

THE ROLE OF CONVERSATION ANALYSIS TOOL IN DEVELOPING COMMUNICATION SKILLS OF MEDICAL ESL STUDENTS

У статті розглядаються основні механізми конверсаційного аналізу, етапи і методи розвитку конкретних комунікативних навичок (обговорення дискусійного питання, уточнення точки зору співрозмовника та аргументування власної позиції) студентів медичних ВНЗ. Методика конверсаційного аналізу (CAT), розроблена викладацьким колективом Стенфордського Університету, є ефективним засобом формативного оцінювання. Запропонована методика експліцитно демонструє загальну комунікативну компетентність студентів, ступінь опанування змісту навчання, надає можливість студентам перевірити рівень своїх досягнень і допомагає вчасно виявити прогалини у засвоєнні навчального матеріалу.

Ключові слова: *конверсаційний аналіз, комунікативні навички, формативне оцінювання.*

The paper focuses on basic mechanisms of conversation analysis, describes the stages and methods of developing certain communication skills (negotiating, clarifying and fortifying ideas) in medical ESL students. The Conversation Analysis Tool (CAT), developed by Stanford Online teaching team, is an effective means of formative assessment: it clearly represents students' general communicative competence, their achievements in the studied topics, as well as relevant gaps in mastering the material.

Keywords: *Conversation Analysis Tool, communication skills, formative assessment.*

В статье рассматриваются основные механизмы конверсационного анализа, этапы и методы развития конкретных коммуникативных навыков (обсуждение дискуссионного вопроса, уточнение точки зрения собеседника и аргументация собственной позиции) студентов медицинских ВУЗов. Методика конверсационного анализа (CAT), разработанная преподавательским коллективом Стэнфордского Университета, является эффективным средством формативного оценивания. Предложенная методика эксплицитно демонстрирует общую коммуникативную компетентность студентов, степень освоения содержания обучения, предоставляет возможность студентам проверить уровень своих достижений и помогает вовремя выявить пробелы в усвоении учебного материала.

Ключевые слова: *конверсационный анализ, коммуникативные навыки, формативное оценивание.*

It is generally admitted that doctor's profession is linguistically active in nature. Medical students should not only learn how to express their thoughts – they also should be able to persuade their patients, elicit information from them, and learn how to participate in such forms of interaction as consultation, interviewing,

concilium, discussion, and if needed, dispute or debate. Hence, developing conversation skills is essential for future medical professionals, and thereby this research is relevant.

Organizing students' constructive conversations is a complex process which needs to be carefully planned. The Conversation Analysis Tool, developed by Stanford Online teaching team, is designed for developing the four conversation skills:

- The skill of *creating* ideas is prioritized primarily for elementary school students, therefore, we did not focus on this skill.
- The skill of *clarifying* ideas implies elaboration, explanation and paraphrasing.
- The skill of *negotiating* implies expressing a thought through evaluation and comparison.
- The skill of *fortifying* involves supporting ideas with evidence.

Teacher can scaffold these communicative skills in many ways. First of all, teacher's prompt is a key aspect of students' successful conversation, as it is supposed to trigger the act of communication. As a rule, teacher can use either open-ended or close-ended questions, depending on the topic and students' communicative level (e.g., "Why is allergy a serious public health problem?" or "Is allergy a serious public health problem?").

Apart from prompts, teachers can use different types of discourse moves, i.e., specific conversational turns aimed at fostering and encouraging the development of ideas in classroom:

- *Probing*: "What do you mean by that?"; "Can you tell more about that?", etc.
- *Pressing*: "Can you give an example?"; "What evidence do you have?", etc.
- *Re-voicing* student's idea: "I understand your explanation, but did you mean to say that...?"
- *Prompting peer-to-peer talk*, that is, stimulating other students to participate: "Can anyone add to (*Student's name*)'s idea?"

Other effective means for scaffolding the constructive conversation are starter-finisher cards, Constructive Conversation Skills Posters with sentence frames and prompts, graphic organizers. In our academic context, Constructive Conversation Skills Poster with sentence frames (e.g., "What do you mean by....?"; "Can you clarify the part about...?"; "To paraphrase what you have just said, you think that..."; "More specifically, it is important because...") proved to be most effective. However, one should bear in mind that it is important for students to move away from relying on prompts in the process of learning so that conversations develop more naturally. Furthermore, different ways of organizing conversations are relevant (e.g., strategic pairings, modelling situations, the fishbowl model, class discussion).

In the context of applying CA methodology to medical curriculum, the skill of "negotiating" ideas is indispensable for the development of critical thinking in future doctors. The skill of "clarifying" ideas is effective in terms of developing general linguistic competence (e.g., the ability to form interrogative sentences correctly, as well as to paraphrase one's thoughts and communicate the same idea in other words). Furthermore, the skill of "fortifying" ideas is crucial for

developing the young specialists' professional worldview and outlook, since it fosters the ability to persist in their statements. Through constructing paired conversations, medical students learn to develop or oppose the peer's point of view. The authors applied the method described above in the class with 2nd year medical students (topic "Coronary Heart Disease"). Students read materials from research databases PubMed and Medline, and were asked to discuss the treatment options of CHD (coronary angioplasty and stenting vs. coronary artery bypass grafting). The students were expected to provide evidence that each of these treatment options has certain indications and contraindications. The expanded objectives were: to prepare students for their professional life, to foster their career readiness, and self-awareness as future medical specialists; to help them in choosing their future area of expertise in medicine. Students were supposed to elicit information from the corpus of medical texts, and on the basis of this information develop an understanding of CHD as one of the most urgent and relevant health care problems in the modern world.

Teacher's prompt is a key aspect of students' successful conversation, as it is supposed to trigger the act of communication. In this context, the teacher's prompt was: "Which method for CHD treatment is more effective?" After recording and transcribing the students' conversations, it has been concluded that the collected samples of discourse display a considerable level of mastering medical terminology on the topic "Coronary Heart Disease". In terms of Dimension 1, the recorded excerpts were generally assessed as "Strong Evidence": students demonstrated the ability to build a coherent conversation. As to Dimension 2, sometimes the conversations scored as "Inconsistent Evidence" – some students still need to learn to elicit the learning material from the constructive classroom conversation.

Modelling the constructive classroom conversation is quite effective as the key means of formative assessment: it is a "litmus paper" which clearly represents students' progress, and gives teacher the idea about students' level of knowledge and understanding of the subject. It is our belief that the information which students ultimately elicit through their constructive classroom conversations with peers will have a profound influence on their professional lives, since the strongest knowledge is obtained independently, through one's own efforts.

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