كلمني في الحياة العامة عنه أكون عارفته بالعربي لكن ما ادرسه باللغة العربية وينحط لي كمصدر مثلا.

Yusef (M) Extract 51

استخدم اللغة العربية أحيانا اذا في نقاط مهمة اوضحها، فأوضح أهميتها وانبه عليها واثناء الحوار استخدم العربية

Kamal (Y7M) Extract 53

كانوا يستخدموا اللغة العربية في الشرح اذا كان الوقت ضيق، مثلا الموضوع باقيه 30% ما شرحه الدكتور وبقي 5 دقائق فيحوّل للعربية عشان ينجز منه جزئية.

Salma (F) Extract 54

كون بالانجليزية اثناء التدريس العلمي كمحاضرات ونقاش لكن جزء من التدريب العملي يكون بالعربية وهذا الى حد كبير احنا مطبقينه. أحتاج افهم الطالب كيف يسأل بطريقة غير مباشرة .

Saleem (Y7M) Extract 55

إذا كان بس أصحاب بدون دكاترة نستخدم العربي عشان نفهم أسرع

Rana (Y5F) Extract 56

لو بأسأل عن أشياء تخص المحاضرة يكون بالانجليزي لكن لو عن المواعيد والجدول يكون بالعربي. لأنا عرب في النهاية فليش نتكلم انجليزي؟

Rana (Y5F) Extract 57

لو اتكلمت معاه عربي يجاوبني ويفهم السؤال بشكل أدق

Salma (F) Extract 58

من اول ما ابدأ أقول السلام عليكم لكن بعدها الكلام بالانجليزية لان الهدف ان الطالب يتلقى المعلومة بالانجليزي.

Hayat (F) Extract 59

الباحثة: ليش تبدئي بالعربي؟
حياة: لانها تعطي انطباع اني انا زيكم.
الباحثة: يعني عربية سعودية.
حياة: صحيح واني أتكلم عربي وانجليزي فلا تخافوا

Yusef (M) Extract 60

فأحيانا أتكلم عربي واشرح نقاط معينة ويكون اريح لي في الشرح واكون لطيف أكثر معاهم لما اشرح بالعربي

Hayat (F) Extract 61

هذا سبب آخر لاستخدام العربي لما نشرح عشان الطالب يحس بالقرب ويسال عادي

Waseem (Y4M) Extract 62

لانه تقريبا معانا في نفس البيئة فيقدر يوصل الفكرة حسب مستوى تفكيرنا. عنده لغة عربية فلو ما فهمنا بالانجليزي يقدر يحول عربي في الشرح. بينما الغير عربيا عنده اللغة واحدة يتواصل معانا فيها وهي الإنجليزية واحيانا نحتاج توضيح بلغة ثانية بالذات لو هو ما يعرف يشرح فما راح اختاره.

Sami (Y5M) Extract 63

و دكتور جدا رائع وقبل ما يروح (دولة أجنبية) كان مدرك انه غير قادر لغويا وليس متحدث سلس فكان يشرح محاضراته بالعربية لكن يقول المصطلحات بالانجليزي فكان مخليها خليط وكانت المعلومة توصل بأريحية وسهولة.

Yusef (M) Extract 64

احيانا لما يكون الكتاب كامل باللغة الإنجليزية تكون فيه صعوبات وتعدي عليا قطع ما افهم فيها ايش يقصد المؤلف فأحس اني مجهد.

Yusef (M) Extract 65

انا عندي مؤتمرات واقدم أحيانا فأحس بنقص كبير لما اقدم مع ان المادة تكون علمية في المؤتمر لما القيها لكن بيان اذا هذه لغتك الام او لا.

Rana (Y5F) Extract 66

انه يقاطع فهمي فيكون اما عربي او انجليزي وقتلك ان الترجمة كانت تضايقي وابتادل المحاضرات مع البنات لاني ما كنت احب سطر عرب وسطر انجليزي.

Saleem (Y7M) Extract 67

لو كل شي انشرح بالعربي حارج البيت وألاقي المحاضرة بالانجليزي لكنه أتكلم بالعربي عن الموضوع وانا فاهم المحاضرة عن ايش لكن في الشرائح والكتاب ما راح أعرف فيها فين اللي أتكلم عنه بالعربي فانا أفضل الإنجليزي عشان أعرف هو يتكلم عن ايش

Salma (F) Extract 68

الهدف ان الطالب يتلقى المعلومة بالانجليزي ووقت ما يرجع للكتب او المقالات او أي مصدر للتعلم حياقيه بالانجليزية وثانيا انا اتقصد اني أتكلم باللغة الإنجليزية عشان اطور اللغة.

Salma (F) Extract 69

أحيانا نستخدم العربية عشان لو الطالب ما فهم بالانجليزية أكثر من مرة نضطر نشرح بالعربي عشان توصل له المعلومة.

Sally (Y5F) Extract 70

كل الاختبارات تجي بالانجليزي واختبارات الهيئة وغيرها بالانجليزي فأسهل علي يكلمي احد بالانجليزي من البداية بدال ما ارجع اترجم كلامي من العربي من جديد.

Sally (Y5F) Extract 71

بعضهم يقبلوا عادي بس يقول الكلام يجي مقلوب في الدردشة مو واضح عيدي سؤالك، ولما تقول اتكلمي انجليزي بالكامل ما يكون قصدها للاخراج لكن لأن الكلام يجيها ملخبط ومو فاهمة وهي تبي تساعدني، وانا اشوفه شي عادي.

Rana (Y5F) Extract 72

انا افضل اسأل بالانجليزي في البلاكورد عشان الكلام ما يتلخبط لكن في الواقع وقت المحاضرة اسال بالعربي مو بالانجليزي. لما تكتبي الكيبورد عربي انجليزي يدخل الكلمات في بعض. الكتابة بالعربية اسهل واسرع لها

Wafaa (Y6F) Extract 73

هاذي وحدة من الأشياء اللي بنتعلمها من اول سنواتنا فالكلية اننا نوصّل للمريض كل حاجة، لكن اللغة ما هي حاجز، بالعكس الحاجز الوحيد اني مقدر أشرحه كل شي بالتفصيل الممل. في مصطلحات ما لها ترجمة بالعربي فهذي الكلمات نقدر نشرحها بشكل مبسط او نتجاوزها وما نشرحها لأن الشخص اللي قدامي مهما اتكلمت فيها صعب يفهمها من أول مرة.

Saleem (Y7M) Extract 74

هذا كان العائق في التطبيق اني كيف أشرح للمريض لاني لازم اعرف ايش عنده وايش ما عنده فأحيانا ما أقدر أوصل له المعلومة اللي ابها. أحيانا أعرف الكلمة بالانجليزي ومعناها لكن ما اعرف ترجمتها بالعربي فهذا عائق في الكلام مع المريض.

Rana (Y5F) Extract 75

كلها أخطاء املائية وكتابية لان اغلب وقتي اذاكر مافيه تواصل عشان استخدم العربية، واللغة الإنجليزية ماهي أساسية في حياتي غير المذاكرة وانا اغلب وقتي اذاكر، يعني لا عربي ولا انجليزي.

Salma (F) Extract 76

انا ضد الطبيب اللي يتكلم مع المريض ويدخل في كلامه كلام انجليزي لان مهما يكون هذا الوقت غير مناسب وما اعرف هل هو للاستعراض او لعدم قدرة على التعبير .

Shahad (Y4F) Extract 77

مو مبالغة لكن من بعد أي اختبار يكون صعب علي ارجع أتكلم عربي مع اهلي لاني أكون عازلة نفسي من قبلها باسبوع اشرح لنفسي انجليزي، اثر على علاقتي الاجتماعية خلاص ما اقدر اسولف كثير بدون ما ادخل كلمات انجليزي كثير، وخايفة. مستقبلا كيف في التطبيق بس باتكلم عربي، فقعدت أحاول اقلل من الكلمات الإنجليزية في جملي.

Hayat (F) Extract 78

اول ما جيت هنا كنت أتكلم غصبا عني ادخل شوية انجليزي وكان عندي أصدقاء جميلين يحبوا الانتقاد فقالوا اني استعرض فأجبرت نفسي اني أتكلم عربي طول الوقت وما ادخل ولا كلمة انجليزي وحاولت أحطه في أسلوب حياتي. انا تحسنت وصرت لما أتكلم عربي أتكلم عربي بس.

Waseem (Y4M) Extract 79

لاحظت في بعض البنات تغير كلامها تماما وصارت تتكلم انجليزي كثير والعربي خفيف وانا ضد هذا الشيء. لأننا عرب وهي عربية فالأفضل ان التواصل بيننا يكون بالعربي، منتي مضطرة تتكلمي انجليزي.

Salma (F) Extract 80

قد يكون بينهم اشتراك لكن اعتقد لابد يفصلوا حتى لو كانوا في صندوق واحد، انا أؤمن ان لابد نفصلهم وكمثال لو وحدة تتكلم مع جدتها اكيد ان الجدات ما يتكلموا انجليزي في الغالب ومو حلو الواحد يدخل كلمة انجليزية في هذا الموقف، واحنا أساسا لغتنا الأساسية هي العربية لغة القرآن والمفروض نفتخر فيها وما يكون الإنجليزي جزء من كلامنا الا لحاجة علمية.

Kamal (Y7M) Extract 81

الاثنين فضلوا زي ما هما ما في وحدة طغت على الثانية والاثنين بيتقدمو من مرحلة للتانية وما خلى لغة تطغى على الثانية، صار هذا التوازن لانك في مجتمع عربي وغصبا عنك راح تتكلم عربي فهذه قوة، وفي قوة ثانية من ناحية الدوام والتعليم والتواصل داخل المستشفى وداخل الجامعة كتعليم والقاء، فصار في توازن وجالسين نحاول نضبط اللغتين.

Sally (Y5F) Extract 82

كلهم زي بعض لكن افضل اكتب بالانجليزي عشان حتى لما اذاكر او اراجع او اقرأ من مصدر ثاني يكون مخي لاقط الكلمة نفسها وتمعود عليها وما اضطر اترجمها من جديد.

Hayat (F) Extract 83

أتوقع لأ وإذا أثرت فهم يبغوها تؤثر، انا اكلمك من الناحية العلمية انها ابدما ما تؤثر في هذا العمر لأن عندهم الأساسيات لكن هذا اختيارهم. انتي تختاري اذا تبغي تخلي الإنجليزي وتخسري اللغة الثانية.

Appendix L Sample of Transcribing a Classroom (Salma's class)

<p>00:00:00 → 00:05:00</p>	<p>السلام عليكم ورحمة الله وبركاته الصوت واضح (0.18) طيب ، طبعاً هذا review session يعني</p> <p>so, its optional to be here الناس الي ما حضرت ما في مشكلة بس انا اشوف الي هيحضر ان شاءالله راح يستفيد بجدارة (0.4) ف يعني</p> <p>as I told you before, I will not repeat the lecture, but I will answer your questions (0.3). So, I'm recording (.) this session. If you have, uh, any question, please write it down so I can start Answering it, (0.11)</p> <p>طيب Did you read the lecture of breast and thyroid, benign and malignant? (.) Did you read it from the textbook? How was it? any confusing Uh, point. (0.4) So, this session will be from five to six o'clock</p> <p>اشاء ل لا so, if you have any question, please write it down. Uh, um, (0.2)</p>
<p>Sally</p>	<p>in MRM, do we remove level 1 axillary L.N. and part of level 2? Or the whole level 2 N.L?</p> <p>طيب in MRM or modified radical mastectomy. Do you remove auxiliary lymph node and part of level two or the whole level two lymph nodes? Thank you, for this question. Um, actually, um, it's, it's okay to know, uh, for auxiliary lymph node dissection we remove level one and level two auxiliary lymph nodes. Don't worry about is it part of it or the whole, uh, uh, level two, So no worry, no worries about it. Nobody will ask you this exact question, but it's enough for you to know in auxiliary lymph node dissection, remove level one and level two auxiliary lymph nodes.(0.7)</p>
<p>Batool</p>	<p>In duct ectasia do we do surgical excision If there's nipple discharge?</p> <p>In duct ectasia do we do surgical excision? If there is nipple, uh, discharge (0.1) Um, yeah. Okay. Good question, Thanks for this question. Uh, so in duct ectasia, as you know, the definition of duct ectasia is dilatation of lactiferous duct, and the common presentation is nipple discharge. Generally, the general, um, management is, uh, conservative management where you just follow the patient. If you rule out pregnancy</p>
<p>00:05:00 → 00:10:00</p>	<p>by, by doing, uh, clinical assessment, uh, radiological investigation, if you are sure that this duct ectasia or this nipple discharge is, uh, diagnosed as duct ectasia. Again, you can do also nipple discharge cytology, ductogram and ductoscope as I described in the, in the lecture. So, uh, no need to do surgical excision for each and every case, but there are some indications for surgical excision of the lactiferous duct in case of duct ectasia, which is persistent or symptomatic duct ectasia. (.) So, for you question, the answer is generally duct ectasia management is conservative management indication for surgery is persistent and symptomatic means the patient cannot tolerate this symptom anymore. ((clear throat))</p> <p>Sally</p> <p>Should we do duct excision in presence of any one of pathological features of discharge? for example: a patient has persistent but (non bloody) discharge, should we duct excision just because it is persistent?</p>

<p>Hanoof</p>	<p>Uh, so, for your question, should we do a duct excision in presence of any one of the pathological features of discharge (.) for example a patient has persistent but um discharge should we do non-bloody? Uh uh</p> <p>هـي مـعـلـش</p> <p>now when I read your uh, statement it's like uh the words are not in place. So persistent in the discharge. Do we do duct excision? Because it's persistent</p> <p>طـيـب</p> <p>uh, yeah. Answering your question, ((clear throat)) if the, um, if any discharge yes, if any, pathological discharge persisted and it bothers the patient, yes, it is indication to do duct excision, even if it is non-bloody, yes. you are absolutely right. So, once it is persisted, even if it is non-bloody, this means, uh, not cancerous. So yes, it is indication to do, uh, excision just like duct ectasia and it is benign discharge in duct ectasia. (0.5)</p> <p>Mont reid book shaw the toxic multinodular goitre and Plummer's disease (toxic adenoma) as a different diseases</p> <p>(mont reid ?) Book showed, uh, toxic multinodular goitre and Plummer's disease, toxic adenoma as different disease. (0.1)</p> <p>طـيـب</p> <p>answering your question</p> <p>انـا</p> <p>uh, I raised this point during, uh, my explanation of Plummer's disease. Plummer's disease in some books was described as multinodular goitre, toxic multinodular goitre and in some books. It's, uh, um, it was described as single multi nodular goitre, So, since we have some differences between, uh, a different book, no worries about it. Nobody will, uh, ask you, uh, exactly what is the definition of Plummer's disease (0.1) So ((clear throat)) uh, I, I told you this information during the lecture. I told you that Plummer's disease was described differently in different books. So, this means, uh, don't worry about the definition of Plummer's disease. What you need to know about Plummers disease is that there is hypothyroidism, or it is a toxic either solitary or multinodular goitre</p>
<p>Raghad</p> <p>00:10:00 → 00:15:00</p>	<p>Is the follicular thyroid cancer and hurthle cell carcinoma associated with hyperthyroidism? or hypo?</p> <p>(0.2)</p> <p>, uh, is the follicular thyroid cancer and hurthle cell carcinoma associated with hyperthyroidism or hypo? So, uh, follicular thyroid cancer associated with hyper most of the time (.) most of the time. So, this means follicular thyroid cancer can present with euthyroid (.) Okay, hurthle cell carcinoma ((clear throat)) it can be euthyroid (0.1) or hyperthyroid. So, it's, it's not really specific for it, uh, to have a certain, you know, uh, thyroid for more level in the body. (.)</p> <p>So, answering your question رـغـهـ، follicular, most of the time it's hyper. However, it can be euthyroid as well. Hurthle cell carcinoma, nothing special about it in books. So, this means most of the time it is euthyroid. (0.1)</p>
<p>Areej</p>	<p>when we do lumpectomy for DCIS? Do we do radiotherapy or the safe margin is enough?</p> <p>طـيـب</p> <p>when do we do lumpectomy for ductal carcinoma in situ? Do we do radiotherapy, or the safe margin is enough? Good question. However, you dig more in this entity. Uh, I am, uh, I was like, um ((clear throat)) intentionally not giving you so much details in ductal carcinoma in situ because it's enough for you to know that you need to do lumpectomy. And the term lumpectomy should include safe margin all around the lump or all around the mass. (.) So,</p>

Zahra	<p>um, later on postop, do we do radiotherapy or no? It depends with the case. But again, since this is like more details beyond your level, it's enough for you to know that for ductal carcinoma in situ we should do lumpectomy. So, uh, if you want to know the answer, yes. Most of the time we give radiotherapy for the patient.</p> <p>Most of the time we give radiotherapy for the patient as well as hormonal therapy if she is, if she has hormone preceptor positive. (0.3)</p> <p style="text-align: right;">طبيب</p> <p>This is about question for, no (2.1) to describe the consistency, either soft firm or hard, this will be fine, okay (.)</p> <p style="text-align: right;">طبيب</p> <p>What is the first LN affected in thyroid cancer?</p> <p>what is the, uh, first, uh, lymph node? (0.1) Affected in thyroid cancer. Good question. However, this is like more details that you don't need to know. So, answering you, uh, you don't need to know this information. However, if you like to, to know it, usually it is level three and four. Usually, it is level three and four. Um, uh, which is anatomical or, or uh, or physical examination when we check for the lymph nodes. So, this is the answer and actually don't need to know this information</p>
<p>00:15:00 → 00:20:00</p> <p>Areej</p>	<p style="text-align: right;">طبيب امضاء للا</p> <p>if you ask such questions. This means you understand the basics and you are going furthermore</p> <p style="text-align: right;">طبيب</p> <p>in breast abscess when do we choose to perform open drainage and when to do percutaneous drainage? Very good question depends on the breasts abscess size, If the size is small, So percutaneous aspiration. We call it not drainage and yeah. Okay. So, aspiration, which is, um, aspiration of the fluid with a needle. Um, if it is large open drainage, there is no exact cut off size, However, uh, like four centimetre, three to four centimetre can be considered as the, the range to know is it a small or big abscess</p> <p style="text-align: right;">خالص واضحا</p> <p>big abscess open drainage, small abscess, uh, aspiration, needle aspiration under ultrasound guidance.</p> <p>Uh, second question for, at which age we start mammogram screening for breast cancer for normal women with no risk factors and, uh, until which age? Very good question. Um. This is, uh, this question is, uh, about screening mammogram, screening mammogram is done for a lady who has no symptoms and no complaint. So, um, it's done at the age of 40 and repeated annually, so for any lady, uh, and this is also for public, for any lady who's aged 40 or more should have screening mammogram, even if she doesn't have any symptom. And then this screening mammogram should be repeated annually, (0.3) until which age? Uh, there is no end for that should be for life after 14.</p> <p>when do we do prophylactic mastectomy in LCIS? Is there any specific indication?</p> <p>uh, when do we do prophylactic mastectomy in lobular carcinoma in situ? Is there any specific indication? Good question, again, this is, again.</p> <p style="text-align: right;">امضاء للا</p> <p>you are digging deep in, in knowledge and information. Uh, it's, it's enough for you to know that in lobular carcinoma in situ, we have two options, number one is to do prophylactic bilateral mastectomy, number two is do follow up with clinical and radiological investigations, (.) no need to know the answer, but for your, so for you as undergraduate,</p>

Sally	<p>no need to know the answer. If you want to know answer, if the patient, uh, is, uh, high risk patient. Uh, and one of the important factors, is the patient wish, If the patient likes to remove. (0.33)</p> <p>What is (ANDI) classification for benign breast lesions? Should we know something about it?</p> <p>طبيب what is, uh, ANDI classification for benign breast lesions? Should we know something about it? It's okay, this is just a normal involution of breast, uh, tissue that, uh, this information was mentioned in, uh, Schwartz. So, uh ((clear throat)) when we have a normal process, a normal involution, normal changes that, uh, includes the breast tissue</p>
<p>00:20:00 → 00:25:00</p> <p>Sally Zahra</p>	<p>and this is, uh, okay, it has some range, of physiological then benign diseases. Um, it's okay, no need to know the exact classification, but the information in is important because I mentioned, uh, part of that and the is the fibrocystic disease and, uh, so yeah, it's important part of it is the fibrocystic disease. So, this is a good chance for you to know to explain for you more about fibrocystic disease in breast, uh, the, the simple explanation for that is fibrocystic disease means multiple small cyst in the, in the breast. So if we have multiple small cysts scattered in the breast, and usually it causes cyclical mastalgia, this is simply the common presentation of fibrocystic disease and the usual age, as I told you before, is in forties ,Um, around like, yeah, if, if the lady is in her forties of age (.) I wanted to differentiate between this fibrocystic disease that I just explained and fibroadenoma, this is why one of your seminars will, uh, explain this in more details ,fibroadenoma, usually in a single lesion (.) it can be, it can present with multiple lesions, However, usually it is single lesion and the size is usually like two to three centimetre. Um, the consistency is firm or rubbery, and the ultrasound should show you features of benign lesion. (0.1) So, uh, I hope this difference is, uh, clear for you now. (0.9)</p> <p>Ok, thank you so much Doctor. How can I distinguish the hyper or hypo vascularity on US?</p> <p>okay, (0.1) good question. How to distinguish between hyper and hypo vascularity on ultrasound. Uh, ultrasound has a special, uh, you know, button to press on, and this will show you the vascularity of each, um, nodule, so this is about the software itself in ultrasound machine, so the sonographer should press on a certain button, which is the doppler, and this will show the vascularity inside the lesion. (0.2)</p> <p>طبيب</p>
<p>00:25:00 → 00:30:00</p> <p>Bushra</p>	<p>FNA use in diffuse goiter?</p> <p>answering your question if in a, in diffuse goitre (0.1) Good question, um, I can say yes and no. So, uh, let's say if you take it from the aspect of doing a triple assessment, yes, you should biopsy this goitre, uh, because we will do clinical evaluation, radiological evaluation, and then you biopsy it. So, since we have enlargement in thyroid gland, which is goitre, this means there is a pathology there. So yes, you can biopsy goitre, diffuse goitre. And, um, differential diagnose of diffuse goitre. As you know, for example, Grave's disease, Hashimoto's thyroiditis, and all types of thyroiditis plus the hyperplastic, uh, nontoxic, hyperplastic goitre. So, all of these are differential diagnosis of diffuse goitre, The other things that can present with diffuse goitre is lymphoma (0.2) so, to reach that diagnosis, you can biopsy this goitre (0.4) Okay, so ((clear throat)) (0.8) groups (this?), it'll show you only that, uh, the cells are normal follicular cells normal.</p>

<p>Bushra</p> <p>00:30:00 → 00:35:00</p>	<p>طبيب اشح تطلع عندي اللي جة في حال قل لي فزح يولي نوع ال مرضي عني؟ ال ما مودايي من خصلتي يا طبي فان يني عني مثال عك في (clear throat) ال هيا لك ان في طيلين في مثال يقول لنا في عك اي ش فن افرض ان هارت سرهوتي هذا ال يا مريضة عنده زي مثال (فهذا هي قك ، هي ذكر لالبال حديد ال ممكن يثابك في ه ل ه حبي في ال بسل غاها ال خالص ال تمام</p>
<p>Bushra Zahra</p>	<p>should all receptors +ve in the result of biopsy to start hormonal therapy or just one +ve is enough? In breast cancer.</p> <p>(0,14) Good question. Your, your question is about breast cancer, and this is regarding receptor status, as you know, uh, طبيب And your question is, should all receptors be positive and result, in the result of biopsy to start hormonal therapy or just one of them? One of the receptors is positive. And this is enough to start the hormonal therapy. The answer is, uh, I will tell you the answer طبيب اح عن دن اام two receptors, the most important two receptors that determines if we are going to give the patient, uh, extra therapy like hormonal therapy is, uh, or are the oestrogen receptor If .and HER2/neu, If the oestrogen receptor is positive, you can give the patient tamoxifen oestrogen receptor is negative, you cannot give the patient tamoxifen (.) طبيب the other receptor, Is HER2/neu, if it is positive, you can give the patient Herceptin, but if HER2/neu is negative. You cannot give the patient Herceptin. I will give you example, if, uh, okay. The first example, one patient has breast cancer and biopsy showed intraductal</p>

<p>Tahani Batool</p>	<p>carcinoma, oh, sorry, invasive ductal carcinoma, ER, which is oestrogen receptor positive, but HER2/neu is negative. In this case, what should, what should we give the patient? (0.3) She has oestrogen receptor positive, but HER2/neu is negative. What should we give the patient? Anyone can the write answer. (0.1)</p> <p>Tox Tamoxife</p> <p>Very good, very good, yes very good. We'll give the patient tamoxifen only</p>
<p>Zahra</p>	<p>Tamx</p> <p>very good, yes. We'll give the patient tamoxifen only, the second example if the patient biopsy showed invasive ductal carcinoma, oestrogen receptor negative, but HER2/neu is positive. What would you like to give the patient? (0.8) She has HER2/neu positive but oestrogen receptor is negative.</p>
<p>Bushra Nouf</p>	<p>Herceptin Herceptin</p> <p>Very good, excellent Yes, Herceptin only, Herceptin only. So, it depends on which receptor is positive. Accordingly, you will give the, um, corresponding, you know, uh, medication. (0.2) I hope it is clear for you now (0.4)</p>
<p>Zahra</p>	<p>Ok if both +ve</p> <p>Yeah, good question, if both are positive, what would you like to give the patient? What would you like to give the patient, if the patient has oestrogen Receptor positive and HER2 positive as well? (0.2)</p>
<p>00:35:00 → 00:40:00</p> <p>Rana</p>	<p>(0.2) Very good, very good, yes, we will give both medications, will give the patient Tamoxifen and Herceptin. So, the third example, if the patient has both receptors positive, you should give her both medications, Tamoxifen and Herceptin as well, (0.3) good question. (0.16) So, if you have any other question write it down. (0.13). I wanted to read the lecture again ((clear throat)) I will, uh, lets, uh, review the slides (.) plus, um, read it from textbook. I'm sure you can, uh, (.) you can answer any question related to breastal thyroid. If you memorize it very well, if you read it very well, if you, uh, so, so</p> <p>I'm sorry. I, cannot, I I cannot open the mic because it's from the settings of the one who created the session and who will coordinator. So, if you have anything, you can write it down please (0.2) ((clear throat)) don't worry about breastal thyroid, I'm sure, um, you, you get today all information. Um, just read it again and again. Discuss it with your colleagues. If you have any question, I am reachable at any time.</p> <p>why no full pregnancy consider nulliparity which is a risk factor though pregnancy consider protective?</p>

وللا

طبيب

	<p>why not for pregnancy consider nulliparity, which is a risk factor. Uh, though pregnancy considered protected. ((laugh))</p> <p>طبيب</p> <p>Again</p> <p>ما شربا للبلتتم ما ادري</p> <p>you dig more in information, uh, anyway (0.2) um (0.2) let me understand the question. Uh, why not? Why not? Full term pregnancy considered nnulliparity, (0.3) which is a risk factor, though, pregnancy considered protected (0.4) uh,</p> <p>لبعا</p> <p>pregnancy is considered protective, if it is before (expectancy)</p> <p>طبيب</p> <p>Nulliparity is any lady that did not conceive at all. So, she did not get pregnant at all, or she had abortion. This means if we have a lady who has full term pregnancy and she reach like, uh, the week, uh, for example, uh, 34, 30, 36, let's say. So, at that time, even if before delivery</p>
<p>00:40:00 → 00:45:00</p> <p>Rana</p>	<p>she had, for example, early labour, or stillbirth, the baby died or so this is considered protective, considered full term pregnancy ,I don't know if I got your question clearly or not. I'm trying to answer the question. If not, please rephrase your question</p> <p>كبتياه بطيق قثطية عش الفهمه الكتر خالص نا احاول جوابك في الشئ لبلنا فنتهم من سوالك</p> <p>(0.1) So</p> <p>سي ال</p> <p>So, um, yeah, pregnancy is considered protective if it is a full-term pregnancy. The lady has her first trimester, second trimester and third trimester, (0.1) and then, um, and this should be before the age of 30. Um, if she had that, even if the, uh, if this foetus died. So, this considered protected because she had full term pregnancy, but if a lady had abortion, for example, in the first trimester, this is not considered pregnancy and not considered protective, anyway these are extra information's that you may not need to dig deep in it (.)</p> <p>How to know the vascularity in us? (0.3)</p> <p>Uh, your question is about how to know vascularity in ultrasound. Actually, I answered this question early. Uh, this is done by the radiologist, him or herself, (Button) that they have in ultrasound machine (.) they like, um, they target certain mass and then they press on a certain button, and it'll show the vascularity of this lesion, Is it hyper vascular or hypo vascular? Okay. So, this is like a part of the software in ultrasound machine (.) and this is Doppler. Yeah, considered as doppler. Doppler will show you the vascularity, next week</p> <p>ن شاء ل لا</p> <p>you have, uh, ((clear throat)) incisions in, uh, vascular surgery and, uh, I'm sure will explain to you the, uh, the doctor ultrasound. (0.3). We have like 15 minutes more. If you have any question, if you have any confusing point, please write it down. Don't be shy. Don't be ashamed to write your question, even if you think that your question is not really important, but please write it down, whatever you think</p> <p>دلفتورة بحيفي ال</p> <p>Bushra</p> <p>Breast cyst</p> <p>لنا لوفي</p> <p>Complex cyst</p> <p>بزم نسوي له</p> <p>Biopsy</p> <p>بحيفي لو؟ ما انه موجود حندي</p>

Cyst	قمت في
Imaging	يحتاج اسوي لها
Biopsy	ال لفيها
Solid component	
(0.2)	يطلب سؤلك في
breast cyst (.)	لو كان عندينا
complex cyst	ال ل اسوي لها
biopsy	طوية
Yes	صح اذا كان عنديك
complex cyst	ال زنتسوي
Biopsy	نلخد من فين؟ نلخد من ال
solid component (.)	طيب عندي موجه في ال
Imaging	عندي موجه عندي
Cyst	هل نتج اسوي لها
Biopsy	ال ل في
Solid component, good question. (0.1) um	ان تعلق فاهمك للموضوع هو كوي سان ت هو كوي بلنك فاهمته ماشل لى، كالم كالي لى لى بي ر ص ب س انا عشان نطلعك الم علو مويط و عشان اخي لى، نتكفرون لى لى ما اقول لكم طبعاً
Breast cyst	تبر
Lump	او
mass in the breast	صح وال ال لى لى و كانت
Cyst	تبر
mass or lump in the breast. So, to, to, uh, evaluate any breast, lump or mass, including cyst, you should do triple assessment. And part of your triple assessment is through cut biopsy. So, the answer is, is you, is that you need to biopsy even if it is a simple cyst	ل عشان ابسط لك لى اها اخي ركم
all	كل كم كل ال
breast masses okay	كل ال

	<p>breastly masses or all breastal masses, including the cyst, you need to biopsy as a part of triple assessment. Good question, this is for you as undergraduate and for post, post-graduate</p> <p>بدعج يري ان شرط لالاممكن (0.1) قول اوني اشري افياكشر</p> <p>Details</p>
Rana	<p>Why not true cut in follicular thyroid cancer?</p> <p>الطبت تقولين (0.3)</p>
00:45:00 → 00:50:00	<p>why not to do through cut biopsy in follicular thyroid cancer</p> <p>لتنفون ططتك ممتاز سوال كان تبيغ فرق بين</p> <p>follicular benign or malignant</p> <p>قلت لي ما سوي ال</p> <p>FNA</p> <p>سوي</p> <p>through cut biopsy</p> <p>هين قطين اسلرية اول حاجه انه</p> <p>Uh a through cut biopsy, in the neck is dangerous (0.4) as you know, neck is a small space. You have vital structures; you have great vessels. You have, um ((clear throat)) important structures like trachea, oesophagus, larynx, okay? So, it's dangerous to do through cut biopsy in the neck, (.)mostly</p> <p>سي</p> <p>the breast</p> <p>ما عن اي عري</p> <p>vital structures</p> <p>واضح عود عشان كده احنا</p> <p>in neck, in evaluation of any thyroid nodule we do FNA, this is the, the, the main answer. The other answer also is that</p> <p>ب عري</p> <p>it's difficult to like target the wall and take through cut biopsy from there so generally</p> <p>زايي قول لك انه</p> <p>its dangerous to take through from. Uh, any thyroid nodule just do FNA. If it shows, uh, follicular neoplasm, you don't know, is it benign or malignant, for example, in Bethesda four</p> <p>صح</p> <p>so, in this case you do lobectomy and, uh, based on the specimen analysis in histopathology, we should know if there is any invasion of the capsule of vessels. So, this means this is malignant and we considered as follicular thyroid cancer, and we should proceed to completion thyroidectomy, which is a second stage surgery to remove the other lobe of thyroid. If it shows no capsular or vascular invasion, it's enough to do only the first procedure, which is lobectomy. (0.13)</p> <p>طيب</p> <p>Your question is about diseases that present with nipple retraction</p> <p>طلب عا</p> <p>Mainly, if you see any nipple retraction number one, number one should come to your mind that need to ask the patient. Is this since birth? So, this is congenital, and this is her own normal. If it's recent</p> <p>زي مارت تفتبي</p> <p>recent nipple discharge (0.1)</p> <p>عفوا</p>

	<p>recent nipple retraction, the first thing that should come to your mind is, uh, cancer, breast cancer (.) this is the first and the most important differential diagnosis that should come to your mind, is breast cancer and</p> <p>almost, this is enough for you to know, for you enough to know that the main reason for nipple retraction is breast cancer</p> <p>Full stop</p> <p>Extra, so extra information about other differential diagnosis of recent nipple retraction is, uh, periductal fibrosis. If you have, uh, for example, duct ectasia complicated with leakage of the, of this discharge to outside the ducts causing inflammation and fibrosis, later on, it'll result in (.) nipple retraction, due to periductal fibrosis</p> <p>extra information</p> <p>the main information that I want you to remember is the, uh, main cause for nipple retraction is breast cancer (0.6)</p> <p>List</p> <p>Differential diagnosis</p> <p>Even in thyroid, uh, so I want you to list differential diagnosis for a patient present with, um, solitary thyroid nodule and I want you to put a list for patient, present with, uh, multinodular goitre (.) and you need to know is it toxic or nontoxic. So put your own differential</p> <p>benign or malignant</p> <p>from all your textbook. So, in exam, it'll be easy for you to list these differential diagnosis (0.8)</p>
<p>Sally Bushra</p> <p>00:50:00 → 00:55:00</p> <p>Bushra</p>	<p>(0.5) أنا صراحة ما أعرف مو كل سؤا عنك حتى ولو واحد ان شاء الله ،</p> <p>For these 30 minutes (0.2)</p> <p>20</p> <p>20</p> <p>ان شاء الله صبرك على جراحة مختبرات عشان ان شاء الله ما قدريته لكم لالسف الفيال ووقتي في عد الالسف الالهيته حرك في وقت وعي الالهيته ربيس المؤريه ربيس قس الالجرحه وهو بشكل سل اسه ربيس ربيس طيب واه لثاح بيوتك لمو مع ل جرحه مختبرات</p> <p>it's up to you</p> <p>ان شاء الله اذا انا مت الي مختبرات وكمان من الكالم اللوب مرضنا انا اكدت اذا كان الالهيته مختبرات حركه</p> <p>مذكرة مرات ربيس ان شاء الله الالجواب ما اخذني وقت ف ان شاء الله الكلفمي كل وقت تبس امم شري ذالك واست عدي</p> <p>بوتك لمو مع ل جرحه مختبرات</p> <p>كثورة لفين سوي</p> <p>Bloody discharge</p> <p>Biopsy</p>

Rana	bloody nipple discharge	اسؤالك
	in sole biopsy	لل
	biopsy	كالكلمة في العيلاج ما نقدر نسوي
	nipple discharge (0.1)	لكن شوي جري مقبل لده انك ممكن تاخذ دي هذا ال
	Cytology	ترسل لي لل
	Bloody nipple discharge	فبتك في شوق طب عالتبي لبت اذا كان نيك مريضة عندها
	Again, you start with clinical evaluation, number two is radiological evaluation mammogram, ultrasound	طبيب
	duct gram, duct scope, you send the nipple discharge for cytology	عدين ممكن تساوي
	mammogram	انفي
	ultrasound showed a mass. You should biopsy this mass. (0.1) If there is no mass, you can take this, the nipple discharge that comes out from the patient and you send it to	و في
	psychology to check for any malignant cells	واضح (0.3)
	why we give t4 in lingual thyroid management?	طبيب
	one by one	عملش دقيقة
	Why we give, uh, T4 in lingual thyroid, uh	لصدك
	thyroxine in lingual thyroid management, uh	طبيب
	answering your question	انبت لو نكشك تي ال
	Physiology	الخص تتعديين له
	Um the more thyroxine in your body, the more T4 will cause negative feedback to the pituitary so less secretion, for TSH. (.) If you have less secretion for TSH, so less hyperplasia of thyroid gland. (.) So, this may reduce the size of this thyroid, uh, lingual thyroid	بس طب عالح انقدر نعطيه
	Too much T4	لنخي المريضة
	hyper thyroid و toxic	وكده ال راح نعطيه لوخل يها
on the upper limit of range, of the normal range	بهم تي نعطيه ا	
Thyroxine	بحي يخل يها	
on the upper limit of the normal range of T4 in the blood	عدين	

	uh, this will cause negative feedback. So TSH will be less and the TSH is the one which is responsible for follicular or thyroid cell enlargement and grow. (0.4)
Rana	but it will affect the gland
00:55:00	Lingual thyroid but it'll effect the gland uh, yes.
→	
01:00:00	One of the steps in management
	T4
	thyroxine و other option
	to do surgery, but it depends on the case
	Thyroxine
	On the upper limit of normal
	too much abnormal, sky high T4
	Thyroxine
	High
	Lingual thyroid
	Worries about these information's. These are like extra information's about it.
Bushra	
	T2N1M0
	Stage?
	T2, N1, M0 (.) this is ((laugh))
	Stage
	Between (0.2)
	I will share with you
	One second
	Stages Don't worry it will be very clear (0.1)
	In between (.)

طعنك اراح تاكملين لعي حكيمة ال

لب عمل عري بس هل وئلك مل خ لعتا لثي ر تمك ب بي ر يلب ف هذا

هملت عطي لها

ولي

انك

ب ل بدا ي ن عطي شوية

ون لعي هذي ما قيتلك

بناخليها

وال

خليها مرة

ال خالص بفعال سب ل

بوعدي م

Don't worry عموذ عود Don't worry about it.

لو ظن عندي ال

لتعبرها اي

بشي وناالثة 🤔

طبي تقولو كان عندي

تتعبرها

اثنين ولا ثلاثة طب ايش رايمك (0.3) انت كدا جيتي على المنطقة الايجابية

طيب انا

(0.3) طيب

اوربكي الجدول (0.32) يعني احنا عادة ترا لما نجبلكم شئ ان شاء الله في ال

فا ما هانجلكم حاجة كدا

طيب هنتكلم عن ال

<p>Bushra</p>	<p>Breast cancer stages</p> <p>هذه هي طيب شوف معايا</p> <p>(0.6) G2, N1</p> <p>فا هي تيجي كدا وتيجي كدا صح علشان كدا بقولكم انه , (0.6) طيب (0.4) شوفني ال , طبعا عندكم اصلا ال Table (0.28)</p> <p>((background noise))</p> <p>علشان كذا تيجي فا الختبار انك ايا ما في لنص ون حجار</p> <p>طيب ايوه لا لا</p> <p>Don't worry</p> <p>[XXX] كنت اقول كده يجيلي الاختبار دايم في النص للا ابا ابا</p> <p>Don't worry</p> <p>انا</p> <p>I promise I will not bring you such thing</p> <p>فاللي هيجيلكم في الاختبار شء مرة واضح علشان كدا انا اصلا قولتكم جزء ال</p> <p>Staging</p> <p>هذا انا اختصرتها عليكم كثير اصلا في عندك</p> <p>Stage two A and B و stage three A B C</p> <p>وانا ما ذكرتلكم هذا الشء وقولتكم ما لازم تعرفونه طيب فاللي هيجيلكم في الاختبار حاجة مرة واضحة , فاذا جاكي هيجلكي شء مرة واضح ال فعله مثلا</p> <p>stage one</p> <p>الي فعله</p> <p>stage two</p> <p>الي فعله</p> <p>Stage three</p> <p>او</p> <p>stage four. Don't worry, I promise.</p> <p>و كان سوال من عندي طيب لك مال سوال مرة وضح</p> <p>((background noise))</p>
<p>Bushra</p>	<p>اي معاك</p> <p>تمام دللي عليك النهاية </p> <p>طيب</p> <p>((background noise))</p> <p>ي عنديك فا م غا اخل حول ال ما رضي , خالص مثلكة علي ال عموم طيب يبقيني راجن وصل للثاني ران</p>
<p>Rana</p>	<p>Why we give steroids in hyperthyroidism as thyroid storm?</p> <p>Why we give steroid in hyperbolism as cancer?</p> <p>طيوه احوال نفسي ال</p> <p>management of thyroid storm</p> <p>تبع</p>

01:00:00 →	this is an emergency situation.	صح وال ال (0.1) ظلم اذال من قد في حالات ل حالات ال ال
01:05:00	Emergency situations	و كده
	is corticosteroid	لنه
	it works on different organs in the body	سلي عي ال
	Thyroid, corticosteroid is useful to be given	اذا جلتعرفي ال
	Mechanism of action	ممكنت قرى ع القلت ر بس
	In general	انت ي همك
	As undergraduate	س عتفني ان ال
	Thyroid storm one of the management one of the lines of management	نات عطيه
	Corticosteroid	س عت عطيه
	IV fluid و oxygen, et cetera, so no worries about this (0.3)	م عوشنا اقل شوية كان فصل م عليا او علقنا
	I hope	راه كلال سئلة ج اوت لعي يماش كل و اضح (0.3)
Rana	In ttt of graves medical then what?	طبي كوي س طبي س لائق على
	Graves' disease, medical what, good question	ممتازة ات يلحنا في ال
	Graves' disease	اول حاجة الزم اعطي
	Medical treatment (0.1)	ثلي حاجة املن عطين سوي
	surgical treatment	ر نسوي ايش
	Radioactive iodine ablation	نعي نسوي هذا و نعي نسوي هذا
	Generally	سوي
	Radioactive iodine ablation	طبيب
	Unless there are contraindications to give Radioactive Iodine ablation for example like pregnant woman um, uh, or, or planning to conceive soon or lactating women, okay, uh, or if there is a pressure symptom or suspicious for malignancy or malignancy you should do surgery, so these are indications for surgery	هذا هو ال جواب لي سؤال لخي
	(0.1) After Medical treatment usually go we for Radioactive iodine ablation unless it is contraindicated or unless we have clear indication to go for surgical management, (0.5) any more question? (0.3)	خل صل الوقت (0.1) بس اذا في سؤال سري ع مكن لجاوب عليه
	Otherwise (0.4)	اجا لخن اوقفل ((clear throat)) (0.3)

Zahra	<p>يمكن ترجع لحجمها الطبيعي بعد علاج الإشعاعي؟</p> <p>يؤثر لتتقصدك</p> <p>Graves' disease?</p> <p>ن عطيها</p> <p>Radioactive iodine ablation</p> <p>بعض للاحال تتراجع لحجمها الطبيعي عن قريبا</p> <p>Most of them yes, most of them</p> <p>تتراجع لحجم قريبا من الطبيعي ليش؟ ان</p> <p>Radioactive iodine ablation, kills thyroid cells, most of Thyroid cells (0.1)</p> <p>رب عدها ال</p> <p>Thyroid</p> <p>بغل كمتقوين ال</p> <p>Thyroid function test</p> <p>سوفين</p> <p>The remaining cells are enough to produce enough thyroxine for the body or you need to give the patient thyroxine replacement (0.1)</p> <p>بممتوا لعي؟</p>
Zahra	<p>تم ف ههنا ي عطي كافي عي ش كرا</p> <p>Generally</p> <p>ن عطيها</p> <p>One dose radioactive iodine ablation (.)</p> <p>لكن</p> <p>In, in few cases we may repeat Radioactive iodine ablation for Graves' disease (0.3)</p> <p>واضح اذن حجلم للطبيعي غالب الطوية طوية</p>
Rana	<p>Lateral aberrant thyroid no evidence of thyroid nodule in exam or us?</p> <p>طبيب</p> <p>Lateral aberrant thyroid, no evidence of thyroid nodule on exam or ultrasound, on examination (0.2) and usually ultrasound will be also negative usually but mainly this is clinical</p> <p>خالص؟</p> <p>Mainly lateral aberrant thyroid mainly this is clinical (0.4)</p> <p>بالعافى لجمي عا ان شاء الله الكورابو بتفدوا الس عي بديك ال سوال فيل يبلتوا كلها الة مرة كوي سة زواا متأكدة انه حقيق العطين يسمعون اس تفادوا من بل يتكلمن مبضت عن قاطبتي رفا ان شولال ياربتكون الامور كلها ووضحة لكخالص ال حيلن شاء الله لتروج عون تذكرون ال</p> <p>breast و Thyroid</p> <p>تال قوري يجر سهل مرة ان شاء الله الخ قولني علم عين نفسك بطوية اخرى تسوى</p> <p>Classification</p> <p>تسوى</p> <p>Categorisation</p> <p>مممكن انك ايش) بس هي تتجميعات موعة الامم ان كنت حالي يتدلين طريقتكون ووضحة لك في او اذنت صي تسوي</p> <p>Mind map</p> <p>اول خيطة الخيق متسندع كتير بلن كذا كيري الامعلومات وتعلم سي لمن شاء لنا لم تفي ال في كالم كان شاء الله انزل كل يوجب درجات غلي تصوصا في ال</p> <p>topics</p> <p>اللي تتبع ال</p> <p>Breast and thyroid (0.1)</p>
01:05:00 → 01:05:42	<p>الموضوع مره هل ان شولال بس مرحات لجن كمتقروا وتذكروا مرة نجي مرة ولمتأكدة كم ان شاء الله بس طوا مرالس ولنة</p>

	<p>وحتبس طوا مان اجتبار نوايما سنة خامسة كهدف طيل بداي ي كورني مخلقي الم عل و طت لثي رقب س عدين لجه الكروا ي ذاكروا سوي س لجاخ ل صوا من ال قولوا ال كانت من اجل ا لثي يوان شاء ل لاكم ان اقي ال كله كون س لثي ا ربي التالف في ان شاء ل لا وحق قولنا ل فيع عيكم جي عا اس تننكم ال نهي ال</p> <p>block</p> <p>breast و Thyroid</p> <p>topics</p> <p>Session (0.5)</p>
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Appendix M Sample of the Field Notes/Observation Scheme Taken from Salma's Class

Classroom observation No. 3 Time: 5-6 pm Duration: one hour College: medicine and surgery

Name of the course: Surgery Type of class: revision. No of students: 61 Students: male & female

Students year: 5 Teacher: female. Her name is Salma.

Materials provided in the class	Language choice	Notes
PowerPoint		
Whiteboard		
Handouts		
Books / Textbooks		
Blackboard system	Arabic and English	Using the BB for revision and discussion Students write the questions in the chat box, and the teacher answers orally.

English = E., Arabic = A., Others= O.

Questions I need to consider while observing the class?

1. What does the general make- up of the student population? Saudi males and females
2. Where is the lecturer/ tutor from? Saudi Arabia
3. What variety of English does the lecturer or tutor speak? Saudi English
4. What language(s) are used in the class?
 - a. By the lecturer/ tutor? English, if students ask in Arabic, she answers in Arabic.
 - b. By the students? It depends on each student. Some students ask in English, and some mix Arabic and English. They speak English for medical terms.
 - c. Between students? Arabic
6. Were any explicit comments made by the lecturer/ tutor/ students regarding language and language use? No, but there was an incident where the teacher did not understand the student's question because the student's English might not be good. The teacher asks her to rewrite the sentence again.

Note:

The class is mainly about revising the block Surgery 2 for the students in year 5. The teacher started with *سئلوا الرخيم الرحيم* (a religious statement) then she said that the purpose of the session was to answer any questions they had to prepare for the exam.

The class is conducted via blackboard, and the style of the classroom discussion is the following: Students type their questions in the chat box because the class setting does not allow the students to use the microphone while the teacher answers them verbally. I also notice that the teacher speaks in English if the students ask in English. However, there are some occasions when students ask in Arabic, and the teacher responds in Arabic. The teacher shows her flexibility to speak both languages and the students as well. But I noticed students mixed Arabic and English or used Arabic and reversed Arabizi.

The teacher uses a lot of Arabic words, phrases and sentences, such as

طيب ماشاهل ... هنالتي قلت لك عليه

During the revision class, the teacher also advised them how to study her course because there are many things to study and memorise. The students complain about using Arabic to express their objection that they have an exam in this course and are afraid of how to answer 20 questions in 30 minutes only. She talks to them about how to study her course by using parallel-monolingualism. At the beginning of the class, she explains in English. Then later, at the end of the class, she repeats what she said in Arabic with further explanation.

A student wrote a question that was not understandable to the teacher. So the teacher asked her to rewrite the sentence again. Because the time of the class is almost over to the end, the teacher begins to speak Arabic to speed up and answer students' questions.

In general, Salma was friendly and approachable. She tries to help students to like the module/block. She encourages them to study hard and be organised in their studies and notes to facilitate their memorisation. She confirms that the exam will be easy if they study hard.

However, there are some exceptions.

1. She talks in Arabic if the students do not understand what she says.
2. She talks in Arabic if the students ask her in Arabic
3. She talks in Arabic to highlight important events, e.g. exam instruction or announcement
4. She talks in Arabic when using religious statements, encouraging students to study hard and advising them how to study.

Appendix N Coding System of Classroom Observation Data

Major themes	Sub-themes	Emergent themes	Description	Further details
De Facto LP Practices in EME Medical Classrooms: Negotiating a Bottom-Up Language Policy	Explicitly Negotiation of 'Appropriate' Students' Language Use during Q&A: An Intelligibility-Based Issue	<ul style="list-style-type: none"> - Unclear questions produced by students. - Unfamiliar use of abbreviations and reversed Arabizi: creating misunderstanding 		
	Teacher Modelling Different LPs either English-Only or Translanguaging: A Class-Type Issue	<ul style="list-style-type: none"> - Nature of the class - Instruction on how to make a QA session in Blackboard. - Instruction on how to run the seminar exam. - When the teacher decides to use overt translanguaging to answer students' questions. 		
	Students' Negotiation and Power in Creating De Facto LP at the Classroom Level	<ul style="list-style-type: none"> - When the students do not understand the teacher's questions - When students ask questions requiring complex answers - Depending on what linguistic resources the students decide to choose to ask a question 		
Practices and Functions of Using Overt	Teachers' Practices and Functions of Using Overt Translanguaging in	Avoid potential misunderstanding (preventative function)	<ul style="list-style-type: none"> - Lack of visual aid like pictures or videos - Explain complex topics 	

Translanguaging: Breaking the Imagined 'English- Only' Policy in Teaching and Communication	Teaching: Using Arabic and English Resources	Address observed signs of confusion or lack of understanding (responsive function).	when teachers ask students for a discussion	
		Draw students' attention using religious statements as signposting (classroom management)	When starting a new topic and class or highlighting important medical information	
		Construct a deeper understanding and verification by repetition in different named languages.	Explain complex topics	
		Increase students' participation (classroom management).	Asking questions during or at the end of class	
	Practices and Functions of Students' and Teachers' Overt Translanguaging: Analysing Formal and Informal Communication	Formal communication: Student-initiated (English-only and Arabic and English resources).	Seek accurate understanding by asking for clarification or additional information for lack of understanding.	When students ask questions to their teachers
			Display their accurate understanding of the lecture or tutorial classes when using medical terms.	When students answer the teachers' questions
		Informal communication between students and teachers (Arabic and reversed Arabizi resources)	Speed up the discussion and convey their message clearly	When students have a group discussion (peer-peer interaction)

			Express their concerns, disappointment and disagreement by incorporating religious statements to prove their honesty.	When students complain about the time and duration of examinations
			Draw students' attention as signposting. (Classroom management).	When teachers highlight important announcements or/and instructions
			Perform affective and psychological functions of student re-assurance by incorporating religious statements.	When teachers boost confidence and security among students

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