

**CONVERSATION ANALYSIS TOOL AND ITS EFFECTIVENESS IN
TEACHING MEDICAL ENGLISH FOR PROFESSIONAL PURPOSES**

У статті представлені результати дослідження методики конверсаційного аналізу (CAT) в рамках проходження онлайн-курсу “Constructive Classroom Conversations: Analyzing Student Language through Formative Assessment” (Стенфордський університет, осінній семестр 2016-2017 н.р.). Розглянуто переваги застосування методики конверсаційного аналізу в контексті викладання англійської мови за професійним спрямуванням. Дослідження може бути цікавим викладачам англійської мови як іноземної у медичних вишах, а також фахівцям з інших професійних галузей, у процесі планування навчальних занять та розробки методичної документації.

Ключові слова: конверсаційний аналіз, комунікативні навички, формативне оцінювання, англійська мова за професійним спрямуванням.

The present paper provides the results of classroom research and major takeaways from the online course “Constructive Classroom Conversations: Analyzing Student Language through Formative Assessment” (Stanford University, Autumn term, 2016-2017 academic year). The authors discuss the advantages and challenges of implementing the Conversation Analysis Tool (CAT) in the context of teaching Medical English for Professional Purposes. The research may be of interest to ESOL teachers who train medical students, as well as to educators from other academic contexts, in the process of developing lesson plans and organizing classroom conversation activities.

Keywords: *Conversation Analysis Tool, communication skills, formative assessment, English for Professional Purposes.*

В статье представлены результаты исследования методики конверсационного анализа (CAT) в рамках прохождения онлайн-курса

“Constructive Classroom Conversations: Analyzing Student Language through Formative Assessment” (Стэнфордский университет, осенний семестр 2016-2017 учебного года). Рассмотрены преимущества применения методики конверсационного анализа в контексте преподавания английского языка для профессиональных целей. Данное исследование может представлять интерес для преподавателей английского языка как иностранного в медицинских вузах, а также для специалистов из других профессиональных областей, в процессе планирования учебных занятий и разработки методической документации.

Ключевые слова: конверсационный анализ, коммуникативные навыки, формативное оценивание, английский язык для профессиональных целей.

In the context of ESOL teaching, Conversation analysis (CA) has proven to be a valuable technique which “enables researchers, teachers, and their educators to see the minutia of classroom practices and how they are done *in situ* at all points of instruction” [3, p. 37]. CA which reveals the structure and composition of human communication and involves such concepts as “turn taking”, “turn organization”, “sequencing”, “word/usage selection”, “overall organization of the occasion of interaction” [8, p. 4-5]. This methodology is based on the detailed qualitative analysis of tape recordings and transcripts [2; 6]. Currently, it has become “widely accepted as a research methodology into L2 use and acquisition” [1, p. 479]. However, although the effectiveness of this methodology in second language teaching is generally recognized [5; 6; 7; 9; 10], its application to medical education has not been within the focus of research so far. The aim of this research is to demonstrate the feasibility of CA methodology in the context of teaching the University course of Medical English for Professional Purposes (2nd year of study). The paper describes the experience of applying the Conversation Analysis Tool (CAT) suggested in the on-line course for ESOL teachers “Constructive Classroom Conversations: Analyzing Student Language through Formative Assessment” (Stanford University Graduate School of Education, Autumn term 2016) [4].

The CAT involves the formative assessment of students' classroom conversations in several communicative dimensions (each scoring from 1 to 4: (1) "Strong Evidence", (2) "Inconsistent Evidence", (3) "Attempting Interaction", or (4) "No Evidence"), along with teacher's rationale for each score. Dimension 0 is optional, since it focuses only on the process of turn-taking, and therefore is appropriate mainly for younger students (elementary school). Dimension 1 focuses on whether conversational turns "build on" and "build up" to develop an idea or ideas. The concept of "building on" implies that students should connect to previous turns in conversation. The idea of "building up" emphasizes that students should form or strengthen ideas on the basis of partner's turns. Accordingly, when deciding what score a certain conversation excerpt should receive in terms of Dimension 1, the following criteria are used: "Strong Evidence" – half or more of conversational turns build on previous turns to effectively build up a clear and complete idea; "Inconsistent Evidence" – half or more of conversational turns build on previous turns to adequately build up an idea, which may be incomplete or lack clarity; "Attempting Interaction" – few conversational turns build on previous turns to build up an idea; "No Attempt" – conversational turns are not used to build up an idea [4].

Dimension 2 displays how well the conversation fosters learning by focusing on the lesson's objective. In other words, students should have coherent conversations that build ideas, but they also need to develop the ideas which teachers want them to learn. When deciding what score a certain conversation excerpt should receive in terms of Dimension 2, the following criteria are used: "Strong Evidence" – half or more of conversational turns effectively focus on the lesson's objective and show depth of fostering the intended learning; "Inconsistent Evidence" – half or more of conversational turns sufficiently focus on the lesson's objective, but this focus may be superficial or lack clarity; "Attempting Interaction" – few conversational turns focus on the lesson's objective; "No Attempt" – conversational turns do not focus on the lesson's objective. Thus, Dimension 1 vividly demonstrates students' communicative readiness and the

ability to sustain a conversation, while Dimension 2 reveals their understanding of the lesson's topic and the extent of mastering the learning material [4].

The results of classroom research were integrated in a lesson plan for 2nd year medical students (see Table 1).

Table 1. Lesson plan development using the Conversation Analysis Tool

Teacher: _____		Class: 2nd year medical students		
Lesson Topic: Ear Disorders				
Lesson objectives: By the end of the lesson, students are expected to develop the understanding of the hearing loss problem and its urgency in the modern world where people are exposed to enormous amount of noise.				
Main skill(s):		Clarifying and fortifying ideas.		
Secondary skills:		To form interrogative sentences correctly; to paraphrase one's thoughts and communicate the same idea in other words; to develop the young specialists' professional worldview and outlook; to foster the ability to persist in one's statements.		
Time allocated	What students are doing	What the teacher is doing	Materials	What this activity accomplishes
5-10 minutes	Students are revising previous material and then discussing the goals the class will focus on. Students are answering teacher's questions, brainstorming the most common ear disorders.	Makes sure that students remember the previous material ("The Anatomy of the Human Ear"); is asking brief questions; writing on the blackboard the names of disorders generated through students' brainstorming; emphasizes the importance of sense of hearing.	Visuals (poster depicting the structure of the human ear).	A warm-up to get students talking and introduce them to the activity. Students will obtain an idea of what they are working on.
20-25 minutes	Reading the article on hearing loss problem, and making notes.	Monitoring and giving feedback. Clarifying any unknown words, giving definitions in English, not just translations.	Article from The New York Times: "Fighting Hearing Loss From the Crowd's Roar" (2013).	Students will generate some ideas to share.
10 minutes	Working in groups of three to five, discussing the article with	Giving feedback.	Conversation Skills Poster, sentence frames,	Students will get the main idea of the article.

	each other.		students' notes.	
5 min break				
5-10 minutes	Working in pairs and giving their feedback on teacher's prompt.	Teacher's prompt: "Is hearing loss a serious problem throughout the world?"	Strategic pairing, sentence frames, students' notes.	Students will develop their opinions on the problem of hearing loss.
15 minutes	Trying to clarify the partner's viewpoint and then fortify one's own idea.	Monitoring groups, giving feedback, minimal error correction.	Starter-finisher cards, students' notes.	Gives students practice in clarifying and fortifying their ideas.
10 minutes	4-5 students who had the most constructive conversations in pairs are forming a "fishbowl" and are further developing their ideas though clarifying and fortifying. Other students are listening carefully, making notes and providing their feedback.	Giving instructions on how to organize the fishbowl model. Providing another prompt for the fishbowl team: "How can hearing loss be prevented?" Using different moves towards the fishbowl team: probing, pressing, re-voicing, and peer-to-peer talk.	Conversation Skills Poster, sentence frames.	Enables students to express their ideas, and to persist in their statements.
5-10 minutes	1-2 students are summarizing the lesson's overall idea and major aspects of the problem discussed.	Pays attention to the features of students' conversations in terms of Dimensions 1 and 2. Analyzing the major achievements of the class discussions. Assessing and grading students' progress during the lesson. Providing home assignment for the next lesson.	Conversation Skills Poster.	Shows students how to build on each other's statements, and develop one's ideas through peer-to-peer conversations.

Thus, The Conversation Analysis Tool, developed by Stanford Online teaching team, renders a feasible basis for teaching English at Medical University.

CA is a productive tool for analyzing medical communication, and it should be incorporated into the curriculum as a method of physician's talking to patients and colleagues.

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