TEACHING AUTODIDACTIC TECHNIQUES TO MEDICAL STUDENTS FOR FOREIGN LANGUAGE SPEAKING SKILL DEVELOPMENT

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Teaching foreign languages to non-philologists often faces a grave, yet unavoidable obstacle: lack of classroom hours. That is why providing students with self-learning strategies is as important as in-class teaching itself.

The basic algorithm of teaching speaking is based on audio-lingual and total physical response methodologies and boils down to the following sequence:

1) listening; 2) internal comprehension; 3) analysis; 4) imitation.

The subsequent description of autodidactic approaches is not the author's personal invention and just combines his teaching experience, ideas borrowed from multiple sources and personal approaches to self-learning.

Jim Scrivener [2, p. 214] mentions that repeating sentences is a very basic exercise and contributes to foundation skills at best. Penny Ur states that giving training in discussion skills and keeping students speaking the target language as well as modelling the language for them are keys to solving typical problems with speaking activities [4, p. 122]. Scott Thornbury and Peter Watkins mention brainstorming [3, p. 62] as a way to get ideas for speaking at the preparatory stage, but brainstorming still needs a foundation to take readily available basic structures from. One of possible ways to build this foundation is described below.

At the initial stage of autodidactic preparation, the students need to choose about 25-30 dialogues (up to 1 minute long each) as their corpus for imitation purposes. For the sake of developing professional communication skills, it could be done using a modern textbook in medical English [1] as a readily available source of materials. Preferrably, the dialogues should have an audio version recorded by a native (or near-native) speaker with a neutral accent.

The preparation for each lesson should be started with several physiotherapeutical procedures such as a massage of face muscles and ears, circular tongue movements and straining lips (by imitating a wide smile). All these actions prepare the speech apparatus for speech by "warming up" the muscles and contribute to dealing with fatigue and attention issues.

Each of the pre-prepared dialogues is to be processed one at a time. First, 5-7 days are allocated for "silent listening" when each dialogue is played continuously (1-2 hours a day) so that the learner can get used to it and get each and every phoneme.

Next, the learner has to repeat (silently, but moving their lips and tongue) elements of the dialogue during the subsequent two or three days. That serves as a preparation for further imitation.

The third stage combines audial and visual inputs: the learner repeats the dialogue after the recording while simultaneously following the written script.

At the fourth stage, the dialogue should be repeated in a low voice. It takes 2-3 days more.

And finally, the dialogue has to be imitated in full voice (2 days).

The time for each stage is not precise and can be adapted individually. As the learner progresses, the time can be decreased.

After 2-3 months of practicing the above-mentioned guidelines the learner acquires a set of speech patterns for further use.

The method described is not without its drawbacks as it requires utmost concentration from the learner as well as strong motivation. One should also remember that imitation is to be followed by actual use of language. So, the method described serves as auxiliary means of training complementing in-class teaching.

The further prospects for the studies are in developing a ready set of dialogues for different specializations of a medical professional and researching the effectiveness of the method in practice.

References:

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